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Unicef in Eritrea
A Progress Report
1995

Asmara
March, 1996



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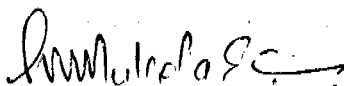
Foreword

It gives me great pleasure to introduce the second in a series of annual UNICEF Progress Reports. The reasons for producing such a document lie in our intention to promote greater openness regarding our activities as well as ensure a degree of accountability to those we are meant to serve - the people of Eritrea, especially children and women. At the same time, we hope that these Reports will help our partners to better understand the scope and depth of our involvement in the country's development process and, thus, provide an impetus for closer cooperation and increased financial support.

Turning to the Progress Report for 1995, I am pleased to note that UNICEF's assistance is improving in quality: in terms of our partnership with Government and other institutions; and with regard to the timeliness and relevance of the support which we have provided during the year. We would be the first to acknowledge that there is still room for improvement. It is, nevertheless, heartening to see that our inputs are making a difference for the better just as we are entering the first year of our first Programme of Cooperation with the Government, covering the period 1996-2000.

This sense of hope is fitting at a time when we are also celebrating the 50th anniversary of the founding of UNICEF. While proud of the track record which we have established over the past half-century, our ambition is that the world will do enough for children over the next decades to make a diamond jubilee unnecessary - which for us would be the best celebration of all! As a contribution towards achieving this end, all countries are being urged to put children first on their developmental agenda and allocate at least 20 percent of the national budget to the social sectors, to improve the well-being of children and women.

In keeping with this spirit of optimism, I look forward to reporting on even greater progress next year, not least the preparation of an Eritrean National Programme of Action (NPA) for Children. The NPA will provide a framework for systematically and effectively addressing our children's concerns over the long haul. It will also make Eritrea part of a community of more than 140 countries which have developed NPAs, in response to commitments made within the context of the Declaration and Plan of Action of the World Summit for Children, held at the United Nation in September, 1990.



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Dr. Kopano Mukelabai
UNICEF Representative

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List of Acronyms and Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
BFHI	Baby- and Mother-Friendly Hospital Initiative
CCE	Constitutional Commission of Eritrea
CDD	Control of Diarrhoeal Diseases
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDC	Children in Especially Difficult Circumstances
CIDA	Canadian International Development Agency
CRC	Convention on the Rights of the Child
CRRA	Commission for Relief and Refugee Affairs
DMK	Durra, Milk and Kebkebe
DSA	Department of Social Affairs
ECDF	Eritrean Community Development Fund
E-DHS	Eritrean Demographic and Health Survey
EPI	Expanded Programme on Immunisation
ERIWESP	Eritrean Rural Water Supply and Environmental Sanitation Programme
ESAR	Eastern and Southern Africa Region (UNICEF)
FAO	Food and Agriculture Organisation
FLL	"Facts for Life"
FWCW	Fourth World Conference on Women (Beijing)
GR	General Resources
GSE	Government of the State of Eritrea
IBFAN	International Breastfeeding Association
IDD	Iodine Deficiency Disorders
IFAD	International Fund for Agricultural Development
IIEP	International Institute for Educational Planning and Development
IQ	Intelligence Quotient
KAP	Knowledge, Attitudes and Practices
MCH	Maternal and Child Health
MDG	Mid-Decade Goal
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOLG	Ministry of Local Government
NGO	Non-Governmental Organisation
NPA	National Programme of Action
NSO	National Statistics Office
NUEYS	National Union of Eritrean Youth and Students
NUEW	National Union of Eritrean Women

OPD	Out-Patient Department
ORS	Oral Rehydration Salts
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
PLA	Participatory Learning Assessment
SCF	Save the Children Fund
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
USAID	United States Agency for International Development
USI	Universal Salt Iodation
WFP	World Food Programme
WHO	World Health Organisation
WRD	Water Resources Department
WSC	World Summit for Children

Executive Summary

There were several important political and economic developments in Eritrea during 1995. Separately and together, they marked another step forward on the road to more rapid and equitable economic development, democracy and good governance. Some of the milestones on this journey - which have contributed towards defining a still evolving framework of laws, policies and institutions - included progress in drafting a national Constitution; significant reorganisation of Governmental structures at national and regional levels; and the first Conference of the People's Front for Democracy and Justice (PFDJ).

Another notable development was Eritrea's increasingly active membership of a global community which is more alert to the rights and needs of children than at any other time in history. This is best exemplified by the country's endorsement of the Declaration and Plan of Action of the World Summit for Children and the Mid-Decade Goals for Children (MDGs).

Eritreans can derive some satisfaction from the fact that they have traversed a certain distance in actually attaining some of the MDGs. The list of achievements is as follows: ratification of the Convention on the Rights of the Child; universal salt iodation (USI); certification of baby- and mother-friendly status for almost two-thirds of maternity facilities; a gross enrolment ratio in primary schools of 50 percent; and, last but not crucially, a diminution in the number of children in especially difficult circumstances (orphans). The agenda for Eritrean children now requires, among other things, the formulation of a National Programme of Action or NPA, which is an obligation arising from the World Summit for Children.

In keeping with the pace of change within the country, UNICEF has adjusted the scope and quality of its assistance, primarily through the preparation of its first Programme of Cooperation with the Government, covering the period 1996-2000. This Programme seeks to accelerate the pace and promote the sustainability of human development in Eritrea.

UNICEF's activities during 1995, in support of interventions led by Government and other partners, were in keeping with the spirit of the new Programme, showing marked improvement both in the quality of assistance provided and its outcomes. In the area of health and nutrition, the capacity of the Ministry of Health (MOH) to deliver PHC services of a higher quality was significantly increased, especially in EPI, while a strong start was made in combating micronutrient deficiencies, particularly IDD, and promoting breastfeeding in maternity facilities. At the same time, progress was made in constructing additional health facilities. With regard to water and sanitation, access to safe water and latrines was substantially increased in Keren, maintenance capacity was expanded in three provinces and a major KAP study on diarrhoeal diseases, hygiene and sanitation was completed.

In education, the process of curriculum review was facilitated through technical assistance, textbooks were printed for junior and senior secondary schools, training provided to primary school teachers on gender issues and fieldwork finished for a major study on girl child education. Activities targeted at children in especially difficult circumstances (CEDC) were based on the reunification of war orphans, training for the Department of Social Affairs, and an evaluation of the effectiveness of the reunification programme.

The thrust of work in national capacity-building was on completing a study on decentralisation, training staff from the Ministry of Local Government and other organisations, integrating the Mid-Decade Goals monitoring exercise in the Eritrean Demographic and Health Survey (E-DHS), supporting UNICEF-funded research and participating in joint analytical activities with other United Nations Agencies and donors.

Finally, efforts in information and communication supported preparations for the Fourth World Conference on Women, training in gender and development, translation of an important publication "Facts for Life" (FFL) into Tigrinya, support for programme communication with regard to World Health Day, breastfeeding and USI and, last but not least, research for a regional initiative on the adolescent girl child.

As the information on programme implementation suggests, a solid base is gradually being laid for accelerated progress in the next few years. For its part, UNICEF is committed to working as an active element of a broad coalition - led by Government and supported by civil society and other donors - to transform the life of Eritrean children and women within the shortest possible time.

Introduction

Paving the Road to Human Development

There were several important political and economic developments in Eritrea during 1995. Separately and together, they marked another step forward on the road to more rapid and equitable economic development, democracy and good governance. Some of the milestones on this journey - which have contributed towards defining a still evolving framework of laws, policies and institutions - are described below.

• Drafting the Law of the Land •

Eritrea has made considerable progress in drafting its Constitution. The past year witnessed an intensive civic education campaign which is estimated to have reached 500,000 people or a fifth of the country's population. It was aimed at familiarising citizens with the concept of a constitution while also encouraging their involvement in determining its substance. The Constitutional Commission of Eritrea (CCE) has since identified 27 major areas for public debate and discussion, which has already been concluded, touching upon the system of government, multi-partyism, the place of languages, the role of the armed forces and other critical issues.

The CCE will release a first draft of the Constitution in 1996, followed by further public debate and the preparation of a final draft by the legal committee of the CCE. This will be submitted for approval to the National Assembly followed, at the final stage, by ratification through a "democratically constituted body". The whole process is planned for completion by the end of 1996 with the Constitution expected to be in force by 1997.

The constitution-making effort offers an important opportunity for incorporating the provisions of the Convention on the Rights of the Child (CRC) as well as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in the basic law of the Eritrean state. This will be a challenge for all those committed to a better life for children and women.

● *Reorganising the Machinery of Government* ●

One of the most notable developments during 1995 was a major reorganisation of the structures of Government.

At the national level, the functions of different bodies have been streamlined and their numbers reduced with the aim of creating a leaner and better focused government. The most noteworthy changes included the establishment of an Office of Management and Budget in the Office of the President with responsibility for managing and monitoring public expenditure; absorption of the Authority of Social Affairs and the Labour Office within a new Ministry of Labour and Human Welfare; and the merging of the Eritrean Relief and Rehabilitation Agency (ERRA) with the Commission for Eritrean Refugee Affairs (CERA) to create a new Eritrean Relief and Refugee Commission (ERREC).

In a parallel effort, the Government has reorganised local administrations, in an effort to promote decentralisation and people's participation while, at the same time, building capacity and enhancing efficiency. As a consequence, the ten former provinces have been reduced to six administrative regions with new names and 55 sub-regions (numbers per region indicated in brackets) as follows: Gash-Barka (13), Debub (11), Red Sea North (9), Red Sea South (5), Anseba (10) and Maakel (7).

● *Strengthening Channels for Popular Participation* ●

The First Conference of the People's Front for Democracy and Justice (PFDJ) was 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; 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.

● *Focusing on Children and Women: An Encouraging Record* ●

Eritrea is becoming an increasingly active member of a global community which is more alert to the rights and needs of children than at any other time in history. The lightning rod for global, national and, indeed, local consensus and action is the Declaration and Plan of Action of the World Summit for Children (WSC) held in New York on 30 September, 1990, when representatives from over 150 governments - including 71 heads of state - formally adopted a series of goals for the year 2000 (Panel 2). These goals were then used as a basis for identifying a set of intermediate targets - for achievement by the end of 1995 - which are popularly known as the Mid-Decade Goals for Children (or MDGs, see Panel 3).

Eritrea has recognised and endorsed these world-wide initiatives. The President, Issaias Afwerki, signed the Declaration and Plan of Action of the World Summit for Children on 30 September, 1993, just months after Eritrea became an independent state. He has also subsequently committed the country towards meeting the MDGs. The global targets have since been adapted to suit national circumstances (as shown in Panel 3).

It should, in fact, be a source of some satisfaction to Eritreans that their country has gone a certain distance in actually attaining some of the MDGs (including both the main and partial goals, global as well as national). The list of achievements is as follows:

- ratification of the Convention on the Rights of the Child on 4 August, 1994;
- universal salt iodation (USI) to combat iodine deficiency disorders (IDD) in both Eritrea and Ethiopia;
- certification of baby- and mother-friendly status for almost two-thirds of maternity facilities;
- a gross enrolment ratio in primary schools of 50 percent; and
- a diminution in the number of children in especially difficult circumstances.

The agenda for Eritrean children now requires, among other things, the formulation of a National Programme of Action or NPA, which is an obligation arising from the World Summit for Children. The Government has indicated that this may happen during 1996, a development which will place the country in the company of an overwhelming proportion of developing nations (about 80 percent) which have either prepared or are in the process of preparing NPAs.

Last but crucially, it is difficult to discuss children's concerns or wellbeing without addressing women's issues. Once again, Eritrea has taken some important symbolic steps towards acknowledging women's contributions to the country while safeguarding their rights. In the build-up to the Fourth World Conference on Women (FWCW) in Beijing, it acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). At the same time, the National Assembly passed legislation raising the proportion of seats reserved for women in legislatures at all levels from 10 percent to 30 percent without prejudice to their access to the remaining 70 percent of non-reserved seats. This decision will place the country in the front rank of nations which have given women substantial political representation and, hopefully, influence in shaping national development.

PANEL 1: THE STATE OF ERITREA'S CHILDREN: SELECTED INDICATORS

Infant Mortality Rate: 135/1,000 live births
Under-Five Mortality Rate: 203/1,000 live births

Children Under One Fully Immunised: 39%
Moderate and Severe Stunting (Under-Fives): 66%
Moderate and Severe Wasting (Under-Fives): 10%
Low Weight-for-Age (Under-Fives): 40%

Vitamin A Deficiency (Under Ones): 7%
Iron Deficiency Anaemia (Under Ones): 55%
Iodine Deficiency (9-11 Year Olds): 82%

Gross Primary School Enrolment Ratio: 50%
 Female 45%
 Male 54%

Net Primary School Enrolment Ratio : 27%
 Female 26%
 Male 28%

Access to Sanitary Excreta Disposal (Rural) <1%
Access to Safe Drinking Water (Rural) 7%

Number of War Orphans 90,000
Number of Street Children (approx.) 5,000

Sources: DSA, MOE, MOH, WRD, UNICEF, 1994-95

PANEL 2: THE WORLD SUMMIT FOR CHILDREN (YEAR 2000) GOALS FOR CHILDREN

*Major Goals for Child Survival, Development and Protection:**

- *Between 1990 and the year 2000, reduction of the infant and under-five child mortality rates by one-third or to 50 and 70 per 1,000 live births, respectively, whichever is less;*
- *Between 1990 and the year 2000, reduction of the maternal mortality rate by half;*
- *Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half;*
- *By the year 2000, universal access to safe drinking water and to sanitary means of excreta disposal;*
- *By the year 2000, universal access to basic education and completion of primary education by at least 80 percent of primary school-age children;*
- *Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy;*
- *Improved protection of children in especially difficult circumstances.*

* *Please note that there are another 26 supporting or sectoral goals.*

PANEL 3: GLOBAL AND NATIONAL MID-DECADE GOALS FOR CHILDREN

Mid-Decade Goals Achievable Globally by 1995:

- Elevation of immunisation coverage of the six antigens of the Expanded Programme on Immunisation to 80 percent or more in all countries;
- Elimination of neonatal tetanus;
- Reduction of measles mortality by 95 percent and measles morbidity by 90 percent compared to pre-immunisation levels;
- Elimination of poliomyelitis in selected countries and regions (as a contribution towards global eradication of poliomyelitis by the year 2000);
- Virtual elimination of Vitamin A deficiency;
- Universal iodation of salt;
- Achievement of 80 percent usage of oral rehydration therapy as part of the programme to control diarrhoeal diseases;
- Making all hospitals and maternities "baby friendly" by ending free and low-cost supplies of infant formula and breastmilk substitutes and following the Ten Steps recommended by UNICEF and WHO;
- Eradication of guineaworm disease (dracunculiasis);
- Ratification of the Convention on the Rights of the Child by all countries.

Partial Targets of Selected Goals by 1995:

- Reduction of 1990 levels of severe and moderate malnutrition by one-fifth or more;
- Strengthen basic education so as to achieve reduction by one-third of the gap between the current primary school enrolment/retention rates and the year 2000 goal of reaching universal access to basic education and achievement of primary education by at least 80 percent of school-age children and reduction of the gender gap in primary education in 1990 by one-third;
- Increase water supply and sanitation so as to narrow the gap between 1990 levels and universal access by the year 2000 of water supply by one-fourth and sanitation by one-tenth.

ERITREAN MID-DECADE GOALS FOR CHILDREN:

- Raise the national vaccination coverage for all antigens to at least 65 percent by December, 1995, reaching at least 80 percent coverage in each of the highland provinces and at least 50 percent in each of the lowland provinces;
- Reduce the incidence of neonatal tetanus (and aim to eliminate this illness by the year 2000);
- Reduce measles mortality by 70 percent and morbidity by 60 percent;
- Reduce the incidence of paralytic polio to less than 200/year by December, 1995, and aim to eradicate this illness by the year 2000;
- Iodate all salt for human and animal consumption;
- Virtually eliminate Vitamin A deficiency;
- Achieve and maintain a status of baby- and mother-friendliness in all hospitals in the country;
- Raise the ORT utilisation rate to 80 percent;
- Ratify the Convention on the Rights of the Child;
- Reduce the number and alleviate the suffering of children in especially difficult circumstances.

UNICEF in Eritrea - 1995

Developing a Stronger Partnership for Eritrea's Children

• Forging an Improved Framework for Collaboration •

UNICEF's presence in liberated Eritrea dates back to 1992, assuming the functions of a full-fledged Country Office in early 1994. During 1992-95, the focus of assistance was primarily on recovery from the devastation of war entailing, among other things, reconstruction and rehabilitation of health and education facilities as well as water points, provision of essential equipment and supplies, limited training and, with an eye to the future, an expansion in the knowledge base on critical development problems.

Just as the Government of the State of the Eritrea (GSE) has moved to articulate its development strategies through the Macro Policy and streamline as well as strengthen public institutions, so has UNICEF progressed towards making its assistance even more relevant to changing national circumstances. The main vehicle for this has been the preparation of the first five year Programme of Cooperation between the GSE and UNICEF, covering the period 1996-2000. This Programme - which was approved by UNICEF's Executive Board in March, 1995 - seeks to accelerate the pace and promote the sustainability of human development in Eritrea. As a consequence, it emphasises:

- advocacy and technical assistance for policy and programme development at the centre;
- capacity-building of institutions at both national and sub-national levels;
- decentralised and participatory (community-based) types of interventions;
- 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.

Within the framework of these approaches, UNICEF's assistance will help attain concrete improvements in the quality of life so that:

- more people, especially children and mothers, have access to primary health care (PHC) and nutrition services of an acceptable quality;
 - more girls can attend primary schools which are, at the same time, better managed and equipped to promote learning;
 - increased supplies of safe water and higher standards of environmental sanitation become more extensively available in rural areas;
-

- growing numbers of people are aware of and respect children's rights and needs; and, last but not least,
- expanded capacity is created to enable decentralised and participatory development to become a reality.

In both its breadth and depth of engagement with Eritrea's development efforts, the Programme of Cooperation marks a qualitative leap forward in the collaboration between the Government, UNICEF and other partners to secure the well-being of children and women.

● *Building Mechanisms for Joint Planning and Monitoring* ●

As UNICEF's involvement in Eritrea intensifies, so does it become more important to find ways of making sure that its assistance is designed, delivered, coordinated and monitored jointly with Government, for the sake of maximum benefit and minimum disruption.

Beginning in 1994, the Government has established a body specifically tasked to provide direction and oversight to UNICEF's activities in Eritrea. This body is called the Programme Development and Monitoring Committee (or PDMC), chaired by the Management and Budget Office and composed of senior officials from the Office of the President; the Ministries of Finance, Local Government, Health, Education, Agriculture, Labour and Human Welfare, Energy, Mines and Water Resources, and Foreign Affairs; and, last but crucially, the National Unions of Eritrean Youth and Students and Women.

From its tentative start more than a year-and-a-half ago, the PDMC has now established a regular schedule of work, meeting twice a year (mid-stream and at the end), acquiring greater ease in its tasks of monitoring progress and constraints in the implementation of UNICEF-assisted programmes as well as other aspects of social sector activity. To take a case in point, plans of action for 1995 were first prepared through annual sectoral reviews held in October, 1994, and then submitted for discussion and approval to the PDMC's Annual Review and Planning Meeting held in Senafe on 18-20 November, 1994. Progress with programme implementation was then assessed on 18-20 August, 1995, at a Mid-Year Review Meeting held in Keren and subsequently at another Annual Review and Planning Meeting for 1996 organised in Asmara on 29 February, 1996.

The PDMC's efforts are also complemented through sectoral reviews, between the relevant line ministry and UNICEF, which take place on a quarterly basis. Their purpose is to provide an opportunity for detailed assessment of the implementation of annual plans of action, identification of constraints and feasible approaches to their resolution and, last but crucially, timely use of any opportunities which may arise from successful experiences. They, thus, constitute a mechanism for fostering a productive, action-oriented dialogue between partners and ensuring that programmes remain "on-track".

● *Moving to the Cutting-Edge in Eritrea's Development* ●

One of UNICEF's objectives in Eritrea is to become a recognised and respected partner in generating knowledge and promoting innovation. While there is still room for improvement, considerable progress was made in this direction during the course of 1995.

To begin with, UNICEF worked closely with its governmental and non-governmental partners to execute an ambitious research agenda. The initiatives included:

- an in-depth qualitative study of girls' education;
- an assessment of school management within the first cycle of education;
- a major investigation of knowledge, attitudes and practices (KAP) on diarrhoeal diseases, water, hygiene and sanitation;
- the first Expanded Programme on Immunisation (EPI) Coverage Survey and Review; and
- an evaluation of the reunification of war orphans with extended families.

These studies have been carried out with a view to building national capacity by "twinning" international experts with national counterparts and fostering a transfer of knowledge as well as skills through training and field work. It has been possible, in this way, to introduce or more widely disseminate cutting-edge approaches and techniques in social science research such as participatory learning assessment (PLA) and KAP investigations. It is expected that within two-three years, it will be possible to build sufficient national capacity to enable a significant reduction in the use of international experts.

At the same time as undertaking research, UNICEF has sought to prepare the ground for launching innovative interventions such as:

- gradually decentralising planning for social development;
 - promoting the concept of community schooling targeted principally at increasing girls' participation in primary education;
 - shifting the emphasis in water and sanitation activities to the promotion of behavioural change;
 - using radio to increase awareness on critical health issues among the population; and
 - experimenting with the use of pre-fabricated structures to reduce construction delays and costs, particularly in remote areas.
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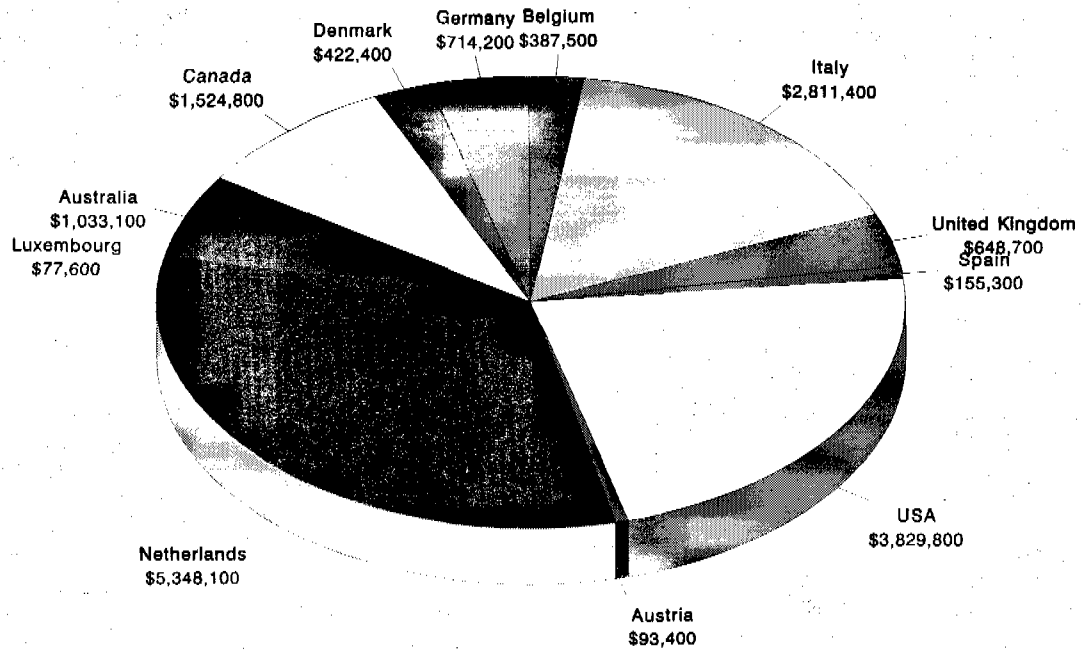
• *Mobilising Resources for Increased Activity* •

With the widening and intensification of UNICEF's collaboration with Eritrea, there has been a parallel increase in demand for technical support and financial as well as material resources. To address these challenges, UNICEF has embarked upon a programme of internal capacity-building together with fund-raising. The initial results from these efforts are very encouraging. For example, regarding manpower, staff strength in the Country Office has increased rapidly from just seven in 1994 to 24 in 1995 and 34 in 1996. *This commitment of professionals and support staff matches levels reached in countries with much larger populations.* Similarly, UNICEF has enjoyed very high levels of support from donors (Table 1 and Figure 1 below). 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 1 shows the distribution of funding by donor; the top three contributors have been the Netherlands, United States of America and Italy. Their support and that of other donors enabled UNICEF to allocate USD 13.2 million in financial assistance during 1995 comprising USD 1.0 million from general resources, USD 10.5 million from special contributions and USD 1.7 million in emergency supplementary funds. *As a consequence, UNICEF's per capita allocation for Eritrea, at USD 5.28/person, was one of the highest in the world!*

Table 1: Donor Assistance to Eritrea Through UNICEF, 1994-95

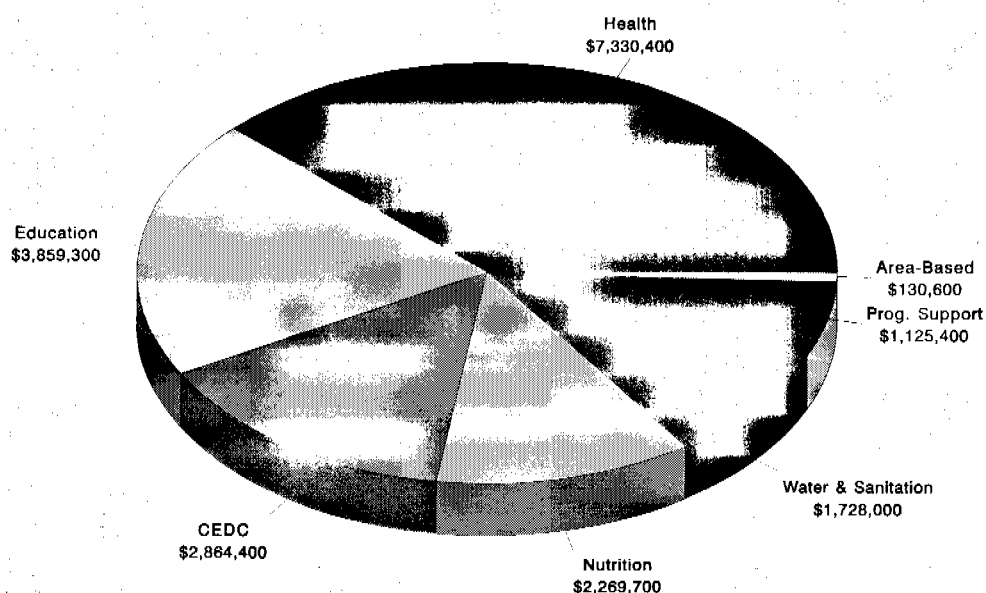
DONOR COUNTRY	DONOR ASSISTANCE (USD '000)		
	1994	1995	TOTAL
Netherlands	367.1	4,981.0	5,348.1
United States of America	2,829.8	1,000.0	3,829.8
Italy	2,006.7	804.7	2,811.4
Canada	1,382.3	142.5	1,524.8
Australia	574.4	458.7	1,033.1
Germany	320.0	394.2	714.2
United kingdom	541.7	107.0	648.7
Denmark	422.4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

Figure 1: Donor Assistance to Eritrea Through UNICEF, 1994-95 (Supplementary Funds Only)



Sectorally, by far the largest allocation of funds during 1994-95 (both general resources and supplementary funds; see Figure 2) has been for health (38%) followed by education (20%), children in especially difficult circumstances/CEDC (15%), nutrition (12%), water and sanitation (9%), programme support (6%) and area-based programmes (<1%). Fund-raising trends show that this general sectoral pattern is likely to be repeated during the initial years of the new Programme of Cooperation, with the possible exception of nutrition, which may have access to fewer resources due to the completion of large investments for universal salt iodation.

Figure 2: Sectoral Allocation of UNICEF Assistance (GR and Supplementary Funds), 1994-95



● *Fostering Closer Links With Other Donors* ●

Achieving a marked change for the better in the life of Eritrea's children and women necessarily requires the combined efforts of different actors, including donor institutions. UNICEF has attempted to put this principle into practice by actively seeking out and building partnerships with other donors in a wide spectrum of activities, ranging from information exchange to cooperation in advocacy, technical assistance, research, policy and programme development and specific interventions at the grassroots level.

A starting point for UNICEF's efforts has been the United Nations System (U.N.). Last year in fact marked the 50th anniversary of the founding of the U.N., with UNICEF playing an important role in celebrating the occasion. More substantively, a first retreat of senior U.N. professional and general service staff was organised in February, 1995. The gathering provided an opportunity to review the status of inter-agency links, identify obstacles hindering closer collaboration and propose concrete steps to promote stronger system-wide initiatives. The event was organised by a multi-agency group led

by UNICEF which also prepared an action report and submitted it to the U.N. Heads of Agencies. Subsequent to the retreat, a number of "thematic groups" were established in the following areas: administration; programmes; health and HIV/AIDS; education; food security and nutrition; communication; and resettlement of returning Eritrean refugees (PROFERI). UNICEF has also taken the initiative to forge closer links in specific programmatic areas (see Table 2 below).

Table 2: Areas of Collaboration with Other UN Agencies

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

In terms of links with donors outside the U.N. System, UNICEF has over the past year managed to forge especially close ties with the Netherlands in education, health care and support to children in especially difficult circumstances (orphans). At the same time, existing close relationships with other donors have been strengthened and new ones built-up, as follows:

- USAID - universal salt iodation and EPI;
- Italian Cooperation - primary health care, urban and rural water supply and sanitation, and CEDC;
- CIDA - water supply in Keren and girl child education;
- Norway - girl child education;
- Germany - water supply in Keren;
- German National Committee for UNICEF - safe motherhood; and
- Australia - primary education and primary health care.

Concerning collaboration with non-governmental organisations (NGOs), UNICEF has established good working relationships with a number of locally-based institutions: SCF-UK (primary health care), Radda Barnen and Redd Barna (child rights), World Vision International (AIDS, micronutrient deficiencies) and Christian Aid (coordination of primary health care activities). This effort has been undertaken within the framework of Government policy on international NGOs which allows them to raise and receive funding but requires that they channel such resources through Governmental bodies for field-level implementation.

UNICEF in Eritrea - 1995
Sector Profiles

UNICEF's activities during 1995 in support of interventions led by Government and other partners showed a marked improvement both in the quality of assistance provided and its outcomes. In the area of health and nutrition, the capacity of the Ministry of Health (MOH) to deliver PHC services of a higher quality was significantly increased, especially in EPI, while a strong start was made in combating micronutrient deficiencies, particularly IDD, and promoting breastfeeding in maternity facilities. At the same time, progress was made in constructing additional health facilities. With regard to water and sanitation, access to safe water and latrines was substantially increased in Keren, maintenance capacity was expanded in three provinces and a major KAP study on diarrhoeal diseases, hygiene and sanitation was completed. In education, the process of curriculum review was facilitated through technical assistance, textbooks were printed for junior and senior secondary schools, training provided to primary school teachers on gender issues and fieldwork finished for a major study on girl child education.

Activities targeted at children in especially difficult circumstances (CEDC) were based on the reunification of war orphans, training for the Department of Social Affairs, and an evaluation of the effectiveness of the reunification programme. The thrust of work in national capacity-building was on completing a study on decentralisation, training staff from the Ministry of Local Government and other organisations, integrating the Mid-Decade Goals monitoring exercise in the Eritrean Demographic and Health Survey (E-DHS), supporting UNICEF-funded research and participating in joint analytical activities with other United Nations Agencies and donors. Finally, efforts in information/communication supported preparations for the Fourth World Conference on Women, training in gender and development, translation of an important publication "Facts for Life" (FFL) into Tigrinya, support for programme communication with regard to World Health Day, breastfeeding and USI and, last but not least, research for a regional initiative on the adolescent girl child.

● *Towards Health for All* ●

During 1995, UNICEF's support for the development of qualitatively improved and more accessible PHC services focused on the rehabilitation of physical facilities and strengthening of EPI, control of diarrhoeal diseases (CDD) and safe motherhood services. This strategic approach was pursued with a view to tackling some of the major preventable causes of illness and, far too often death, among Eritrean children and women.

To elaborate, assistance for the rehabilitation of health facilities absorbed a considerable proportion of available funds. One health centre and three health stations were completed and launched during 1995; seven prefabricated health stations are currently under construction and will be launched by May, 1996.

At the same time as supporting the rehabilitation of infrastructure, UNICEF has equipped almost all PHC facilities and rural hospitals with MCH, maternity and paediatric ward kits. With regard to the EPI, 105 solar refrigerators, sufficient quantities of vaccines as well as sterilisation, vaccination and other related equipment were procured and distributed. Some 70 rural health workers also received integrated training on EPI and MCH. A major milestone during the year was the launching of a polio eradication campaign, held as part of World Health Day Celebrations in April, 1995, which reached and vaccinated 53,000 children.

As part of a concerted effort to strengthen the EPI, a national review was implemented in June, 1995, creating conditions for better planned action at the sub-national level. The review's findings indicated that the proportion of fully immunised children had increased from 14 percent in 1993 to 39 percent by mid-1995. The MOH expects this figure to increase to 45 percent by the end of 1996 when almost all rural health facilities will provide static EPI services and at least one outreach service. This will enable the EPI to become the cutting edge of PHC by increasing its reach to about 70 percent of the population.

Another major area of concern during 1995 was to reduce the toll of diarrhoeal diseases on children and adults by promoting a cheap and effective remedy - oral rehydration therapy (ORT). In pursuit of this objective, oral rehydration salts (ORS) were procured and distributed to all health facilities in the country which are making them available at OPD and outreach points. This is often done through what are called "ORT corners" where health education, treatment and ORS sachets may be obtained by clients. It is estimated that about 75 percent of health facilities have these "corners", an outcome which should enable health providers to increase the use of ORT. In support of these activities and achievements, the Eritrean Pharmacists Association dedicated their annual conference theme for 1995 to oral rehydration therapy.

While all the activities described above are important in combating ill health and malnutrition, attention also needs to be directed towards the situation of mothers which in Eritrea is extremely precarious, with rates of death from pregnancy-related complications being among the highest in the world. Attention needs to be given to managing pregnancies properly, ensuring safe delivery and

securing emergency support in cases of high-risk - for the sake of women themselves and for the sake of their children. Fortunately, action to safeguard the health of mothers is becoming a priority in Eritrea. An advisory council on safe motherhood has been set up, with strong UNICEF representation, with one of its responsibilities being to prepare a national conference by mid-1996. The groundwork for this conference is being laid through a series of studies and preparation of various discussion papers. In support of this process, UNICEF has procured 400 copies of a particularly relevant publication, "Healthy Women/Healthy Mothers", which will be used as guidelines for health providers.

Finally, and more broadly, UNICEF has supported the provision of essential drugs, diagnostic and medical equipment as well as transport logistics which have since enabled the MOH to improve and expand its delivery of PHC services in a more sustainable manner.

● *Promoting Better Nutrition* ●

In a major initiative to give Eritrean children a head start in life, UNICEF supported the MOH to pursue and achieve the ideals of the 1990 Innocenti Declaration on Breastfeeding by securing baby- and mother-friendly hospital (BFHI) status in all health facilities in the country providing maternity services (46 in total). Subsequent assessment by a team from the International Breastfeeding Association (IBFAN) found that 28 facilities had met the requisite criteria while another 10 merited a certificate of commitment. All facilities are expected to achieve BFHI status by the end of 1996.

Mobilisation for BFHI has cut across sectors and generated many externalities for the other components of PHC. Steps towards its achievement included development of the BFHI workplan; a lactation management course which trained 30 trainers; development and adoption of a national breastfeeding policy; drafting of a code of marketing for breastmilk substitutes; delivery of the 18-hour course on lactation management to 450 participants; radio programmes on breastfeeding and its merits; and an internal BFHI assessment.

Another key intervention was aimed at achieving universal salt iodation (USI). As a consequence of high levels of iodine deficiency disorders (IDD), it is estimated that every year Eritrea produces 510 cretins and 50,960 brain-damaged (IQ loss) infants. The Government, therefore, decided to iodate all salt produced in the country by the end of 1995, as a major step towards eliminating IDD in both Eritrea and Ethiopia.

In support of USI, UNICEF procured iodation machineries for the public salt works in Massawa and Assab as well as small-scale private producers along the coast in the Assab area. All these machines have been installed and iodated salt production was launched in December, 1995, in the presence of the President and senior officials from both Eritrea and Ethiopia. Other preparatory activities for USI have entailed the drafting of appropriate legislation, development of a framework for quality assurance and monitoring and, finally, steps towards the formulation of a communication strategy and materials. It needs to be emphasised that the success of USI owes a lot to a combination of determined action by the Eritrean Government and timely as well as substantial assistance from the United States of America (through USAID) and Canada (via CIDA).

Assistance was also provided to tackle the high prevalence of protein energy malnutrition (PEM) by training 20 health workers from each province on principles of nutrition and another 25 home agents on aspects of nutrition interventions at the community level. This measure has been reinforced by the procurement of a locally produced weaning food, DMK, for a supplementary feeding programme based in health facilities. UNICEF also supported the chairperson of a governmental food and nutrition task-force to attend its Regional Nutrition Strategy Training Workshop held in Addis Ababa.

• *Securing Safe Water and a Healthier Environment* •

The main activity in 1995 was to move into the last phase of the Keren Water Supply Project. This required the laying of a 6000m transmission pipeline from the aeration/filtration plant to the reservoir, construction of the intake well in the bed of the Anseba River, and completion of a secondary pipeline. Once finished, the project will dramatically increase access to safe water for the town's 50,000 residents, from 23 percent to 100 percent. In addition, the disparity which existed in the city, whereby poor families paid more for access to safe water, will cease. On the sanitation front, the project has increased the proportion of schools with latrines from 40 percent to 100 percent. This has been buttressed by a locally-implemented behaviour study to fully understand residents' attitudes towards sanitation facilities. The findings will be used to develop and expand community sanitation facilities.

Another service delivery activity during 1995 was the rehabilitation of wide diameter wells in the former province of Akeleguzai which is expected to directly benefit 5000 households (or more than 20-25,000 people) through improved access to safe water. At the same time, in response to the large percentage of non-functional water points, UNICEF assisted the Water Resources Department (WRD) to establish a viable handpump repair system in the former provinces of Sahel and Barka. A total of 10 teams were trained in preventive maintenance of India MKII handpumps. Each team has been equipped with standard handpump maintenance tool kits and each province issued with a 3-year supply of spare parts.

While promoting increased access to improved services, UNICEF has also been collaborating with the WRD to increase knowledge about critical issues in the water and sanitation sector. To this end, two main activities have been supported: first, a National Water Point Inventory Survey, now close to completion, which will create a database linked to a computerised geographical information system (GIS), amenable to regular updates as new data is generated; and, second, a national knowledge, attitudes and practices (KAP) study, to establish a baseline for participatory hygiene education, a key approach in the sector programme for 1996-2000.

Finally, at the policy level, UNICEF working with the WRD and UNDP, and supported by the World Bank, helped to lay the groundwork for the preparation of an Eritrean Rural Water Supply and Environmental Sanitation Programme (ERIWESP) by 1996. The ERIWESP will define the policy, institutional, programmatic, financial and technical frameworks which will guide rural service development and delivery into the next decade.

● ***Strengthening Participation and Learning in Schools*** ●

In supporting the efforts of the Ministry of Education (MOE) during 1995, UNICEF focused on three clusters of activities:

- first, there was significant emphasis on the gender dimensions of primary education through a study on opportunities and constraints to girls' education, complemented by gender sensitisation and awareness creation for 2,000 primary school teachers and directors through a focused one-week workshop and a pre-qualification coaching course for potential female teacher trainees;
- second, the issue of learning in a qualitatively improved school environment was addressed by a study on the current state of school management, the printing of 250,000 textbooks for junior and senior secondary schools (distributed during December, 1995) and steady support to curriculum development through the services of an Eritrean expert based in the MOE who has been assisting with a major curriculum review focusing on issues of context, quality and impact; and,
- finally, capacity-building not just through technical assistance for curriculum review, research and training but also co-financing to enable a senior member of the MOE to attend the International Institute for Educational Planning and Development (IIEP) in France together with sponsorship for the participation of two staff-members in a UNICEF-organised girl child education workshop in Kenya and of the MOE's gender focal point in the Fourth World Conference on Women held in Beijing.

● ***Assisting Children in Especially Difficult Circumstances (CEDC)*** ●

The CEDC programme, designed to protect the psycho-social and psycho-physical health of orphans, has so far reunified about 4,000 children with their extended families in the former provinces of Gash-Setit, Senhit, Barka and Seraye. The programme has focused on capacity-building for the Department of Social Affairs (DSA); providing socio-economic support to families adopting orphans; and undertaking effective monitoring and evaluation to track progress.

During 1995, UNICEF supported the training of 21 social workers (six of them female) on child care and development. It also procured two pick-up vehicles, four motor-cycles, and office equipment and supplies, enabling sub-national levels of the DSA to efficiently reproduce information and communicate with the centre.

In terms of actual assistance to CEDC, some 1,661 families adopting 2,221 orphans were found to be of poor socio-economic status and, consequently, provided with assets amounting to Birr 4,571,704 (USD 731,472) in aggregate. These included camels, cows, goats and capital for small-scale businesses.

With regard to monitoring and evaluation activities, a joint field review of the process of orphan reunification in the former province of Senhit was conducted by the DSA, UNICEF and the Italian Embassy. In a complementary effort, an evaluation of the project was implemented in the former provinces of Gash-Setit, Barka and Senhit in May, 1995, yielding a spectrum of recommendations including an extension of the project. Many of the recommendations are being implemented and the necessary funds have already been received from the Italian Government. Additional financial support has also been provided by the Government of the Netherlands allowing increased numbers of orphans to be reunified over the next few years.

● *Planning for Accelerated Social Development* ●

UNICEF's engagement in social planning was muted in 1992-94, in anticipation of the Government's restructuring of administrative institutions and systems. With this exercise underway by 1995, the emphasis has shifted to action particularly with regard to support for:

- policy formulation;
- decentralisation of planning;
- monitoring of social indicators;
- a more intensive process of social research; and
- strengthening of links with donors.

Among the key steps taken by UNICEF has been the development of closer professional relationships with key counterparts in the National Statistics Office (NSO), Ministry of Finance (MOF), Ministry of Local Government (MOLG) and several other social sector ministries. Concerning assistance for planning and policy development, an important study on decentralisation was completed while ongoing advocacy and technical support stressed the preparation of a National Programme of Action (NPA) for Children as well as an Eritrean Rural Water Supply and Environmental Sanitation Programme (ERIWESP). On the monitoring front, the MDG monitoring process was successfully incorporated in the Eritrean Demographic and Health Survey (E-DHS) and the ground was laid for the launching of sentinel community surveillance (SCS) in 1996.

In the area of research, trainers from the MOLG and other social sector ministries were trained in needs assessment tools for social planning, an activity which will progress to the sub-national level in 1996. At the same time, substantive support was provided for an aggressive programme of UNICEF-supported social research. Last but not least, practical collaborative links were forged with the World Bank through participation in the Eritrean Community Development Fund (ECDF) staff appraisal mission, information exchange and other professional links.

• *Communicating and Mobilising for Development* •

Activities during 1995 followed a landmark national workshop on the Convention on the Rights (CRC) of the Child, held in December, 1994, just 4 months after its ratification by the Government. The final report and recommendations of the National Workshop are currently under review by Government.

As part of the build-up to the Fourth World Conference on Women in Beijing, UNICEF supported a series of workshops as well as the preparation of a Country Report on the Status of Women in Eritrea, in both cases led by the National Union of Eritrean Women (NUEW). Two members of the Eritrean delegation to the Conference were also sponsored by UNICEF.

As a contribution towards building national capacity to address gender issues through policies and programmes, the Gender Focal Point in the Country Office and one resource person from the University of Asmara attended the UNICEF Eastern and Southern Africa (ESAR) Gender Training Workshop held in Uganda. Furthermore, the President of the NUEW, who also led the Eritrean Government Delegation to the Beijing Conference, attended the ESAR Gender Network Meeting held in Kenya.

As an additional initiative on gender concerns, a workshop was held in Asmara for around 60 participants to discuss the provisions of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and its implications for Eritrea. The participants identified a number of recommendations to the Government regarding the signing, ratification as well as implementation of the CEDAW. The group also resolved to organize and hold a national workshop on the Convention to familiarize and sensitise the public on its provisions and their implementation in the country. In an effort to raise public awareness, the CEDAW has been translated into one of the local languages (Tigrinya). As it happens, the Government did accede to the Convention in 1995, providing further impetus to mobilisation activities on the subject.

Finally, increasing attention is being given to using information to support service delivery through programme communication initiatives. A key activity in this regard has been the translation of "Facts For Life" (FFL) into Tigrinya. An inter-sectoral editorial committee has been set up to review and finalize the draft translation with printing and distribution of the final version planned for 1996.

UNICEF in Eritrea - 1995
Staff Profiles

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Dr. Kopano Mukelabai, Representative

Dr. Kopano Mukelabai, a Zambian national, took up the post of UNICEF Representative in Asmara in January, 1996. He first joined UNICEF in 1992 as a Senior Health Advisor at the Eastern and Southern Africa Regional Office (ESARO) in Nairobi. During 1995, he was appointed Acting UNICEF Representative in Kenya.

Before joining UNICEF, Dr. Mukelabai was Dean of the School of Medicine at the University of Zambia from 1984 to 1992. He was also Professor of Paediatrics and Child Health, and Consultant Paediatrician and Cardiologist at the University Teaching Hospital, Lusaka, Zambia. Dr. Mukelabai has published numerous medical articles and authored several manuals and textbook chapters on paediatrics and child health. He has been a consultant to WHO and UNICEF and has, in addition, been a member of several governmental and international committees.

Dr. Mukelabai earned his B.Sc and M.B, ChB degrees from the University of Zambia. He did his post-graduate training in maternal and child health at the University of London (Institute of Child Health) and in paediatrics and cardiology at the University of Toronto, Dalhousie University (Halifax, Canada) and Nihon University (Tokyo). He is a diplomate of the American Board of Paediatrics and a Fellow of the Royal College of Physicians of Edinburgh (F.R.C.P Ed.).

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Isiye Ndombi, Programme Planning Officer

Isiye Ndombi, a citizen of Kenya, joined UNICEF-Botswana in 1989 as Project Officer for Health and Nutrition. He was transferred to UNICEF-Eritrea in February, 1994. Before joining UNICEF, Dr. Ndombi worked for the University of Nairobi as Lecturer in Paediatrics and Child Health. Previously, he had worked for the Government of Kenya as Provincial Paediatrician, Medical Superintendent of a large provincial hospital and as Medical Officer of Health. He has co-authored two books (primarily in paediatric nutrition and child health), written several manuals and published several papers in international journals. He earned his MB ChB, Masters of Medicine (Paediatrics) and a post-graduate Certificate in Tropical Medicine from the University of Nairobi.

●●○ *Turhan Saleh, Planning and Evaluation Officer*

Turhan Saleh, a national of Bangladesh, joined UNICEF-Ghana in 1989 as an economist. He was transferred to UNICEF-Eritrea in March, 1994. Before joining UNICEF, Turhan worked for short periods at the World Bank in Washington, D.C., and the United Nations World Food Council in Rome. While a graduate student, he also undertook research on structural adjustment for the Office of the Deputy Executive Director (Programmes) at UNICEF Headquarters. He earned his B.A. (Honours) degree from Cornell University, where he was a College Scholar, and an M.P.A. from Princeton's Woodrow Wilson School, where he was a Woodrow Wilson Fellow. During 1984-85, he was a Visiting Student studying Philosophy, Politics and Economics (P.P.E.) at Christ Church College, Oxford University.

●●○ *Anissa Bouyahi, Operations Officer*

Anissa Bouyahi joined UNICEF-Eritrea as its Operations Officer in October, 1994. Anissa's career with UNICEF started in her own country, Algeria, in November, 1985, when she was appointed the Administration and Finance Assistant. In 1988, she was promoted to the post of Administration and Finance Officer in the same office. In January, 1993, she was transferred to Madagascar. Before joining UNICEF, Anissa worked for private businesses in Algeria. She has a B.A. in foreign languages from the University of Algiers and has also completed a number of courses in management.

●●○ *Debessai Haile, Health Project Officer*

Debessai Haile, an Eritrean national, obtained a Bachelor of Medical Social Work from Addis Ababa University and an M.P.H from Tulane University, New Orleans. Before joining UNICEF, he worked in Ethiopia's Ministry of Health in various capacities, including head of Child Health Services, head of the National Family Planning Division, and deputy in the Division of Health within the Department of Family Health. He worked as a project coordinator for UNFPA until the end of 1992. Debessai joined UNICEF-Eritrea in March, 1993.

●●○ *Yemane Kidane, Nutrition Project Officer*

Yemane Kidane, an Eritrean national, received a B.A. in social work from Addis Ababa University and an M.A. in social anthropology, with emphasis on nutritional anthropology, from the Teachers College of Columbia University, U.S.A. He also obtained a post-graduate certificate in food and nutrition analysis and nutrition surveillance from Cornell University. Before joining UNICEF, Yemane worked for four years as a rural community development worker and for fifteen years as a nutrition researcher and research coordinator at the Ethiopian Nutrition Institute. He has also been a coordinator of feeding programmes in different drought-affected areas of Ethiopia.

●●○ *Berhane Berhe, Water and Environmental Sanitation Project Officer*

Berhane Berhe, an Eritrean national, joined UNICEF-Ethiopia in October, 1989, as a consultant based in the Ogaden. He came to UNICEF-Eritrea in February, 1993. Before coming to UNICEF, Berhane worked at the Water Works Construction Authority in Addis Ababa as a project manager for small dams and irrigation systems (1979-85) and then with the World University Service of Canada as a water sector manager in the Ogaden (1985-89). He earned a B.Sc. in agricultural engineering from the University of Alemaya, an M.Sc. in agricultural engineering at Oklahoma State University and did post-graduate study in soil and water engineering at Silsoe College, U.K..

●●○ *Tsehaye Haile, Education Project Officer*

Tsehaye Haile, an Eritrean national, joined UNICEF-Ethiopia in February, 1989, as a Project Officer, first for the Integrated Rehabilitation Programme (IRP) and then the Area-Based Programme. He came to Asmara in April, 1992, and was responsible for the coordination of all UNICEF programmes under the supervision of the then Officer-in-Charge. Prior to joining UNICEF, Tsehaye worked for the Ethiopian Water Works Construction Authority and the Water Supply and Sewerage Authority as head of the Community Participation Department (1976-89). He has also worked for short periods for the Ministry of Education and as a Marketing and Public Relations Officer for the Ethiopian Insurance Corporation. He earned his B.A. degree in Education from Addis Ababa University and an Advanced Post-Graduate Diploma in Resources Development Planning from the International Institute for Aerospace and Earth Sciences (ITC), the Netherlands. He has also obtained a Diploma in Public Relations and Journalism from the International Institute of Journalism in Bulgaria.

●●○ *Senait Ogbazghi, Information and Communication Officer*

Senait Ogbazghi, an Eritrean national, joined UNICEF-Eritrea in July, 1994. Prior to this, she gained experience working for humanitarian/development organisations - CARE, from September, 1992, to January, 1993, UNICEF-Ethiopia from January to October, 1993, and with USAID from January to July, 1994. Most of her work centred on writing and editing reports and periodic publications. Senait earned an M.Sc. in international business administration from the United States International University in Nairobi.

●●○ *Paul Fife, Assistant Project Officer, Health*

Paul Richard Fife, a citizen of Norway, joined UNICEF-Eritrea in June, 1995, as a Junior Professional Officer (JPO). He is a Medical Doctor graduated from the University of Oslo. Prior to his assignment with UNICEF in Asmara, he worked in Norway as a Medical Officer and for a Norwegian NGO as administrative clerk. He gained field

experience in developing countries working with Medecins Sans Frontieres (MSF) in a Sudanese refugee camp in 1990, and by being a coordinator for a Primary Health Care (PHC) project in Ghana during 1989-91 whilst a medical student. He has edited and written several articles and reports for different publications.

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Gabrielle Vermeulen, Assistant Project Officer, Education

Gabrielle Vermeulen, a Dutch national, joined UNICEF-Eritrea in August, 1995, as a JPO in the area of education. Prior to this assignment, Gabrielle worked for a foundation in the Netherlands between 1993-95, engaged in increasing the interest and involvement of the young in issues relating to development, justice and marginality. Between 1991-92, she was employed by the Agricultural University of Wageningen to perform curriculum evaluation at the Agricultural Faculty of the Eduardo Mondlane University in Mozambique. Gabrielle also worked for a short period with the Dutch Eduardo Mondlane Foundation, also in Mozambique, to conduct a survey on vocational/adult education as well as teacher training. She has also been involved in a wide variety of voluntary work, in the Netherlands and abroad. Gabrielle obtained a Masters degree in education science from the Catholic University of Nijmegen.

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Martine Billanou, Programme Communications Consultant

Martine Billanou, a French national, joined UNICEF-Eritrea as a consultant in November, 1993. From 1988 to 1993, she was General Secretary of the Eritrean Inter-Agency Consortium (EIAC), a group of international NGOs supporting development activities in Eritrea. Before joining the EIAC, she worked in the private sector in Lyon, France. Martine has a Masters of Economic Science from the Grenoble University of Social Sciences, France.

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Saba Mebrahtu, Monitoring and Evaluation Consultant

Saba Mebrahtu, an Eritrea national, joined UNICEF-Eritrea as a consultant in May, 1995. Before joining UNICEF, Saba worked at the World Bank and the Academy for Educational Development (AED) in Washington, D.C., as a short-term consultant. She has also been engaged for short periods at various institutions: Rutgers University in New Brunswick, New Jersey, as a visiting scholar; the International Center for Research on Women (ICRW) in Washington, D.C., as a research fellow; and at the World Health Organization (WHO) in Nigeria as a consultant. Saba earned her B.Sc. from Sioux Falls College, South Dakota, in biology and chemistry, her M.Sc. from South Dakota State University in biology and nutrition, and her Ph.D. from Cornell University, in population and development. She was awarded research fellowships from the Ford Foundation and the Population Council to undertake her doctoral research under the auspices of the International Institute of Tropical Agriculture (IITA) in Ibadan, Nigeria.

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Kiflemariam Sebhatu, Consultant on Orphan Reunification

Kiflemariam Sebhatu, an Eritrean national, joined UNICEF-Eritrea in 1994 as a consultant for the CEDC programme, initially for the war orphans reunification project. He obtained a post-graduate Diploma and Msc in agricultural extension and rural development in 1988 and 1990, respectively, from the University of Reading, U.K.. Prior to joining UNICEF, Kiflemariam worked as a rural development agent in Eritrea and Sudan for a period of ten years. He has also worked for the British Refugee Council in London, developing projects for unaccompanied children.

UNICEF in Eritrea - 1995
List of Visitors

NO.	DATE	NAME	TITLE	ORGANISATION
1.	20/01/95	Dr. George Tembo		WHO-Uganda
2.	20/01/95	Dr. Rowland O. Swai		MOH, Dar-es-Salaam
3.	24/01/95	Tom Molin		M.A. Motenson Comp., Asmara
4.	24/01/95	George Lewis	Acting Asmara Rep.	USAID-Washington
5.	24/01/95	Tors Lentenecker		BF-Germany
6.	24/01/95	Girmay Yohannes		BF- Asmara
7.	24/01/95	Geremew Berhanu		Ethiopian Embassy
8.	31/01/95	Tesfai G.Selassie	H. E. Minister	Min. of Energy, Mines & Water Resources
9.	31/01/95	John Pieleancie	Consultant	USAID
10.	31/01/95	Chenyl Anderson Kiai		USAID/Nairobi Regional Office (REDSO)
11.	01/02/95	John Nance		British Council, Nairobi
12.	02/02/95	Majlis Loow		Parliament of Sweden
13.	02/02/95	Ann Wilkens	H. E. Ambassador	Embassy of Sweden
14.	03/02/95	Askalu Menkerios	President	NUEW
15.	08/02/95	Ahferom Tewolde		Administration of Nacfa
16.	10/02/95	Yemane Ghebreab	Executive Secretary	PFDJ
17.	13/02/95	Mehari G.Medhin		Department of Paediatrics, University Hospital, Uppsala
18.	14/02/95	Osman Saleh	H. E. Minister	Ministry of Education
19.	14/02/95	Hagos Berhane		Ministry of Education

NO.	DATE	NAME	TITLE	ORGANISATION
20.	14/02/95	Sebhat Ephrem	H. E. Minister	Ministry of Health
21.	14/02/95	Tekeste Fekadu	H. E. Vice-Minister	Ministry of Health
22.	15/02/95	Don B. Summer		Red Sea Housing
23.	15/02/95	Tewelde G. Michael		Fenkel Oriental
24.	15/02/95	Fred L. Stallard		Red Sea Housing
25.	15/02/95	Roger Maconich		UN/NY
26.	15/02/95	Barbara Coony		FAO, Rome
27.	20/02/95	Adjoa Amana		UNFPA CST, Addis Ababa
28.	21/02/95	Ghermay Afeworki		Keckia Travel & T
29.	21/02/95	Zerom G. Egziabher		Keckia Travel & T
30.	23/02/95	Pat Duggan	First Secretary (DA)	Australian High Commission, Nairobi
31.	23/02/95	Serena Anna	Programme Officer	Australian Int'l Dev. Assist. Bureau (AIDAB)
32.	23/02/95	Dr. Bereket Sebhatu		Haz Haz Hospital
33.	28/02/95	Dr. I. Uhaa		UNICEF, ESARO/Nairobi
34.	28/02/95	Dr. D. P. Ranque		WHO, Geneva
35.	28/02/95	Mohiadin Shengeb	Chairperson	NUEYS, Asmara
36.	28/02/95	Einar Syvertsen	Regional Supply Officer	UNICEF, ESARO/Nairobi
37.	01/03/95	Sergio Palladini		Italian Cooperation
38.	01/03/95	Andrea Senatori		Italian Cooperation
39.	03/03/95	Akira Okura		Embassy of Japan, Addis Ababa
40.	06/03/95	Per Fenswaes		Red Cross-Eritrea
41.	06/03/95	Arne Jacobsen		Int'l Fed. Red Cross/Crescent
42.	09/03/95	Osei Kofi	Media Consultant	Windhoek
43.	13/03/95	Maria Grazia	Consultant	ICDC, Florence

NO.	DATE	NAME	TITLE	ORGANISATION
44.	13/03/95	Humed Mohammed Karikare	H. E. Governor	Dankalia Province
45.	13/03/95	Abraha Kahssai		PFDJ
46.	13/03/95	Abraham Tesfaselassie	Supervisor	MOH-Dankalia
47.	14/03/95	Nancy Farwell		Dept. of Social Affairs
48.	14/03/95	Divind Solberg		Norwegian Church Aid
49.	14/03/95	Johann Olav Koss		UNICEF-Norway
50.	14/03/95	Terje Thodesen	Representative	Redd Barna-Eritrea
51.	16/03/95	B. Yisa		UNFPA CST, Addis Ababa
52.	16/03/95	Rogelio Fernandez Castilla	Country Director	UNFPA, Addis Ababa
53.	17/03/95	Tore Lium		UNDP-World Bank/RWSG, Nairobi
54.	17/03/95	Andrea Senatori		Italian Cooperation
55.	17/03/95	Mukami Kariuki		UNDP-World Bank/RWSG, Nairobi
56.	20/03/95	Mogos Petros		Asmara Leather
57.	23/03/95	Anna Obura	Regional Education Advisor	UNICEF, ESARO/Nairobi
58.	27/03/95	Giacomo Pirozzi		UNICEF, ESARO/Nairobi
59.	28/03/95	Obonetse Alfred Masedia		Gaborone, Botswana
60.	31/03/95	Reuben M. Mutiso		Nairobi, Kenya
61.	31/03/95	Femi Majekodunmi		Lagos, Nigera
62.	31/03/95	Rev. Zerit Yohannes		Evangelical Church of Eritrea
63.	01/04/95	Omar Abdi		UNICEF/NYHQ
64.	03/04/95	David Dunlop		World Bank, Washington D.C.
65.	03/04/95	Eyasu Hadgu		Ministry of Health
66.	03/04/95	Maureen Woodhall	Consultant	World Bank
67.	05/04/95	Alefeteh Domenico		Haz Haz Hospital

NO.	DATE	NAME	TITLE	ORGANISATION
68.	05/04/95	Almaz Tewoldemedhin		Haz Haz Hospital
69.	05/04/95	Sara Solomom		Haz Haz Hospital
70.	11/04/95	David French	Country Director	UN World Food Programme
71.	12/04/95	Albert R. Neill		BASICS/USAID
72.	12/04/95	Meshack M. L. Shongwe	Division Chief	African Development Bank, Abidjan
73.	12/04/95	Andrew Mwaba		ADB/ADF, Abidjan
74.	12/04/95	Micha Azizo		ADB/ADF, Abidjan
75.	12/04/95	S.A. Olanrewajy		ADB/ADF, Abidjan
76.	12/04/95	Rekha Thapa	Deputy Res. Rep.	UNDP-Asmara
77.	03/05/95	Anne Moores		Australian High Commission, Nairobi
78.	03/05/95	Margaeta de Doxs	Consultant	ADB
79.	03/05/95	Luul Yehdego	Consultant	ADB
80.	03/05/95	Guido Larchu		Ministry of Foreign Affairs, Rome
81.	04/05/95	Edith Odera		UNICEF, ESARO/Nairobi
82.	08/05/95	Roberto Beneduce	Consultant	UNICEF-ICDC
83.	09/05/95	Tesfay W. Selassie	Manager	Assab Salt Work
84.	09/05/95	Tekye Gebreyisus		Sewit International
85.	10/05/95	Richard Yoder		BASICS/USAID
86.	11/05/95	Glenn E. Anders	Director	USAID
87.	15/05/95	Tim Quick		USAID Health & Nutrition
88.	17/05/95	Brian Harrop		
89.	23/05/95	Christian Larsson	Asst. IRM Officer	UNICEF, ESARO/Nairobi
90.	25/05/95	Terje Thodesen	Representative	Redd Barna-Eritrea
91.	25/05/95	Fana Tekie		NUEYS
92.	25/05/95	Kidane Habte		Department of Social Affairs

NO.	DATE	NAME	TITLE	ORGANISATION
93.	25/05/95	Belainesh Araya		University of Asmara
94.	25/05/95	Prof. Asmerom Legesse		
95.	25/05/95	Anthony Echel-Thompson	Representative	SCF -UK
96.	26/05/95	Khadje Msansicheka		EPI/Tanzania
97.	26/05/95	Dr. Andre Ndikuyele		WHO/Chad
98.	26/05/95	Dr. Samuel Oumo Okiror	Asst. Manager	UNEPI/MOH, Uganda
99.	26/05/95	Dr. George O. Rae		Health & Development Consultant, Nairobi
100.	26/05/95	Dr. Rose Macauley		BASICS/USAID
101.	29/05/95	Giovanni R. van der Ligt		Ministry of Foreign Affairs, Netherlands
102.	29/05/95	Henriette Bastiani		Netherlands Embassy, Addis Ababa
103.	29/05/95	Rienk W. Wiersma	Head, Development Cooperation	Netherlands Embassy, Addis Ababa
104.	14/06/95	Ariel Kerem	H. E. Ambassador	Embassy of Israel
105.	14/06/95	David Botler		Israel Gas Authority
106.	14/06/95	Dr. Baratz Yosef		Ministry of Health, Israel
107.	19/06/95	Dr. Michael T. Siegert		GTZ
108.	19/06/95	Habteab Tesfatsion	H. E. Vice-Minister	MOLG
109.	19/06/95	Efrem Fitwi		ECRF
110.	21/06/95	Barbara Cooney		FAO, Rome
111.	21/06/95	Dr. Rod Hicks		British Council
112.	22/06/95	Susan Ross		USAID
113.	22/06/95	Ronald Raphael		USAID
114.	22/06/95	Pam Foster		USAID
115.	22/06/95	Dr. David Nyamwaya		AMREF, Nairobi

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116.	22/06/95	Dr. Vincenzo Oddo		Ministry of Foreign Affairs, Rome
117.	23/06/95	Peter Van Dongen		SAWA, The Netherlands
118.	26/06/95	Roberto Sias		
119.	26/06/95	Steve Umemoto		UNICEF-Burma
120.	26/06/95	Samia S. Kebire		Caravan Travel and Tour
121.	27/06/95	Dr. Trygve Overby	Consultant	Nitco International
122.	30/06/95	Mcbrahtu Habte		Gulf Air
123.	04/07/95	Gabriele Altana	First Secretary	Embassy of Italy
124.	05/07/95	Gudrun Landbo		Norwegian Embassy, Addis
125.	06/07/95	Bon E. Cummings		CIDA, Ottawa
126.	10/07/95	Laura Frigenti	Task Manager	World Bank, Washington, D.C.
127.	11/07/95	Kilemi Mwiria	Consultant	Witwatersrand University, South Africa
128.	11/07/95	Lee Roberts		World Bank, Washington D.C.
129.	14/07/95	Ruth Iyob		War-Torn Societies Project-Eritrea, UNRISD
130.	17/07/95	Rune Swahn		UNICEF Supply Division/ Copenhagen
131.	17/07/95	Habteab Tesfatsion	H. E. Vice-Minister	MOLG
132.	18/07/95	Peter McCormick		NRCE
133.	31/07/95	Henrietta Bastiani		Netherlands Embassy, Addis
134.	01/08/95	Dr. H. Shehil		SWC
135.	01/08/95	Mina Ronchini		
136.	01/08/95	Ailene Norton		
137.	01/08/95	Ghebrezghi Dimam		Ministry of Education
138.	01/08/95	Dr. Florence Kiragu	Consultant	Nairobi

NO.	DATE	NAME	TITLE	ORGANISATION
139.	10/08/95	Dr. Labahu		
140.	10/08/95	Esayas Abebe		
141.	11/08/95	Osman Saleh	H. E. Minister	Ministry of Education
142.	11/08/95	Tesfamichael Gerahtu		Ministry of Education
143.	11/08/95	Dr. Ephraim Sneh	H. E. Minister	Ministry of Health, Israel
144.	15/08/95	Dr. J. O. Onyango		AMREF, Kenya
145.	15/08/95	Mr. Moses Lukhando		AMREF, Kenya
146.	15/08/95	Mr. Katui Katua Munguti		AMREF, Kenya
147.	15/08/95	Alonso Aznar		UNESCO, Kenya
148.	16/08/95	Mehret Gebreysus		ERITCOM - Asmara/Nairobi
149.	16/08/95	Amal Stefanos		
150.	20/08/95	Fessehatsion Markos		Pharmecor-Eritrea
151.	23/08/95	Mohiadin Shengeb	Chairperson	NUEYS
152.	23/08/95	Ali Abdu Ahmed		
153.	25/08/95	Rudolf Andersen		ADRA
154.	25/08/95	Dr. Mike Negerne		ADRA
155.	25/08/95	Asefaw Berhe		ADRA
156.	25/08/95	Rene Berger		ADRA
157.	25/08/95	Zechariah Andemariam		
158.	30/08/95	Wolfgang Ringe	H. E. Ambassador	Embassy of Germany
159.	31/08/95	Winston Phillips	Representative	FAO-Eritrea
160.	03/09/95	Marli Hutchesson		UNICEF/Australia
161.	11/09/95	Eloisa Costoso		OSB/Australia
162.	11/09/95	Carole Howlett		OSB/Australia
163.	19/09/95	David Dunlop		World Bank, Washington D.C.

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164.	19/09/95	Thei Haumann		Free University Hospital, Paediatric Department, Amsterdam
165.	20/09/95	Peter C. Grotz		Mercedes-Benz
166.	18/09/95	Araya Habtai	Consultant	UNICEF/Ministry of Education
167.	26/09/95	Fries van der Haan		OMNI
168.	21/09/95	Benedict Tisa		OMNI
169.	21/09/95	Tim Quick		USAID
170.	21/09/95	Freweini Gebru		
171.	21/09/95	Manna Teclemariam		
172.	22/09/95	Gerense Kelati	Commissioner	CERA
173.	22/09/95	Brikti Abraha		CERA
174.	22/09/95	Lare Sisay		CERA
175.	22/09/95	Kelifa Nurhusen		CERA
176.	25/09/95	Henrietta Bastiani		Netherlands Embassy, Addis Ababa
177.	25/09/95	Jacqueline Langeslay		Asmara Prov. Medical Office
178.	26/09/95	Jonathan Gaifube	IE&C Consultant	WHO
179.	27/09/95	Mohamed Kassim Shehem		Makaka Salt Coop.
180.	27/09/95	Mohiadin Shengeb	Chairperson	NUEYS
181.	28/09/95	Anthony Echel-Thomson	Representative	SCF-UK
182.	02/10/95	Ariel Kerem	H. E. Ambassador	Embassy of Israel
183.	05/10/95	Peter Kumber		Scottish Exam Board
184.	01/10/95	Hebret Berhe		
185.	05/10/95	Ruth Iyob		
186.	06/10/95	Samantha Gray		

NO.	DATE	NAME	TITLE	ORGANISATION
187.	06/10/95	Ronald S. Robinson		U. S. Embassy
188.	06/10/95	Greer S. Rietkerk		Ghinda Hospital
189.	09/10/95	Dr. Geoffrey Mariki	Country Director for Eritrea & Ethiopia	UNIDO
190.	09/10/95	Abba Isaak		
191.	09/10/95	Abeba Tesfagiorgis		
192.	10/10/95	Isaias Gebregiorgis		NUEYS
193.	10/10/95	Mussie Fesahaie		NUEYS
194.	10/10/95	Afeworki Habte		Ministry of Finance
195.	10/10/95	Abdella Mohammed		Ministry of Finance
196.	17/10/95	Rienk W. Wiersma	Head, Development Cooperation	Netherland Embassy, Addis Ababa
197.	17/10/95	Peter Scharnagl		
198.	17/10/95	Thomas Muller		
199.	17/10/95	Sergio Palladini		Italian Cooperation
200.	23/10/95	Martyn A. Ngwenya	Representative	UNDP-Asmara
201.	23/10/95	Ejaz Ghani	Country Economist	World Bank, Washington, D.C.
202.	27/10/95	Festo P. Kavishe	Regional Nutrition Advisor	UNICEF, ESARO/Nairobi
203.	27/10/95	Patricia Weiss Fogen		UNRISD, Geneva
204.	27/10/95	Berhane Woldemichael		UNRISD, Eritrea
205.	27/10/95	Eileen Kane		St. Patrick's College, Ireland
206.	27/10/95	John Weitenberg		Netherland Embassy, Addis Ababa
207.	30/10/95	Calvin Piggott	First Secretary and Consul	Canadian Embassy, Addis Ababa
208.	31/10/95	Nageeb Khalifa Mahboub	Regional Operations Officer	UNICEF, ESARO/Nairobi

NO.	DATE	NAME	TITLE	ORGANISATION
209.	31/10/95	Marja-Lissa Kokko		UNICEF/NYHQ, DFM
210.	09/11/95	Dr. Idrissa Sow		GIA/AFRO, Brazzaville
211.	13/11/95	Anil B. Deolalikar		World Bank, Nairobi
212.	13/11/95	Larry Forgy		World Bank, Washington D.C.
213.	13/11/95	David Dunlop		World Bank, Washington D.C.
214.	16/11/95	Gabriele Altana	First Secretary	Embassy of Italy
215.	17/11/95	Laraine Black		Canada Fund/Oxfam-Canada/ Oxfam-Quebec
216.	17/11/95	Negassi Goitom		Massawa Salt Works
217.	17/11/95	Abraham Kubrom		Dept. of Industry
218.	20/11/95	Rikka Trangsrud		Family Care Int'l, Nairobi
219.	20/11/95	Nicholas Dondi		
220.	23/11/95	Paul Hitschfeld		Canadian Embassy, Addis Ababa
221.	23/11/95	Marco Domaschio		CIDA
222.	23/11/95	Mark Bowden		SCF-UK
223.	23/11/95	John Seaman		SCF-UK
224.	23/11/95	Ben Foot		SCF-UK
225.	23/11/95	Anthony Echel-Thomson	Representative	SCF-UK
226.	24/11/95	Leila Pakkala		UNDP-Addis Ababa
227.	29/11/95	Birogr Carl Forsberg		
228.	29/11/95	Prof. Peter Koehn		University of Montana
229.	29/11/95	Tewolde Habtemichal		
230.	30/11/95	M. A. Rao		UNV/HQ, Geneva
231.	30/11/95	Momodou Dibba		UNV/UNDP, Asmara
232.	04/12/95	Gunnar Hansson		UNICEF/Copenhagen

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233.	04/12/95	Grace Kagendu		
234.	04/12/95	Dr. Rose Macaulley		BASICS/USAID
235.	04/12/95	Dr. Vincenzo Oddo		Ministry of Foreign Affairs, Rome
236.	05/12/95	Tesfa Mariam Tekie		Management & Budget Office
237.	05/12/95	Margaret Parlato		BASICS/USAID
238.	07/12/95	Mr. Houssein Dirir	Charge d'Affairs a.i.	
239.	08/12/95	Tseggai Elias	Consultant	
240.	09/12/95	Dr. Sebastian Saad		GTZ ,Tessenei
241.	14/12/95	Ibrahim Totil		Massawa