

**COUNTRY PROGRAMME
EVALUATION OF THE
ERITREA-UNICEF
COUNTRY PROGRAMME
OF COOPERATION
2017-2021**

**FINAL REPORT
30 MARCH 2022**

**Prepared by Dr. Pamela Wridt
Evaluation Consultant**

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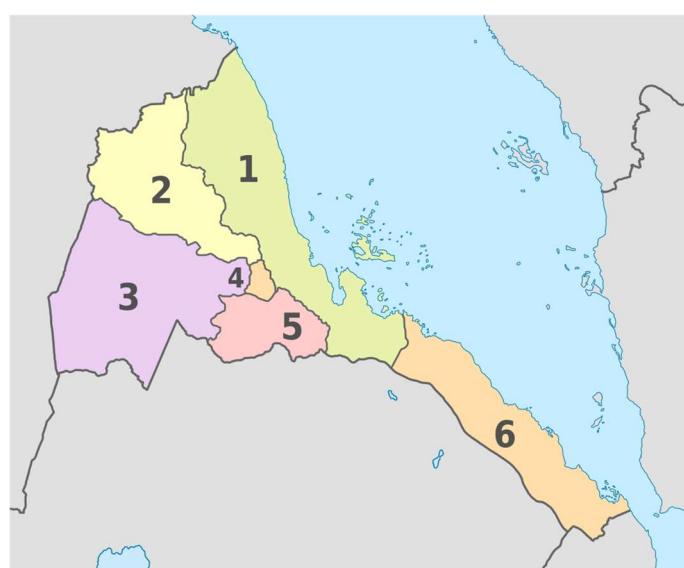
**Prepared by Dr. Pamela Wridt
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unicef  | for every child

Maps of Eritrea



REGIONS OF ERITREA



Regions	Area (km ²)	Capital
1. Northern Red Sea	27,800	Massawa
2. Anseba	23,200	Keren
3. Gash Barka	33,200	Barentu
4. Maekel	1,300	Asmara
5. Debub	8,000	Mendefera
6. Southern Red Sea	27,600	Assab

Sources: UN Map of Eritrea (top) [Wikipedia](#), Regions of Eritrea (left) [Wikipedia](#)

Table of Contents

MAPS OF ERITREA.....	2
TABLE OF CONTENTS	3
TABLES AND FIGURES	4
ACRONYMS.....	5
EXECUTIVE SUMMARY	6
SECTION A: BACKGROUND	15
1.1. OBJECT OF THE EVALUATION.....	15
1.2. COUNTRY CONTEXT	16
1.3. SITUATION OF CHILDREN AND ADOLESCENTS IN ERITREA	17
1.4. COUNTRY PROGRAMME THEORY OF CHANGE	18
1.5. COUNTRY PROGRAMME STAKEHOLDERS.....	21
SECTION B: EVALUATION PURPOSE, OBJECTIVES AND SCOPE.....	22
2.1. EVALUATION PURPOSE.....	22
2.2. EVALUATION USES	22
2.3. EVALUATION OBJECTIVES	23
2.4. EVALUATION SCOPE.....	23
SECTION C: EVALUATION METHODOLOGY	24
3.1. EVALUATION FRAMEWORK	24
3.2. DATA SOURCES AND INDICATORS	26
3.3. DATA COLLECTION AND ANALYSIS APPROACH	26
3.4. DATA COLLECTION TOOLS AND SAMPLING	28
3.5. METHODOLOGICAL LIMITATIONS AND MITIGATION.....	33
3.6. QUALITY ASSURANCE AND ETHICAL CONSIDERATIONS	34
SECTION D: EVALUATION FINDINGS	35
4.1. RELEVANCE	35
4.2. COHERENCE.....	45
4.3. EFFECTIVENESS	50
4.4. EFFICIENCY	67
4.5. SUSTAINABILITY	69

SECTION E: CONCLUSIONS AND RECOMMENDATIONS	70
ANNEXES	75
ANNEX A: TERMS OF REFERENCE	75
ANNEX B: BIBLIOGRAPHY	75
ANNEX C: DATA COLLECTION TOOLS	78
ANNEX D: EVALUATION MATRIX	103
ANNEX E: DATA TABLES.....	109

Tables and Figures

Table 1: Eritrea Country Programme change strategies	20
Table 2: Eritrea Country Programme stakeholders and partners	21
Table 3: Overview of evaluation stakeholders, methods, sample and tools	28
Table 4: Participant sample for CSD data collection	32
Table 5: Participant sample for BECPP data collection.....	33
Table 6: UNICEF's technical contributions to policy and system strengthening, 2017–2021	36
Table 7: Statistics on the situation of children in Eritrea prior to Country Programme, by zoba	38
Table 8: Number of Country Programme interventions and targeted populations, by zoba	39
Table 9: Alignment of Eritrea Country Programme with GAP and UNICEF SP, 2018–2021	45
Table 10: Roles and contributions of UNICEF, UN agencies and the GoSE.....	47
Table 11: Number of CSD sectoral interventions, by sub-zoba.....	54
Table 12: Number of BECPP sectoral interventions, by sub-zoba	56
Table 13: Country Programme budget and utilization	67
Table 14: Status of Eritrea CO funding for humanitarian response, 2018–2021	68
Table 15: Summary of CSD programme implementation, by geography, sector and number targeted	109
Table 16: Summary of BECPP programme implementation, by geography, sector and number targeted.....	111
Table 17: Comparison of CSD scorecards	114
Table 18: Comparison of frequency responses for CSD indicators.....	115
Table 19: Comparison of CSD priorities	116
Table 20: Comparison of BECPP scorecards	117
Table 21: Comparison of frequency responses for BECPP indicators	118
Table 22: Comparison of BECPP priorities	119
 Figure 1: Eritrea Country Programme theory of change.....	19
Figure 2: Photographs of local objects used for scoring technique	30
Figure 3: Required resources by UN agency for SPCF portfolios (USD), 2017–2021.....	36
Figure 4: Number of UNICEF-supported interventions, by programme component and zoba	40
Figure 5: Number of targeted populations, by programme component and zoba	40
Figure 6: UNICEF-supported humanitarian interventions, targeted vs. reached, 2018–2021	41
Figure 7: Overall community scorecards for CSD programming, by gender	52
Figure 8: Overall community scorecards for BECPP programming, by gender.....	52
Figure 9: Extent of CSD programme convergence, by sub-zoba	54
Figure 10: Percentage of CSD interventions delivered, by sector	55
Figure 11: Extent of BECPP programme convergence, by sub-zoba.....	55
Figure 12: Percentage of BECPP interventions delivered, by sector	56
Figure 13: Overall community scorecards for CSD programming	57
Figure 14: Overall community scorecards for CSD programming, by gender and level of exposure	58
Figure 15: Overall community scorecards for BECPP programming	62
Figure 16: Overall community scorecards for BECPP programming, by gender and level of exposure.....	63

Acronyms

ADAP	Adolescent Development and Participation
BECPP	Basic Education, Child Protection and Participation
C4D	Communication for Development
CCCs	Core Commitments for Children in Humanitarian Action
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CO	Country Office
COVID-19	Coronavirus Disease 2019
CSD	Child Survival and Development
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education
ECO	Eritrea Country Office
ECOSOC	United Nations Economic and Social Council
EMIS	Educational Management Information System
ESARO	Eastern and Southern Africa Regional Office
FAO	Food and Agricultural Organization
FGM/C	Female Genital Mutilation/Cutting
GAP	Gender Action Plan
GoSE	Government of the State of Eritrea
HTP	High Touch-Point
IFAD	International Fund for Agriculture and Development
ILO	International Labour Organization
IMAM	Integrated Management of Acute Malnutrition
IMNCI	Integrated Management of Neonatal and Childhood Illness
IYCF	Infant and Young Child Feeding
KII	Key Informant Interviews
LTP	Low Touch-Point
MHM	Menstrual Hygiene Management
MNH	Maternal and Newborn Health
NIDP	National Indicative Development Plan
NUEW	National Union of Eritrean Women
NUSE	National Union of Youth and Students of Eritrea
OCHA	Office for the Coordination of Humanitarian Affairs
OECD-DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
PE	Programme Effectiveness
PFDJ	The People's Front for Democracy and Justice
PSN	Programme Strategy Note
SDGs	Sustainable Development Goals
SitAn	Situation Analysis
SP	Strategic Plan
SPCF	Strategic Partnership Cooperation Framework

UNAIDS	United Nations Joint Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNODC	United Nations Office on Drugs and Crime
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Executive Summary

Background

This report represents the findings of an external evaluation of the Eritrea-UNICEF Country Programme of Cooperation, 2017–2021. The situation of children and adolescents in Eritrea informed the rationale for the Eritrea-UNICEF Country Programme of Cooperation, and for the accompanying Country Programme Document (CPD). There were three persistent issues associated with poor child well-being in Eritrea that UNICEF intended to address with the Government during the Country Programme (CP) time period, including: (1) under-five child stunting and ill health; (2) a lack of access to early childhood education and limits to educational attainment; and (3) harmful gender and social norms.

The overall goal of the Country Programme during the period from 2017 to 2021 was to progressively realize children's rights in Eritrea, especially among the most disadvantaged. To achieve this goal, UNICEF supported efforts of the Government in three components (as outlined in the CPD): (1) Child Survival and Development; (2) Basic Education, Child Protection and Participation; and (3) Program Effectiveness. The objective of the **Child Survival and Development (CSD) programming component** was to address child stunting and health deprivations and to reduce preventable child and maternal deaths, ill health and disability in remote areas of the country. The objective of the **Basic Education, Child Protection and Participation (BECPP) programming component** was to increase access to quality basic education for all children, protecting them from violence, exploitation and abuse, and enabling them to meaningfully participate in decision-making processes that affect their lives. The objective of the **Programme Effectiveness (PE) component** was to lead, coordinate and manage the Country Programme in a manner that delivers results for children.

Evaluation Purpose and Objectives

The purpose of this Country Programme Evaluation (CPE) was to provide valuable insights on what has been achieved in Eritrea through UNICEF's contributions, and to highlight the lessons learned to strengthen the implementation of the next Country Programme. This evaluation was commissioned by the UNICEF Eastern and Southern Africa Regional Office (ESARO), in collaboration with the UNICEF Eritrea Country Office (ECO). This CPE aimed to strengthen UNICEF's accountability to national stakeholders, including the Government of the State of Eritrea (GoSE), children and adolescents, as well as the UNICEF Executive Board.

There were three objectives of this CPE:

1. To assess the relevance, effectiveness, efficiency, coherence and sustainability of the Eritrea Country Programme with particular focus on equity, gender equality and convergence of programme components, as well as UNICEF's strategic positioning in relation to its child rights mandate.
2. To identify and document key lessons learned, good practices and innovations in implementing the Country Programme that can inform and support advocacy efforts for scale-up and replication.

3. To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the implementation of the next Eritrea Country Programme, taking into consideration national development priorities, such as the Eritrea Development Vision 2025, the next five-year development plan and the 2030 Agenda for Sustainable Development in the country.

Evaluation Scope and Limitations

The CPE covered the Eritrea Country Programme from 2017 to 2021, and examined evaluative evidence on UNICEF's effectiveness in leveraging national efforts for children, as well as its direct contributions in achieving results for children. The evaluation focused on the formal UNICEF CPD approved by the Executive Board, but also considered any changes/revisions from the initial CPD during the period under review (such as changes in strategies to address COVID-19). The scope and unit of analysis of the CPE includes the entirety of UNICEF's engagement in the country, and therefore covers interventions funded by all sources. However, the evaluation did not include an analysis of specific UNICEF programmes, as the intent was to examine strategic goals and processes that affect all programmes at the national, zoba (regional), sub-zoba (sub-regional) and community levels. Three cross-cutting themes or strategic areas of focus were examined in the CPE: UNICEF Positioning and Partnerships; Equity and Gender Equality; and Programme Convergence.

Evaluation Methodology

There were 5 core evaluation questions, and 13 sub-questions, as outlined below and in greater detail in the Evaluation Matrix (see Annex D).

⌚ EQ1 | Relevance | Is the Country Programme doing the right things?

- 1.1. What were UNICEF's strengths in the country from 2017 to 2021, particularly in comparison to other UN agencies and development partners, and how were these harnessed to help achieve results?
- 1.2. Were UNICEF's strategies to address equity and gender mainstreaming in line with local needs and at an appropriate scale of implementation to reach the most marginalized?
- 1.3. To what extent has UNICEF been able to position itself as a strategic partner in the country context, including adjusting to changing situations?
- 1.4. What adjustments were made to UNICEF's strategies in response to programme monitoring and/or changes in the operational context, and how effective were these modifications?

⌚ EQ2 | Coherence | How well does the Country Programme fit?

- 2.1. To what extent have the Core Commitments for Children in Humanitarian Action (CCCs) and UNICEF's Gender Action Plans (GAPs) (2014–2017 and 2018–2021) been consistently integrated into all aspects of programming and implementation, including in the Programme Strategy Notes (PSN), related theories of change and results frameworks?
- 2.2. What roles and contributions did the Government, UN agencies and other national actors have in UNICEF's approach to programme convergence, and how well were these activities coordinated?

2.3. Did UNICEF's approach to addressing the challenges of equity and gender equality play a complementary role to that of Government, UN agencies and other development actors?

➲ **EQ3 | Effectiveness | Did the Country Programme achieve its objectives?**

- 3.1. Did the Country Programme contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality?
- 3.2. What results have been achieved by UNICEF through programme convergence, and at what levels of change (e.g., national, zoba, sub-zoba or community)?

➲ **EQ4 | Efficiency | How well were Country Programme resources managed and utilized?**

- 4.1. Were UNICEF Country Office (CO) resources (funds, human resources, time, expertise, etc.) allocated, tracked and utilized strategically to achieve results, including equity and gender-related objectives?
- 4.2. Were the necessary management, coordination, monitoring and evaluation structures in place in the UNICEF Country Office to effectively implement programme convergence?¹

➲ **EQ5 | Sustainability | Will the benefits of the Country Programme last?**

- 5.1. To what extent are the positive changes and effects of the Country Programme sustainable at the relevant levels (e.g., national, zoba, sub-zoba and community)?
- 5.2. To what extent have the programme strategies and approaches adopted by UNICEF contributed to the sustainability of results, especially equity and gender-related results?

The CPE drew upon and integrated data from a variety of sources, which were triangulated to draw conclusions and to make evaluative judgements about the Country Programme. The CPE relied upon a mix of quantitative and qualitative methods, including: (1) document review; (2) secondary data analysis of programme monitoring data; (3) key informant interviews with UNICEF staff members; (4) surveys and focus groups with external implementing partners; and (5) participatory data collection sessions with programme beneficiaries, including parents,² adolescents and service providers.

Overall, the evaluation engaged 555 stakeholders, including 280 female participants (51 per cent). Participants included: 5 UNICEF staff members; 3 national government representatives and 50 local government representatives [programme managers and representatives from the National Union of Youth and Students of Eritrea (NUYSE)] from the GoSE; and 500 programme beneficiaries (including 200 adolescents, 200 parents and 100 service providers). No UN partners participated in the evaluation for reasons that are not known to the evaluator. This limitation is addressed in the methodology, findings and recommendations.

¹ This evaluation question was rephrased from the Terms of Reference (ToR), because it was not possible to determine if the chosen strategies and approaches were the most cost effective with the given data, or to determine if there were alternatives that would have worked better.

² Throughout this evaluation report, the term "parents" is inclusive of all primary caregivers of young children.

Evaluation Findings

Relevance

Finding 1: UNICEF's primary strengths or comparative advantages in the country were associated with its positioning as a leader and influencer as one of the largest UN agencies operating in Eritrea for decades. The organization provides financial and technical contributions for policy and systems strengthening, is the lead agency in delivering multisectoral programming for children and adolescents, and is considered a trusted and valued government partner.

Finding 2: UNICEF's strategies for addressing equity and gender mainstreaming appropriately targeted the needs of the local population. However, it was not possible to determine if an appropriate scale of implementation was reached with the most marginalized due to a lack of data disaggregated by age and sex on the child, adolescent and parent populations in each zoba. The available data suggests Southern Red Sea requires further investments by the CO to address child equity and gender equality within this region.

Finding 3: UNICEF was well positioned as a strategic partner with Government, but there is a need for strengthened collaboration with some UN agencies, especially in the area of adolescent participation.

Finding 4: Delays in obtaining a signed work plan, prolonged droughts and the COVID-19 pandemic greatly affected programme implementation and slowed progress on achieving results for children during the evaluation time period. However, UNICEF did its best to work around the constraints faced in the operating environment, by adjusting its strategies and programming approaches.

Coherence

Finding 5: The CCCs have been marginally integrated into the PSNs, theories of change and results frameworks. Thus, the overall Country Programme was not risk informed, and the connection between development and humanitarian programming was weak. The Country Programme has done a better job at integrating the GAP into its programming strategies, but gaps remain in the theories of change and results frameworks.

Finding 6: UNICEF had a lead role in contributing to the Eritrea Strategic Partnership Cooperation Framework (SPCF) (2017–2021) for three outcome areas associated with Water, Sanitation and Hygiene (WASH), education and child/social protection. While the common agenda and coordinating structures were clearly identified, the effectiveness of UNICEF's leadership in making a collective impact in these outcome areas is not currently known. The Country Programme benefited from decentralized coordination structures through the national unions, which have representatives that serve on committees to implement joint programming at the national, zoba, sub-zoba and community levels.

Finding 7: UNICEF's programming to address equity and gender equality integrated the vision of the GoSE and community members to address priority issues in the country. Mutually reinforcing activities were identified and implemented through a complementary life course approach by UNICEF and its UN partners. However, the conceptual framework for adolescent development was not clearly developed, nor were there any synergistic measures for collective impact in the Country Programme. The conceptual framework for early childhood development was clear and included synergistic measures. However, these measures were not integrated into

the Country Programme results structure, so there was no accountability to track collective impact for CSD programming.

Effectiveness

Finding 8: Overall, there was limited recent data on the results achieved for gender equality through the contributions of the Country Programme. On a national level, there was evidence that the Country Programme contributed to a reduction in female genital mutilation (FGM) for girls under 15, which declined from 33.2 per cent in 2010 to 3.8 per cent in 2018. On a community level, consultations with programme beneficiaries on their community conditions indicated the perceptions of girls and women were slightly more favourable than boys and males in the sampled locations. This finding indicates progress in the achievement of gender equality on the selected indicators, although additional studies should be conducted to include a wider sample of beneficiaries in the analysis.

Finding 9: On a national level, the Country Programme has contributed to national policies, plans and strategies that reflect the importance of multisectoral programming, especially in convergence with WASH, education, health, nutrition and social protection interventions. On a regional level, the Country Programme effectively implemented six sectoral interventions within each zoba; however, gaps remain in the scale of coverage for Southern Red Sea. On a community level, the Country Programme achieved stronger results for girls and women through programme convergence, when compared to boys and men in the sampled communities.

Efficiency

Finding 10: There was insufficient data on innovations and resource utilization to draw conclusions about the efficacy of the Country Programme. However, there was evidence of decreased interest in donor support for Eritrea, as well as a substantial funding gap for humanitarian response.

Finding 11: The CO made staff changes to ensure the required management conditions were in place for collective planning, budgeting, monitoring and evaluation for programme convergence.

Sustainability

Finding 12: The positive advancements made through the Country Programme are likely to continue given strong government ownership, policy and system strengthening achievements and high levels of community participation and empowerment. However, there are gaps in resource allocation, programming in Southern Red Sea and with WASH that need to be addressed to ensure sustainability, especially given the ongoing nature of the COVID-19 pandemic.

Finding 13: A combination of strategies were considered the most effective for the sustainability of results: (1) system strengthening; (2) community engagement; and (3) partnerships.

Conclusions

Relevance

The objectives of the Country Programme and its design were appropriate, and remain appropriate for the national development goals and the intended beneficiaries, namely the most marginalized children and women of Eritrea. However, given a lack of recent population-based data, as well as district and community-level data, it was not possible to examine if these strategies were sufficiently gender responsive and implemented at a scale to reach all those in need. With the information available, UNICEF did not implement programming in the Southern Red Sea at the level it required as a target region.

UNICEF's strong partnership with the GoSE and its leadership towards reaching its objectives was suitable considering its mandate, resource base, comparative advantages and operational considerations. As one of the largest UN agencies operating in Eritrea, UNICEF is a major influencer of policies and programmes in the country, especially in education, WASH and child/social protection. UNICEF identified the most relevant strategies to solve programmatic challenges, such as the global pandemic and delays in a signed work plan. In particular, UNICEF shifted between upstream system strengthening and downstream service delivery as opportunities arose. However, these delays did slow progress on realizing results for children and posed some risks to UNICEF's reputation, with ebbs and flows in service provision.

UNICEF successfully leveraged its partnerships with the GoSE to develop more than a dozen policies and plans that strengthened multisectoral programming for CSD and adolescent development and participation. However, given the evolving and overlapping mandates with other UN agencies on adolescent development and participation, greater clarity on the roles and contributions of UNICEF and its partner UN agencies in this area of programming is warranted.

Coherence

The overall logic of the Country Programme theory of change and results frameworks was somewhat consistent with key UNICEF strategies and international commitments, but gaps remain. The Country Programme excelled at aligning its programming strategies with the GAP, but it did not sufficiently integrate gender-responsive theories of change and gender-disaggregated results frameworks. The Country Programme did not sufficiently integrate the CCCs in its PSNs, theories of change and results frameworks. The lack of a risk-informed approach to programming is a serious limitation of the Country Programme given the contextual socio-political-environmental realities in Eritrea.

UNICEF's coordination and convening role within the UN, and with government sectors, was appropriate, but the BECPP programming did not have a conceptual implementation framework that clearly identified mutually reinforcing activities for adolescent development. The CSD framework did not fully integrate the multisectoral Nurturing Care Framework guiding this programming component, and opportunities for monitoring collective impact were not realized.

Effectiveness

The Country Programme effectively implemented programme convergence, delivering six sectoral interventions within each zoba; however, gaps were identified in the Southern Red Sea zoba. Overall, there was a lack of recent and sufficiently disaggregated data to determine if the Country Programme was gender transformative. However, evidence from one study in 2018

indicated a substantial reduction in FGM for girls aged under 15 and under 5. Evidence from programme beneficiaries, collected through this evaluation, indicated progress on gender equality. In particular, female service providers, mothers and girls had more favourable views of their community conditions when compared to male service providers, fathers and boys. In addition, the Country Programme achieved stronger results for girls and women through programme convergence, when compared to boys and men in the sampled communities. These findings suggest that UNICEF's targeted gender programming has been effective for girls and women, but its gender mainstreaming strategies have been less effective for boys and men.

Efficiency

The management structures of the Country Programme were sufficient for programme convergence and for delivering on equity and gender-related objectives, with the exception of the adequacy of recent and disaggregated monitoring data. UNICEF promoted innovations to address this gap through android-based platforms for WASH interventions, but there was insufficient information to draw conclusions about gains in efficiency. Substantial resource gaps were identified for delivering humanitarian programming, as well as decreased donor interest in Eritrea. UNICEF did its best to address these resource gaps through South-to-South collaboration and awareness raising about the needs in Eritrea through multi-stakeholder donor platforms, but the overall budget fell short by US\$31.69 million.

Sustainability

The design of the Country Programme is premised on government ownership and strengthening institutional capacities in government ministries to ensure sustainability. In the case of Eritrea, UNICEF was considered a strong and trusted partner of the GoSE, but also of the national unions who support programming at the decentralized levels. The continuation of benefits from Country Programme interventions will be ensured through policy and system strengthening achievements and high levels of community participation and empowerment. Risks to sustainability include the ongoing pandemic and subsequent effects on mental health and loss of learning, as well as communities reverting to some traditional and harmful gender practices without continuous sensitization. Capacity development for frontline workers, including teachers, early childhood practitioners, health care workers and social workers will be instrumental for sustaining the impact of the Country Programme with beneficiaries.

Lessons Learned

The following lessons were identified, particularly as they apply to UNICEF's positioning, programme convergence and gender mainstreaming:

- UNICEF's leadership as a backbone entity for coordinating multisectoral programming with the GoSE and with other UN agencies was clearly articulated in the SPCF. As a leader, UNICEF must provide all partners with clear conceptual frameworks for operationalizing multisectoral programming in practice, such as the Nurturing Care Framework.
- Such frameworks enable all actors to understand the mutually supporting roles, activities and outputs that lead to synergistic impacts. Such frameworks will facilitate coordination and continuous communication across UN agencies where there are overlapping mandates.

- UNICEF's approach to programme convergence was both thematic and spatial. From a thematic perspective, UNICEF utilized a life course approach to programming to identify mutually reinforcing activities from relevant sectors for young children and for adolescents. From a spatial perspective, UNICEF tracked the implementation of its sectoral interventions at the zoba and sub-zoba level, which greatly enhanced the ability to examine the extent and coverage of programme convergence.
- The ability to monitor and evaluate collective impact requires a shared measurement framework that identifies the unique contributions of each sector and UN agency, while at the same time containing synergistic measures of outputs and outcomes. The shared measurement frameworks put forth in recent government policies offer a concrete way to progressively be able to demonstrate collective impact across all UN agencies and government sectors.

Recommendations

Recommendation 1: Strengthen the evidence generation strategy overall, and improve data collection processes to ensure spatial data is available at the decentralized levels, and is disaggregated by gender.

Recommendation 2: Strengthen the risk-informed approach to the Country Programme and its implementation.

Recommendation 3: Strengthen multisectoral programme coherence and implementation by developing or leveraging existing operational frameworks for early childhood and adolescent development.

Recommendation 4: Strengthen the Country Programme theory of change and measurement framework to improve the coherence of the collective impact approach.

Recommendation 5: Strengthen the gender mainstreaming approach in the Country Programme by clearly articulating the needs and strategies of both girls and boys and by utilizing gender responsive measures.

Recommendation 6: Consider frequent and scaled participatory data collection processes for continued monitoring of programme relevance, effectiveness and results.

Recommendation 7: Mobilize additional resources to scale UNICEF-supported programming to reach the most disadvantaged children, especially in Southern Red Sea.

Recommendation 8: Elaborate upon the child and adolescent participation strategy, as well as a larger community participation strategy that recognizes the empowerment of all actors in the Country Programme.

Section A: Background

1.1. Object of the Evaluation

This report represents the findings of an external evaluation of the Eritrea-UNICEF Country Programme of Cooperation, 2017–2021. UNICEF has worked in Eritrea with the aim of improving the situation of children and women, as mandated by the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD). The organization has worked with the Government of Eritrea and other UN Agencies to ensure alignment between the Eritrea-UNICEF Country Programme of Cooperation, the National Indicative Development Plan (NIDP) (2014-2018) and SPCF (2017-2021). Further, the Eritrea Country Programme aligns with UNICEF's global Strategic Plan (2017-2021) ESARO priorities, as well as the Sustainable Development Goals (SDGs).

The overall goal of the Country Programme during the period from 2017 to 2021 was to progressively realize children's rights in Eritrea, especially among the most disadvantaged. To achieve this goal, UNICEF supported the efforts of the Government in three components [as outlined in the CPD: (1) Child Survival and Development; (2) Basic Education, Child Protection and Participation; and (3) Program Effectiveness. The geographic scope of UNICEF activities included the national level (for upstream activities), and the four most vulnerable zobas (for downstream work), which were: Anseba, Gash Barka, Northern Red Sea and Southern Red Sea.³ The Country Programme was estimated as requiring US\$102.46 million to achieve the set results.

The objective of the **Child Survival and Development (CSD) programming component** was to address child stunting and health deprivations and to reduce preventable child and maternal deaths, ill health and disability in remote areas of the country. The desired outcome was that disadvantaged children, adolescents and women utilize quality health, nutrition and water, sanitation and hygiene services. With a budget of US\$40.3 million, three main activities and interventions were prioritized: (1) strengthening the enabling environment through the development of health legislation, policies, strategies, plans and budgets; (2) expanding the equitable use of maternal and newborn infant health interventions by building the capacity of community health workers; and (3) improving access to WASH services in institutions, schools and health centres. Key stakeholders for this programming component included: the Ministry of Health; the Ministry of Land, Water and Environment; the World Health Organization (WHO); the United Nations Population Fund (UNFPA); the United Nations Joint Programme on HIV and AIDS (UNAIDS); and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).

The objective of the **Basic Education, Child Protection and Participation (BECPP) programming component** was to increase access to quality basic education for all children, protecting them from violence, exploitation and abuse, and enabling them to meaningfully participate in decision-making processes that affect their lives. The desired outcome was that Eritrean girls and boys in four disadvantaged zobas (Anseba, Gash Barka, Northern Red Sea and Southern Red Sea) would have expanded access to quality basic education and child protection services. With a budget of US\$51.15 million, three main activities and interventions were prioritized: (1) protective school environments; (2) supporting the Government and partners to

³ It should be noted that while the CPD identified four vulnerable zobas for UNICEF's work, the desk review revealed that UNICEF is implementing interventions in additional regions within the country.

enforce the legal age of marriage of 18 years and to enforce protective laws against FGM; and (3) promoting effective adolescent participation through the development of life skills interventions and the involvement of adolescents in community and school-based activities. Key stakeholders for this programming component included: the Ministry of Education; the Ministry of National Development; the Ministry of Health; the Ministry of Labour and Social Welfare; the National Union of Eritrean Women (NUEW); NUYSE; and the Eritrea Sports and Culture Commission.

The objective of the **Programme Effectiveness (PE) component** was to lead, coordinate and manage the Country Programme in a manner that delivers results for children. The desired outcome was that the Eritrea Country Programme would be efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children. With a budget of US\$11.01 million, four main activities were prioritized: (1) programme coordination; (2) advocacy, communication for development (C4D), partnerships and external relations; (3) programme planning and monitoring; and (4) cross-sectoral approaches. Key stakeholders for this component included: the National Statistics Office, the Ministry of Information, and NUYSE.

1.2. Country Context

Eritrea is located in the Horn of Africa, adjacent to the Red Sea (see political map on page 2), with an estimated population of 3.6 million (2015), including 58 per cent under 19 years of age.⁴ The country has a rich cultural heritage, including nine ethnic groups, the majority of whom are considered Tigriny or Tigre. Eritrea is comprised of six administrative regions or zobas, which are further divided into 58 districts or sub-zobas (see regional map on page 2).

Eritrea is vulnerable to environmental degradation, which can have adverse effects on the 70 per cent of the rural population who sustain their livelihoods through agricultural and pastoralist activities.⁵ For example, reoccurring and multi-year droughts are common, as are seasonal torrential rainfall and flooding. The four of Eritrea's zobas that are most affected by climate change are Anseba, Gash-Barka, Northern Red Sea and Southern Red Sea. These regions also have the lowest child well-being indicators, indicating multiple forms of deprivation and a spatial inequality in the realization of children's rights within the country.

Since formal attainment of independence in 1993, the country has witnessed progress in economic and social development. For example, the country experienced an average annual gross domestic product (GDP) increase of 3 to 4 per cent from 2010 to 2020.⁶ As a result, the proportion of people living in poverty declined from 70 per cent in 1995 to 58 per cent in 2015.⁷ However, poverty remains a significant barrier to child well-being, contributing to food insecurity, migration and household vulnerability, especially in rural regions.

Eritrea is governed by a single ruling party, the People's Front for Democracy and Justice (PFDJ). In 2018, the Joint Declaration of Peace and Friendship between the Prime Minister of Ethiopia and the President of Eritrea re-established diplomatic and economic ties between the two countries after decades of instability in the region. In 2019, the Government of Eritrea announced

⁴ Some estimates suggest the population of Eritrea is as high as 6.7 million, although there has never been an official government census.

⁵ Data is derived from the *Eritrea Country Programme Document*.

⁶ Data is derived from the *Eritrea Country Programme Document*.

⁷ *Eritrea Millennium Development Goals Report*, 2015.

five Roadmap priorities: (1) Agriculture; (2) Health and Nutrition; (3) Education; (4) Water; and (5) Capacity Building. These national priorities align with UNICEF priorities to improve the situation of children and adolescents in Eritrea.

1.3. Situation of Children and Adolescents in Eritrea

The situation of children and adolescents in Eritrea informed the rationale for the Eritrea-UNICEF Country Programme of Cooperation from 2017 to 2021, and for the accompanying CPD. The CPD is an action plan that articulates the programming agenda between the Government of Eritrea and UNICEF to realize children's rights.

On the positive side, the situation of children has improved in Eritrea in the last 20 years, especially in certain aspects of children's health and education. For example, the under-five mortality rate declined from 136 per 1,000 live births in 1995 to 40.5 in 2019.⁸ Net primary enrolment increased from 42 per cent in 1995 to 83.4 per cent (85.6 per cent male, 81.5 per cent female) in 2017.⁹

However, there are three persistent issues associated with poor child well-being in Eritrea that UNICEF intended to address with the Government during the Country Programme time period, including: (1) under-five child stunting and ill health; (2) a lack of access to early childhood education and poor educational attainment; and (3) harmful gender and social norms.

According to the Eritrea CPD, approximately 50 per cent of children under five are stunted, with higher rates in the Northern Red Sea (58 per cent) and Southern Red Sea (57 per cent) regions. Thus, undernutrition contributes to nearly half of under-five deaths in Eritrea. About 70 per cent of neonatal deaths are attributed to prematurity, complications during childbirth and infections.¹⁰ A lack of proper water and sanitation and poor hygiene practices contribute to diarrheal diseases and pneumonia, which negatively impact children's health and development.

Access to education remains a barrier for younger children in pre-primary, with only 17 per cent of four- and five-year-old children attending preschool. In addition, children and adolescents have low attainment levels in school across all grade levels in Eritrea. Similar to the health disparities outlined previously, the Northern and Southern Red Sea regions face more education related deprivations.

Harmful gender and social norms also contribute to poor child development and educational attainment. For example, child marriage was the main reason for dropping out of school for 69 per cent of women.¹¹ Access to government services as well as parental knowledge, attitudes, beliefs and practices shape the opportunities children and adolescents have to develop, thrive and succeed in life.

During the period of this Country Programme, the onset of the global COVID-19 pandemic in 2020 further exacerbated existing challenges for the most vulnerable children and adolescents in accessing basic social services. Thus, the evaluation examined this change in the operating

⁸ Data comes from the CPD, as no other data was available.

⁹ Data comes from the CPD, which references the Educational Management Information System (EMIS) data from 2018–2019.

¹⁰ Data comes from the CPD, as no other data was available.

¹¹ Data comes from the CPD, as no other data was available.

context, as the emergency situation has likely slowed progress on child well-being. For example, all 2,154 educational institutions were closed in March of 2020, affecting 679,854 children and adolescents.¹² Extended school closures are likely to have a negative impact on learning outcomes and will increase gaps in education attainment among the most vulnerable and hard-to-reach children who lack access to technology. National lockdowns and restrictions on movement have limited the ability of healthcare providers to reach those in need, and to sustain prevention measures such as routine child vaccinations. Communities also face transport issues due to the containment measures, making it difficult for children and families to access basic services. The COVID-19 response has also increased demand on already stretched water supplies, sanitation and waste management services.

1.4. Country Programme Theory of Change

The **theory of change** for the Country Programme was not explicitly articulated in the CPD, nor were any assumptions clearly identified. Thus, the theory of change was developed retroactively through this evaluation and was not vetted by UNICEF (see Figure 1). Two main **assumptions** were identified: (1) that UNICEF and the Government have an approved work plan; and (2) that UNICEF and the Government have the capacity and resources to adjust to operating conditions as needed, to ensure continuous programming. A number of **theoretical perspectives or approaches** underpin the theory of change for the Country Programme.

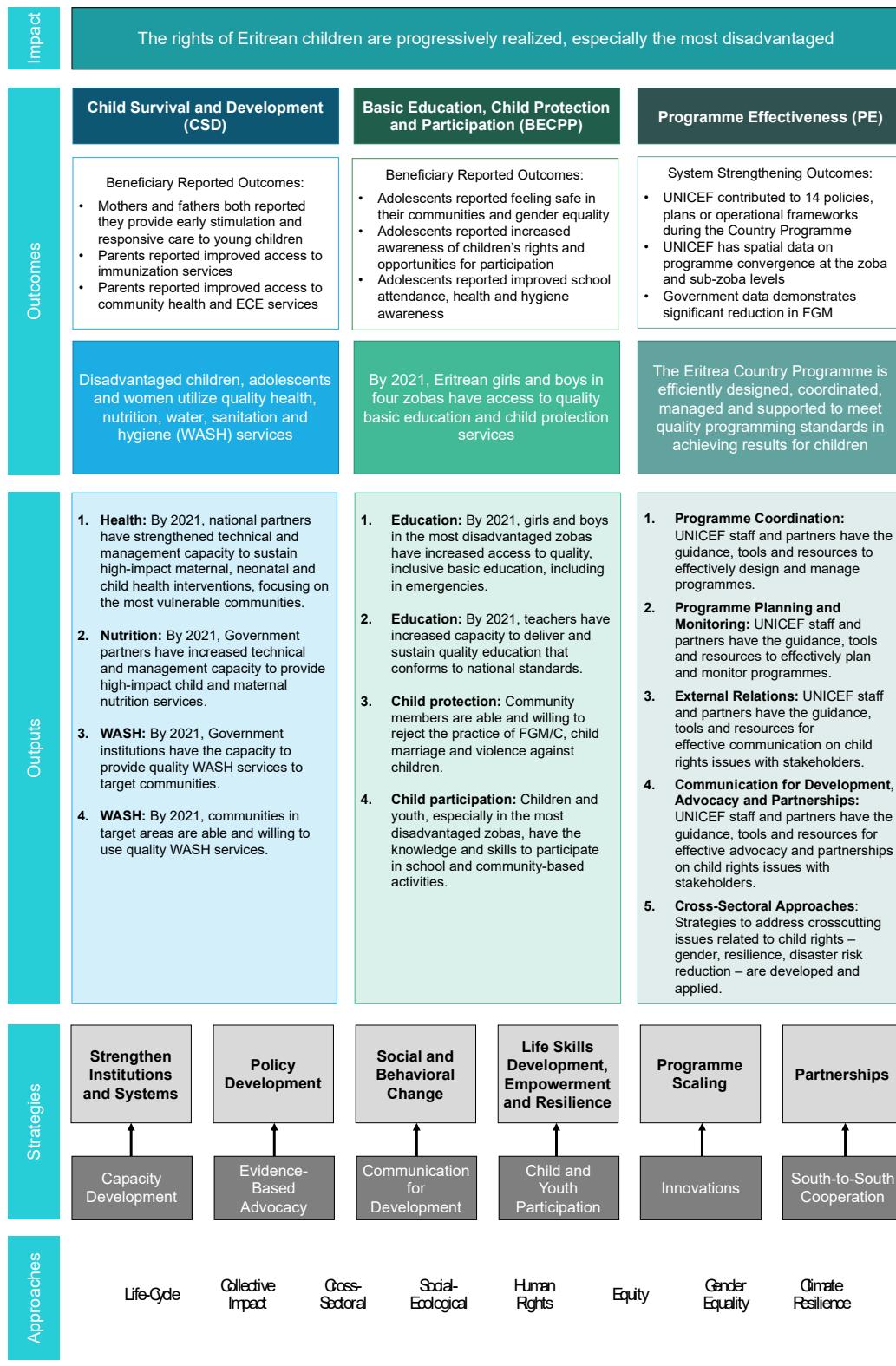
First, the Country Programme is based upon a **life-cycle approach** to programming that acknowledges the inter-connections between stages of development. This perspective enables UNICEF to advocate for a continuum of services that are required to promote optimal development from infancy through adolescence. For example, the CSD programming component focuses upon the range of services necessary for early childhood development, while the BECPP programming component focuses upon adolescent development and school-aged children.

Second, the Country Programme is based upon **collective impact**, or a multisectoral programming approach that is implemented through thematic and geographic **programme convergence** within the four target zobas (or the delivery of multiple services within specific communities). The theory behind collective impact initiatives is that stronger results for children will be achieved if multiple actors are focused upon a common agenda. This perspective enables UNICEF to advocate for the whole child by promoting integrated services for optimal early childhood and adolescent development. For example, the CSD programming component incorporates interventions from health, nutrition and WASH to ensure that parents of young children under five are equipped with the knowledge and skills to practice nurturing care. The BECPP programming component integrates gender-responsive interventions from education and child protection to ensure adolescents, especially girls, are equipped with the knowledge and life skills necessary to be safe and to succeed.

Third, the Country Programme is based upon a **cross-sectoral approach**, in which strategies to address issues related to children's rights, gender, resilience/preparedness and disaster risk reduction are integrated into each programming component. This approach ensures that each programming component acknowledges and proactively operationalizes the way in which these cross-cutting issues are being addressed in practice.

¹² Data was derived from the Terms of Reference for this evaluation, as no other data was available.

Figure 1: Eritrea Country Programme theory of change



For example, each programming component has considered gender-responsive approaches in their work, such as the collection of monitoring data that is disaggregated by sex, or uniquely tailored interventions for girls and boys, or mothers and fathers. The cross-sectoral approach ensures that UNICEF programming is equitable and resilient to shocks such as natural disasters.

Finally, the Country Programme reflects UNICEF's **human rights-based approach** to programming, which includes a focus on operationalizing all relevant human rights conventions (such as for children, women and people with disabilities); an **equity** approach in reaching the most marginalized; **gender equality** through the mainstreaming and targeting of gender-responsive programming approaches; and **climate change resilience** through community capacity building.

There are six **change strategies** reflected in the theory of change for the Country Programme. Each strategy is designed to contribute to programmatic outcomes, either direct or indirect, that help achieve results for children. These change strategies, their objectives and their potential contributions to programmatic outcomes are summarized in Table 1. Through this evaluation, it will be important to better understand how these strategies were applied in practice, if they were equally applied across programming components, or if certain strategies supported unique objectives and results of the Country Programme. In addition, new strategies may have emerged in response to the COVID-19 pandemic, or certain strategies may have been prioritized, while others were deprioritized.

Table 1: Eritrea Country Programme change strategies

Change Strategies	Focus of Change	Contributions to Programme Outcomes
Capacity Development	Strengthen Institutions and Systems	Increased monitoring, evaluation, and knowledge management of programmes for children; and increased reach, coverage and sustainability of basic social services
Evidence-Based Advocacy	Policy Development	Increased awareness and equitable realization of children's rights
Communication for Development	Social and Behaviour Change	Galvanized and sustained demand for basic social services and a reduction in harmful social norms
Child and Youth Participation	Adolescent Life Skills Development, Empowerment and Resilience	Improved relevance and effectiveness of programmes and services by involving young people in decision-making processes that affect their lives
Innovations	Programme Scaling	Increased effectiveness and efficiency of programme results
South-to-South Learning and Cooperation	Partnerships	Encourage the sharing of knowledge, skills and expertise as well as the adaptation of good practices

Fourth, the Country Programme reflects the **social-ecological model of child development**, a theory that postulates that child development occurs in context and is shaped by micro-, meso- and macro-level social, economic and cultural systems and processes. This theoretical

perspective is reflected in UNICEF's balance of **upstream and downstream work**, which includes interventions that target the institutional and policy levels of change (upstream), as well as individual, family, and community change (downstream). For example, in the CSD programming component, interventions target young children themselves, in addition to their parents, the health care institutions and schools in their communities, and the policies that shape coverage and access to these services.

The **outputs** in the theory of change reflect UNICEF's unique contributions to the Country Programme results, which focus on the capacity of governments, institutions and communities in realizing children's rights. In the CSD programming component, there are four outputs for health, nutrition and WASH. In the BECPP programming component, there are four outputs for education, child protection and participation in schools. In the PE component, there are five outputs that reflect programme coordination, programme planning and monitoring, external relations, C4D for advocacy and partnerships and cross-sectoral management strategies.

The **outcomes** in the theory of change reflect the collective impact of UNICEF, the Government and UN Partners in achieving the overall **impact** of the Country Programme, which is to progressively realize the rights of children, especially the most marginalized. For the CSD programming component, the outcome focused on the use of services by the intended beneficiaries. For the BECPP programming component, the outcome is focused upon access and quality of basic services. For the PE component, the outcome is focused upon the efficiency and quality of programming. The findings from the evaluation are also included in the theory of change and are detailed in Section D.

1.5. Country Programme Stakeholders

The Eritrea Country Programme involves a range of stakeholders and partners (see Table 2). UNICEF provides financial support and leadership in the design of the Country Programme, which it delivers in partnership with other UN agencies who have a supporting role in specific aspects of the programming (to be discussed in greater detail in the evaluation report). The GoSE is the primary partner of UNICEF in implementing the Country Programme. They are responsible for programme coordination, management, implementation and monitoring. The primary beneficiaries or rights holders of the Country Programme are parents, children ages 0–6 and adolescents ages 10–18. The secondary beneficiaries include frontline workers, who gain the knowledge and skills to operationalize the programming through strengthened institutions and systems.

Table 2: Eritrea Country Programme stakeholders and partners

Stakeholders/Partners	Country Programme Role	Level of Analysis
UNICEF Staff Members and Consultants	Country Programme leadership, designers, specialists and managers	National
UN Agencies ¹³	Implementing partners in the SPCF	National

¹³ In addition to UNICEF: the Food and Agricultural Organization (FAO); the International Fund for Agricultural Development (IFAD); the International Labour Organization (ILO); the Office for the Coordination of Humanitarian Affairs (OCHA); UNAIDS; the United Nations Development Programme (UNDP); the United Nations Environment Programme (UNEP); UNFPA; the United Nations High

Stakeholders/Partners	Country Programme Role	Level of Analysis
The Government of the State of Eritrea¹⁴	UNICEF's primary partner in Country Programme implementation	National, Regional
Frontline Workers in Education, Nutrition, Health, WASH and Child Protection	Beneficiaries of all Country Programme efforts to strengthen institutions and systems for programme delivery	Regional, Community
Children Ages Five and Under, Mothers and Fathers	Beneficiaries of the CSD programme component and Early Childhood Care and Education (ECCE)	Communities in hard-to-reach areas across the country
Adolescent Girls and Boys	Beneficiaries of the BECPP programme component	Communities in four target zobas

Section B: Evaluation Purpose, Objectives and Scope

2.1. Evaluation Purpose

According to the UNICEF Evaluation Policy (2018), every Country Programme must be evaluated at least once every two programme cycles. Country Programme Evaluations (CPEs) offer an analysis of UNICEF contributions to national development goals and the effectiveness of UNICEF strategies in leveraging national efforts to achieve results for children and adolescents.

In the case of Eritrea, this is the first CPE to be conducted since the UNICEF Evaluation Policy was enacted within the organization. As such, this CPE is timely; its purpose is to provide valuable insights on what has been achieved in Eritrea through UNICEF's contributions, and on the lessons learned to strengthen the implementation of the next Country Programme. However, this CPE will not inform the development of the new Country Programme Document (CPD), which already has been developed for the Executive Board's approval; rather this CPE is forward looking and will inform the key implementation and operationalization strategies of the next CPD.

2.2. Evaluation Uses

This CPE aims to strengthen UNICEF's accountability to national stakeholders, including the GoSE, children and adolescents, as well as to the UNICEF Executive Board. Internal users include the UNICEF Eritrea Country Office Representative and Deputy Representative, as well

Commissioner for Refugees (UNHCR); the United Nations Industrial Development Organization (UNIDO); the United Nations Office on Drugs and Crime (UNODC); and WHO.

¹⁴ The Government ministries and related entities working with UNICEF include: Ministry of Health; Ministry of Land, Water and Environment (for CSD programming); Ministry of National Development; Ministry of Education; Ministry of Labour and Human Welfare; NUEW; Eritrea Sports and Culture Commission (for BECPP programming); National Statistics Office; Ministry of Information; and NUYSE (for PE component).

as Senior Programme Managers. The evaluation will benefit these internal users by highlighting strategic recommendations for the implementation of the next Country Programme. External users of the evaluation include government representatives, UN partner agencies and donors. The evaluation will benefit these partners by sharing lessons learned in programme convergence, and for strengthening partnerships towards collective impact for children.

2.3. Evaluation Objectives

As outlined in the Terms of Reference (see Annex A), there are three objectives of this CPE:

1. To assess the relevance, effectiveness, efficiency, coherence and sustainability of the Eritrea Country Programme with particular focus on equity, gender equality and convergence of programme components, as well as UNICEF's strategic positioning in relation to its child rights mandate.
2. To identify and document key lessons learned, good practices and innovations in implementing the Country Programme that can inform and support advocacy efforts for scale-up and replication.
3. To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the implementation of the next Eritrea Country Programme, taking into consideration national development priorities, such as the Eritrea Development Vision 2025, the next five-year development plan and the 2030 Agenda for Sustainable Development in the country.

2.4. Evaluation Scope

The CPE covered the Eritrea Country Programme from 2017 to 2021, and examined evaluative evidence on UNICEF's effectiveness in leveraging national efforts for children, as well as its direct contributions in achieving results for children. The evaluation focused on the formal UNICEF CPD approved by the Executive Board, but also considered any changes/revisions from the initial CPD during the period under review (such as changes in strategies to address COVID-19). The scope and unit of analysis of the CPE includes the entirety of UNICEF's engagement in the country, and therefore covers interventions funded by all sources. However, the evaluation did not include an analysis of specific UNICEF programmes, as the intent was to examine strategic goals and processes that affect all programmes at the national, zoba, sub-zoba and community levels.

Three cross-cutting themes or strategic areas of focus will be examined in the CPE:

- **UNICEF Positioning and Partnerships** – The CPE had a particular focus on UNICEF's positioning within the development community and its relations with national partners in regards to its mandate. This included an analysis of UNICEF's capacity development, evidence-based advocacy and South-to-South learning and cooperation strategies, as well as the organization's comparative advantage in achieving results for children.
- **Equity and Gender Equality** – The CPE examined the extent to which equity and gender equality have been mainstreamed within the Country Programme. This included an analysis of the C4D, innovations and child and youth participation strategies. The CPE

also examined the Country Programme theory of change and results structure to address alignment with global frameworks on equity and gender equality.

- **Programme Convergence** – The CPE examined the approaches to programme convergence (or multisectoral programming) and lessons learned in order to establish the extent to which these approaches accelerated or amplified results for children within the four target zobas. This included an analysis of spatial data on UNICEF programming to examine geographic convergence and results. The CPE also examined the extent to which the necessary institutional structures and processes were in place for effective multisectoral programming (see Section C: Evaluation Methodology for more information).

Section C: Evaluation Methodology

3.1. Evaluation Framework

The evaluation methodology adhered to the United Nations Evaluation Group (UNEG) Norms and Standards.¹⁵ The CPE adopted a theory-based and outcomes mapping evaluation approach. This approach enabled the evaluator to re-examine the Country Programme theory of change in greater detail with relevant stakeholders and allowed for the plausible assessment of UNICEF's contribution to results.¹⁶ A participatory evaluation approach was also employed to enable the evaluator to collect and analyse data on the outcomes of programme convergence with select beneficiaries.

According to the Terms of Reference (see Annex A), the CPE included five main evaluation criteria and questions. Additional sub-questions were included and aligned with evaluation criteria definitions from the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC), and some sub-questions were revised to better focus the evaluation on UNICEF positioning and approaches to programme convergence, equity and gender equality. The revised questions also take into consideration consultations with the UNICEF Eritrea Country Office Representative and Deputy Representative, and with UNICEF ESARO and Eritrea CO evaluation specialists.¹⁷

There were five core evaluation questions, and 13 sub-questions, as outlined below and in greater detail in the Evaluation Matrix (see Annex D).

⇒ EQ1 | Relevance | Is the Country Programme doing the right things?

¹⁵ See UNEG Norms and Standards for Evaluation (2016): www.unevaluation.org/document/detail/1914.

¹⁶ The retroactive theory of change was developed and further revised through this evaluation through a process of data analysis and triangulation. The visual diagram represents the narrative and vision set forth in the CPD as well as the results framework. In addition, it incorporates data from the evaluation on beneficiary outcomes and system strengthening outcomes that were discovered through the evaluation (see Figure 1: Eritrea Country Programme theory of change). However, the theory of change was not fully vetted by the CO. It has only been reviewed by those engaged with the evaluation process and should go through further vetting by UNICEF staff members, especially in revising a theory of change for the new CPD.

¹⁷ During inception, an evaluability assessment was done with the data provided to the evaluator by the CO. Upon a desk review of the available data, it was clear that some evaluation questions could not be covered because there was no data. In particular, one evaluation sub-question on efficiency and one on effectiveness were not included because of a lack of data.

- 1.1. What were UNICEF's strengths in the country from 2017 to 2021, particularly in comparison to other UN agencies and development partners, and how were these harnessed to help achieve results?
- 1.2. Were UNICEF's strategies to address equity and gender mainstreaming in line with local needs and at an appropriate scale of implementation to reach the most marginalized?
- 1.3. To what extent has UNICEF been able to position itself as a strategic partner in the country context, including adjusting to changing situations?
- 1.4. What adjustments were made to UNICEF's strategies in response to programme monitoring and/or changes in the operational context, and how effective were these modifications?

⇒ EQ2 | Coherence | How well does the Country Programme fit?

- 2.1. To what extent have the Core Commitments for Children in Humanitarian Action (CCCs) and UNICEF's Gender Action Plans (GAPs) (2014–2017 and 2018–2021) been consistently integrated into all aspects of programming and implementation, including in the Programme Strategy Notes (PSN), related theories of change and results frameworks?
- 2.2. What roles and contributions did the Government, UN agencies and other national actors have in UNICEF's approach to programme convergence, and how well were these activities coordinated?
- 2.3. Did UNICEF's approach to addressing the challenges of equity and gender equality play a complementary role to that of Government, UN agencies and other development actors?

⇒ EQ3 | Effectiveness | Did the Country Programme achieve its objectives?

- 3.1. Did the Country Programme contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality?
- 3.2. What results have been achieved by UNICEF through programme convergence, and at what levels of change (e.g., national, zoba, sub-zoba or community)?

⇒ EQ4 | Efficiency | How well were Country Programme resources managed and utilized?

- 4.1. Were UNICEF Country Office (CO) resources (funds, human resources, time, expertise, etc.) allocated, tracked and utilized strategically to achieve results, including equity and gender-related objectives?
- 4.2. Were the necessary management, coordination, monitoring and evaluation structures in place in the UNICEF CO to effectively implement programme convergence?¹⁸

⇒ EQ5 | Sustainability | Will the benefits of the Country Programme last?

¹⁸ This evaluation question was rephrased from the Terms of Reference, because it was not possible to determine if the chosen strategies and approaches were the most cost effective with the given data, or to determine if there were alternatives that would have worked better.

- 5.1. To what extent are the positive changes and effects of the Country Programme sustainable at the relevant levels (e.g., national, zoba, sub-zoba and community)?
- 5.2. To what extent have the programme strategies and approaches adopted by UNICEF contributed to the sustainability of results, especially equity and gender-related results?

3.2. Data Sources and Indicators

The CPE drew upon and integrated primary and secondary data from a variety sources, which were triangulated to draw conclusions and to make evaluative judgements about the Country Programme. All data sources and indicators for answering each evaluation question are referenced in the Evaluation Matrix (see Annex D). For example, the GAP and CCCs were utilized as normative documents for examining programme coherence. The SPCF and the CPD were utilized as normative documents for examining UNICEF positioning and partnerships.

The CPE also drew upon research and practice on **collective impact initiatives** to assess programme convergence as a multisectoral programming approach. Collective impact interventions rely upon multiple actors who commit to a common agenda for solving complex social and environmental issues. The assumption is that greater effects on the intended outcomes can be observed through the synergistic delivery of multiple interventions, and that efficiency can be gained through collaboration and collective action.

Research indicates that there are five foundational conditions for collective impact initiatives to be effective in practice.¹⁹ First, there must be a (1) **common agenda** or a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions. Second, there must be (2) **mutually reinforcing activities**, or differentiated stakeholder activities that are coordinated and synergistic through a mutually reinforcing plan of action. Third, there must be a (3) **shared measurement system**, or an agreement upon what to measure and how in order to ensure that efforts remain aligned and to facilitate continuous learning, improvement and accountability.²⁰ Fourth, there should be an organization/partner/sector/actor providing a (4) **backbone function**, or a dedicated programme staff with the necessary skills to coordinate partner organizations and agencies. Finally, there must be (5) **continuous communication** across the multiple actors to build trust, to transparently confirm that mutual objectives are being met, and to maintain motivation.

3.3. Data Collection and Analysis Approach

The CPE relied upon a mix of quantitative and qualitative methods, including: (1) document review; (2) secondary data analysis of programme monitoring data; (3) key informant interviews with UNICEF staff members; (4) surveys and focus groups with external implementing partners; and (5) participatory data collection sessions with programme beneficiaries, including parents, adolescents and service providers.

The **document review** included a sample of 54 reports, studies, strategic plans and conceptual frameworks that describe UNICEF programming goals, objectives and approaches to

¹⁹ Preskill, H., Parkhurst, M. and Splansky Juster, J., *Guide to Evaluating Collective Impact: Learning and Evaluation in the Collective Impact Context*, Collective Impact Forum and FSG, 2014.

²⁰ Collective impact interventions include both unique and shared measures to capture the synergistic effects of programme convergence.

implementation (see Annex B). This secondary data is largely qualitative in nature and was used to contextualize the Eritrea Country Programme within the national context, and to examine all of the evaluation questions, especially those associated with programme relevance and coherence.

The analysis of secondary **programme monitoring data** included: spatial data (14 data files) on the implementation of UNICEF programming within particular zobas and sub-zobas; statistical data on UNICEF programme implementation, reach and results; UNICEF CO reports from 2017 to 2020; and Results Assessment Module (RAM) data from 2019 and 2020 (see Annex B). This secondary data is a mix of quantitative and qualitative information and was used to examine the evaluation questions associated with programme relevance, effectiveness and efficiency.

Key informant interviews (KIs) with UNICEF staff members were held remotely to discuss the Country Programme theory of change, the assumptions behind the desired changes and the causal linkages between the interventions and outcomes (see Annex C). **Surveys** with UN and Government partners were administered in hard copy and online to examine implementation success and challenges, as well as UNICEF's comparative advantages and lessons learned. **Focus groups** with local programme managers were conducted in person to assess implementation progress, challenges and lessons learned. This primary data was qualitative in nature and was used to address gaps in answering all of the evaluation questions, and to probe deeper into programme effectiveness, efficiency and sustainability.

Participatory data collection sessions with programme beneficiaries took place in partnership with a local evaluation team who worked closely with parents, adolescents and service providers (see Annex C). The primary purpose of hearing directly from programme beneficiaries and service providers was to ensure the evaluation was equitable and gender responsive, and to assess UNICEF's direct service provision within specific sub-zobas. This primary data was a mix of qualitative and quantitative information and was used to examine the evaluation questions associated with programme relevance and effectiveness.

The primary data from key informant interviews, focus groups and participatory sessions was largely qualitative in nature and was managed using [Dedoose](#), a platform that enables the coding of passages of text to assess trends in the data. The process for reviewing all of the data included the following steps:

- Step 1** – Initial review of information to assess relevance.
- Step 2** – Review and coding of passages of text according to the evaluation sub-questions.
- Step 3** – Review of all text for specific codes to further analyse the data.
- Step 4** – If data permits, use of trends analysis tools in Dedoose to summarize trends/intersections.
- Step 5** – Triangulation of information from multiple data sources and consideration of strength of evidence.
- Step 6** – Drawing of conclusions based upon the indicators in the Evaluation Matrix.

Quantitative data were analysed using descriptive statistics such as frequencies, proportions or ratios, scorecards or weighted averages, and by comparing data points from time 1 and time 2 (if available). To the extent feasible with the given data, the mapping of programme implementation assisted in a spatial analysis of UNICEF's reach and programme convergence.

3.4. Data Collection Tools and Sampling

The methods, samples and tools utilized for primary data collection are summarized in Table 3. Overall, the evaluation engaged 555 stakeholders, including 280 female participants (51 per cent). Participants included: 5 UNICEF staff members; 3 national government representatives and 50 local government representatives (programme managers and NUYSE) from the GoSE; and 500 programme beneficiaries (including 200 adolescents, 200 parents and 100 service providers).

Table 3: Overview of evaluation stakeholders, methods, sample and tools

Stakeholder	Method	Sample	Tools	Total Participants
UNICEF Programme Staff Members	Key Informant Interviews (remote)	• 3 KII with Programme Specialists	KII protocol, 20 questions	3 sessions, 3 participants (2 female)
UNICEF Senior Leadership	Key informant interviews (remote)	• 1 KII with Representative • 2 KII with Deputy Representatives	KII protocol, 10 questions	2 sessions, 3 participants (2 female)
GoSE and UN Agencies	Survey (remote)	• National representatives from the GoSE and UN Agencies	10 questions, online and paper formats	3 national government representatives
Local Programme Managers	Focus groups (in-person)	• Local representatives from the GoSE	Focus group protocol, 10 questions	4 sessions, 45 participants (7 females)
NUYSE Representatives	Focus group (in-person)	• NUYSE	Interactive survey tool, 4 questions	1 session, 5 participants (1 female)
Adolescent girls and boys ages 10–18	Participatory data collection sessions (in-person)	• <u>High Touch-Point</u> – 4 group sessions with about 25 participants each from 1 sub-zoba with extensive programme convergence (100 participants); 50% girls • <u>Low Touch-Point</u> – 4 group sessions with about 25 participants each from 1 sub-zoba with limited to no programme convergence (100 participants); 50% girls	Interactive survey tool, 10 questions	8 sessions total, 200 participants; 49% girls (98 females)
Parents of children ages 0–6 years	Participatory data collection sessions (in-person)	• <u>High Touch-Point</u> – 4 group sessions with about 25 participants each from 1 sub-zoba with extensive programme convergence (100 participants); 70% mothers • <u>Low Touch-Point</u> – 4 group sessions with about 25 participants each from 1 sub-zoba with limited to no programme convergence (100 participants); 70% mothers	Interactive survey tool, 10 questions	8 sessions total, 200 participants; 70% mothers (139 females)

Stakeholder	Method	Sample	Tools	Total Participants
Service Providers	Participatory data collection sessions (in-person)	<ul style="list-style-type: none"> • <u>High Touch-Point</u> – 2 group sessions (1 for parents and 1 for adolescents) with about 25 participants each from 1 sub-zoba with extensive programme convergence • <u>Low Touch-Point</u> – 2 group sessions (1 for parents and 1 for adolescents) with about 25 participants each from 1 sub-zoba with limited to no programme convergence 	Interactive survey tool, 10 questions	4 sessions total, 99 participants, 30% female (31 females)
Total Participants				555
Total Female				280 (51%)

Key informant interviews with UNICEF staff members were conducted, including 10–20 questions that assessed a range of evaluation themes (see Annex C for detailed protocols).

Surveys with 10 questions focusing on UNICEF's comparative advantage and partnership were utilized with relevant ministries from the GoSE, as well as with representatives from UN agencies (see Annex C for detailed protocols). The selection and sampling of these stakeholders was done in consultation with the UNICEF Country Office. This enabled the evaluator to identify the most relevant implementing partners to include in the evaluation, taking into consideration any constraints in their participation.

Focus groups with local programme managers and representatives from NUYSE were desired given there was limited data on the effectiveness of the Country Programme and on UNICEF's approach to programme convergence (see Annex C for detailed protocols).

The objective of the **participatory data collection sessions** with programme beneficiaries was to qualitatively assess the effectiveness of programme convergence by comparing the perceptions of adolescents, parents and service providers who live in high touch-point sub-zobas where programme convergence was strong, with low touch point zobas, where UNICEF programming was not as advanced.

The utilized tool was Child Friendly Places,²¹ which is an interactive and visual child-friendly community assessment survey that has been implemented in more than 30 countries with over 65,000 children and adolescents by UNICEF and other UN agencies, NGOs and civil society organizations in remote and challenging contexts (see Annex C). Surveys are implemented using local objects, and for Eritrea, local beans and buckets were utilized (see Figure 2). The surveys provide enough structure to collect anonymous data that can be aggregated for qualitative comparisons using scorecards (or weighted averages), while at the same time affording the opportunity for participants to tally, view and discuss the results in real-time using a results chart.

There were multiple indicator databanks to draw upon for child-friendly communities and schools, which include simple, developmentally appropriate statements on community conditions that are linked to specific articles from the Convention on the Rights of the Child. For this evaluation, 10

²¹ <https://cerqny.org/portfolio/child-friendly-places>.

survey items were selected to assess programme convergence for CSD and BECPP programming components (see Annex C).

The final selection of survey items represented a blend of synergistic and sector specific indicators that aligned with the Country Programme results framework for each programming component (see Annex C). The statements for parents and/or adolescents are similar to those asked of service providers who work directly on these programmes. This facilitated the comparison of views among frontline workers (programme implementers) and beneficiaries, as well as a comprehensive community scorecard (or weighted average) for each indicator.

In order for these sessions to take place in a culturally appropriate and gender responsive way, the international evaluator trained and worked with a local evaluation team that was contracted by UNICEF to co-design and implement these sessions (see Annex C for detailed protocol, training materials and data collection tools). All evaluation tools were translated into three local languages in both oral and written formats, while images were deemed appropriate for the local context. The data collection took place between November and December 2021 with seven local evaluators (including 6 males and 1 female).

For quality assurance purposes, a pilot test was conducted in Asmara with one group of adolescents and this was filmed for review by all team members before proceeding with fieldwork. During fieldwork, the international evaluator was in regular contact with the supervisor of the local evaluation team to address any questions or issues that arose. Overall, the data collection process, which followed safety protocols for COVID-19, was implemented in an ethical way and at a high degree of fidelity (as originally planned).

Figure 2: Photographs of local objects used for scoring technique



Left: Translated survey statements

Above: Beans used for scoring (white for girls, black for boys)

Below: Example survey station and results charts



	MALES =	FEMALES =	TOTAL =	
1		11	12	2
2		15	10	0
3		24	0	1
4		8	14	3
5		20	4	1
6		22	2	1
7		2	14	09
8		23	1	1
9		4	10	11
10		20	4	1

The geographic sampling for participatory data collection sessions with beneficiary groups are provided in Tables 4 and 5. The sample draws upon existing spatial data on UNICEF programme implementation within each zoba and sub-zoba (see Annex C). The evaluator analysed this data to identify high and low touch-point sub-zobas and consulted with UNICEF staff members and the local evaluation team to identify the final sample. The objective was to include a strategic and representative sample of programme beneficiaries from high touch-point and low touch-point communities to draw qualitative conclusions about the outcomes of programme convergence.

The criteria for inclusion in the participatory data collection sessions included: (1) number of UNICEF supported interventions; and (2) number of sectors represented; (3) priority UNICEF regions/zobas; and (4) number of parents/adolescents targeted. The local evaluation team was also given criteria for gender and age ratios and was required to ensure relevant ethnic groups from the selected communities were represented adequately. These criteria were met and ensured the sample was representative of the communities under investigation.

Within the sampled communities, UNICEF's work in CSD interventions included: Integrated Management of Neonatal and Childhood Illness (IMNCI), Integrated Management of Acute Malnutrition (IMAM), Infant and Young Child Feeding (IYCF), maternal and newborn health (MNH), vitamin A supplementation, blanket supplementary feeding, immunization, sanitation, hygiene, water supply, C4D health promotion, early learning education (ECE) and the Care for Child Development (CCD) package [or Early Childhood Development (ECD) parenting programme]. The main difference between the two types of sub-zoba for CSD programming was the inclusion in the high touch-point sub-zobas of WASH and the CCD package, both of which were absent in the low touch-point sub-zobas (see Table 4).

Within the BECPP programming component, interventions included: school construction, female genital mutilation/cutting (FGM/C), mine risk education, promotion of child rights, and youth development and engagement. The main difference between the two types of sub-zoba was the inclusion in the high touch-point sub-zobas of FGM/C sensitization, promotion of child rights and youth development and engagement, all of which were absent in the low touch-point sub-zobas (see Table 5).

Table 4: Participant sample for CSD data collection

Sub-Zoba	Interventions	Target Group	Target N	Actual N	Subtotal	Ethnic Groups
Mensura Low Touch-Point	IMAM, IMNCI, IYCF, MNH, Vitamin A, Immunization, ECE	Female Parents	70	69	100	Tigre = 65 Tigrinya = 36 Hidareb = 23 Blien = 1 Total = 125
		Male Parents	30	31		
		Service Providers	25	25 (3 female)	25	
Hamelmalo High Touch-Point	IMAM, IMNCI, IYCF, MNH, Vitamin A, Immunization, ECE + WASH, CCD	Female Parents	70	70	100	Tigre = 109 Blien = 11 Tigrinya = 4 Total = 124
		Male Parents	30	30		
		Service Providers	25	24 (12 female)	24	
Total Sample						249

Table 5: Participant sample for BECPP data collection

Sub-Zoba	Interventions	Target Group	Target N	Actual N	Subtotal	Ethnic Groups	Age Groups
Habero Low Touch-Point	School construction Service Provide rs	Girls	50	48	100	Tigre = 113	Age 16 = 38
		Boys	50	52		Blien = 10	Age 15 = 25
		Service	25	25 (8 female)	25	Tigrinya = 2	Age 17 = 17
		Provide rs					Age 14 = 10 Age 13 = 4 Age 12 = 3 Age 18 = 2 Age 11 = 1
Ghindae High Touch-Point	School construction + FGM/C sensitization, promotion of child rights, youth development and engagement	Girls	50	50	100	Tigrinya = 58	Age 15 = 30
		Boys	50	50		Tigre = 45	Age 16 = 22
		Service	25	25 (8 female)	25	Saho = 21	Age 14 = 16 Age 17 = 13
		Provide rs				Afar = 1	Age 13 = 7 Age 12 = 7 Age 18 = 4 Age 11 = 1
Total Sample					250		

3.5. Methodological Limitations and Mitigation

There were two methodological limitations that should be considered when reviewing the proposed evaluation approach. First, the evaluation relied heavily on remote methods for the engagement of UNICEF staff members and partners. This potential limitation was due to COVID-19 mobility restrictions that prevented an international evaluation consultant from travelling to Eritrea. Thus, the evaluator was not able to meet with stakeholders in person or observe programming within the context of its implementation. Such observations often provide additional nuances and insights into the assets and challenges of programme managers and specialists. In addition, given the lack of a signed work plan during the evaluation time period, UN partners and national Government representatives were not able to comment on the evaluation questions. To mitigate this issue, the evaluation adopted a participatory evaluation design with a local evaluation team so that beneficiaries could share their views and experiences of UNICEF programming through safe, interactive methods within their own schools or communities.

Second, as described in the Terms of Reference (see Annex A) and in conversations with UNICEF Country Office stakeholders, there was a limited amount of recent national data on the situation of children and adolescents. Most of the data that demonstrated the effectiveness of UNICEF programming dates back to 2010 or 2015, and 2021 data are not yet available. To mitigate this issue, the UNICEF Country Office conducted a situation analysis in 2019, which provided some updated information to inform evaluative judgements. However, the data are often not sufficiently disaggregated by sex and sub-zoba, and thus, it was sometimes difficult to assess the results associated with gender equality and programme convergence. To mitigate this issue, the evaluation design included participatory data collection sessions with beneficiaries, and also drew

upon the perceptions of UNICEF staff members, service providers, and local programme managers on the most significant changes. This may introduce bias into the evaluation, which was mitigated by drawing upon multiple data sources to triangulate the results and to make informed evaluative judgements.

3.6. Quality Assurance and Ethical Considerations

Ethical guidelines for UN evaluations and the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis guided the overall process. The evaluation adhered to the following UN and UNICEF norms and standards: United Nations Evaluation Group Standards for Evaluation in the UN System, United Nations Evaluation Group Norms for Evaluation in the UN System, UNICEF-adapted evaluation report standards and the Global Evaluation Reports Oversight System (GEROS).

Given the evaluation worked directly with parents and adolescents, their rights, confidentiality and compensation for participation were addressed with UNICEF support. The protocols for participatory data collection sessions were submitted to and approved by an ethical review board with the appropriate credentials to review the methodology and tools for the ethical inclusion of human subjects in evaluation (see Annex C). This was accomplished with support from the UNICEF Evaluation Office in the New York headquarters.

Informed consent was obtained from parents of adolescents, adolescents, parents, service providers and local programme managers. Oral narratives about the purpose and uses of the data being collected, the benefits to participation and the potential risks of participation were clearly articulated to programme beneficiaries. Participants then had an opportunity to opt-in to the session or to decide that they would not participate without any harm or risk. In the case of adolescents, this information was shared in child-friendly and developmentally appropriate language.

No names or identifiable personal information were required of participants for the evaluation. Participants received a mask, hand sanitizer, breakfast/lunch and a small gift, which was both for their time and to show appreciation for their participation in the evaluation. Additional measures were taken to ensure all data collection activities were safe and followed COVID-19 protocols (namely social distancing, mask wearing and the use of hand sanitizer). All ethical considerations were discussed with the local evaluation team to ensure the evaluation upheld these standards and principles in practice. As mentioned previously, the international evaluator was in regular contact with the supervisor of the local evaluation team for quality assurance purposes.

Section D: Evaluation Findings

The findings are presented by evaluation criteria and reflect the triangulation of data. This means that different stakeholder views and data sources have been analysed together to understand common narratives, and were not put together by chance. Readers can be assured that the information is suitable for decision making purposes, as well as for organization learning and accountability.

4.1. Relevance

➲ EQ1 | Relevance | Is the Country Programme doing the right things?

The CPE assessed the extent to which the objectives of the Country Programme and its design were and remain appropriate within the country context. This included an analysis of whether UNICEF's approach towards reaching its objectives was suitable considering its mandate, resource base, comparative advantages and operational considerations. The evaluation also examined whether UNICEF identified the most relevant goals or strategies to solve programmatic challenges, and whether these were equity focused and gender responsive.

1.1. What were UNICEF's strengths in the country from 2017 to 2021, particularly in comparison to other UN agencies and development partners, and how were these harnessed to help achieve results?

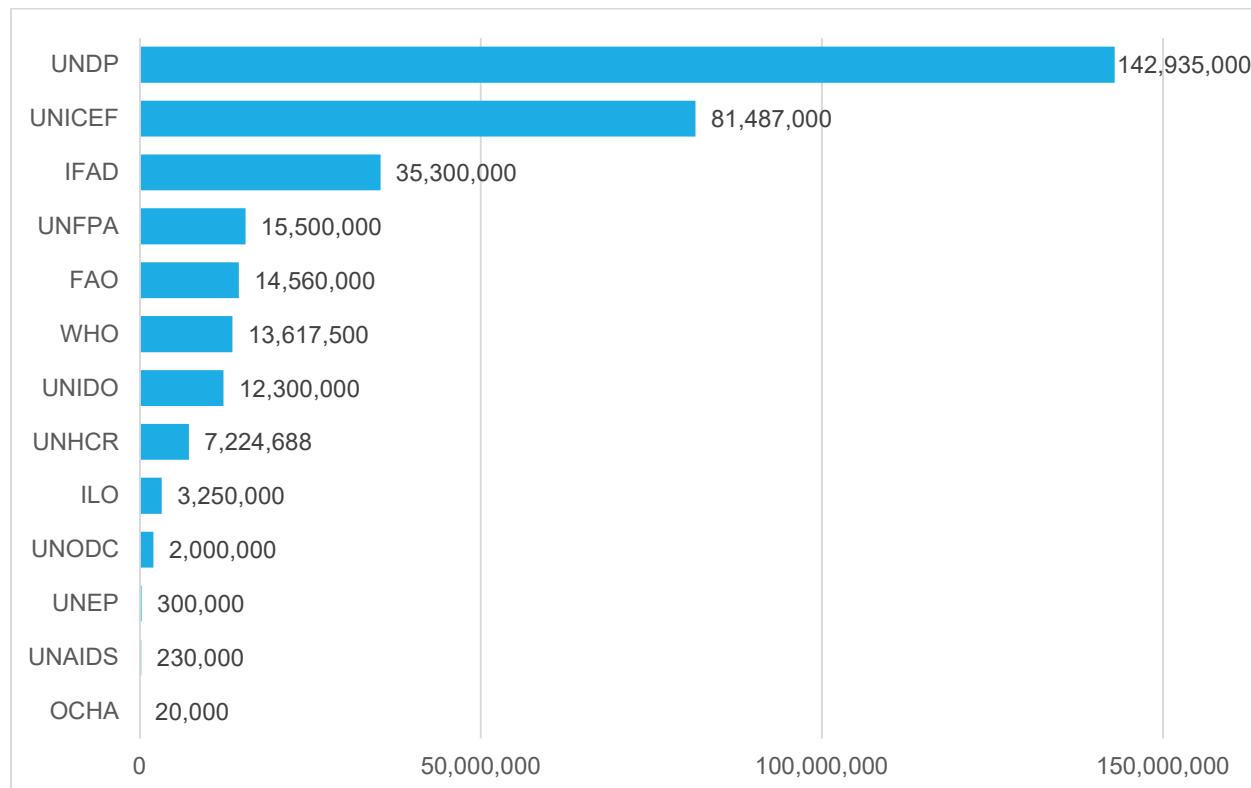
Finding 1: UNICEF's primary strengths or comparative advantages in the country were associated with its positioning as a leader and influencer as one of the largest UN agencies operating in Eritrea for decades. The organization provides financial and technical contributions for policy and systems strengthening, is the lead agency in delivering multisectoral programming for children and adolescents and is considered a trusted and valued government partner.

UNICEF is one of the largest UN agencies operating in Eritrea, which has positioned the organization as a leader and influencer within the country. For example, the organization contributed to six out of eight outcomes for the SPCF (2017–2021), because children are implicated in all four national development pillars. UNICEF is also the only UN agency focused on education outcomes, so the organization is very visible in shaping these policies and action plans on a national level. Finally, UNICEF is the only organization that works across all sectors for children in the country, and thus, it has positioned the organization as a strong leader and advocate of multisectoral programming.

UNICEF managed 25 per cent of the UN portfolio, equating to US\$81.5 million (see Figure 3). This represents a decrease in the percentage of funding share for UNICEF from the SPCF (2013–2016), in which the organization managed 43 per cent of the portfolio. The United Nations Development Programme (UNDP) now has the highest funding share, with 43 per cent of the budget for the portfolio, equating to US\$142.9 million. This represents an increase in the percentage of funding share for UNDP from the SPCF (2013–2016), in which it managed 32 per cent of the portfolio. Thus, UNDP and UNICEF are the main actors within the country, but their

overall financial positioning changed during the evaluation time period for the Country Programme.

Figure 3: Required resources by UN agency for SPCF portfolios (USD), 2017-2021



Data Source: Eritrea SPCF, 2017-2021

UNICEF's technical contributions for policy and system strengthening have been substantial during the implementation of the Country Programme. A total of 14 policy documents, strategic frameworks, plans and studies were prepared from 2017-2021, which is a remarkable achievement given the office size and complexities of the operating environment (see Table 6). A majority of the policy and system strengthening documents addressed the education sector, and in particular, UNICEF's commitment to out-of-school children and early childhood education. Within this sector, there was a clear and logical pathway from evidence generation to sector plans and to frameworks for implementation. Evidence-based planning also took place in the child protection and health sectors in the preparation of a study and then a plan on FGM and child marriage. The nutrition and early childhood education documents are multisectoral in nature, reflecting UNICEF's advocacy to ensure holistic nurturing care, child survival and development. The C4D, child protection and social protection documents are also multisectoral in nature, reflecting UNICEF's advocacy to integrate programming for adolescent development, health and well-being, especially for girls.

Table 6: UNICEF's technical contributions to policy and system strengthening, 2017–2021

Sectors	Policy Documents, Strategic Frameworks, Plans and Studies (2017–2021)
Nutrition	1. Government of the State of Eritrea and United Nations Children's Fund, <i>Eritrea National Strategy for Accelerated Scale-up of High-Impact Nutrition, 2020–2025</i> .

Sectors	Policy Documents, Strategic Frameworks, Plans and Studies (2017–2021)
Child Protection, Health	<p>2. Ministry of Health, Ministry of Labor and Social Welfare and the National Union of Eritrean Women, <i>Report on Eritrea's Community Mapping on Female Genital Mutilation/Cutting (FGM/C)</i> (2016 and 2018), 2018.</p> <p>3. Government of the State of Eritrea, Ministry of Health, Ministry of Labour and Social Welfare and the National Union of Eritrean Women, <i>Eritrean National Strategic Plan to Ensure Children and Women Rights, Abandon Female Genital Mutilation, Underage Marriage and Other Harmful Traditional Practices, 2020–2024</i>, 2019.</p>
Education	<p>4. Ministry of Education, 'Out-Of-School Children Initiative, Eritrea Country Study' (final draft), 2017.</p> <p>5. Ministry of Education, <i>Education Sector Analysis</i>, 2017.</p> <p>6. Ministry of Education, <i>Eritrea Education Sector Plan</i>, 2018.</p> <p>7. Ministry of Education, <i>Essential Education Indicators 2018/19</i>, 2018.</p> <p>8. Ministry of Education, <i>National Strategy and Implementation Framework for Out-Of-School Children</i>, 2018.</p> <p>9. Ministry of Education, <i>Assessment Report of Monitoring Learning Achievement Project (MLA-IV, 2018)</i>, 2019.</p> <p>10. Ministry of Education, <i>Eritrea: Basic Education Statistics 2018/19</i>, 2019.</p> <p>11. Ministry of Education, <i>Early Childhood Development (ECD) Parenting Early: Practical Guide for Parents and Caregivers on ECD and COVID-19</i>, 2020.</p> <p>12. Ministry of Education, <i>Early Childhood Care and Education Three-Year Strategic Plan: Laying the Foundation for Life-Long Learning</i>, 2020.</p>
Social Protection	13. Ministry of Labour and Social Welfare and the United Nations Economic and Social Council, <i>Mapping/Stock Taking of Social Protection Programs Services in Eritrea</i> , 2019.
C4D	14. Ministry of Labour and Social Welfare, Capacity Gap Assessment: Communication for Development and Social and Behaviour Change Communication, 2019.

Another comparative advantage of UNICEF was its strong partnership with the GoSE. Based upon decades of relationship building, evidence-based advocacy and effective programme implementation, UNICEF is considered a trusted and valued partner of national ministries and unions. UNICEF's apolitical mandate to serve children has provided the organization with leverage in relationship building with the Government. UNICEF's national staff members have had a pivotal role in maintaining these relationships over the long-term through successive Country Programme transitions. In a complementary way, UNICEF's international staff members have brought in global dialogue and evidence to slowly and thoughtfully encourage uptake of new agendas by the Government.

For example, UNICEF's partnerships with the Ministry of Information and NUYSE have been crucial for advancing the BECPP programming component. These partnerships have enabled UNICEF to implement social and behaviour change communication campaigns on FGM and child marriage, as well as adolescent participation and child rights awareness programming at scale within communities, and with limited financial resources. This is because NUYSE has grassroots coordination and membership structures at the national, regional, district and community levels. UNICEF's transparency and ability to adjust its programming based upon the views of NUYSE and the other Government stakeholders has also been pivotal for relationship and trust building. For example, the Country Programme was informed by the views of adolescents, who helped UNICEF determine priorities and actions for change through numerous consultations and workshops in communities across the country.

1.2. Were UNICEF's strategies to address equity and gender mainstreaming in line with local needs and at an appropriate scale of implementation to reach the most marginalized?

Finding 2: UNICEF's strategies for addressing equity and gender mainstreaming appropriately targeted the needs of the local population. However, it was not possible to determine if an appropriate scale of implementation was reached with the most marginalized due to a lack of data disaggregated by age and sex on the child, adolescent and parent populations in each zoba. The available data suggests Southern Red Sea requires further investment by the Country Office to address child equity and gender equality within this region.

UNICEF's Equity Approach

UNICEF employed three approaches for addressing equity in the Country Programme: (1) multisectoral programming, or programme convergence in the four zobas with the highest level of need; (2) humanitarian support to children affected by climate change and the residual effects of war; and (3) targeted support to vulnerable child groups, such as children with disabilities.

As outlined in the CPD, UNICEF's primary strategy for addressing equity was through multisectoral programming (programme convergence) in four zobas with the poorest child development outcomes. These zobas include: Anseba, Gash Barka, Northern Red Sea and Southern Red Sea. The assumption was that by integrating programming in these regions, UNICEF could accelerate results for the children and adolescents who need it the most.

Statistics on the situation of children at the zoba level were limited prior to the current Country Programme, but the sample of available data indicated a high level of need within these regions (see Table 7). For example, the percentages of children underweight and pre-primary children not attending schools was highest within these zobas. The situation of children was the poorest overall in Gash Barka, with more than 50 per cent of children underweight, while 90 per cent of pre-primary children and nearly 30 per cent of lower secondary children were out of school, and 40 per cent of the population believed that their community wanted to continue FGM/C.

Table 7: Statistics on the situation of children in Eritrea prior to Country Programme, by zoba

Zoba	% Underweight (2010)	% Pre-Primary Not Attending School (2012–2013)	% Lower Secondary Not Attending School (2012–2013)	% Believe Community Wants FGM/C to Continue (2016)
Anseba*	56.4	69.3	19.0	0.4
Deubub	51	77.4	13.1	4.9
Gash Barka*	52.6	90.5	26.8	40.7
Maekel	34.5	40.4	4.4	3
Northern Red Sea*	58.2	85.9	14.4	5.9
Southern Red Sea*	56.9	82.2	19.9	---

*UNICEF priority region; Data Sources: Situation Analysis (SitAn) 2019 [taken from Essential Provision of Health Services (EPHS), 2010], FGM Mapping Study (2016), Out-of-School Children Initiative (OOSCI) Report 2016 (data from 2012–2013)

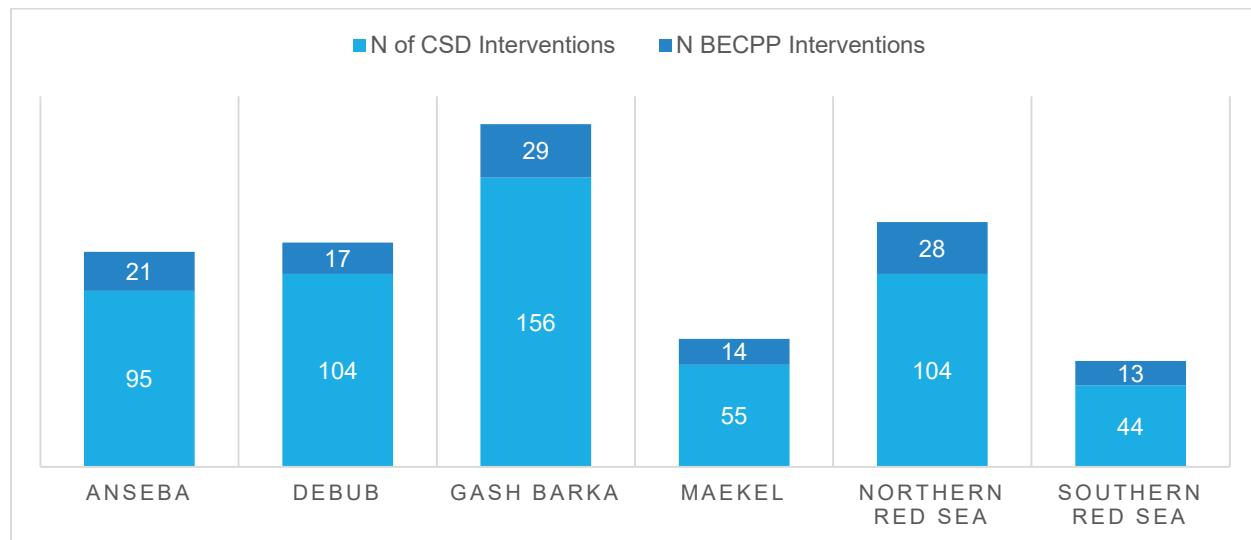
Data on programme implementation indicates UNICEF implemented 680 programming interventions, including 558 for the CSD programming component and 122 for the BECPP programming component (see Table 8 and Figure 4). The highest number of interventions were concentrated in Gash Barka, with 185 interventions, the zoba with the highest level of need. The second highest number of interventions was found in Northern Red Sea, with 132 interventions. Southern Red Sea received the fewest number of interventions (only 57), even though this region was identified as a UNICEF priority. While this finding may be attributed to the lower population density in Southern Red Sea, it does indicate less investment by the organization for children and adolescents within this region. On the other hand, Debub, while not a priority UNICEF region, received the third highest number of interventions.

Table 8: Number of Country Programme interventions and targeted populations, by zoba

Zoba	N of CSD Interventions	N Targeted by CSD	N BECPP Interventions	N Targeted by BECPP	Total Interventions	Total Targeted Population
Anseba*	95	636,399	21	223,477	116	859,876
Debub	104	918,008	17	158,413	121	1,076,421
Gash Barka*	156	896,778	29	23,340	185	920,118
Maekel	55	640,216	14	No data	69	640,216
Northern Red Sea*	104	455,920	28	155,800	132	611,720
Southern Red Sea*	44	105,986	13	6,080	57	112,066
Total	558	3,653,307	122	567,110	680	4,220,417

*UNICEF priority region; Data source: Spatial data on UNICEF programming

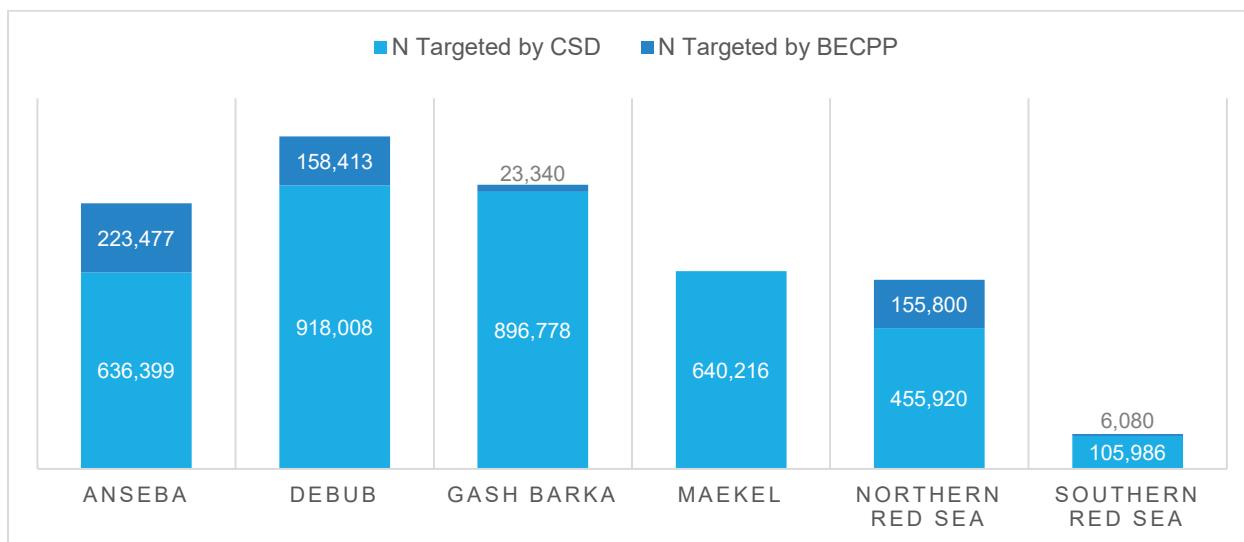
Figure 4: Number of UNICEF-supported interventions, by programme component and zoba



Data source: Spatial data on UNICEF programming

UNICEF's programming targeted approximately 4.2 million beneficiaries, primarily through the CSD programming component (see Figure 5). UNICEF targeted the largest number of beneficiaries in Debub, even though this was not a priority region, and the fewest in Southern Red Sea, which was a priority region. Therefore, the data indicates a spatial mismatch in the approach for addressing equity and the targeted population as it applied to Debub and Southern Red Sea. Because there are no current statistics available on the child, adolescent and parent population at the zoba level, it was not possible to determine the overall percentage of the population reached through UNICEF-supported programming. Moreover, data on UNICEF programming, while available at the sub-zoba level, could not be analysed for reach at this level of disaggregation given a lack of population data on the targeted beneficiaries (see Annex E, Tables 15 and 16).

Figure 5: Number of targeted populations, by programme component and zoba



Data source: Spatial data on UNICEF programming

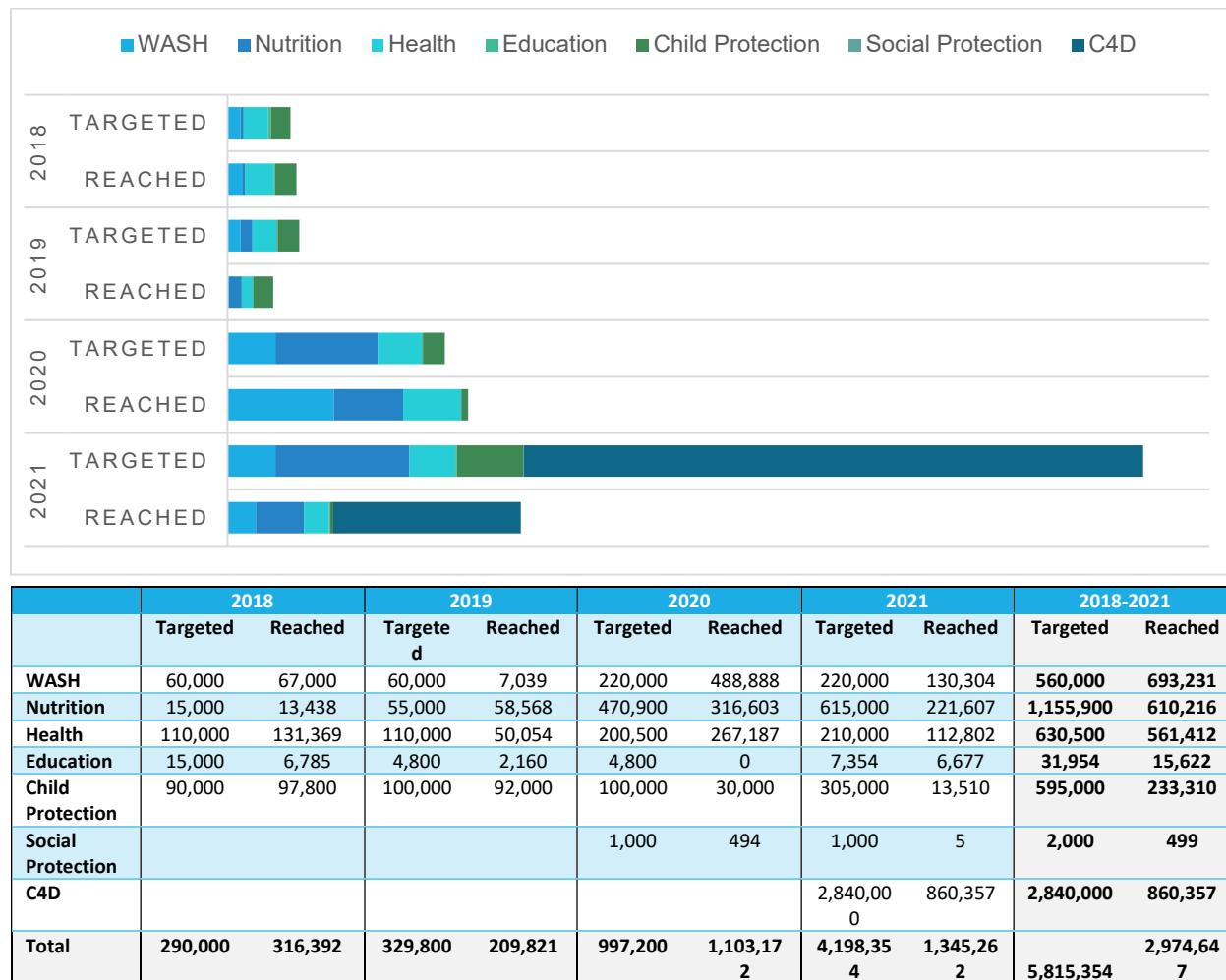
A parallel strategy of the Country Programme for addressing issues of equity was through UNICEF's targeted humanitarian support for children and families. In particular, UNICEF partnered with the GoSE in delivering multisectoral programming to children in drought-prone nomadic and semi-nomadic communities with a high prevalence of severe acute malnutrition and risks of injury from mines left over from the war. Available data from 2018 to 2021 indicates that an estimated 5.81 million children were targeted for life-saving interventions with UNICEF support, and 2.97 million children were reached (see Figure 6).

During the overall time period of the Country Programme, UNICEF only reached 51 per cent of its targeted populations. However, the organization exceeded its targets in 2018 and 2020, and WASH exceeded its overall target by 133,231 children and families. UNICEF's humanitarian support for all sectors increased over time to address the COVID-19 pandemic in 2020 and 2021, with the exception of education interventions, which progressively declined until 2021. This was largely due to COVID-19 mobility restrictions and the lack of a signed work plan between UNICEF and the GoSE. Social protection interventions were added in 2020 to UNICEF's portfolio of response interventions, given the renewed collaboration between the UN and the GoSE, and C4D

interventions were added in 2021 to improve hygiene and health awareness, among other social and behaviour change initiatives.

A third strategy of the Country Programme for addressing equity was targeted support for the Government to address the needs of vulnerable groups of children through education and social protection interventions, such as children with disabilities and children with HIV/AIDS. According to the 2010 National Health Survey, five percent of overall households in Eritrea included a person with a disability. In 2015–2016, education sector data indicated 8,650 children had various levels and types of impairments, of whom girls made up 44.2 per cent. UNICEF has supported government efforts to integrate children with developmental disabilities into mainstream schools, in a self-contained special classroom. However, there is no data to indicate if these interventions have reached those in need, and the 2019 Situation Analysis indicated that remote and rural communities were excluded.

Figure 6: UNICEF-supported humanitarian interventions, targeted vs. reached, 2018–2021



Data Source: UNICEF Eritrea Humanitarian Action Appeals, 2018–2021

In the area of social protection, the Country Programme worked with the Ministry of Labour and Social Welfare to provide 6,100 vulnerable children and families with cash transfers to support their livelihood, health and education (UNICEF Spatial Data). This programme was implemented

at the national level with a focus on the most disadvantaged and remote rural communities. UNICEF supported 5,070 children with disabilities through a community-based rehabilitation programme, designed to support children/persons with disabilities. This was focused on psychosocial support, physical rehabilitation, socio-economic reintegration and referral services for various social services. While the programme attained 80 per cent national coverage, UNICEF concentrated its follow-up implementation in the zobas of Gash Barka and Northern Red Sea.

UNICEF's Approach to Gender Mainstreaming

Five main issues for greater gender equality were identified and addressed through the Country Programme: (1) FGM/C; (2) child marriage; (3) menstrual hygiene management (MHM); (4) girls' education; and (5) the participation of girls and women.

UNICEF's approach to gender mainstreaming included three primary strategies: (1) capacity development to strengthen institutions and systems for greater gender equality; (2) communication for development to address harmful social and gender norms; and (3) child and youth participation, especially for adolescent girls. All three strategies were relevant for advancing gender equality in the country, although data gaps remain to fully understand if the reach and scale of programming was adequate for the targeted populations.

In terms of capacity development, UNICEF was a key technical partner in developing the *Eritrean National Strategic Plan to Ensure Children and Women Rights, Abandon Female Genital Mutilation, Underage Marriage and Other Harmful Traditional Practices (2020–2024)*. This strategy guides all programming efforts for adolescent girls and women in the country by the Ministry of Labour and Social Welfare, the Ministry of Health and NUEW. The strategy was based on a social-ecological approach to child development that considered traditions, norms, beliefs, social and economic systems and risk factors that hinder a conducive environment for supporting the rights of girls and women. The strategy includes three priority actions, which were well aligned with the Country Programme and with SPCF goal 5, to achieve gender quality and empower all women and girls:

- **Priority Action 1:** Capacity building and institutional strengthening, including child and women protection system strengthening, generation and use of evidence and data for improved programming.
- **Priority Action 2:** Community mapping, sensitization and mobilization to transform social and gender norms that lead to collective and public decisions.
- **Priority Action 3:** Service provisions including life skills education and parenting skills for FGM and child marriage prevention, protection and care.

For priority action 1, the Country Programme recognized that there was limited government-approved data disaggregated by age and gender, which is a major constraint for gender-responsive programming in Eritrea. Thus, as part of the PE component, there was an effort by UNICEF to **strengthen national capacities and systems** to collect timely, disaggregated and gender responsive data. In parallel, UNICEF aimed to have gender-specific outputs for the Country Programme that focus on monitoring issues relevant to adolescent girls, especially girl friendly services and adolescent friendly services. The target for 2021 was that 80 per cent of UNICEF outputs have a gender equality marker rated at 3 (significant), up from a baseline of 78

per cent in 2015. However, at the time of writing this evaluation, there was no evidence to indicate if this target was achieved.

For priority actions 2 and 3, the primary strategy for improving social and gender norms was through **C4D** platforms and awareness raising campaigns with community members. Through the BECPP programming component, the Country Programme aimed to enhance the capacities and knowledge of institutions, communities, teachers and social workers from disadvantaged areas to reject the practices of FGM, child marriage and violence against children, and to support children and adolescents' participation in school and community-based activities. An estimated 355,280 community members were reached through FGM sensitization activities in Anseba, Debub and Northern Red Sea. However, there is no data on the number of females versus males who were targeted for these interventions in relation to the population. Thus, it was not possible to determine if these interventions were at an appropriate scale of implementation or reach.

For priority 3, the Country Programme has also championed the **participation of adolescent girls and women** through its programming in collaboration with NUYSE and NUEW, as a basis for developing positive parenting skills and adolescent life skills, as well as encouraging attendance and retention in school. UNICEF has been the leader in advancing service provision for menstrual hygiene management in schools, by supporting the Ministry of Education to include it in the national curriculum and through the promotion of gender-separate toilets in schools. UNICEF has also worked collaboratively with NUYSE to enhance enrolment and participation of girls in education, the provision of material and financial incentives to school girls, constructing gender segregated toilets and opening boarding and para-boarding schools. However, there is no data on the number of females versus males who were targeted for these interventions in relation to the population. Thus, it was not possible to determine if these interventions were at an appropriate scale of implementation or reach.

1.3. To what extent has UNICEF been able to position itself as a strategic partner in the country context, including adjusting to changing situations?

Finding 3: UNICEF was well positioned as a strategic partner with Government, but there is a need for strengthened collaboration with some UN agencies, especially in the area of adolescent participation.

As mentioned in the findings for EQ 1.1., UNICEF has strong partnerships with GoSE at the national, zoba, sub-zoba and district levels. These partnerships have positioned UNICEF as a knowledge broker and technical expert that have led to positive results for policy and system strengthening. UNICEF has remained nimble and agile in its work with the Government, both in development and humanitarian programming. However, the national Government has not participated in the evaluation, most likely due to the lack of a signed work plan, and thus their views about UNICEF are not currently known.

UNICEF also works closely with other UN agencies to deliver its mandate in relation to the SPCF. However, at the time of writing this draft report, no UN agency representatives agreed to participate in the evaluation. Thus, the views of UN representatives towards UNICEF are currently unknown. However, there is evidence that the relationship and collaboration between UNICEF, UNFPA and UNDP could be improved, especially in programming associated with adolescent and youth participation where there is substantial overlap in mandates.

1.4. What adjustments were made to UNICEF's strategies in response to programme monitoring and/or changes in the operational context, and how effective were these modifications?

Finding 4: Delays in having a signed work plan, prolonged droughts and the COVID-19 pandemic greatly affected programme implementation and slowed progress on achieving results for children during the evaluation time period. However, UNICEF did its best to work around the constraints faced in the operating environment, by adjusting its strategies and programming approaches.

There were three major factors that changed the operating context during the implementation of the Country Programme. First, there were substantial delays in the Government's approval of the annual work plan, which greatly affected UNICEF's ability to implement and monitor programming due to travel and work restrictions. Many UNICEF-supported programmes were delayed or put on hold as a result of this situation, which slowed progress on achieving results for children. UNICEF has remained agile and flexible under these circumstances, by taking advantage of opportunities to work with the Government in creative ways, such as through the hiring of contractors to carry out monitoring with local programme managers. However, local programme managers expressed the need for continued UNICEF support, and noted that many of the incentives provided by the organization were terminated during the Country Programme.²² They observed negative consequences from termination, such as a reduction in school attendance. Thus, the absence of a signed work plan has reputational risks for UNICEF at the community level.

The second major factor affecting the operating context during the Country Programme was climate change, and the prolonged droughts it brought about. A majority of the population live in semi-arid environments in which 65 per cent rely upon agriculture for income, and 11 per cent are pastoralists who are mobile. Droughts contribute to nutrition issues for children, as well as diseases such as cholera. UNICEF's C4D strategy has been instrumental in raising health and hygiene awareness, and in contributing to highly successful immunization campaigns.

The third major factor was the onset of the COVID-19 pandemic, which also created travel and work restrictions. Decisions had to be made about how to continue delivering the most salient and essential programming. For example, UNICEF adjusted its CSD programming by distributing materials to parents on how to protect themselves and their children from COVID-19 instead of meeting face-to-face in parenting programmes. The materials described ways for parents to provide early stimulation and responsive care with their children to support a return to normalcy and to reduce toxic stress.

Other adjustments were successfully implemented with Government partners at the zoba and sub-zoba levels for nutrition interventions, such as the expanded procurement and provision of ready-to-use therapeutic foods, which covered a longer period of time. While initially health facilities were closed, UNICEF was on the frontline to support the Government in expanding health services, as well as WASH interventions. UNICEF provided health workers with operational guidance and standardized procedures for emergency response, and also established community feedback mechanisms with the Government to address rumours and misinformation about COVID-19.

²² For example, local programme managers requested that UNICEF's incentives for girls' education, transportation for remote children to access school and the provision of education materials be restored.

4.2. Coherence

⇒ EQ2 | Coherence | How well does the Country Programme fit?

The CPE assessed the overall logic of the Country Programme theory of change, as well as its consistency with key UNICEF strategies and international commitments, including gender equality and women's empowerment, equity for children and the human rights-based approach. It also examined UNICEF's coordination and convening role within the UN, with government sectors, and with donors in Eritrea.

2.1. To what extent have the Core Commitments for Children in Humanitarian Action (CCCs) and UNICEF's Gender Action Plans (GAPs) been consistently integrated into all aspects of programming and implementation, including in the Programme Strategy Notes, related theories of change and results frameworks?

Finding 5: The Core Commitments for Children have been marginally integrated into the Programme Strategy Notes, theories of change and results frameworks. Thus, the overall Country Programme was not risk informed, and the connection between development and humanitarian programming was weak. The Country Programme has done a better job at integrating the Gender Action Plan into its programming strategies, but gaps remain in the theories of change and results frameworks.

Five out of 13 dimensions of the GAP were aligned with the CSD PSN and the theory of change, including 3 gender mainstreaming approaches and 2 targeted programming interventions in Strategic Plan (SP) Goals 1 and 4 (see Table 9). Only 1 of these dimensions had a key progress indicator, which was related access to menstrual hygiene and management in school programmes (and excluded health facilities). The theory of change for CSD programming is not gender-responsive. None of the key progress indicators for CSD included gender targets in the PSN, there are only generalized baselines and targets. Thus, the Country Programme was marginally aligned with the GAP as it applied to CSD programme strategies, the theory of change and results framework.

Nine out of 13 dimensions of the GAP were aligned with the BECPP PSN and theory of change, including 5 gender mainstreaming approaches and 4 targeted programming interventions in Strategic Plan Goals 1 through 4 (see Table 9). The BECPP theory of change has a targeted gender output: By 2021, community members and their leaders have committed collectively to abandon FGM, child marriage and violence against children. However, only 3 out of 32 key progress indicators for BECPP included gender targets, including: primary school age out-of-school children rate (percentage; by gender); percentage of girls 0–14 years old who have undergone FGM (as reported by their mothers); and the availability of a costed national plan/strategy on child marriage, to be implemented with a budget. Thus, the Country Programme was well aligned with the GAP as it applied to BECPP programme strategies and the theory of change, but gaps remain in the results framework.

Table 9: Alignment of Eritrea Country Programme with GAP and UNICEF SP, 2018–2021

Gender Action Plan	Gender-Responsive Programming Approaches in UNICEF Strategic Plan		Eritrea Country Programme	
	CSD	BECPP		
Gender Mainstreaming (A)	SP Goal 1			
	1. Gender equitable health care and nutrition for girls and boys (A)			
	2. Quality maternal care (A)	x		
	3. Gender equality in community health systems (A)	x		
	4. Promoting adolescent girls' nutrition and pregnancy care, preventing HIV/AIDS and HPV (B)	x	x	
Gender equality for girls and boys in care and support of all children	SP Goal 2			
	5. Gender equality in access, retention and learning in education for girls and boys (A)		x	
	6. Gender equality in teaching and education systems (A)		x	
	7. Advancing girls' secondary education, learning and skills including STEM (B)		x	
Targeted Programming (B)	SP Goal 3			
	8. Gender-based prevention and response to violence against girls and boys (A)		x	
	9. Preventing and responding to child marriage and early unions (B)		x	
	10. Preventing and responding to gender-based violence in emergencies (B)			
Adolescent girls' well-being and empowerment	SP Goal 4			
	11. Gender responsive WASH systems (A)	x	x	
	12. Facilitating accessible and dignified menstrual hygiene and management (B)	x	x	
	SP Goal 5			
	13. Non-gender discriminatory roles, expectations and practices for girls and boys (A)			x

The PE component of the Country Programme focused on gender mainstreaming as a cross-sectoral approach, and has an output associated with this approach in its results framework. This output was: strategies to address cross-cutting issues related to children's rights are developed and applied. In the case of gender, the PE component was focused on the integration of CSD and BECPP programming to ensure they contributed to greater gender equality. This was measured by the percentage of outputs with gender equality markers rated significant, with a target of 50 per cent of the Country Programme outputs. Given there were so few gender responsive or disaggregated indicators, this key progress indicator is only meaningful for a limited number of programme interventions, rather than for assessing overall programme effectiveness on cross-cutting issues of gender equality.

The CCCs (2020) were marginally mentioned or aligned with the PSNs, theory of change and results framework for the Country Programme. The CSD programming component identified humanitarian crisis as a risk in its PSN and theory of change, for overwhelming the capacity of the child health system, and for requiring the scaling of services if it occurred. The BECPP programming component does not mention humanitarian support at all. This finding may be related to the sensitive relationship between UNICEF and the GoSE as it applies to humanitarian support.

However, within the PE component and UNICEF's Humanitarian Action Appeals for Eritrea during the period from 2018 to 2021, it was clear that the Country Programme was aligned with the CCCs. UNICEF's primary approach for humanitarian programming was programme convergence

in the delivery of life saving interventions in remote and affected regions within the country, as outlined in the previous section. Another key strategy has been community participation, including a focus on the participation of women and girls. The assumption was that community empowerment promotes resilience to shocks, although there was evidence that a reliance on community volunteers has limitations for sustainability. The PE PSN, theory of change and results framework included humanitarian programming as a cross-cutting output with two key progress measures. However, the integration of development and humanitarian programming was not sufficiently reflected across the Country Programme programming components.

2.2. What roles and contributions did the Government, UN agencies and other national actors have in UNICEF's approach to programme convergence, and how well were these activities coordinated?

Finding 6: UNICEF had a lead role in contributing to the Eritrea SPCF (2017–2021) for three outcome areas associated with WASH, education and child/social protection. While the common agenda and coordinating structures were clearly identified, the effectiveness of UNICEF's leadership towards collective impact in these outcome areas is not currently known. The Country Programme benefited from decentralized coordination structures through the national unions, which have representatives that serve on committees to implement joint programming at the national, zoba, sub-zoba and community levels.

The **common agenda** (or shared vision for change) for UN agencies working in Eritrea was outlined in the SPCF (2017–2021), and shaped by the vision of the GoSE, as stated in the Macro-Policy Paper (MPP) and the Charter of the People's Front for Democracy and Justice. This common agenda was, "to achieve rapid, balanced, home grown and sustainable economic growth with social equity and justice, anchored on the principle of self-reliance." The same vision was further reinforced in the Eritrea National Indicative Development Plan 2014–2018.

This vision was organized into four integrated pillars and eight outcome areas in the SPCF (2017–2021) (see Table 10). UNICEF was the lead UN agency for three out of the eight outcomes (for WASH, education and child/social protection), and contributed to all other outcomes with the exception of outcomes four and six.²³ In this regard, UNICEF played a key role in providing the **backbone function** for the collective impact of Pillars 1 and 4, by providing coordination and leadership for the delivery of basic social services and inclusive growth through programme convergence. However, because no UN representatives have contributed their views for the evaluation, it is not possible to determine if UNICEF effectively facilitated continuous communication across the agencies to build trust, or to transparently confirm that mutual objectives were being met.

Table 10: Roles and contributions of UNICEF, UN agencies and the GoSE

SPCF Pillar	SPCF Outcome	GoSE Representative	Lead UN Agency	Contributing UN Agencies
Pillar 1:	Outcome 1: By 2021, children under five, youth, women and other vulnerable groups including refugees, have improved access to and utilization	Ministry of Health	WHO	UNICEF, UNFPA, FAO,

²³ While UNICEF was excluded from outcome four, the Country Programme included disaster risk reduction as a cross-cutting programming objective.

SPCF Pillar	SPCF Outcome	GoSE Representative	Lead UN Agency	Contributing UN Agencies
Basic Social Services	of quality, integrated health and nutrition services for the achievement of universal health coverage (UHC) to safeguard healthy lives and promote well-being for all.			UNAIDS, UNHCR
	Outcome 2: By 2021, all people, including refugees, benefit from available and sustainable water, sanitation and hygiene services.	Ministry of Health	UNICEF	UNHCR, FAO
	Outcome 3: By 2021, children in vulnerable communities, including refugees, have increased access to inclusive, equitable and quality early learning and basic education.	Ministry of Education	UNICEF	UNHCR
Pillar 2: Environmental sustainability, resilience and disaster risk management	Outcome 4: By 2021, environmental and natural resources management is gender responsive and sustainable, negating the impacts of ecosystem degradation, climate change, and strengthening community resilience to disasters.	Ministry of Land, Water and Environment	UNDP	FAO, UNIDO, UNHCR, IFAD, UNEP, OCHA
Pillar 3: Public sector capacity development	Outcome 5: By 2021, the population, including vulnerable groups, benefits from evidenced-based planning and policy, accountable public institutions and systems that ensure human rights and equitable public service delivery.	Ministry of National Development	UNDP	UNICEF, UNFPA, UNODC, UNHCR
Pillar 4: Inclusive growth, food security and sustainable livelihoods	Outcome 6: By 2021, smallholder households have improved access to and utilization of quality food and enhanced livelihood opportunities. Outcome 7: By 2021, women, men, children and youth, including vulnerable groups and refugees, have improved gender equitable participation opportunities in economic, political, cultural and social development.	Ministry of Agriculture NUEW	FAO UNFPA	IFAD, UNIDO, UNHCR UNDP, UNICEF, ILO, UNIDO, FAO, UNAIDS, UNHCR
	Outcome 8: By 2021, vulnerable children, adolescents, young people, women and people with special needs, including refugees, are better protected and have the capacity to participate fully in economic, social and political development.	Ministry of Labour and Human Welfare	UNICEF	UNHCR

According to the SPCF (2017–2021), UNICEF's main partners from the GoSE in the delivery of the Country Programme included: the Ministry of Health, the Ministry of Education and the Ministry of Labour and Human Welfare. UNICEF's main partners from UN agencies included UNHCR and FAO. For CSD programming, UNICEF's main partners were WHO and UNFPA; for BECCP programming, UNICEF's main partners were UNFPA and UNDP. As mentioned previously, there is evidence that the partnership between UNICEF, UNDP and UNFPA could be strengthened, especially as it applies to common mandates around the participation of adolescents and women.

For the Country Programme, the GoSE is considered by UNICEF staff members to be the owner of the programming, and provides direction to the organization on priorities, gaps and strategies.

UNICEF supports the government agenda and also brings a global perspective to the conversation. At the national level, coordination among the GoSE and UNICEF was often strained during the evaluation time period due to a lack of a signed work plan.

At the zoba, sub-zoba and community levels, coordination among the GoSE and UNICEF was implemented through committees that are comprised of representatives from line ministries and national unions. UNICEF staff members stressed that their partnerships with the NUYSE and NUEW were instrumental in being able to deliver programming from the national to grassroots level. This is because both unions have accountability for coordination and implementation at the decentralized levels, as outlined in several national policies.²⁴

However, local programme managers (representatives of the GoSE and national unions) indicated that coordination could still be improved, especially as it applied to time management. In particular, the schedule for the delivery of more than one intervention was often not clearly articulated in advance, or was done in a rushed manner.

2.3. Did UNICEF's approach to addressing the challenges of equity and gender equality play a complementary role to that of Government, UN agencies and other development actors?

Finding 7: UNICEF's programming to address equity and gender equality integrated the vision of the GoSE and community members to address priority issues in the country. Mutually reinforcing activities were identified and implemented through a complementary life course approach by UNICEF and its UN partners. However, the conceptual framework for adolescent development was not clearly developed, nor were there any synergistic measures for collective impact in the Country Programme. The conceptual framework for early childhood development was clear and included synergistic measures. However, these measures were not integrated into the Country Programme results structure, so there was no accountability to track collective impact for CSD programming.

As outlined previously in section 4.1., for evaluation sub-question 1.2., UNICEF's approach for addressing challenges of equity and gender equality complemented national government policies on FGM and child marriage, girls' education, adolescent participation and gender-responsive WASH interventions. UNICEF's main UN partner for delivering on gender equality was UNFPA, who had a mutually reinforcing role in adolescent and women empowerment through life skills education and capacity development. The SPCF (2017-2021) provided a shared measurement framework for all UN agencies in support of equity and gender equality. Four outcomes and 12 indicators explicitly addressed gender equality and/or sex disaggregation within this results structure. Thus, it is technically possible to assess the collective impact of UN agencies on gender equality, although an evaluation was not yet available at the time of writing this report.

The BECPP component of the Country Programme was informed through consultations with NUYSE and adolescents, who considered gender equality as one of four main priorities for UNICEF to address, alongside school safety, child/youth participation and environmental protection. During the evaluation time period, NUYSE implemented its own interventions to

²⁴ For example, the NUEW has 300,444 members and, through its offices in six regions, 67 sub-regions and 2,700 communities, it has engaged in the Risk Communication and Community Engagement (RCCE) COVID-19 response platforms. The NUEW's extensive grassroots presence throughout Eritrea, substantial outreach capacity and organizational structure helped Eritrean women and girls to fully engage in the COVID-19 response.

address gender equality, including conducting seminars and developing media about adolescent-related issues, as well as by sensitizing communities on the equal treatment of girls and boys. Joint actions between NUYSE and UNICEF were considered effective by NUYSE representatives, and included special training on FGM and child marriage, as well as the creation of national innovation hubs or youth centres that focused on life skills development. However, there was no conceptual framework for adolescent development that articulated how this programming fit together in the Country Programme. Similarly, there were no synergistic measures to examine the collective impact of this work in the Country Programme, only sector-based indicators.

The CSD component of the Country Programme was informed by issues of equity in the provision of basic social services and in health outcomes for mothers and children. The Eritrea Country Office ECD Framework provides conceptual and practical tools for designing and implementing mutually reinforcing activities to promote optimal early childhood development. In particular, the **Nurturing Care Framework** was utilized to articulate the core components of ECD (good health, adequate nutrition, security and safety, opportunities for early learning and responsive caregiving). This framework includes all of the CSD programming components, in addition to a new responsive caregiving component (parenting programmes). In addition, the document provides synergistic measures for analysing the collective impact of UNICEF-supported programming for CSD, including the percentage of children who receive stimulation and responsive caregiving from their parents/caregivers. However, these synergistic measures were not integrated into the Country Programme results structure, which was a missed opportunity for demonstrating the collective impact of UNICEF's work in early childhood. Instead, sector-based indicators remained the sole source for reporting results in the Country Programme.

4.3. Effectiveness

⇒ EQ3 | Effectiveness | Did the Country Programme achieve its objectives?

The CPE examined the extent to which the Country Programme achieved (or was likely to achieve) its intended objectives. For strategic reasons, the CPE focused upon the extent to which the Country Programme results were gender responsive/transformative and demonstrated a reasonable contribution at the outcome levels, including any differential results across groups as a result of programme convergence. Positive and negative, direct and indirect and unintended results were identified, as well as the contribution of all UNICEF to the development of these results.

3.1. Did the Country Programme contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality?

Finding 8: Overall, there was limited recent data on the results achieved for gender equality through the contributions of the Country Programme. On a national level, there was evidence that the Country Programme contributed to a reduction in FGM. On a community level, consultations with programme beneficiaries on their community conditions indicated the perceptions of girls and women were slightly more favourable than boys and males in the sampled locations. This finding indicates progress in the achievement of gender equality on the selected indicators, although additional studies should be conducted to include a wider sample of beneficiaries in the analysis.

The Country Programme aimed to achieve the following gender equality targets: (1) decrease the percentage of women aged 20 to 49 who were married before age 18 from 41 per cent in 2010 to 30 per cent in 2020; (2) decrease the percentage of girls aged 0 to 14 who have undergone FGM from 33 per cent in 2010 to 20 per cent in 2021; and (3) raise the percentage of outputs with a gender equality marker rate at 3 (significant) from a baseline of 78 per cent in 2015 to 80 per cent in 2021. Given a lack of disaggregated data, and a lack of recent data (in general) for the reporting time period, it was difficult to assess the results achieved for gender equality through the Country Programme.

However, a 2018 government study provided evidence of a substantial reduction in FGM at the onset of the Country Programme. The percentage of girls under 15 who experienced FGM declined from 33.2 per cent in 2010 to 3.8 per cent in 2018. Thus, the Country Programme exceeded its target on FGM by almost 17 percentage points. The percentage of girls under 5 who experienced FGM declined from 12.4 per cent in 2010 to 1.1 per cent in 2018. This result, while not being tracked through the Country Programme, exceeded the government target, set at 10 per cent for 2024.²⁵

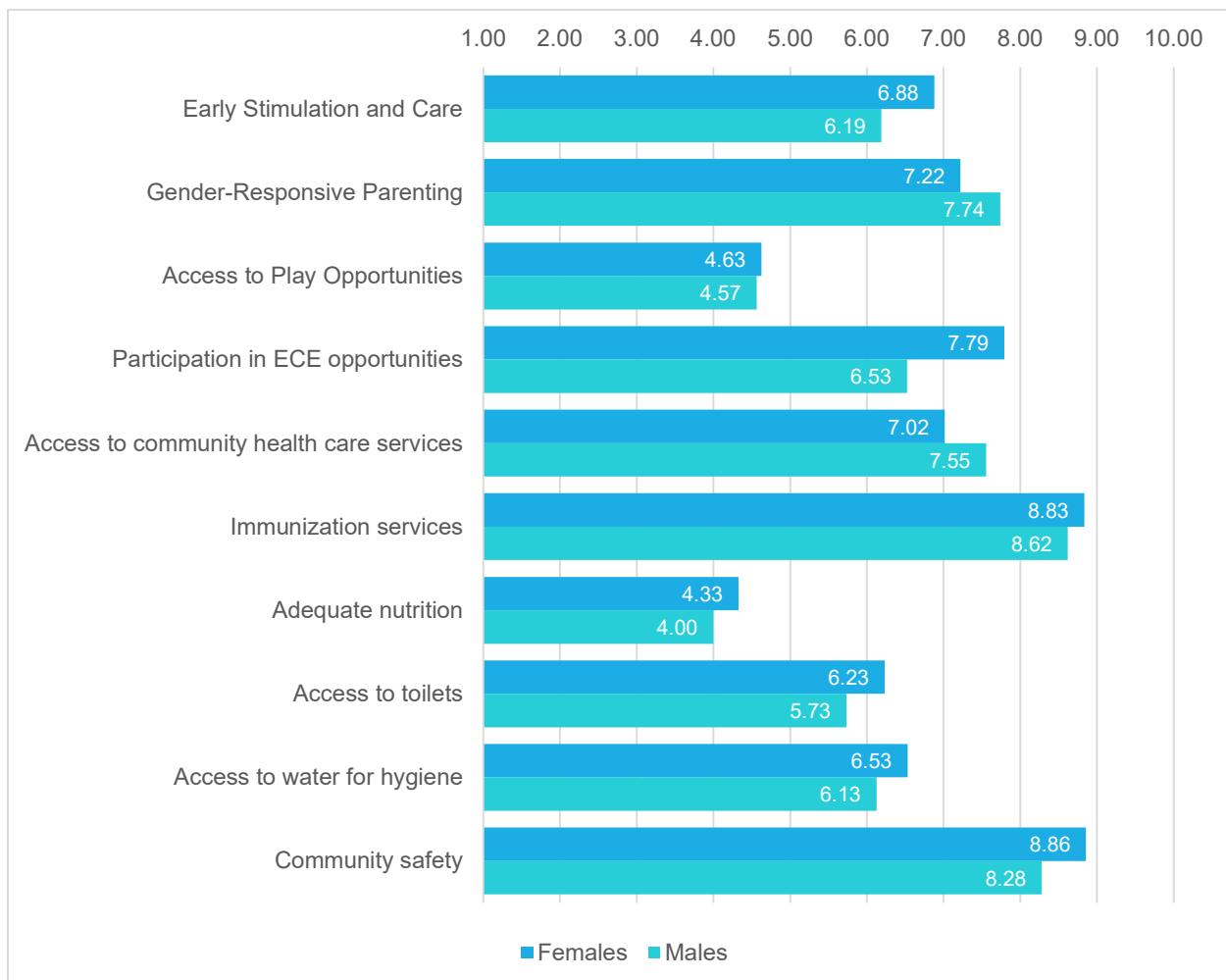
These findings are a remarkable achievement, and are a testament to the high level of government ownership and community participation in the process of achieving results. They also reflect contributions from Country Programme strategies, including child/adolescent participation and C4D campaigns to raise awareness about these issues in a culturally appropriate manner. However, UNICEF should not ease up on its C4D strategies against FGM and child marriage (namely participatory approaches and dialogue and skills building with communities), as local programme managers indicated some remote sub-zobas are slipping back to these traditional practices; continuous sensitization is required.

On a community level, the perceptions of females and males about **community conditions for parents and young children** were similar, indicating positive results for gender equality in the sampled communities. Females had slightly higher community scorecards on 9 out of 10 indicators for CSD programming, indicating mothers and female service providers were overall more positive about their community conditions when compared to fathers and male service providers (see Figure 7). The biggest gender difference was found in young children's participation in early childhood education opportunities, favouring females (7.79 for females vs. 6.53 for males, or +1.26 difference) (see Figure 7 and Annex E, Table 17).

Overall, the perceptions of females and males about **community conditions for adolescents** were largely the same, indicating positive results for gender equality in the sampled communities. Females had slightly higher community scorecards on 5 out of 10 indicators for BECPP programming (awareness of children's rights, participation opportunities, career and college readiness, psychosocial support and gender-friendly WASH in schools) (see Figure 8). Males had slightly higher community scorecards on 5 out of 10 indicators for BECPP programming (school attendance, community safety, gender equality, specialized programmes for girls and boys and hygiene and health awareness). The biggest gender difference among females and males was found in career and college readiness, favouring females (6.47 for females vs. 5.31 for males, +1.16 difference) and gender-friendly WASH in schools (6.75 for females vs. 5.31 for males, +1.44 difference) (see Figure 8 and Annex E, Table 20).

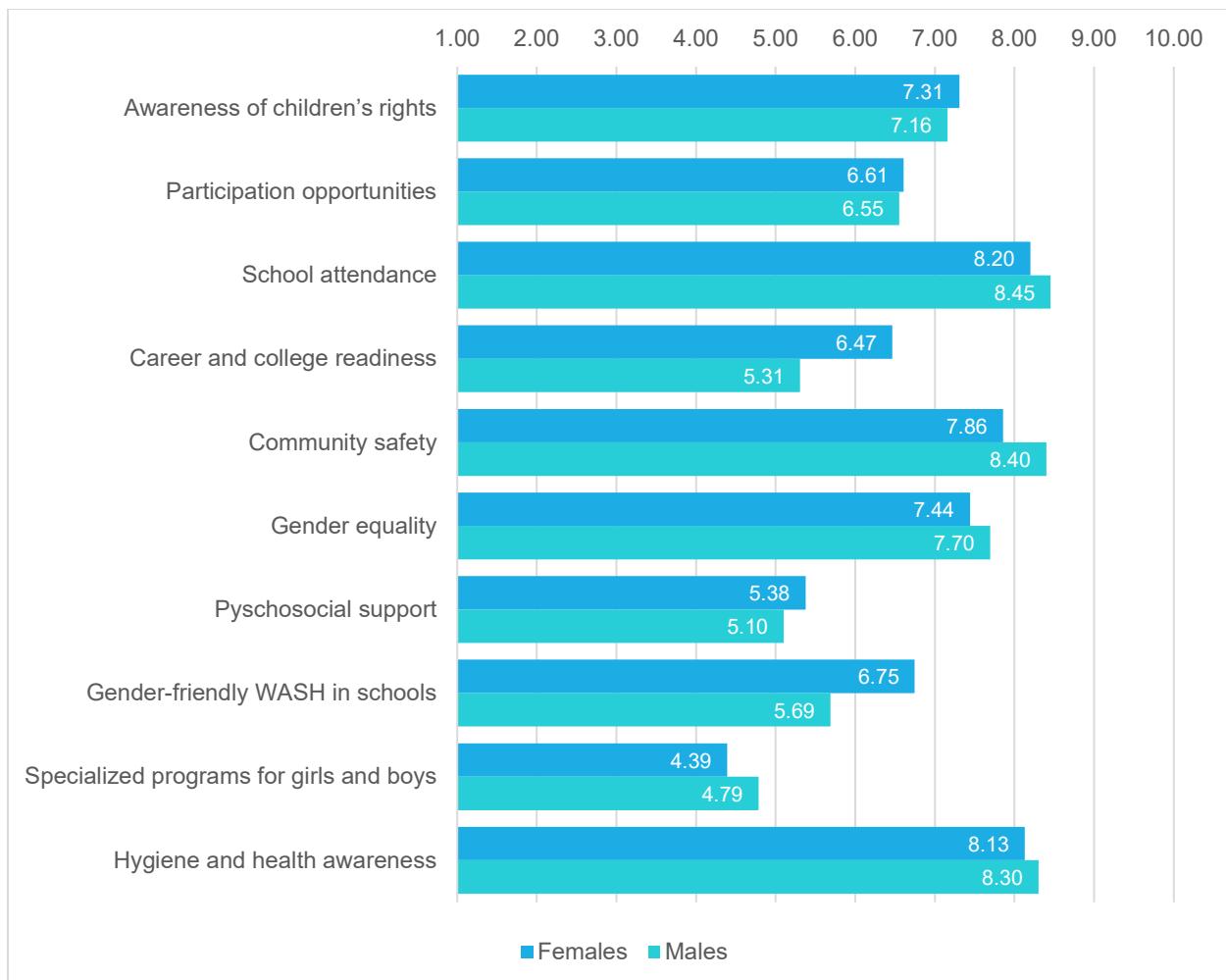
²⁵ The target for under five was set at 10 per cent, as outlined in the *Eritrean National Strategic Plan to Ensure Children and Women Rights, Abandon Female Genital Mutilation, Underage Marriage and Other Harmful Traditional Practices (2020–2024)*.

Figure 7: Overall community scorecards for CSD programming, by gender



Data Source: Participatory Data Collection Sessions, N=250 parents and service providers (154 females; 95 males)

Figure 8: Overall community scorecards for BECPP programming, by gender



Data Source: Participatory Data Collection Sessions, N=250 adolescents and service providers (114 females; 136 males)

3.2. What results have been achieved by UNICEF through programme convergence, and at what levels of change (e.g., national, zoba, sub-zoba or community)?

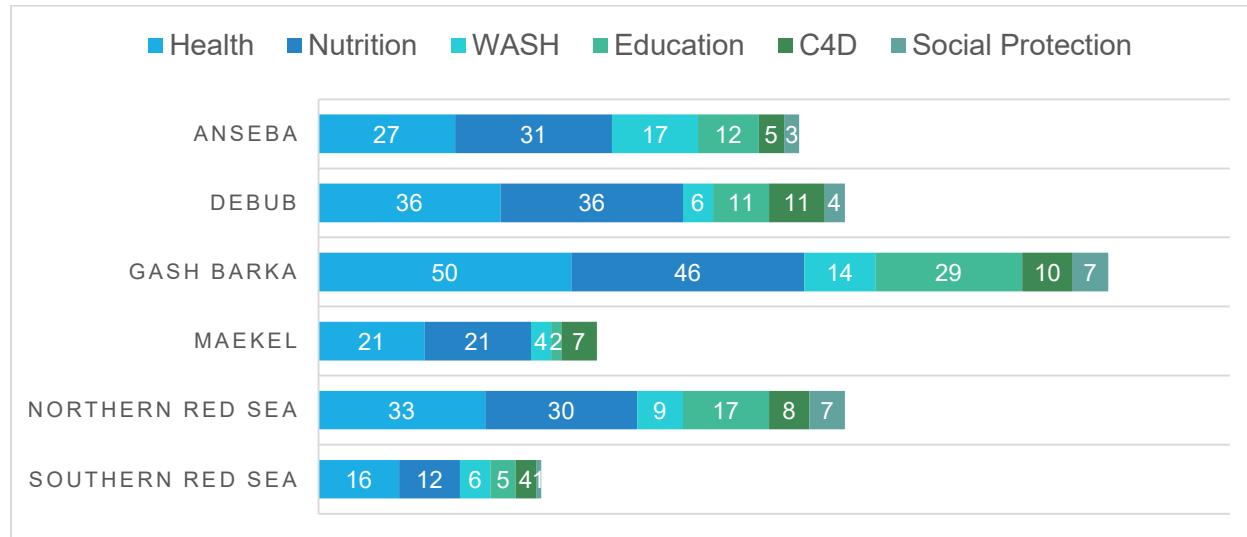
Finding 9: On a national level, the Country Programme has contributed to national policies, plans and strategies that reflect the importance of multisectoral programming, especially in convergence with WASH, education, health, nutrition and social protection interventions. On a regional level, the Country Programme effectively implemented six sectoral interventions within each zoba; however, gaps remain in the scale of coverage for Southern Red Sea. On a community level, the Country Programme achieved stronger results for girls and women through programme convergence, when compared to boys and men in the sampled communities.

On a national level, the Country Programme has contributed to the development of multisectoral policies, strategies and plans (see section 4.1). For instance, the *National Strategy and Implementation Framework for Out-of-School Children* articulated objectives for integrating education, social protection and nutrition interventions to encourage more vulnerable children to attend school. The *National Strategy for Accelerated Scale-Up of High Impact Nutrition* identified programme linkages with WASH, education, and social protection. Similarly, the *Eritrean National Strategic Plan to Ensure Children and Women Rights, Abandon Female Genital Mutilation,*

Underage Marriage and Other Harmful Traditional Practices identifies linkages between education, WASH and social protection.

On a regional level, the Country Programme has achieved a high level of programme convergence for CSD programming, with six sectoral interventions implemented in each zoba (see Figure 9 and Table 11).²⁶

Figure 9: Extent of CSD programme convergence, by sub-zoba



Data Source: UNICEF spatial data

Table 11: Number of CSD sectoral interventions, by sub-zoba

Zoba	Healt h	Nutritio n	WAS H	Educatio n	C4 D	Social Protection	N Interventions
Anseba*	27	31	17	12	5	3	95
Debub	36	36	6	11	11	4	104
Gash Barka*	50	46	14	29	10	7	156
Maekel	21	21	4	2	7	0	55
Northern Red Sea*	33	30	9	17	8	7	104
Southern Red Sea*	16	12	6	5	4	1	44
Total	183	176	56	76	45	22	558

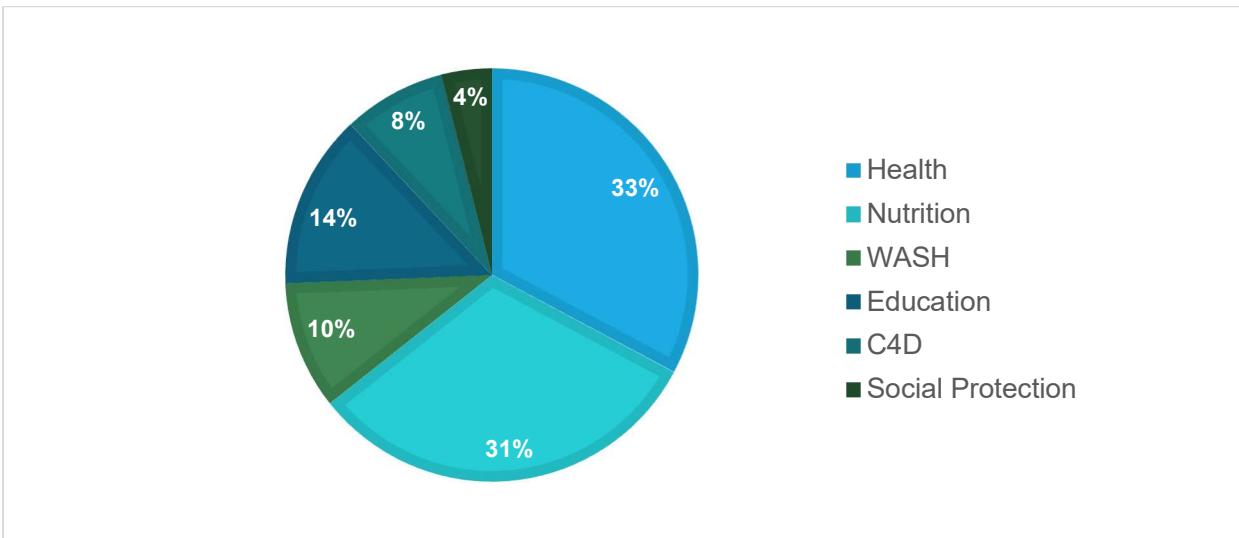
*UNICEF priority regions; Data Source: UNICEF spatial data

About one-third of the interventions were from the health sector (33 per cent), or nutrition sector (31 per cent) (see Figure 10). Social protection interventions focused on vulnerable children and families in remote areas represented only 4 per cent of the programming across the zobas. Gash Barka had the highest number of interventions (N=156), and Debub and Northern Red Sea had

²⁶ The only exception is Maekel, which did not have any social protection interventions. However, this was not a priority zoba for the Country Programme.

the second highest number (N=104 each). Southern Red Sea had the fewest number of interventions (N=44), indicating a gap in coverage for this priority zoba.

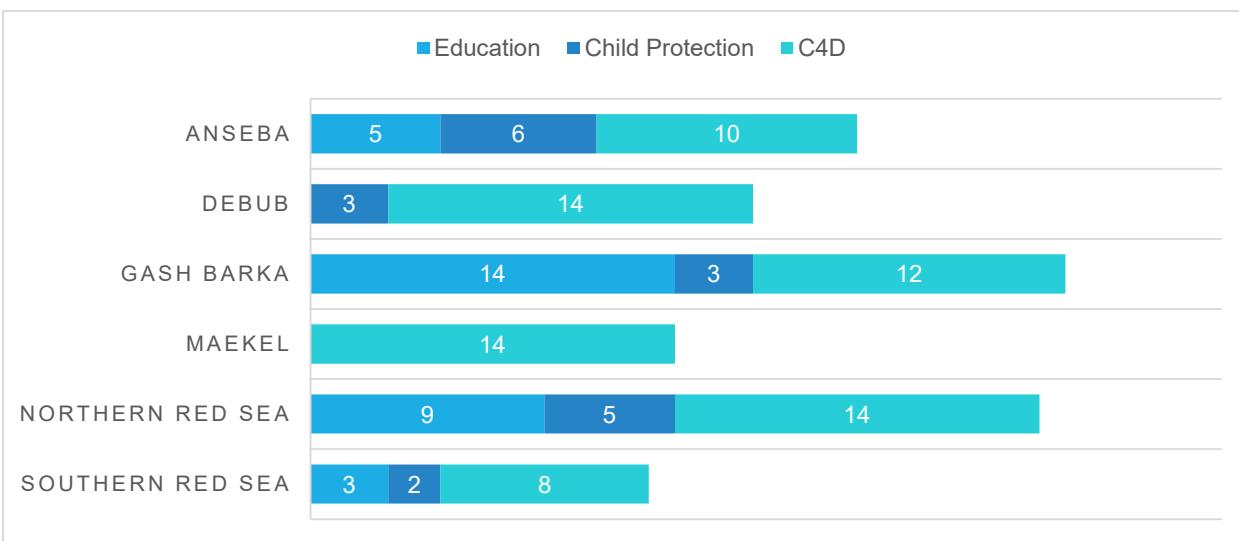
Figure 10: Percentage of CSD interventions delivered, by sector



Data Source: UNICEF spatial data

Programme convergence was not as advanced for the BECPP programming component, with only three sector-based interventions delivered in education, child protection and C4D (see Figure 11 and Table 12). A majority of the UNICEF-supported interventions (59 per cent) were delivered through C4D programming, which included community sensitization on gender equality, protection and participation (see Figure 12). Gash Barka and Northern Red Sea had the highest number of interventions (N=29 and 28, respectively). Southern Red Sea had the fewest number of interventions (N=13), indicating a gap in coverage for this priority zoba.

Figure 11: Extent of BECPP programme convergence, by sub-zoba



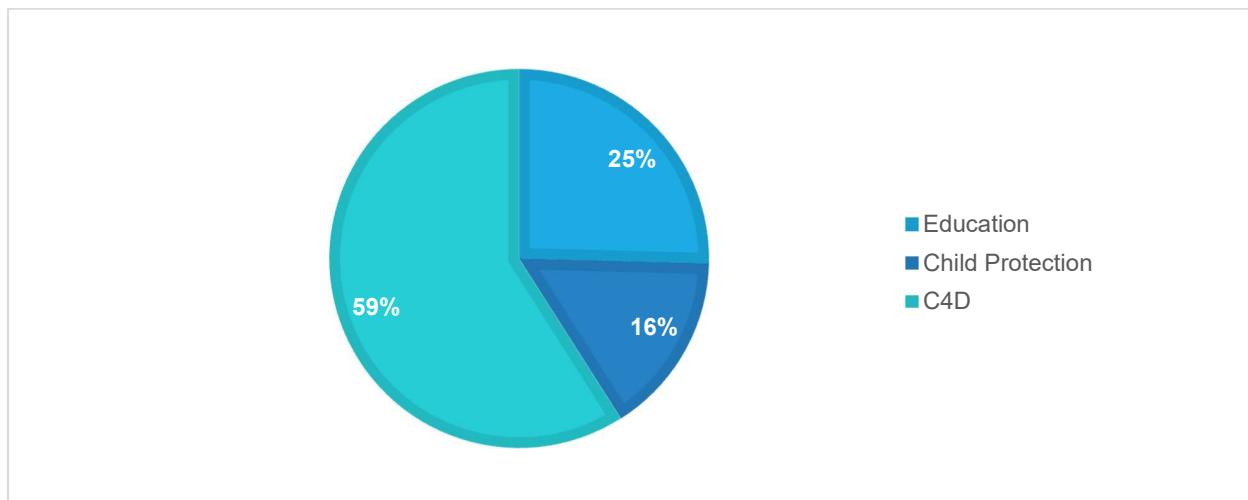
Data Source: UNICEF spatial data

Table 12: Number of BECPP sectoral interventions, by sub-zoba

Zoba	Education	Child Protection	C4D	N Interventions
Anseba*	5	6	10	21
Debub	0	3	14	17
Gash Barka*	14	3	12	29
Maekel	0	0	14	14
Northern Red Sea*	9	5	14	28
Southern Red Sea*	3	2	8	13
Total	31	19	72	122

*UNICEF priority regions; Data Source: UNICEF spatial data

Figure 12: Percentage of BECPP interventions delivered, by sector



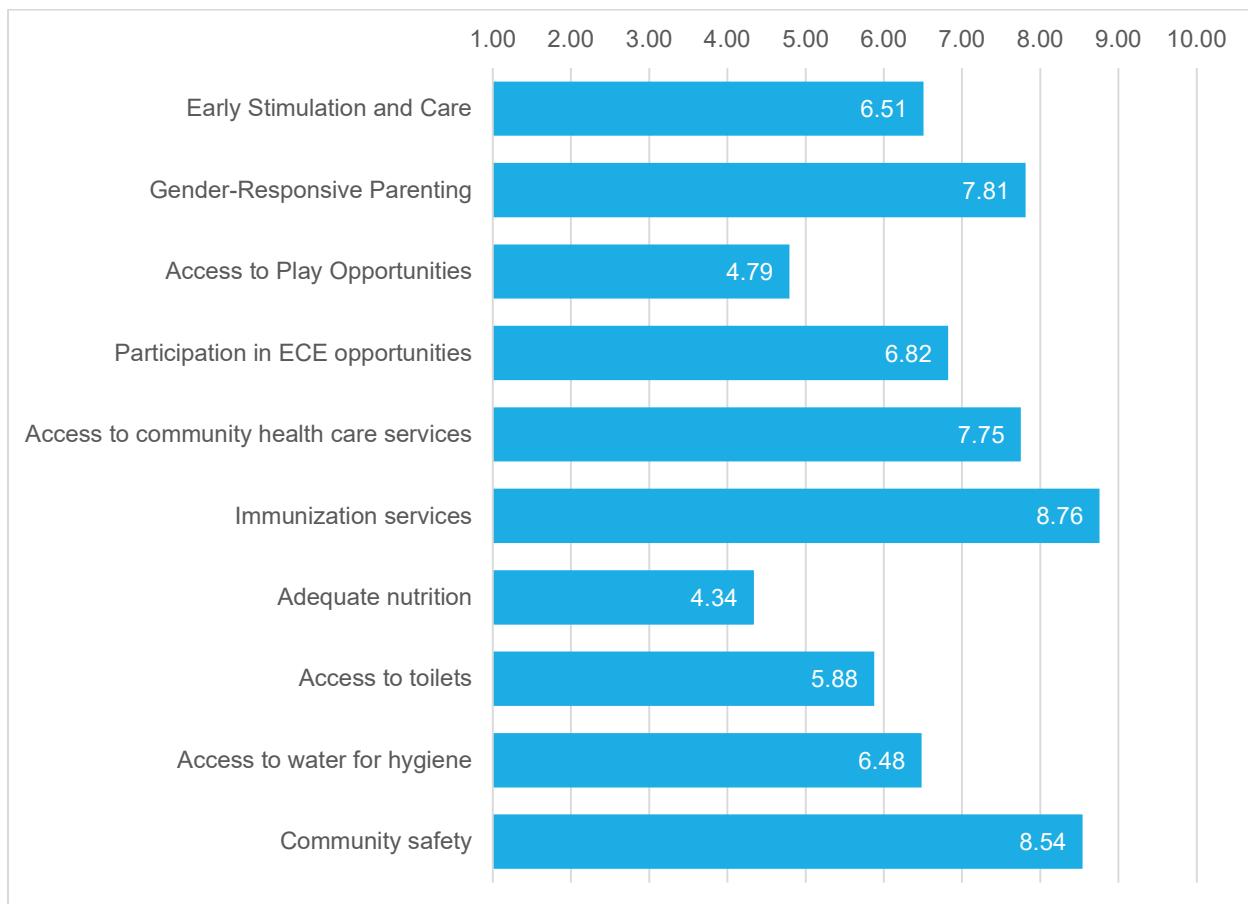
Data Source: UNICEF spatial data

Community Results for CSD Programme Convergence

The Country Programme has contributed to positive results for parents and children ages 0–6 years, particularly in the areas of immunizations, community safety and gender-responsive parenting practices. Gaps in progress remain in adequate nutrition, access to play opportunities and in WASH services.

Overall, parents and early childhood service providers rated the following community conditions the highest (see Figure 13): (1) immunization services (8.76 out of 10); (2) community safety (8.54 out of 10); and (3) gender-responsive parenting (7.81 out of 10). The lowest rated community conditions included: (1) adequate nutrition (4.34 out of 10); (2) access to play opportunities (4.79 out of 10); and (3) access to toilets (5.88 out of 10). Parents' top three priorities for community improvement included: (1) access to water for drinking and hygiene (which received 184 total priority votes); (2) access to community health care services (which received 150 total priority votes); and (3) access to toilets (which received 132 total priority votes) (see Annex E, Table 19).

Figure 13: Overall community scorecards for CSD programming

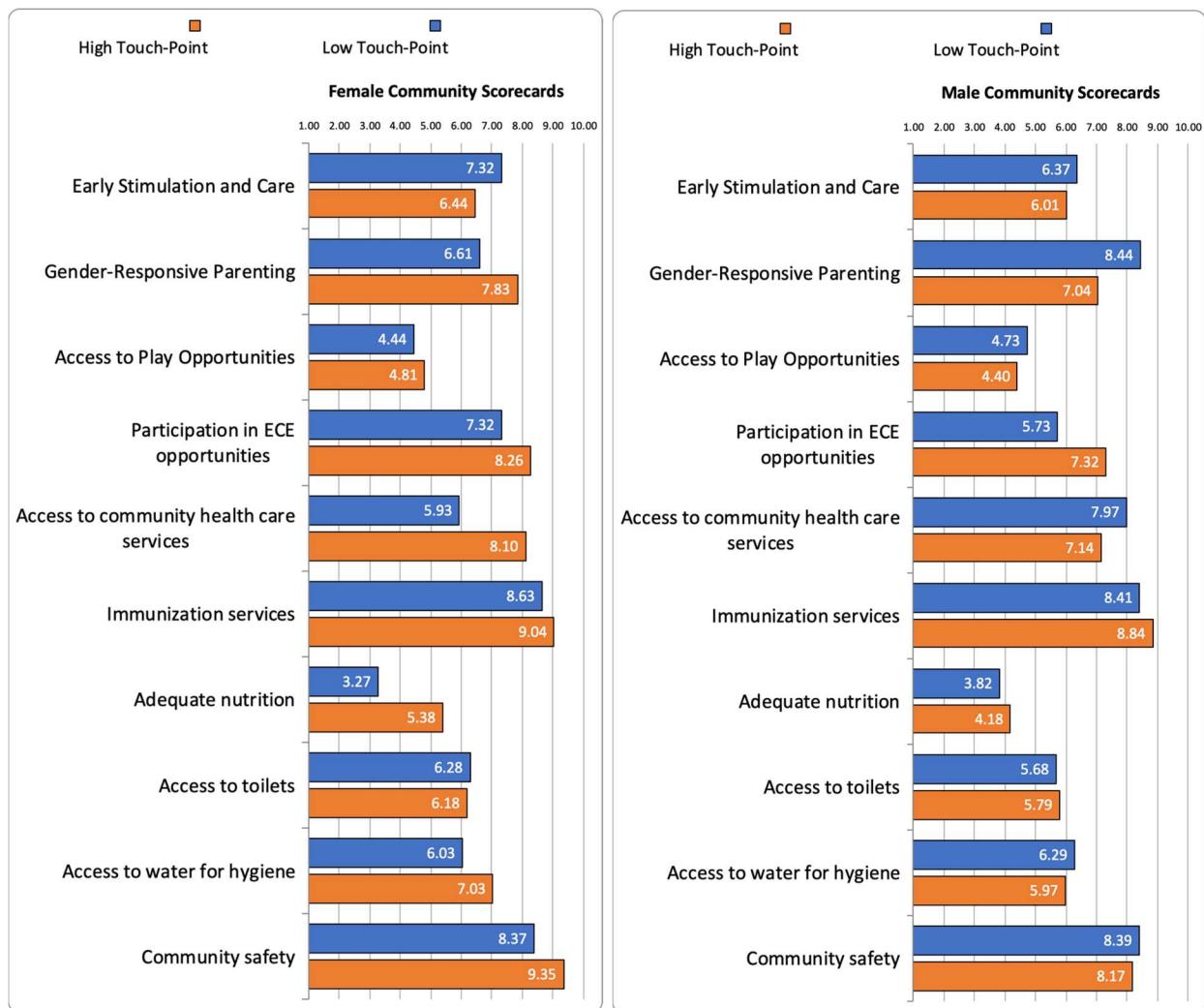


Data Source: Participatory Data Collection Sessions, N=250 (200 parents; 50 service providers)

Programme convergence had the biggest effect on participation in early childhood education opportunities, but was more pronounced across all indicators when separating the perspectives of parents versus service providers and gender groups. Programme convergence has contributed to the reduction of inequities and exclusion among females in the high touch-point communities, but has done so to a lesser extent for males. This finding is likely attributed to UNICEF's historic emphasis on programming that supports predominantly mothers.

Positive differences were found in the community scorecards of females in high touch-point (HTP) versus low touch-point (LTP) communities in 8 out of 10 indicators (see Figure 14 and Annex E, Table 17). These differences were greatest in: (1) access to community health care services (8.10 in HTP vs. 5.93 in LTP, +2.17 difference); (2) adequate nutrition (5.38 in HTP vs. 3.27 in LTP, +2.11 difference); (3) gender-responsive parenting (7.83 in HTP vs. 6.61 in LTP, +1.22 difference); and (4) participation in early childhood education (8.26 in HTP vs. 7.32 in LTP, +0.94 difference). Positive differences were found in the community scorecards of males in high touch-point versus low touch-point communities in 4 out of 10 indicators. These differences were minimal for males, with the exception of participation in early childhood education opportunities (7.32 in HTP vs. 5.73 in LTP, +1.59 difference) (see Figure 14 and Annex E, Table 17).

Figure 14: Overall community scorecards for CSD programming, by gender and level of exposure



Data Source: Participatory Data Collection Sessions, N=250 parents and service providers (154 females; 95 males)

- Early Stimulation and Care

Parenting practices such as singing, playing or telling stories received community scorecards ranging from 6.01 to 7.32 out of 10 (see Figure 14 and Annex E, Table 17). The community scorecards suggest that programme convergence was not associated with early stimulation and care for females or males. There were also no discernable qualitative differences in the perceptions of parents from low and high touch-point communities. In both communities, nearly 60 per cent of parents reported singing, playing and telling stories with their children every day, and nearly 40 per cent indicated they practiced early stimulation and care sometimes (see Annex E, Table 17).

There was an emphasis among parents in both communities on telling stories as a basis for developing a young child's moral character, for teaching them social norms and values in the community and for sharing stories about their ancestors and their patriotic bravery. Parents considered play to be a way to bring their children happiness and social-emotional well-being. Parents also indicated that they sing ballads, play and tell stories to help their children prepare

for the future and to learn their language and cultural heritage. Parents who could only sometimes provide early stimulation and care indicated this was for two main reasons: (1) because parents work all day and are too tired when they come home to engage in these activities with their children; and (2) because children are busy with their school work or are in bed by the time parents return from work (especially the fathers, who are often with their livestock until very late in the evening).

- Gender-Responsive Parenting

The equal caregiving of mothers and fathers for their young children received community scorecards ranging from 7.04 to 8.44 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was associated with positive results for gender-responsive parenting for females, but not for males. In low touch-point communities, 62 per cent of mothers indicated equal care for their children with fathers, whereas 82 per cent of mothers indicated this was “mostly true” in high touch-point communities (see Annex E, Table 18). There was recognition among participants in both low and high touch-point communities that mothers and fathers equally contribute to raising their children, but in unique ways. Both mothers and fathers expressed a mutual responsibility towards their child’s well-being, education, health and protection when they reported “mostly true” for this indicator. When participants responded “sometimes true”, it was because some viewed mothers to be more responsible for the home environment, including cooking, cleaning and caring for children; whereas fathers were considered responsible for earning a livelihood for the family through agriculture or National Defense Force work, which often means they are not home to take care of their children.

- Access to Play Opportunities

Children’s access toys for play at home (including handmade toys) received community scorecards ranging from 4.40 to 4.81 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was associated with positive results for access to play opportunities for females, but not for males. Mothers in high touch-point communities had more positive views on access to play opportunities when compared to mothers in low touch-point communities (47 per cent said this was mostly true, compared to 33 per cent) (see Annex E, Table 18). Parents in low touch-point communities were more likely to say that their children do not have access to toys, especially toys from the market, because they do not have the financial means to purchase them. Service providers reported that parents lack awareness on the importance of toys, but parents from both low and high touch-point communities demonstrated their understanding of play in their child’s development. They saw the value in their homemade toys (such as dolls and domestic animals made from local materials) in helping children learn in fun ways, especially in fostering creativity. Some parents also indicated that children want to play with new digital toys, which they cannot afford.

- Participation in ECE Opportunities

Young children’s attendance in an early childhood centre or preschool programme received community scorecards ranging from 5.73 to 8.26 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was associated with positive results for access to play opportunities, for both females and males. Overall, 48 per cent of parents in low touch-point communities indicated it was “mostly true” that their child attended an early childhood centre or preschool, compared to 84 per cent in high touch-point communities (see Annex E, Table 18). Moreover, 25 per cent of parents in low touch-point communities indicated it was “never true” that

their child attended a centre or preschool, compared to 6 per cent of parents in high touch-point communities (see Annex E, Table 18). In both communities, local programme managers, parents and service providers indicated that the preschools were of poor quality, unsafe and insufficient in number for the eligible children in their community. Parents from both communities also mentioned that the distance from their home to preschool is too far, and that there is a lack of awareness on the importance of sending young children to preschool. Service providers from the low touch-point community indicated that many young children are left behind, especially with regards to the participation of Tigre and Bidhaawet (Hidareb) children in preschool, when compared to Tigrinya children.

- Access to Community Health Care Services

Access to community health care services received community scorecards ranging from 5.93 to 8.10 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was associated with positive results for access to community health care services for females, but not for males. Overall, 37 per cent of mothers in low touch-point communities indicated it was “mostly true” that they could access health care services, compared to 87 per cent of mothers in high touch-point communities (see Annex E, Table 18). However, there were common concerns among parents in all communities about the number and quality of health care services. Parents and service providers indicated that there were too few facilities for the size of their population, and that mothers often gave birth at home. They also reported a lack of sufficient medicine or prescription drugs, diagnostic instruments (such as X-ray machines) and ambulances, as well as their inability to pay for medicine, and poor treatment by health practitioners when seeking treatment for their children’s health.

- Immunization Services

Immunization services received community scorecards ranging from 8.41 to 9.04 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was positively associated with immunization services for both females and males. Overall, 76 per cent of parents in low touch-point communities indicated it was “mostly true” that their children received all their immunizations, compared to 100 per cent of parents in high touch-point communities (see Annex E, Table 18). Parents and service providers in both communities indicated that vaccinations begin at birth and that they are distributed fairly to all children, even those living in remote areas because health officials go to their homes, and because parents are made aware of the importance of vaccinations through health workers. Local programme managers and UNICEF staff members agreed that the GoSE campaign for immunizations has been highly successful, even in remote areas.

- Adequate Nutrition

Children’s access to enough nutritious food received community scorecards ranging from 3.27 to 5.38 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was positively associated with immunization services for both females and males, although the difference was greater for females. Overall, 30 per cent of parents reported it was “mostly true” that their child had adequate nutrition in high touch-point communities, compared to 13 per cent in low touch-point communities (see Annex E, Table 18). Moreover, 36 per cent of parents in low touch-point communities indicated it was “never true” that their child had adequate nutrition, compared to 14 per cent in high touch-point communities (see Annex E, Table 18). Parents in both low and high touch-point communities provided similar reasons for their child lacking adequate nutrition, even though they all strived to ensure their child’s health. Reasons for poor nutrition included: poverty

and the lack of household income to purchase healthy and nutritious food, a lack of markets that provide healthy food options, a lack of awareness among parents about what nutritious food constitutes, a lack of transportation to get to the markets where fruits and vegetables are sold and a lack of variety in the local diet. Thus, even though programme convergence had positive results for nutrition outcomes for young children, gaps remain on this indicator.

- Access to Toilets

Access to clean toilets at home or nearby received community scorecards ranging from 5.68 to 6.28 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was positively associated with access to toilets for males, but not for females. However, differences from programme convergence were marginal for males (+0.11 scorecard difference) (see Annex E, Table 17). In both low and high touch-point communities, parents and service providers reported that they are required to have improved latrines with ventilation, which is why many homes have these types of toilets. However, the toilets are not made from durable materials, easily become non-functional and are often not properly cleaned. Reports of open defecation as a preference over toilets were made by parents and service providers from low touch-point communities.

- Access to Water and Hygiene

Having sufficient water for drinking and washing at home received community scorecards ranging from 5.97 to 7.03 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was positively associated with access to water and hygiene for females, but not for males. Overall, 43 per cent of mothers and 33 per cent of female service providers in low touch-point communities reported they had access to water and hygiene, compared to 56 per cent of mothers and 42 per cent of female service providers in high touch-point communities (see Annex E, Table 18). The narratives were similar among parents and service providers who indicated access to water and hygiene was an issue. Namely, they reported that their water supply is routinely interrupted by a lack of electricity and power outages; that the amount of water supply for the community is insufficient for their needs; that pipes and other materials used in the designs are of poor quality; that water quality and safety is an issue; that water is too expensive to purchase; and that families must often resort to fetching water from wells, which are shared with livestock.

- Community Safety

The safety of young children in the community received community scorecards ranging from 8.17 to 9.35 out of 10 (see Figure 14 and Annex E, Table 17). Programme convergence was associated with positive results for community safety for females, but not for males. In particular, 68 per cent of mothers and 67 per cent of female service providers in low touch-point communities reported it was “mostly true” that their community was safe for young children, compared to 92 per cent of mothers and 83 per cent of female service providers in high touch-point communities (see Annex E, Table 18). Overall, parents and services providers in both low and high touch-point communities reported a sense of shared responsibility for children’s safety, that they have laws to protect children’s safety and that neighbours are supportive of one another and of the government, which contributes to unity and peace.

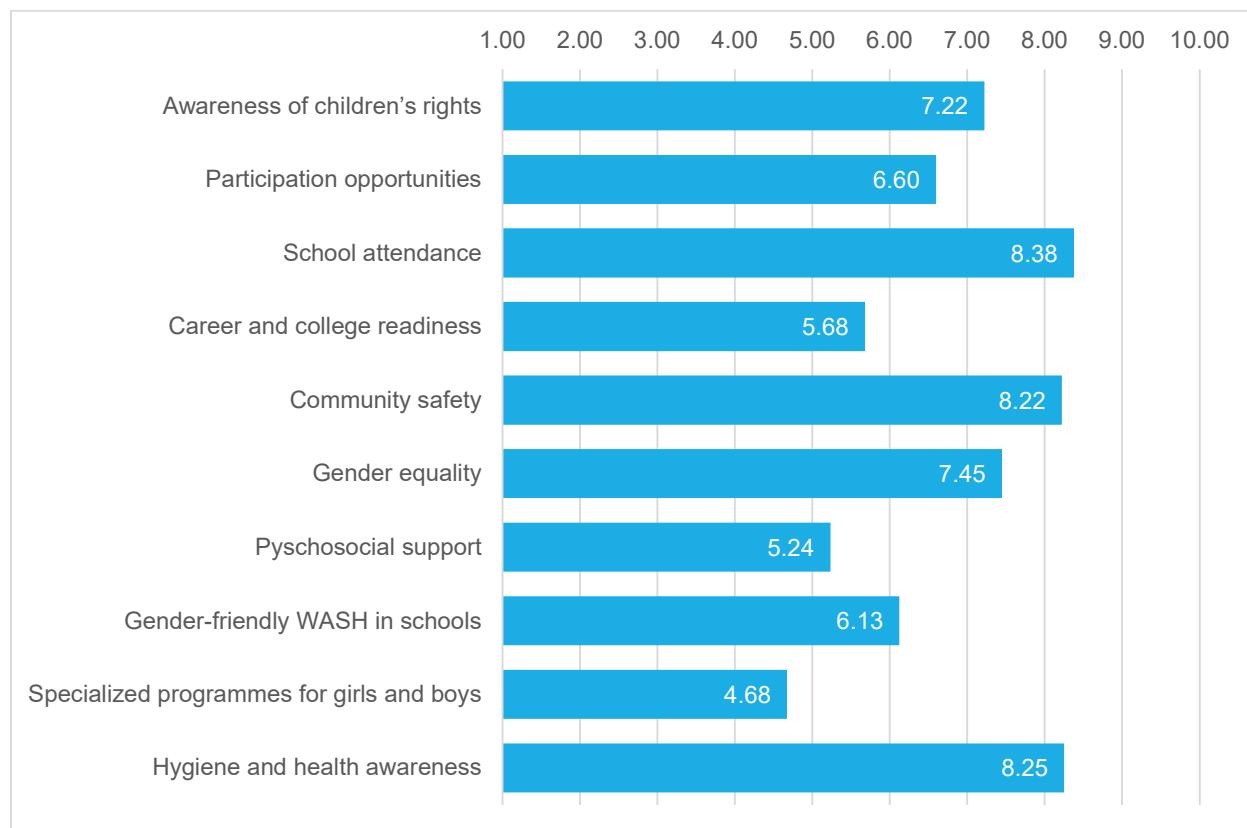
Community Results for BECPP Programme Convergence

The Country Programme has contributed to positive results for adolescents, particularly in the areas of school attendance, hygiene and health awareness and community safety. Gaps in

progress remain in specialized programmes for girls and boys, psychosocial support and career and college readiness.

Overall, adolescents and their service providers rated the following community conditions the highest: (1) school attendance (8.38 out of 10); (2) hygiene and health awareness (8.25 out of 10); and (3) community safety (8.22 out of 10) (see Figure 15 and Annex E, Table 20). The lowest rated community conditions included: (1) specialized programmes for girls and boys (4.68 out of 10); (2) psychosocial support (5.24 out of 10); and (3) career and college readiness (5.68 out of 10). Adolescents' top three priorities for community improvement included: (1) gender-friendly WASH in schools (which received 157 total priority votes); (2) awareness of children's rights (which received 100 total priority votes); and (3) specialized programmes for girls and boys (which received 89 total priority votes) (see Annex E, Table 22).

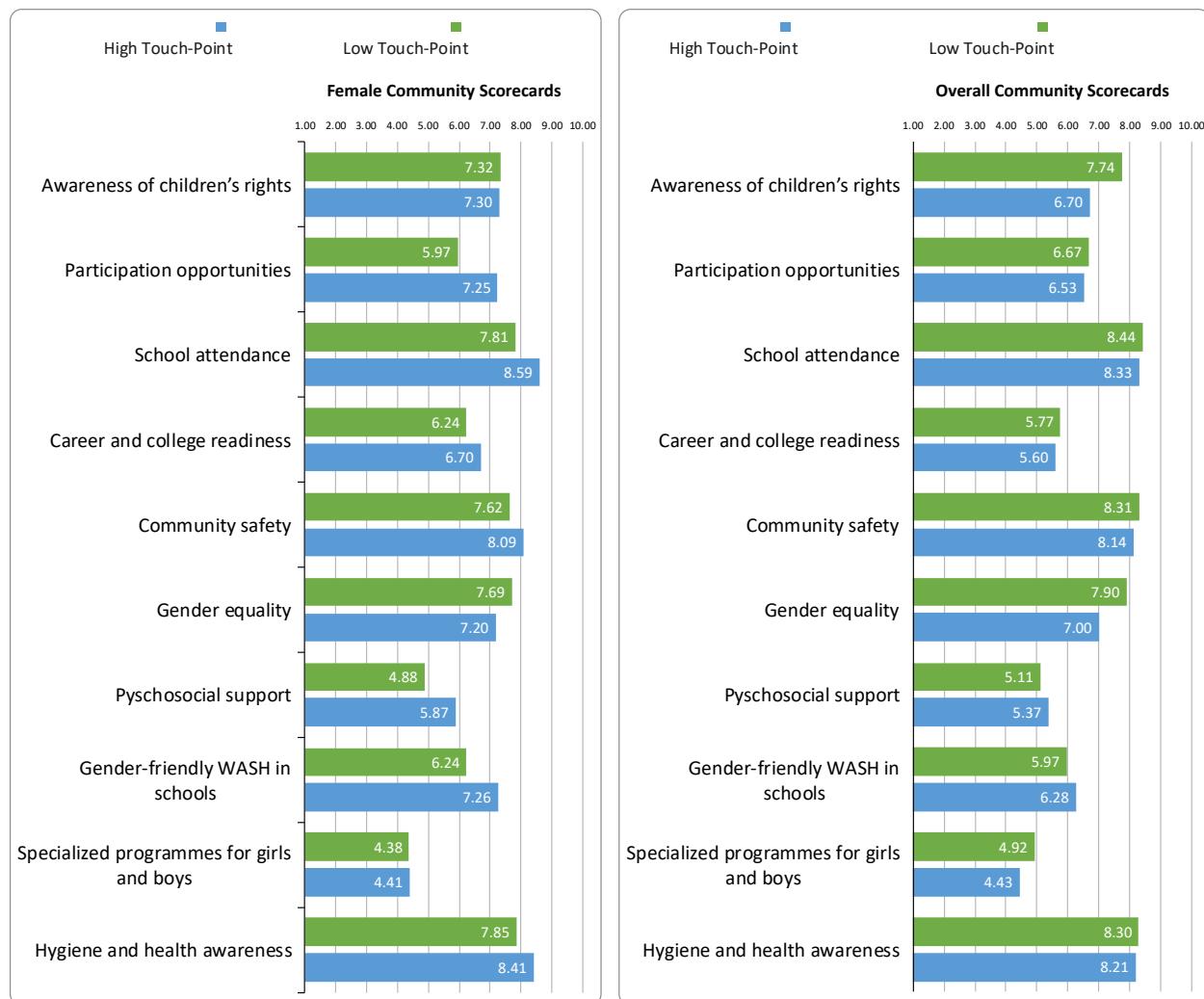
Figure 15: Overall community scorecards for BECPP programming



Data Source: Participatory Data Collection Sessions, N=250 (200 adolescents; 50 service providers)

Overall, programme convergence had the biggest effect on gender-friendly WASH in schools, but was more pronounced across all indicators when examined from a gender-disaggregated perspective (see Figure 16 and Annex E, Tables 20 and 21). In particular, programme convergence has contributed to the reduction of inequities and exclusion of adolescent girls in the sample communities, but not for adolescent boys. This finding is likely attributed to UNICEF's historic emphasis on programming that supports predominantly adolescent girls.

Figure 16: Overall community scorecards for BECPP programming, by gender and level of exposure



Data Source: Participatory Data Collection Sessions, N=250 adolescents and service providers (114 females; 136 males)

Positive differences were found in the community scorecards of females in high touch-point versus low touch-point communities in 8 out of 10 survey items (see Figure 16 and Annex E, Table 20). However, the effects of programme convergence were only observable in the community scorecards (averaging the scorecards of adolescent girls and female service providers together). On the other hand, there were few positive differences in the community scorecards among adolescent girls and boys on their own, or across all males in high touch-point versus low touch-point communities (Annex E, Table 20). Overall, adolescents had a much more favourable view of their community conditions when compared to service providers, and adolescents in low touch-point communities had more favourable views when compared to their peers in high touch-point communities (Annex E, Table 20). These findings suggest the effects of programme convergence are not as advanced for BECPP programming, but are nonetheless emerging in practice.

- Awareness of Children's Rights

Awareness of children's rights and the Convention on the Rights of the Child received community scorecards ranging from 6.37 to 7.95 out of 10 (see Figure 16 and Annex E, Table 20). The community scorecards suggest that programme convergence was not associated with awareness of children's rights for either girls or boys. However, the qualitative data demonstrated differences in the *level of awareness* among adolescents in low versus high touch-point communities. In low touch-point communities, adolescents were only able to identify who they learned their rights from, which was primarily their teachers and parents, as well as through the annual Children's Day celebrations sponsored by the Ministry of Social Welfare. In high touch-point communities, adolescents not only articulated who they learned their rights from, but they were also able to identify and elaborate upon them in practical terms, including their right to healthcare services, immunizations, quality education opportunities and protection from harmful labour practices. In high touch-point communities, adolescents also referenced the child rights awareness campaigns supported by UNICEF, the Ministry of Health, the Ministry of Social Welfare, NUYSE and NUEW as a source of their knowledge of children's rights. Service providers emphasized that parental knowledge of children's rights is quite limited, and that there are no places (such as sports clubs, recreation centres) where adolescents could get together to discuss their rights among themselves.

- Participation Opportunities

Access to meaningful opportunities for adolescents to voice their ideas and concerns about decisions that affect them received community scorecards ranging from 5.97 to 7.25 out of 10 (see Figure 16 and Annex E, Table 20). Programme convergence was associated with positive results for girls' participation opportunities, but not for boys. The qualitative data equally points to mixed results on participation opportunities. Adolescents were primarily concerned with making decisions about their educational opportunities, future careers and health, as well as determining when and who they would marry. Some adolescents indicated they had meaningful opportunities to voice their concerns on these issues with teachers and parents, who not only listened to them, but allowed them to make decisions on their own. Other adolescents indicated their views were not listened to by their parents or teachers, especially girls and those residing in low touch-point communities. In high touch-point communities, adolescents described mechanisms for voicing their concerns with teachers at school, such as registering complaints with the administration. However, some adolescents and service providers indicated there were no mechanisms for youth to make complaints or to support decision-making processes at a community level.

- School Attendance

School attendance received community scorecards ranging from 7.81 to 8.68 out of 10 (see Figure 16 and Annex E, Table 20). Programme convergence was associated with positive results for girls' school attendance, but not for boys. In high touch-point communities only, there was a reference made by some adolescents to the increased attendance of girls in school. Adolescents in low and high touch-point communities indicated that a majority of youth attended school, but both groups also indicated gaps in the quality of their education. In low touch-point communities, adolescents stressed classroom overcrowding, as well as the insufficient number and poor quality of their classrooms as common issues. This included schools made out of makeshift tents and classrooms without desks where adolescents must sit on the sand. In high touch-point communities, adolescents also reported classroom overcrowding, but also emphasized poor quality curriculum leading to youth boredom; absentee teachers or an insufficient number of teachers; and shortages in learning materials (including books, ICT and laboratory equipment). Adolescents in both low and high touch-point communities indicated that there are still some youth who do not attend school, including: girls who have parents that believe middle school is the

highest education required for their daughter; youth from nomadic communities; youth who must travel long distances to attend school; youth from poor families who cannot afford to attend school; and youth with special needs (such as youth with disabilities). Local programme managers stressed a need for boarding schools and transportation means for adolescents in remote communities. There was also a recognition among adolescents that some youth do not attend school at the right age because they spent the early years of their school-age time as shepherds.

- Career and College Readiness

Opportunities for adolescents to attend programmes that provide relevant training for their future work received community scorecards ranging from 5.03 to 6.70 out of 10 (see Figure 16 and Annex E, Table 20). Programme convergence was associated with positive results for girls' career and college readiness, but not for boys. Adolescents in both low and high touch-point communities indicated they had access to training in first aid, drama, English language, music and *Himmeret* (the core), which prepares adolescents to be future leaders. However, some adolescents in low touch-point communities indicated that they did not have access to these programmes due to a lack of electricity or because NUYSE does not offer them. In high touch-point communities, some adolescents reported that the programmes they did have were not running anymore, that the quality could be improved and that some youth do not enrol in the programmes for financial reasons or because their parents do not see value in them.

- Community Safety

Perceptions of community safety for adolescents received community scorecards ranging from 7.62 to 8.73 out of 10 (see Figure 16 and Annex E, Table 20). Programme convergence was associated with positive results for girls' sense of community safety, but not for boys. In low touch-point communities, adolescents emphasized that their religious, cultural and social norms made them feel safe, as they included a sense of responsibility for collaboration, cooperation, peaceful problem-solving and a respect for laws and elders. Thus, adolescents in low touch-point communities felt safe because of a strong sense of community trust and collective efficacy. Adolescents in high touch-point communities also indicated a high level of trust and collective efficacy, and associated these feelings with their religious beliefs. However, they were also more critical of their communities. For example, they shared stories of fights among groups (or 'gangs') of adolescents who come from different communities, robberies committed by adolescents, garbage or waste around their schools or football fields and violence against girls while on their way to school (including rape, bad boys and fear of hyenas).

- Gender Equality

Gender equality, or the equal treatment of girls and boys, received community scorecards ranging from 7.20 to 8.14 out of 10 (see Figure 16 and Annex E, Table 20). Programme convergence was not associated with gender equality, although there were some unique differences in low versus high touch-point communities. In low touch-point communities, adolescents were more likely to indicate that boys were denied access to school due to their agricultural or livestock work responsibilities. In high touch-point communities, adolescents were more likely to associate familial/parental knowledge with the equal treatment of girls (higher knowledge leading to more opportunities for girls). However, in both low and high-touch point communities, adolescents overwhelmingly indicated that gaps remain in achieving gender equality, especially when it comes to girls' educational and career choices.

- Psychosocial Support

Knowing an adult in the community with whom an adolescent can talk freely about abuse or violence received community scorecards ranging from 4.88 to 5.87 out of 10 (see Figure 16 and Annex E, Table 20). Programme convergence was associated with positive results for girls' psychosocial support, but not for boys. However, in both low and high touch-point communities, adolescents overwhelmingly indicated that they do not speak to adults about abuse or violence. Reasons for this included the perception that adults do not listen to youth, that adults do not believe youth, or out of fear for retaliation, rumors, stigmatization or misunderstandings. Adolescents also indicated it was a sign of respect to not talk with adults about abuse or violence, or that they did not want to burden their parents. Service providers indicated that there were no counselling programs or counsellors available in schools.

- Gender-friendly WASH in Schools

Having access to separate toilets for girls and boys in school received community scorecards ranging from 5.54 to 7.26 out of 10 (see Figure 16 and Annex E, Table 20). Programme convergence was associated with positive results for gender-friendly WASH in schools for girls, and to some extent for boys. Adolescents in low touch-point communities were more likely to report toilets that were not gender separated. However, local programme managers, adolescents and service providers from both low and high touch-point communities indicated an insufficient number of toilets, even though they were separated. An insufficient number of toilets also reportedly led some adolescents to use toilets designated for teachers, or for other genders. There was also a common concern among adolescents and service providers about a lack of sufficient water for the toilets, that toilets were not functioning properly, were closed, or were in poor condition.

- Specialized Programmes for Girls and Boys

Access to school programs for girls and boys to talk about their unique needs received community scorecards ranging from 4.38 to 5.11 out of 10 (see Figure 16 and Annex E, Table 20). Programme convergence was not associated with specialized programmes for girls and boys. However, adolescents and service providers in low touch-point communities were more likely to report having no access to these types of programmes, or only informal mechanisms to discuss gender-specific needs. Adolescents and service providers in high touch-point communities were able to name specific programmes for girls, including a "Ladies Club" that discussed girls' education needs, and programmes on menstrual hygiene and reproductive health. There was also a common narrative that where programmes did exist, they were no longer functioning or had staffing issues. Local programme managers, UNICEF staff members and NUYSE representatives also agreed that adolescents have a lack of access to play and leisure opportunities. These stakeholders also indicated there was an insufficient number of youth centres that provide twenty-first century skills development, such as the IDEA studio supported by UNICEF. Further, there were a limited number of peer-to-peer education interventions, which local programme managers and service providers considered essential for improving adolescent awareness and life skills development.

- Hygiene and Health Awareness

Adolescent knowledge of how to protect themselves from diseases (such as HIV/AIDS, malaria, and COVID-19) received community scorecards ranging from 7.85 to 8.41 out of 10 (see Figure

16 and Annex E, Table 20). Programme convergence was associated with positive results for girls' hygiene and health awareness, but not for boys. Adolescents from both low and high touch-point communities reported that they learned these behaviours from their teachers at school, from health professionals at health facilities, from their parents at home and from radio and television campaigns. Adolescents and service providers in high touch-point communities were aware that the Ministry of Education and the Ministry of Health coordinated their efforts to educate adolescents on these matters, and also indicated that these topics were included in the national curriculum.

4.4. Efficiency

⌚ EQ4 | Efficiency | How well were Country Programme resources managed and utilized?

The Country Programme Evaluation examined if resourcing and management structures were sufficient for programme convergence and for delivering on equity and gender-related objectives. UNICEF's strategy to promote innovation was also examined as it relates to efficiency.

4.1. Were UNICEF Country Office resources (funds, human resources, time, expertise etc.) allocated, tracked and utilized strategically to achieve results, including equity and gender-related objectives?

Finding 10: There was insufficient data on innovations and resource utilization to draw conclusions about the efficacy of the Country Programme. However, there was evidence of decreased interest in donor support for Eritrea, as well as a substantial funding gap for humanitarian response.

The 2017–2021 Country Programme proposed a total of US\$102.46 million for the entire programme cycle, exclusive of funding for emergency response (see Table 13). The Regular Resources (RR) allocation was US\$14.56 million over a five-year period. This amount was distributed between CSD (with US\$3.8 million), BECPP (with US\$3.65 million) and PE (with US\$7.1 million). No information was provided to the evaluator on budget utilization; thus, it was not clear if the funds were spent down in a way that achieved equity and gender-related objectives.

Table 13: Country Programme budget and utilization

	RR Budget	RR Utilized	Other Resources (OR) Budget	OR Utilized	Total	Total Utilized
CSD	3,800,000	No data	36,500,000	No data	40,300,000	No data
BECPP	3,650,000	No data	47,500,000	No data	51,150,000	No data
P						
PE	7,110,000	No data	3,900,000	No data	11,010,000	No data
Total	14,560,00	No data	87,900,000	No data	102,460,000	No data
	0					

Data Source: CPD, 2017–2021

UNICEF senior leadership and staff members, as well as documents such as the Office Management Plan, indicated that Eritrea experienced decreasing levels of donor support during the implementation of the Country Programme. The CO organized at least four humanitarian action appeals between 2018 and 2021, requesting a total of US\$65.73 million for life-saving interventions (see Table 14). This funding request equates to 64 per cent of the total CO budget, indicating a substantial resource mobilization appeal. The data indicated substantial gaps in resource allocation for interventions designed to reach the most vulnerable children and families in the country. For example, the overall funding gap during this four-year period was US\$31.69 million.

Table 14: Status of Eritrea CO funding for humanitarian response, 2018-2021

	2018	2019	2020	2021	Total
Total funding required	14.00	14.23	18.80	18.70	65.73
Funds received	9.29	6.19	6.00	3.90	25.38
Carry forward amount	2.19	2.36	2.20	1.80	8.55
Funding gap	2.50	5.69	10.60	12.90	31.69

Data Source: UNICEF Eritrea Humanitarian Action Appeals, 2018-2021

In the context of limited and progressively dwindling funding, the CO sought to achieve the targets of the Country Programme through programme convergence at the community level. The assumption was that building capacity and strengthening systems to build resilience to shocks would gain efficiencies and ensure sustainability. Dwindling resources also required UNICEF to shift from funding programme implementation to a more technical and oversight role during the Country Programme. Finally, the CO utilized the strategy of South-to-South cooperation to engage donors in resource mobilization.

4.2. Were the necessary management, coordination, monitoring and evaluation structures in place in the UNICEF Country Office to effectively implement programme convergence?

Finding 11: The Country Office made staff changes to ensure the required management conditions were in place for collective planning, budgeting, monitoring and evaluation for programme convergence.

The UNICEF Eritrea CO had 60 posts in its office management structure, with about a dozen vacant posts. The shift towards integrated programming required the CO to establish accountability structures to ensure the achievement of integrated planning, budgeting, monitoring and evaluation. The proposed staffing structure differed from the previous Country Programme, shifting from a sector-focused approach to the life cycle approach to achieve the key planned results at different stages of the child. In particular, there were two heads of section rather than four, the WASH team was moved under the CSD programming and basic education and child protection were merged under BECPP programming.

In terms of innovations supporting programme convergence, there were limited data on what this meant for the Country Programme. However, evidence was found that UNICEF successfully utilized offline, android-based systems to monitor WASH and C4D programmes that were implemented by the government during the COVID-19 response. This system worked well and

was an important lesson in the context of Eritrea, given internet connectivity is marginal. This data enabled UNICEF to identify and respond to the needs of vulnerable populations.

4.5. Sustainability

⌚ EQ5 | Sustainability | Will the benefits of the Country Programme last?

The CPE assessed the extent to which continuation of benefits from Country Programme interventions was ensured, including the likelihood of and risks to continued long-term benefits and the potential for scale-up and/or replication. The CPE examined the specific factors that influenced performance – positively or negatively - and the sustainability of results in Eritrea.

5.1. To what extent are the positive changes and effects of the Country Programme sustainable at the relevant levels (e.g., national, zoba, sub-zoba and community) ?

Finding 12: The positive advancements made through the Country Programme are likely to continue given strong government ownership, policy and system strengthening achievements and high levels of community participation and empowerment. However, there are gaps in resource allocation, programming in Southern Red Sea and with WASH that need to be addressed to ensure sustainability, especially given the ongoing nature of the COVID-19 pandemic.

Given the high level of government ownership over the Country Programme interventions, the positive changes and progress made will likely be sustained. The Country Programme also contributed to major advancements by the government to develop policies for programme priorities. However, there are caveats for continued advancements, namely having a signed work plan, resource mobilization and strengthened risk-informed programming. Another challenge will be continued capacity development to ensure the effective implementation of the policies and strategies that have been developed, from the national to decentralized levels.

5.2. To what extent have the programme strategies and approaches adopted by UNICEF contributed to the sustainability of results, especially equity and gender-related results?

Finding 13: A combination of strategies were considered the most effective for the sustainability of results: (1) system strengthening; (2) community engagement; and (3) partnerships.

UNICEF senior leadership and staff members considered the dual approach to system strengthening and community engagement to be the most effective combination of strategies for the sustainability of results. Partnerships and capacity development were also considered key. For example, UNICEF's work with adolescents has built its capacity to sustain some of the interventions, even when the organization did not have a signed work plan.

However, additional efforts to integrate programming through conceptual frameworks, such as the Nurturing Care Framework, would better streamline programme convergence. The government requires sensitization to this framework as a basis for improving integrated ECD delivery at the community level. For BECPP, UNICEF staff members recommended working

through the 67 child rights committees to ensure synergies in programming across the various sectors at the decentralized levels.

Section E. Conclusions and Recommendations

1.1. Conclusions

The primary objective of this evaluation was to assess the relevance, effectiveness, efficiency, coherence and sustainability of the Eritrea Country Programme with particular focus on equity, gender equality and convergence of programme components, as well as UNICEF's strategic positioning in relation to its child rights mandate.

Relevance

The objectives of the Country Programme and its design were appropriate, and remain appropriate for the national development goals and the intended beneficiaries, namely the most marginalized children and women of Eritrea. However, given a lack of recent population-based data, as well as district and community-level data, it was not possible to examine if these strategies were sufficiently gender responsive and implemented at a scale to reach all those in need. With the information available, UNICEF did not implement programming in the Southern Red Sea at the level it required as a target region.

UNICEF's strong partnership with the GoSE and its leadership towards reaching its objectives was suitable considering its mandate, resource base, comparative advantages and operational considerations. As one of the largest UN agencies operating in Eritrea, UNICEF is a major influencer of policies and programmes in the country, especially in education, WASH and child/social protection. UNICEF identified the most relevant strategies to solve programmatic challenges, such as the global pandemic and delays in a signed work plan. In particular, UNICEF shifted between upstream system strengthening and downstream service delivery as opportunities arose. However, these delays did slow progress on realizing results for children and posed some risks to UNICEF's reputation, with ebbs and flows in service provision.

UNICEF successfully leveraged its partnerships with the GoSE to develop more than a dozen policies and plans that strengthened multisectoral programming for child survival and development, as well as adolescent development and participation. However, given the evolving and overlapping mandates with other UN agencies on adolescent development and participation, greater clarity on the roles and contributions of UNICEF and its partner UN agencies in this area of programming are warranted.

Coherence

The overall logic of the Country Programme theory of change and results frameworks were somewhat consistent with key UNICEF strategies and international commitments, but gaps remain. The Country Programme excelled at aligning its programming strategies with the GAP, but it did not sufficiently integrate gender-responsive theories of change and gender-disaggregated results frameworks. The Country Programme did not sufficiently integrate the CCCs into its programme strategy notes, theories of change and results frameworks. The lack of

a risk-informed approach to programming is a serious limitation of the Country Programme given the contextual socio-political-environmental realities in Eritrea.

UNICEF's coordination and convening role within the United Nations and with government sectors was appropriate, but the BECPP programming did not have a conceptual implementation framework that clearly identified mutually reinforcing activities for adolescent development. The CSD framework did not fully integrate the multisectoral Nurturing Care Framework guiding this programming component, and opportunities for monitoring collective impact were not realized.

Effectiveness

The Country Programme effectively implemented programme convergence, delivering six sectoral interventions within each zoba; however, gaps were identified in the Southern Red Sea zoba. Overall, there was a lack of recent and sufficiently disaggregated data to determine if the Country Programme was gender transformative. However, evidence from one study in 2018 indicated a substantial reduction in FGM for girls under 15 and under 5. Evidence from programme beneficiaries, collected through this evaluation, indicated progress on gender equality. In particular, female service providers, mothers and girls had more favourable views of their community conditions when compared to male service providers, fathers and boys. In addition, the Country Programme achieved stronger results for girls and women through programme convergence, when compared to boys and men in the sampled communities. These findings suggest that UNICEF's targeted gender programming has been effective for girls and women, but its gender mainstreaming strategies have been less effective for boys and men.

Efficiency

The management structures of the Country Programme were sufficient for programme convergence and for delivering on equity and gender-related objectives, with the exception of adequacy of recent and disaggregated monitoring data. UNICEF promoted innovations to address this gap through android-based platforms for WASH interventions, but there was insufficient information to draw conclusions about gains in efficiency. Substantial resource gaps were identified for delivering humanitarian programming, as well as decreased donor interest in Eritrea. UNICEF did its best to address these resource gaps through South-to-South collaboration and awareness raising about the needs in Eritrea through multi-stakeholder donor platforms, but the overall budget fell short by US\$31.69 million.

Sustainability

The design of the Country Programme is premised on government ownership and strengthening institutional capacities in government ministries to ensure sustainability. In the case of Eritrea, UNICEF was considered a strong and trusted partner of the GoSE, but also of the national unions who support programming at the decentralized levels. The continuation of benefits from Country Programme interventions will be ensured through policy and system strengthening achievements and high levels of community participation and empowerment. Risks to sustainability include the ongoing pandemic and subsequent effects on mental health and loss of learning, as well as communities reverting to some traditional and harmful gender practices without continuous sensitization. Capacity development for frontline workers, including teachers, early childhood practitioners, health care workers and social workers will be instrumental for sustaining the impact of the Country Programme with beneficiaries.

1.2. Lessons Learned

A second objective of this CPE was to identify and document key lessons learned, good practices and innovations in implementing the Country Programme that can inform and support advocacy efforts for scale-up and replication. The following lessons were identified, particularly as they apply to UNICEF's positioning, programme convergence and gender mainstreaming.

- UNICEF's leadership as a backbone entity for coordinating multisectoral programming with the GoSE and with other UN agencies was clearly articulated in the SPCF. As a leader, UNICEF must provide all partners with clear conceptual frameworks for operationalizing multisectoral programming in practice, such as the Nurturing Care Framework.
- Such frameworks enable all actors to understand the mutually supporting roles, activities and outputs that lead to synergistic impacts. Such frameworks will facilitate coordination and continuous communication across UN agencies where there are overlapping mandates.
- UNICEF's approach to programme convergence was both thematic and spatial. From a thematic perspective, UNICEF utilized a life course approach to programming to identify mutually reinforcing activities from relevant sectors for young children and for adolescents. From a spatial perspective, UNICEF tracked the implementation of its sectoral interventions at the zoba and sub-zoba levels, which greatly enhanced its ability to examine the extent and coverage of programme convergence.
- The ability to monitor and evaluate collective impact requires a shared measurement framework that identifies the unique contributions of each sector and UN agency, while at the same time containing synergistic measures of outputs and outcomes. The shared measurement frameworks put forth in recent government policies offer a concrete way to progressively be able to demonstrate collective impact across all UN agencies and government sectors.

1.3. Recommendations

The third objective of this CPE was to provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the implementation of the next Eritrea Country Programme, taking into consideration national development priorities, such as the Eritrea Development Vision 2025 and the 2030 Agenda for Sustainable Development in the country. The recommendations outlined here are strategic in nature, and are in direct alignment with the evaluation findings and conclusions.

Recommendation 1: Strengthen the evidence generation strategy overall, and improve data collection processes to ensure spatial data is available at the decentralized levels, and is disaggregated by gender and disability. The CO has done an excellent job at building a spatial database on programme interventions, but this data does not go beyond the sub-zoba level. It is important to have community and district level data on the populations served in order to ensure no child is left behind. Without this data, UNICEF can potentially make uninformed claims and assumptions about the reach of its programming. Continue to explore the innovative monitoring tools utilized for WASH to gather this spatial data.

Recommendation 2: Strengthen the risk-informed approach to the Country Programme and its implementation. The evaluation found major gaps in alignment with the CCCs and the Country Programme, as well as limited information on the links between development and humanitarian programming. In addition, there was limited guidance on what to do when the work plan is not approved in a timely manner, which greatly affected programme implementation and likely stalled progress on results. These are important oversights of the CO that should be swiftly and thoughtfully addressed, if needed, through additional guidance from UNICEF headquarters and regional office support.

Recommendation 3: Strengthen multisectoral programme coherence and implementation by developing or leveraging existing frameworks for early childhood and adolescent development. UNICEF and its partner UN agencies have evolving priorities for realizing the SDGs, and as such, there is a need for clear operational frameworks to guide overlapping accountabilities for ECD and adolescents. The frameworks should empower all actors, including the GoSE and national unions, to see themselves as agents in the design, coordination, implementation and evaluation process.

Recommendation 4: Strengthen the Country Programme theory of change and measurement framework to improve coherence of the collective impact approach. Multisectoral programming requires the identification of both sector specific contributions and mutually reinforcing activities, which should be identified through a clear theory of change that identifies the pathways towards collective impact. Synergistic outcome and impact measures, such as those identified in the CO ECD Strategy, should be integrated into the Country Programme results framework.

Recommendation 5: Strengthen the gender mainstreaming approach in the Country Programme by clearly articulating the needs and strategies of both girls and boys and by utilizing gender responsive measures. UNICEF's focus on girls and women had the unintended effect of not sufficiently addressing the needs of boys and men. The pathways for the engagement of boys and men through the Country Programme need to be better articulated within UNICEF programme priorities and measurement frameworks.

Recommendation 6: Consider frequent and scaled participatory data collection processes for continued monitoring of programme relevance, effectiveness and results. Given the lack of data on programme effectiveness that often accompanies a lack of a signed work plan, the CO should explore other ways of innovating its monitoring processes. For example, the capacity that has now been built through the evaluation for participatory data collection through a local research institute can be leveraged and scaled for additional data collection in other sub-zobas and communities. The same data collection tools and approaches could also be led by NUYSE and NUEW, as they are designed to be led by community members, including adolescents.

Recommendation 7: Mobilize additional resources to scale UNICEF-supported programming to reach the most disadvantaged children, especially in Southern Red Sea. Insufficient resources can lead to potential reputational risks for UNICEF with local programme managers and beneficiaries. From their perspective, programmes that were once available no longer exist, and they are not privy to all the nuances that caused this fluctuation.

Recommendation 8: Elaborate upon the child and adolescent participation strategy, as well as a larger community participation strategy that recognizes the empowerment of all actors in the Country Programme. Community participation has been foundational for the successful and effective implementation of the Country Programme. However, some actors are

not visible within the participation strategy, including young children (ages 6 to 9), children and young people with disabilities, mothers, fathers and service providers. Frontline workers, such as local programme managers and union representatives, should continue to build their skills to facilitate community participation.

Annexes

Annex A: Terms of Reference

Find the Terms of Reference at [this link](#).

Annex B: Bibliography

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Annex C: Data Collection Tools

Ethical Review Approval Letter



Research Ethics Approval

6 October 2021

Pamela Wridt, PhD, MA, BSE
Conscious Data, Inc.
1091 Herkimer Street #2
Brooklyn, NY 11233 USA

RE: Ethics Review Board findings for: *Country Programme Evaluation of the Eritrea-UNICEF Country Programme of Cooperation, 2017-2021* (HML IRB Review #434ERIT21)

Dear Dr. Wridt,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 02 September -- 06 October 2021. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protection Director, HML IRB

cc: Conscious Data, Justus Kamwesigye, Urs Nagel, Sevara Hamzaeva, Awet Araya, Penelope Lantz, JD

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Key Informant Interviews with UNICEF Programme Specialists

Evaluation Sub-Questions	Interview Questions
What were UNICEF's strengths in the country from 2017 to 2021, particularly in comparison to other UN agencies and development partners, and how were these harnessed to help achieve results?	<ol style="list-style-type: none"> 1. What were UNICEF's main successes in the implementation of the [CSD, BECPP, PE] programming component? 2. What was UNICEF's comparative advantage in comparison to other UN agencies in the implementation of the [CSD, BECPP, PE] programming component? 3. Why does UNICEF's participation matter in the country? What would be missing if UNICEF were not at the table?
Were UNICEF's strategies to address equity and gender mainstreaming in line with local needs and at an appropriate scale of implementation to reach the most marginalized?	<ol style="list-style-type: none"> 4. What approaches did UNICEF utilize to address equity and gender equality in the implementation of the [CSD, BECPP, PE] programming component? 5. Which approaches worked and did not work, why? 6. Was the [CSD, BECPP, PE] programming component successful in reaching the most marginalized in the four target zobas? 7. Was the scale of the [CSD, BECPP, PE] programming component appropriate for the needs of girls, women and the most marginalized in the four target zobas? If not, what recommendations do you have for scaling?
What adjustments were made to UNICEF's strategies in response to programme monitoring and/or changes in the operational context, and how effective were these modifications?	<ol style="list-style-type: none"> 8. What events changed the operating context for programme implementation from 2017–2021? 9. What adjustments did UNICEF make in the implementation of the [CSD, BECPP, PE] programming component? Why? Did these adjustments work? Why or why not? 10. Among all of UNICEF's strategies, which strategy or combination of strategies was most effective in achieving results? At which levels (national, regional, community)? Why? Please rank the strategies in order of importance.
What roles and contributions did the Government, UN agencies and other national actors have in UNICEF's approach to programme convergence, and how well were these activities coordinated?	<ol style="list-style-type: none"> 11. What roles did UNICEF, the Government and UN agencies have in the implementation of the [CSD, BECPP, PE] programming component? 12. What coordination mechanisms or systems were in place to facilitate programme convergence among all these actors? How well did these processes work at the national, regional and community level?
Did UNICEF's approach to addressing the challenges of equity and gender equality play a complementary role to that of Government, UN agencies and other national actors?	<ol style="list-style-type: none"> 13. Which activities or interventions from the various development actors were mutually reinforcing in achieving results for children? 14. How were the synergies of these activities monitored and measured?
Did the Country Programme contribute to the reduction of inequities and exclusion and	<ol style="list-style-type: none"> 15. What results were achieved for girls and women/mothers in comparison to boys and men/fathers?

Evaluation Sub-Questions	Interview Questions
progress towards the achievement of greater gender equality?	16. What were the most significant changes in gender equality at the national, zoba, sub-zoba and community levels?
What results have been achieved by UNICEF through programme convergence, and at what levels of change (e.g., national, zoba, sub-zoba or community)?	17. What difference did programme convergence make nationally, regionally and in the four target zobas? For girls/women/mothers? For boys/men/fathers? For frontline workers?
Were the necessary management, coordination, monitoring and evaluation structures in place in the UNICEF Country Office to effectively implement programme convergence?	18. Did the [CSD, BECPP, PE] programming component have sufficient human and financial resources to implement programme convergence?
To what extent are the positive changes and effects of the Country Programme sustainable at the relevant levels (e.g., national, zoba, sub-zoba and community)?	19. How effective were UNICEF's efforts to strengthen the systems and institutions implicated in the [CSD, BECPP, PE] programming component?
To what extent have the programme strategies and approaches adopted by UNICEF contributed to the sustainability of results, especially equity and gender-related results?	20. In what ways did the [CSD, BECPP, PE] programming component address sustainability? Did it work? Why or why not?

Key Informant Interviews with UNICEF Senior Management

Evaluation Sub-Questions	Interview Questions
What were UNICEF's strengths in the country from 2017 to 2021, particularly in comparison to other UN agencies and development partners, and how were these harnessed to help achieve the results?	<ol style="list-style-type: none"> 1. What were UNICEF's main successes in the implementation of the [CSD, BECPP, PE] programming component? 2. What was UNICEF's comparative advantage in comparison to other UN agencies in the implementation of the [CSD, BECPP, PE] programming component? 3. Why does UNICEF's participation matter in the country? What would be missing if UNICEF were not at the table?
What adjustments were made to UNICEF's strategies in response to programme monitoring and/or changes in the operational context, and how effective were these modifications?	<ol style="list-style-type: none"> 4. What events changed the operating context for Country Programme implementation from 2017–2021? 5. What adjustments did UNICEF make in the implementation of the Country Programme? Why? Did these adjustments work? Why or Why not? 6. Among all of UNICEF's strategies, which strategy or combination of strategies was most effective in achieving results? At which levels (e.g., national, regional, community)? Why? Please rank the strategies in order of importance.
Were UNICEF Country Office resources (funds, human resources, time, expertise, etc.) allocated, tracked and utilized strategically to achieve results, including equity and gender-related objectives?	<ol style="list-style-type: none"> 7. Which resource mobilization strategies were prioritized for the Country Programme? How well did these work? 8. Where do gaps remain in Country Programme resourcing?
Were the necessary management, coordination, monitoring and evaluation structures in place in the UNICEF Country Office to effectively implement programme convergence?	<ol style="list-style-type: none"> 9. Did the Country Programme have sufficient human and financial resources to implement programme convergence? 10. Did the internal coordination and management structures for programme convergence work well? Why or why not?

Surveys with Government and Implementing Partners

Evaluation Sub-Questions	Survey Questions
What were UNICEF's strengths in the country from 2017 to 2021, particularly in comparison to other UN agencies and development partners, and how were these harnessed to help achieve results?	1. What were UNICEF's main successes in the implementation of the Country Programme?
To what extent has UNICEF been able to position itself as a strategic partner in the country context, including adjusting to changing situations?	2. Why does UNICEF's participation matter in the country? What would be missing if UNICEF were not at the table?
What roles and contributions did the Government, UN agencies and other national actors have in UNICEF's approach to programme convergence, and how well were these activities coordinated? Did UNICEF's approach to addressing the challenges of equity and gender equality play a complementary role to that of Government, UN agencies and other national actors?	3. What roles did your agency have in the implementation of the Country Programme, especially in the four target zobas? 4. What activities or interventions did your agency implement to complement UNICEF's efforts to promote multisectoral programming, equity and gender equality? 5. How did you coordinate the actions of your agency with UNICEF and other development actors?
Did the Country Programme contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality?	6. What results were achieved for girls and women/mothers in comparison to boys and men/fathers as a result of the Country Programme?
What results have been achieved by UNICEF through programme convergence, and at what levels of change (e.g., national, zoba, sub-zoba or community)?	7. What difference did programme convergence make nationally, regionally, and in the four target zobas? For girls/women/mothers? For boys/men/fathers? For frontline workers?

Focus Groups with Local Programme Managers

Programme managers (local Government representatives) of UNICEF-supported interventions will be invited to a focus group conversation for each sub-zoba visited by the local evaluation team. The purpose of these conversations will be to learn what has worked in the implementation of UNICEF's multisectoral programming efforts, what needs to be strengthened to achieve results for children and what lessons have been learned. Each participant will be made aware of the evaluation purpose and their rights, including their confidentiality and right to opt-out of the process at any time. The local evaluation team will facilitate this conversation, and will seek permission to audio or video record the session, or to take notes.

The local evaluation team will begin the session by explaining that the evaluation is looking closely at the benefits of multisectoral programming – or the delivery of more than one service for children within a community. The local evaluation team will introduce the specific programmes that are being examined – such as children's clubs, or the Care for Child Development (CCD) package. Afterwards, the local evaluation team ask everyone to briefly introduce themselves, and to explain which programme they have participated in and how. Participants will be asked to reflect upon the added benefits of having more than one type of service provided in their communities in sub-zobas with high touch-points. In low touch-point sub-zobas, participants will be asked to reflect upon what services are lacking in their communities, and what is required to improve the situation.

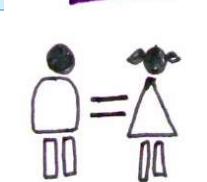
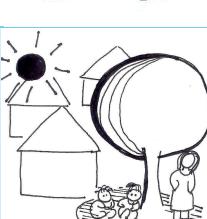
1. Please introduce yourself. Which programme(s) did you participate in and how?
2. What are the current needs in the community (for girls/boys, for mothers/fathers), and how does/do this/these programme(s) address those needs?
3. What is the benefit of having more than one type of service or program for children in this community? How does this approach impact children? (high touch-point only)
4. How do the programmes coordinate their efforts? What does this look like in practice? (high touch-point only)
5. What programmes or services are needed to improve the situation of children? (low touch-point only)
6. What has worked well or not so well in implementing these programmes?
7. What lessons have been learned from implementing these programmes?

Focus Group with NUYSE Representatives

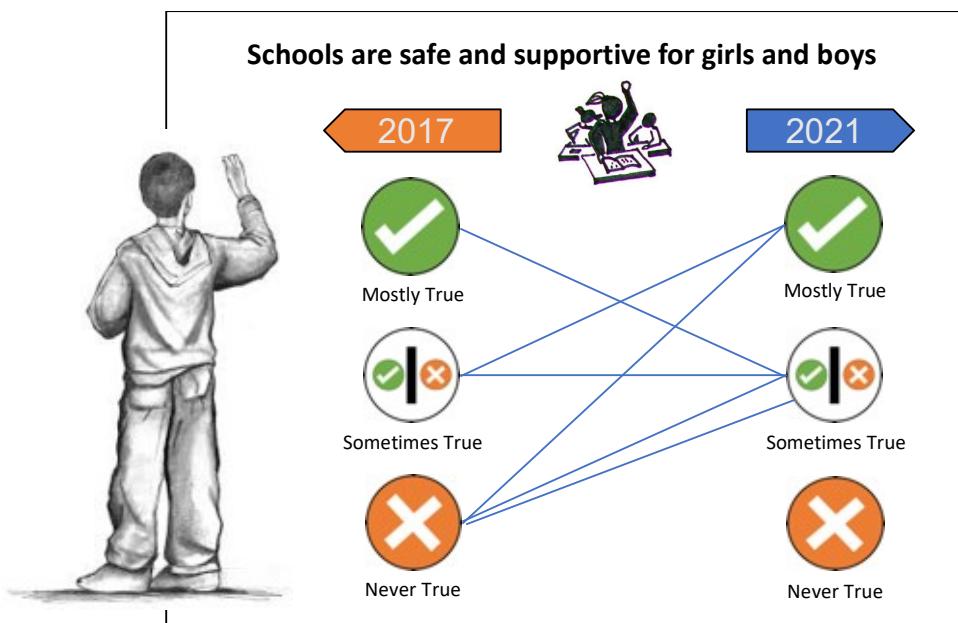
The session with adolescent representatives of the NUYSE will utilize an adapted version of the Child Friendly Places methodology to assess whether the key priorities made by them for the Country Programme were addressed. The key priorities for adolescents in 2016 are included in Table 22, mapped against the proposed UNICEF strategies or interventions for the Country Programme.

The adapted tools will include the use of butcher paper and markers and a retroactive survey to reflect on the situation of children and young people in Eritrea according to these four priorities in 2017 and 2021 (see Figure 6). After scoring their opinion on survey statements then and now by drawing lines, participants will be asked to recall or brainstorm any actions they have seen UNICEF and NUYSE take to address these issues (unique or joint interventions). After brainstorming these interventions, participants will be allowed to rank them in terms of relevance and effectiveness. To conclude, participants will be asked for their recommendations to UNICEF for addressing these issues moving forward.

Adolescent priorities for the Country Programme (2016) against UNICEF Country Programme interventions (2017–2021)

Adolescent Priorities for Country Programme (2016)	UNICEF Strategies or Interventions (2017–2021)	Survey Images	Survey Statements
1) Safe and protective school environments	Menstrual health and hygiene, WASH in schools, alternative pathways to education and employment through internships and remote learning resources		Schools are safe and supportive for girls and boys
2) Eliminating social and harmful practices	Ending child marriage, community sensitization on negative effects of FGM		Girls and boys are treated equally in communities
3) Mitigating the effects of climate change	Child-to-child and youth-to-youth media programmes		Young people know how to protect and care for the environment
4) Systematic participation of adolescents	Child rights committees, NUYSE		Young people have meaningful opportunities to participate in decisions that affect them

Example retroactive survey

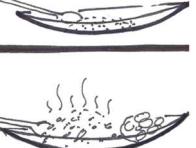
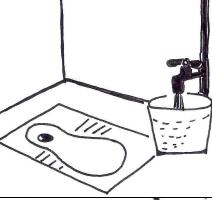
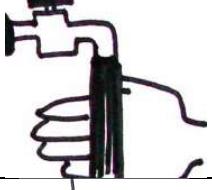


Participatory Data Collection Sessions: Evaluation Team Guide

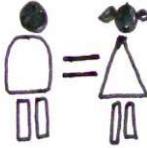
Final Assessment Items

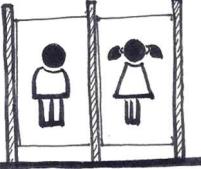
Indicators to assess Child Survival and Development (CSD) programme convergence

Indicators and Convention on the Rights of the Child (CRC) Articles	Related Eritrea Country Office ECD Indicators/Goals	Survey Images	Survey Statements for Parents with Children Ages 0–6 Years	Survey Statements for CSD Service Providers
Early stimulation and care CRC: 5, 6, 18	# / % of children receiving early stimulation and responsive care from their parents		1. I sing, play or tell stories with my children every day	1. Parents sing, play or tell stories with their young children every day
Gender equality CRC: 2, 5, 6, 12, 13, 18	# / % of mothers and fathers providing early stimulation and responsive care		2. Both mothers and fathers take care of their children in my community	2. Both mothers and fathers take care of their young children in the community
Access to play opportunities CRC: 31	# / % of children with access to early stimulation at home		3. My children have toys to play with at home (including homemade toys)	3. Young children have toys to play with at home (including homemade toys)
Participation in early childhood education opportunities CRC: 28, 29	# / % of children accessing quality Early Childhood Care Education (ECCE)		4. My children attend an early childhood centre or preschool	4. Young children attend an early childhood centre or preschool
Access to community health care services CRC: 6, 24, 27	Equitable access to quality health care		5. There is a place in the community where I can take my children to get health check-ups and when they are sick	5. There is a place in the community where parents can take their young children to get health check-ups when they are sick

Indicators and Convention on the Rights of the Child (CRC) Articles	Related Eritrea Country Office ECD Indicators/Goals	Survey Images	Survey Statements for Parents with Children Ages 0–6 Years	Survey Statements for CSD Service Providers
Immunization services CRC: 6, 24, 27	Child health, # / % of children receiving immunizations, percentage of districts with Penta-3 vaccination coverage in children younger than one year of at least 80%		6. My children receive all of the immunizations they need	6. Young children receive all of the immunizations they need
Adequate nutrition CRC: 6, 24	Access to nutrition services, Number of children aged 6–59 months with severe acute malnutrition enrolled in the therapeutic feeding programme or other community-based programmes and facilities, coverage of vitamin A		7. My children have enough nutritious food to eat each day	7. Young children have enough nutritious food to eat each day
Access to toilets CRC: 6, 24, 27	Access to sanitation, proportion of rural population practicing open defecation		8. We have a clean toilet we can use at home or nearby	8. Families have a clean toilet they can use at home or nearby
Access to water for hygiene CRC: 6, 24, 27	Access to hygiene		9. There is enough water for us to drink and wash at home	9. There is enough water for families to drink and wash at home
Community safety CRC: 6, 19, 34, 35, 36, 37, 38, 39	Protective communities		10. Young children are safe in my community	10. Young children are safe in the community

Indicators to assess Basic Education, Child Protection and Participation (BECPP) programme convergence

Indicators and CRC Articles	Related Eritrea Country Office ECD Indicators/Goals	Survey Images	Survey Statements for Adolescents Ages 10-18 Years	Survey Statements for BECPP Service Providers
Awareness of children's rights CRC: 4, 13, 17, 42	Child rights media campaigns		1. I am aware of children's rights and the Convention on the Rights of the Child	1. Youth are aware of children's rights and the Convention on the Rights of the Child
Participation opportunities CRC: 12, 14	Number of children's clubs established in four disadvantaged zobas		2. I have meaningful opportunities to voice my ideas and concerns about decisions that affect me	2. Youth have meaningful opportunities to voice their ideas and concerns about decisions that affect them
School attendance CRC: 28, 29	Proportion of primary school-aged children who are out of school, percentage of pupils completing primary education achieving minimum proficiency in: (a) reading, and (b) mathematics		3. I go to school	3. Youth go to school
Career and college readiness CRC: 6, 24, 29	Provide alternative pathways, remote learning resources and tools for skills training		4. There are programmes that provide relevant training for my future work	4. There are programmes that provide relevant training for youth to prepare for their future work
Community safety CRC: 6, 19, 34, 35, 36, 37, 38, 39	Gender equality and child protection from FGM and child marriage		5. I feel safe in my community	5. Youth feel safe in their community
Gender equality CRC: 2, 12, 13	Percentage of women aged 20–49 who were married before age 18, gender equality and child protection from FGM and child marriage		6. Girls and boys are treated equally in my community	6. Girls and boys are treated equally in the community
Social support CRC: 6, 18, 19, 27, 34, 35, 36, 37, 38, 39	Gender equality and child protection from FGM and child marriage		7. There are adults in my community who I can talk to freely about abuse or violence	7. Youth know adults in their community who they can talk to freely about abuse or violence

Indicators and CRC Articles	Related Eritrea Country Office ECD Indicators/Goals	Survey Images	Survey Statements for Adolescents Ages 10-18 Years	Survey Statements for BECPP Service Providers
Gender-friendly schools CRC: 2, 24, 28, 29	WASH in schools, menstrual hygiene		8. There are separate toilets for girls and boys at school	8. There are separate toilets for girls and boys at school
Specialized programs for girls and boys CRC: 2, 28, 29	Gender equality and child protection from FGM and child marriage, percentage of pupils completing primary education achieving minimum proficiency in: (a) reading, and (b) mathematics		9. My school has programmes for girls and boys to talk about their unique needs	9. Schools have programmes for girls and boys to talk about their unique needs
Hygiene and health awareness CRC: 24, 42	WASH in schools, menstrual hygiene		10. I learn how to protect myself from diseases (HIV/AIDS, malaria, COVID-19, etc.)	10. Youth learn how to protect themselves from diseases (HIV/AIDS, malaria, COVID-19, etc.)

Evaluation Sample

The evaluation requires a **strategic and representative sample** of participants, rather than a random sample. The goal is to ensure all ethnic groups are represented in the sample, and that there is a balance of women/girls and men/boys, as indicated in the tables below. There are **nine primary ethnic groups** in Eritrea: Afar, Blien, Hidareb, Kunama, Nara, Rashaida, Saho, Tigre and Tigrinya.

Overview of Target Groups and Engagement Goals

Target Group	# of Participants
Adolescent Girls and Boys ages 10-18 years	200 50% girls
Parents of Infants and Toddlers ages 0-6 years	200 70% mothers
Service Providers (such as teachers, health workers, volunteers/community caregivers, ECD centre caregivers, social workers, school directors, school management committee members, school health coordinators, school coordinators, etc.)	100
Total Evaluation Participants	500

CSD Programme Convergence Sample

Level of Exposure to UNICEF Programming	Sub-Zoba, Community, Ethnic Groups	Target Group	Number of Sessions and Participants	Gender of Participants	Total
High touch-point	Hamelmalo 1 village (TBD) All 9 ethnic groups	Parents of Infants and Toddlers (ages 0-6)	4 sessions with 25 participants each	Mothers = 70 Fathers = 30	100
		Service Providers	1 session with 25 participants		25
Low touch-point	Mensura 1 village (TBD) Ethnic groups: TBD	Parents of Infants and Toddlers (ages 0-6)	4 sessions with 25 participants each	Mothers = 70 Fathers = 30	100
		Service Providers	1 session with 25 participants		25
Total					250

BECPP Programme Convergence Sample

Level of Exposure to UNICEF Programming	Sub-Zoba, Community	Target Group	Number of Sessions and Participants	Gender of Participants	Total
High touch-point	Ghindae 1 village (TBD) Ethnic Groups: Saho, Tigre and Tigrinya	Adolescents	4 sessions with 25 participants each	Girls = 50 Boys = 50	100
		Service Providers	1 session with 25 participants		25
Low touch-point	Habero 1 village (TBD) Ethnic groups: TBD	Adolescents	4 sessions with 25 participants each	Girls = 50 Boys = 50	100
		Service Providers	1 session with 25 participants		25
Total					250

Selection of the Villages and Recruitment Criteria

The selection of the villages and the recruitment of evaluation participants will be managed by the local evaluation team with support from the UNICEF Country Office and local authorities in the selected sub-

zobas. The Ministry of Education will support UNICEF in identifying the villages and recruiting participants for ECD programming. The Ministry of Information and NUYSE will support UNICEF in identifying the villages and recruiting participants for Adolescent Development and Participation (ADAP) programming.

The selection of the **villages** for inclusion in the evaluation is very important. For the high touch-point sub-zoba, we want to select a village or community that has received two or more sectoral interventions that are supported by UNICEF (see table on next page). In other words, we want to ensure that the high touch-point village has received multiple services that are supported by UNICEF across health, nutrition, education, child protection and WASH. For the low touch-point sub-zoba, we want to select a village or community that has received no UNICEF-supported interventions, or only one sectoral intervention. This distinction is important for us to learn the added benefit of multisectoral programme convergence.

In addition to the engagement goals, gender ratios and ethnic representation outlined in Tables 1–3, the **recruitment criteria for evaluation participants** from high touch-point and low touch-point sub-zobas are provided in Table 4. For high touch-point sub-zobas, it is useful to **first identify schools, health centres, ECD centres, adult literacy centres or other community spaces/facilities where more than two UNICEF-supported sectoral interventions have been implemented**. This will ensure the likelihood of locating individuals who have been exposed to UNICEF-supported interventions for high touch-point sub-zobas in particular.

The participatory data collection sessions should take place in a community space that participants already frequent, such as a school, preschool, health centre, ECD centre or administrative facility. To ensure safety, all sessions must be held outdoors, such as in a courtyard or covered outdoor space. The session locations will also be determined in consultation with local authorities and UNICEF.

Additional Criteria for Participation

Location	Criteria	Examples of UNICEF-Supported ECD Interventions	Examples of UNICEF-Supported ADAP Interventions
High touch-point sub-zobas Asmat (ECD), Ghindea (ADAP)	Individuals who attend schools, preschools, health clinics, ECD centres, adult literacy centres or other community centres where at least <u>two or more</u> UNICEF-supported interventions have been implemented	Health Sector: <ul style="list-style-type: none">• IMNCI• IMAM• IYCF• Maternal and newborn health services• C4D health promotion Nutrition Sector: <ul style="list-style-type: none">• Vitamin A supplementation• Blanket supplementary feeding• Immunization WASH Sector: <ul style="list-style-type: none">• Sanitation, hygiene, water supply Education Sector: <ul style="list-style-type: none">• Early learning	Education Sector: <ul style="list-style-type: none">• Promotion of child rights (media outreach)• Youth development and engagement (such as children's clubs, adolescent life skills programmes, etc.) Protection Sector: <ul style="list-style-type: none">• Community mobilization and sensitization activities on female genital mutilation/cutting (FGM/C)• Mine risk education
Low touch-point sub-zobas Karen (ECD), Debub Denkel (ADAP)	Individuals who have <u>not been exposed to</u> UNICEF-supported interventions; AND/OR Individuals who have been <u>exposed to</u> <u>only one</u> UNICEF-supported intervention		

		<ul style="list-style-type: none"> opportunities • Community engagement • Construction of ECD centres <p>Multi-sectoral:</p> <ul style="list-style-type: none"> • Care for Child Development package, including parenting programme 	
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Steps for the Recruitment Process (High touch-point sub-zobas)

1. Identify a village that has received more than one UNICEF sectoral intervention
2. Identify four community service spaces where individuals may have been exposed to these interventions.
 - a. For ECD programming, identify four ECD centres, health facilities or preschools where parents of infants and toddlers have attended UNICEF-supported programming. Pick four community spaces that parents frequent and ensure a range of ethnic groups are represented. For example, select one ECD centre that provides services to each ethnic group from the village.
 - b. For ADAP programming, identify four schools where adolescents have attended UNICEF-supported programming. Pick four schools that adolescents attend and ensure a range of ethnic groups are represented. For example, select one school that provides services to each ethnic group from the village.
3. Recruit potential participants during school or when they typically attend programme or community events. Use the script below to recruit volunteers. Ask those who are interested to attend the session by providing the date and time.
4. List the name of the village, community spaces, interventions, # of participants by gender and ethnic groups in this [Participant Recruitment Tool](#) to keep track of recruitment.

Steps for the Recruitment Process (Low touch-point sub-zobas)

1. Identify a village that has received only one UNICEF sectoral intervention (or none)
2. Identify four community service spaces where individuals may gather.
 - a. For ECD programming, identify four ECD centres, health facilities or preschools that parents of infants and toddlers frequent. Pick four community spaces that parents frequent and ensure a range of ethnic groups are represented. For example, select one ECD centre that provides services to each ethnic group from the village.
 - b. For ADAP programming, identify four schools that adolescents frequent. Pick four schools that adolescents attend and ensure a range of ethnic groups are represented.

For example, select one school that provides services to each ethnic group from the village.

3. Recruit potential participants during school or when they typically gather for community events. Use the script below to recruit volunteers. Ask those who are interested to attend the session by providing the date and time.
4. List the name of the village, community spaces, interventions, # of participants by gender and ethnic groups in this [database](#) to keep track of recruitment.

Ethical Recruitment Procedures

- All individuals who meet the aforementioned criteria are invited to participate.
- Participation is voluntary; there should be no coercion or force/power used to make individuals participate.
- The rights of participants should be respected at all times; do no harm is the most important principle to follow at all times.
- All participants should be made aware of the evaluation purpose and their rights in the process. All participants should consent/agree to participate (see oral consent forms).
- Denial of services or programmes to individuals if they choose not to participate is not permitted under any circumstances or for any reason.

Scripts for recruitment and Consent

Consent must be obtained from service providers, parents of infants and toddlers, adolescents and parents/guardians of adolescents before any data is collected.

Given the literacy levels of participants, the consent forms will be read out loud by the evaluators as a group activity. Working with local programme managers and service providers, arrange a time to read the consent form to potential participants as a recruitment script. There are unique consent forms for each target group.

- Oral Consent Form - Parents of Infants and Toddlers
- Oral Consent Form - Adolescents
- Oral Consent Form - Parents/Guardians of Adolescents
- Oral Consent Form - Service Providers

Required Materials

Materials procured by UNICEF

- 500+ hand sanitizers
- 500+ masks
- 500 UNICEF tote bags or t-shirts
- 30 baskets
- 5,000 beans for single use (500 participants x 10 survey statements), more beans for girls/females
- 500 small plastic bags and ties (to package 10 beans for each participant)
- Disinfectant spray (a pack of 12 cans)

- Markers (2 boxes)
- Strong tape (about 10–12 large rolls)
- Large rolls of paper
- Long ruler (optional)
- Clip boards (optional)
- 1,500 circle stickers (3 per participant x 500 participants; mix of two colours, e.g., red for girls/females, blue for boys/males)
- Camera

Evaluation Tools

- [Shared Google folder](#) of all evaluation team files
- [Training PowerPoint presentations](#)
- [Final survey statements for each target group](#)
 - Translated into local languages
- [Survey image cards for each target group](#) (ideally laminated)
 - Translated into relevant languages
 - Adapted survey images for local context
- [30 response cards](#) (10 mostly true/yes, 10 sometimes true/sometimes, 10 never true/no)
 - Ideally laminated
 - Translated into relevant languages
- [Results chart template](#) (guide for making chart on large paper)
- [Qualitative note taking tool](#)
- [Session database tool](#)
- [Participant recruitment tool](#)
- [Participant demographics tool](#)
- [Participant consent forms](#)
- [Evaluation team guide](#) (this guide)

Session Overview

The participatory data collection session involves four main steps and takes approximately two hours.

1. Obtain participant consent (15 minutes)
2. Gather the data through interactive scoring technique (25 minutes)
3. Tally and discuss the results in small groups (40 minutes)
4. Identify most significant changes and priority issues (40 minutes)

The assessment tools were derived from **Child Friendly Places**, a global participatory action research project from 2008 and 2015 that was led by researchers from the [Children's Environments Research Group \(CERG\)](#) of the Graduate Center of the City University of New York, in collaboration with the UNICEF Office of Research, the Childwatch International Research Network, the Bernard van Leer Foundation, numerous UNICEF Country Offices and UNICEF National Committees, as well as local and global non-governmental organizations such as Plan International, World Vision and Save the Children.

This process, as well as the facilitator guides and survey tools, was field tested in more than 55 communities across 35 countries with diverse social and economic development contexts. Each aspect of the tools and survey items was content and age validated by a network of international child rights researchers, and with the participation of government representatives, adolescents, parents and service providers. The tools are designed to be adapted for the local context, including the visual survey images and survey items.

View case studies of this approach: [Child Friendly Places](#)

Scoring Technique

The scoring technique for the interactive surveys will utilize local objects and will be anonymous. We will utilize local baskets (such as a *sefet*, *hamham* or buckets) and white and black beans for scoring. Each participant will receive their own small bag of beans – white for girls/females and black for boys/males. This will ensure participants only touch their own beans to reduce exposure to COVID-19. The session will take place outdoors, such as in a school courtyard or open space to ensure social distancing. This session was planned for a mix of girls and boys with 25 participants and 4 facilitators.

The process ensures the participants view the results in real-time, which enables them to help analyse the data in a group discussion. Using graphic results charts, the facilitators tally the number of respondents by the number who indicated their score for a survey statement was mostly true, somewhat true, or never true. During the discussion, facilitators take notes that help explain why participants scored a particular way to capture qualitative data that helps make meaning of the results. These charts also enable participants to reflect on which survey items witnessed the most significant changes or improvements for a defined time period, as well as to prioritize issues for further consideration by UNICEF.

Before the session



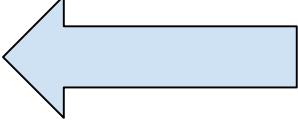
Poke a hole in each basket top or cut the tip off the top so that a bean can fit through it. This will ensure the scoring is anonymous.

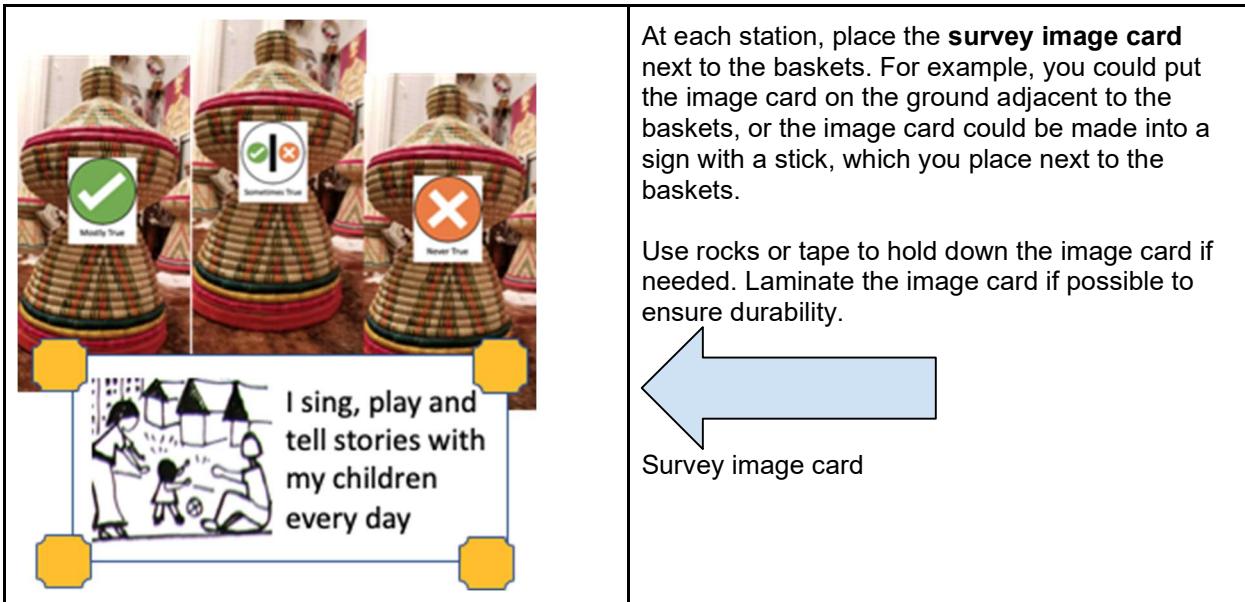
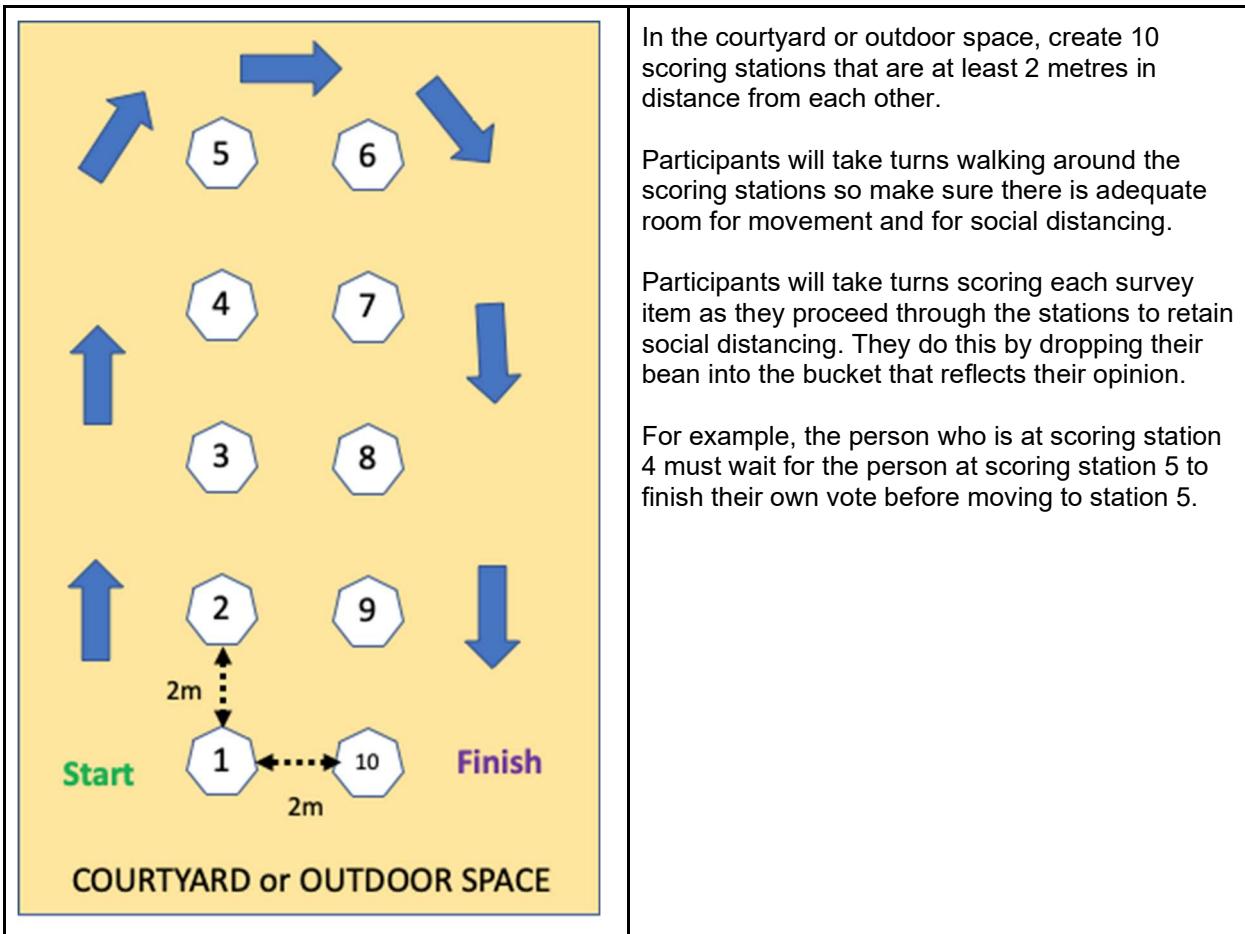
Given there are 10 survey items and 3 response categories (mostly true, sometimes true, never true – or, alternatively: yes, sometimes, no), a total of 30 baskets are required. These baskets can be used for each session, after they are disinfected.



Tape, staple or tie a response category image onto each basket (can also use a smiley face, straight face and sad face).



<p>GIRLS / WOMEN</p>  <p>BOYS / MEN</p> 	<p>Prepare the beans for participants. Select larger beans over smaller beans.</p> <p>Make <u>individual bags</u> of 10 beans each (1 bean per survey statement). Give girls/females a bag of white beans and boys/men a bag of black beans. This will assist in the disaggregation of the data after the session is over for use in the evaluation.</p> <p>White beans = girls/females Black beans = boys/men</p> <p>NOTE: Different coloured beans can be used, but make sure all evaluators know what the colours mean.</p>
	<p>Prepare the results chart using large sheets of paper and markers. Tape the survey image cards to the results chart.</p>  <p>Hang the results chart in the courtyard where all participants can see it.</p>



During the session



Scoring your opinions

Conduct a quick warm-up activity to get the participants engaged.

Discuss the word **opinion** with participants; UNICEF is interested in their opinions, i.e., what they think about the programmes or about their community. Emphasize that for this activity, it is okay to have different opinions. There are no right or wrong answers. Participants should score based upon their own opinion and experiences in their community.

Before scoring begins, the local evaluation team will be spread out around all 10 stations. Each team member will take turns reading the survey statements, one-by-one, at all 10 stations, so all participants can hear them in advance of scoring.

To assist in comprehension, the evaluator may hold up the image card for participants to see. The local evaluation team needs to explain and model the scoring technique. Use an example, such as "I like mangos", to make sure everyone understands how to score.

Participants score their opinion by:

- 1) Walking to the survey station
- 2) Reading the survey statement (or having it read to them if needed)
- 3) Deciding how they want to vote
- 4) Dropping their bean in the basket that reflects their vote

The local evaluation team should be prepared to re-read the survey statements to participants during the scoring process to ensure those with lower literacy levels understand each statement.



Tallying the results

Once all of the participants have had an opportunity to score their opinions on all 10 survey statements, it is now time to tally and discuss the results.

This requires the counting of the total number of beans found in each basket for each survey item. In this example, there are a total of 11 beans, or participants who said “mostly true” to the survey statement.

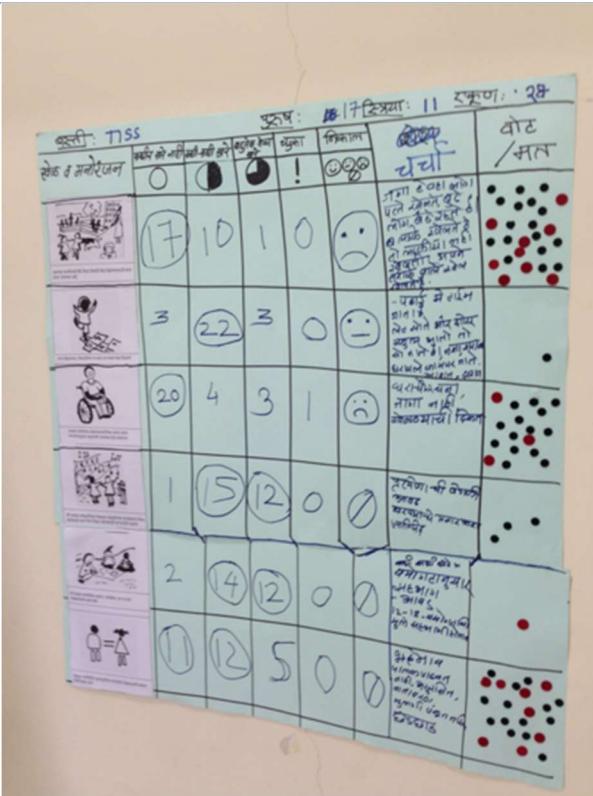


The local evaluation team should count the responses to ensure the beans are not lost or stolen.

Enter the total counts on the results chart, which should be hung on a wall near the scoring stations for everyone to see.

The total responses should be shared out loud with participants and logged onto a results chart. For example, “we have 11 votes here that say mostly true for [insert survey statement]”. This will ensure the participants remain engaged during the counting process.

NOTE: The evaluators will count the results by gender group after the session because this would take too much time out of the session itself. In this example, there are 4 votes for girls and 7 for boys.



Discussing the results

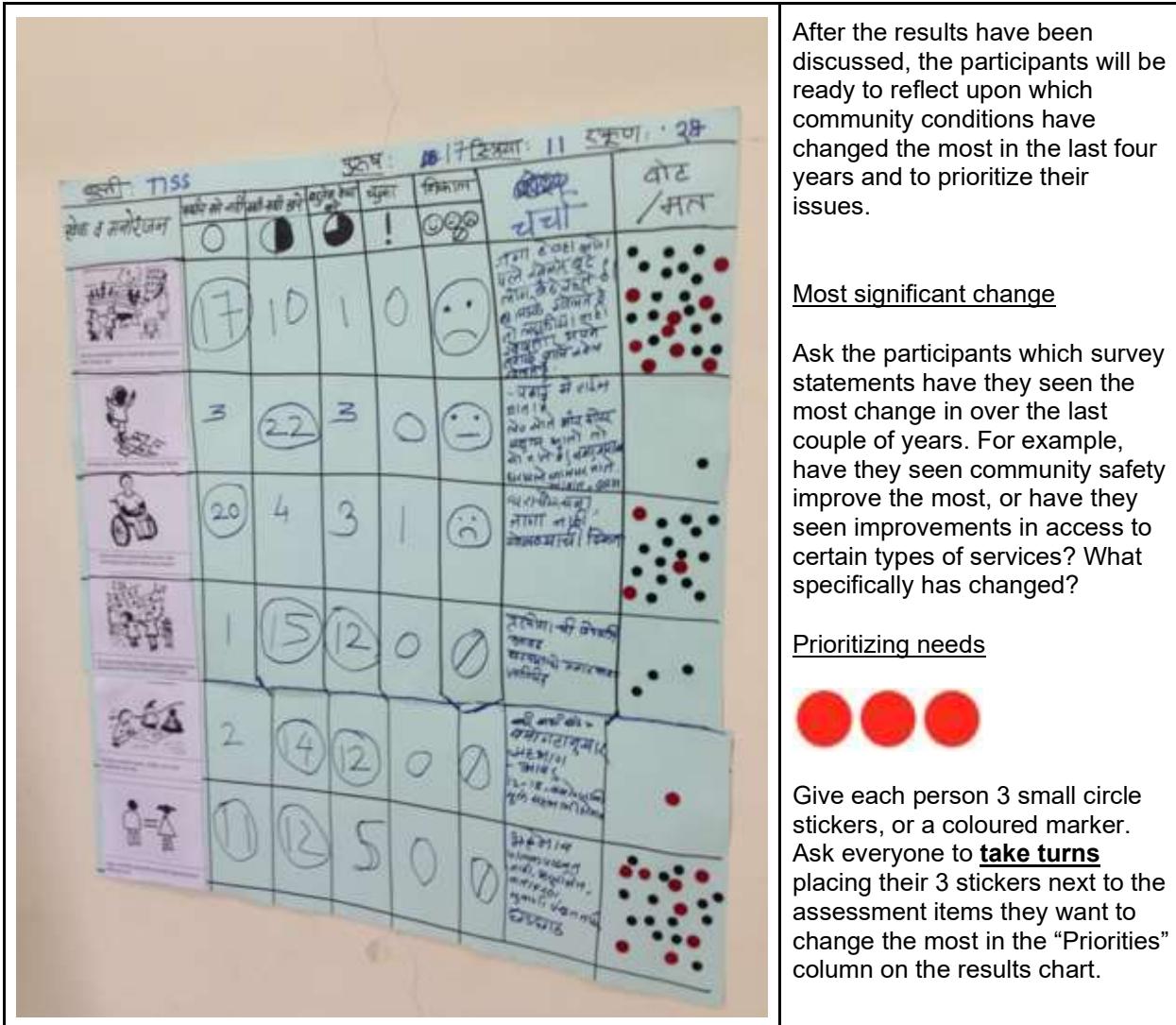
After all the scores have been tallied, the evaluators will split the group of 25 into two groups. Two evaluators will be assigned to each group with one as the lead facilitator and one as a notetaker.

The main question guiding the discussion is, “**how did you score this statement, and why?**” To interpret the results with participants, follow this logic:

- If a majority of people say the statement is **mostly true**, this means their rights are being realized; ask for examples of what is working, as this is a community asset.
- If most people say the statement is **never true**, this means their rights are not being realized; ask why is this right not being realized?
- If most people say the statement is **sometimes true**, this means that some aspects of their rights are being realized, but others are not; ask under what conditions it is sometimes true, and sometimes not true?
- For example, is it true for some people, but not others (such as girls vs. boys), or does it depend on the situation or time of day?

Tips for meaningful discussions

- Frequently remind participants that there are no right or wrong answers, that this is based upon their own personal experiences and opinions.
- Frequently explain that it is okay to have different opinions.
- Explain to participants that UNICEF really wants to learn from them about how to do its work better, and that anything they can share will be helpful.
- Do not force someone to speak if they prefer not to.
- Encourage others to listen while others are talking and to respect one another.



After the results have been discussed, the participants will be ready to reflect upon which community conditions have changed the most in the last four years and to prioritize their issues.

Most significant change

Ask the participants which survey statements have they seen the most change in over the last couple of years. For example, have they seen community safety improve the most, or have they seen improvements in access to certain types of services? What specifically has changed?

Prioritizing needs



Give each person 3 small circle stickers, or a coloured marker. Ask everyone to take turns placing their 3 stickers next to the assessment items they want to change the most in the "Priorities" column on the results chart.

THANK YOU!

End the session by thanking all of the participants for their time and thoughtful contributions.

Explain that you will now pass out a small gift from UNICEF. Have two evaluators be prepared to pass out the small gifts to participants. Upon giving the gifts to the participants, ask that they verify their gender, ethnic group and age using the [Participant Demographics Tool](#).

After the session

- Take a photo of the results chart.
- Tally the results by gender.
- Input the session data into the [Session Database Tool](#).

Annex D: Evaluation Matrix

Criteria	Main EQ	Evaluation Sub-Questions	Indicators	Data Sources	Methods
Relevance	Is the Country Programme doing the right things?	1.1. What were UNICEF's strengths in the country from 2017 to 2021, particularly in comparison to other UN agencies and development partners, and how were these harnessed to help achieve results?	UNICEF's budget in relation to other UN agencies Typology of UNICEF's comparative advantages and major successes in programme implementation	<ul style="list-style-type: none"> • UNICEF staff members • UNICEF Senior Management • UN agency representatives • GoSE representatives • SPCF 2017–2021 • Country Office Annual Reports (2017–2020) • RAM (2019–2020) 	Focus groups Key informant interviews Document review
		1.2. Were UNICEF's strategies to address equity and gender mainstreaming in line with local needs and at an appropriate scale of implementation to reach the most marginalized?	Summary of equity and gender issues and needs in the country, by sub-zoba Proportion targeted and reached by sub-zoba Typology of strategies or approaches to gender mainstreaming	<ul style="list-style-type: none"> • Situation Analysis (2019) • Spatial data on programme implementation • Programme data on reach • Programme Strategy Notes (2016, 2019, 2021) • Programme concept notes, studies • UNICEF staff members 	Statistical data analysis – ratio of reached vs. total population, disaggregated by sex Spatial data analysis – mapping of UNICEF programming by sub-zoba

Criteria	Main EQ	Evaluation Sub-Questions	Indicators	Data Sources	Methods
				<ul style="list-style-type: none"> • NUYSE adolescent representatives 	Document review Focus groups Participatory data collection session
		1.3. To what extent has UNICEF been able to position itself as a strategic partner in the country context, including adjusting to changing situations?	Typology of partnerships Partner perceptions of UNICEF's comparative advantage	<ul style="list-style-type: none"> • UN agency representatives • GoSE representatives 	Key informant interviews and/or focus groups
		1.4. What adjustments were made to UNICEF's strategies in response to programme monitoring and/or changes in the operational context, and how effective were these modifications?	Major events that changed the operating context, mapped onto a timeline Typology, adjustments and ranking of strategies for each programming component	<ul style="list-style-type: none"> • UNICEF staff members • UNICEF Senior Management • Programme Strategy Notes (2016, 2019, 2021) • Country Office Annual Reports (2017–2020) 	Focus groups Document review
Coherence	How well does the Country Programme fit?	2.1. To what extent have the Core Commitments for Children in Humanitarian Action and UNICEF's Gender Action Plans (2014–2017 and 2018–2021) been consistently integrated into all aspects of programming and implementation,	Extent of alignment with action plans in theories of change and results frameworks for each programming component (no alignment, somewhat aligned with gaps, aligned)	<ul style="list-style-type: none"> • Programme Strategy Notes (2016, 2019, 2021) • Core Commitments for Children in Humanitarian Action and UNICEF's Gender Action Plans (2014–2021) 	Document review

Criteria	Main EQ	Evaluation Sub-Questions	Indicators	Data Sources	Methods
		<p>including in the Programme Strategy Notes and related theories of change?</p> <p>2.2. What roles and contributions did the Government, UN agencies and other national actors have in UNICEF's approach to programme convergence, and how well were these activities coordinated?</p>	<p>Identification of roles (backbone function for programme convergence, implementing partner on specific interventions, convener, etc.)</p> <p>Identification of the common agenda and typology of actor contributions of actors against the theory of change</p> <p>Typology of coordination mechanisms at the national, regional and sub-zoba levels to facilitate continuous communication, monitoring and learning</p> <p>Ranking of coordination mechanisms in terms of effectiveness (frequency, participation, results)</p>	<p>2017 and 2018–2021)</p> <ul style="list-style-type: none"> • UNICEF staff members • UN agency representatives • GoSE representatives • SPCF 2017–2021 • SPCF Mid-Term Review • SPCF Evaluation • SPCF Common Country Analysis 	<p>Focus groups</p> <p>Key informant interviews</p> <p>Document review</p>
		<p>2.3. Did UNICEF's approach to addressing the challenges of equity and gender equality play a complementary role to that of Government, UN agencies and other national actors?</p>	<p>Identification of mutually reinforcing activities or interventions between UNICEF, UN agencies and the Government, as well as potential gaps in programming</p>	<ul style="list-style-type: none"> • UNICEF Eritrea CPD • National development plans • Programme documents (conceptual) 	<p>Document review</p> <p>Key informant interviews</p> <p>Focus groups</p>

Criteria	Main EQ	Evaluation Sub-Questions	Indicators	Data Sources	Methods
			Evaluability of shared measurement system and synergistic indicators to monitor equity and gender equality	<p>frameworks, studies, etc.)</p> <ul style="list-style-type: none"> • Programme Strategy Notes (2016, 2019, 2021) • Country Office Annual Reports (2017–2020) • RAM (2019–2020) • Representatives from the GoSE • UN agency representatives • UNICEF staff members 	
Effectiveness	Did the Country Programme achieve its objectives?	3.1. Did the Country Programme contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality?	<p>Changes in adolescent perceptions towards inclusion and gender equality in their schools and communities</p> <p>Changes in parental perceptions of harmful gender and social norms</p> <p>Typology of outcomes associated with gender equality, strengths and weaknesses</p> <p>Identification of the most significant changes in gender equality at the national,</p>	<ul style="list-style-type: none"> • NUYSE adolescent representatives • Adolescent girls and boys in select sub-zobas • Mothers and fathers in select sub-zobas • UNICEF staff members • UN agency representatives • GoSE representatives 	<p>Participatory data collection sessions</p> <p>Focus groups</p> <p>Key informant interviews</p> <p>Document review</p>

Criteria	Main EQ	Evaluation Sub-Questions	Indicators	Data Sources	Methods
			regional and sub-zoba or community levels	<ul style="list-style-type: none"> • Programme Strategy Notes (2016, 2019, 2021) • Country Office Annual Reports (2017–2020) • RAM (2019–2020) • Situation Analysis (2019) 	
		3.2. What results have been achieved by UNICEF through programme convergence, and at what levels of change (e.g., national, zoba, sub-zoba or community)?	<p>Changes in adolescent perceptions of their schools and communities in relation to specific UNICEF programming interventions (use of services, community conditions, etc.)</p> <p>Changes in parental capacity to practice nurturing care (play and early stimulation, reduction in violent forms of discipline, use of ECD services, etc.)</p> <p>Typology of approaches and outcomes to programme convergence, strengths and weaknesses</p> <p>Identification of the most significant changes associated</p>	<ul style="list-style-type: none"> • NUYSE adolescent representatives • Adolescent girls and boys in select sub-zobas • Mothers and fathers in select sub-zobas • UNICEF staff members • UN agency representatives • GoSE representatives • Programme Strategy Notes (2016, 2019, 2021) 	<p>Participatory data collection sessions</p> <p>Focus groups</p> <p>Key informant interviews</p> <p>Document review</p>

Criteria	Main EQ	Evaluation Sub-Questions	Indicators	Data Sources	Methods
			with programme convergence at the national, regional and sub-zoba or community levels	<ul style="list-style-type: none"> • Country Office Annual Reports (2017–2020) • RAM (2019–2020) • Situation Analysis (2019) • Programme studies, reports, national plans 	
Efficiency How well were Country Programme resources managed and utilized?	4.1. Were UNICEF Country Office resources (funds, human resources, time, expertise, etc.) allocated, tracked and utilized strategically to achieve results, including equity and gender-related objectives?	UNICEF CO budget allocations and expenditures, mapped against programming component and results achieved	<ul style="list-style-type: none"> • Country Office Annual Reports (2017–2020) • RAM (2019–2020) • Situation Analysis (2019) • UNICEF Office Management Plan, CO budget data (CPD, SPCF) • Programme studies, reports, national plans • UNICEF Senior Management 	Document review Frequency distributions on budget expenditures Key informant interviews	
	4.2. Were the necessary management, coordination, monitoring and evaluation structures in place in the UNICEF Country Office to effectively implement programme convergence?	Institutional readiness to implement programme convergence – Extent to which the management conditions for collective impact initiatives were in place during the Country Programme implementation (in particular, backbone function, continuous	<ul style="list-style-type: none"> • UNICEF staff members • UNICEF Senior Management • UNICEF Office Management Plan, organogram 	Focus groups Key informant interviews Document review	

Criteria	Main EQ	Evaluation Sub-Questions	Indicators	Data Sources	Methods
		communication mechanisms, shared measurement system) (conditions in place and effective, some conditions in place but gaps or challenges remain, no conditions in place)			
Sustainability Will the benefits of the Country Programme last?	5.1. To what extent are the positive changes and effects of the Country Programme sustainable at the relevant levels (e.g., national, zoba, sub-zoba and community)?	Evidence of system strengthening results (new policies, sector plans, public financing for children, scaling of interventions, etc.) (substantial evidence, some evidence, limited evidence, no evidence)	<ul style="list-style-type: none"> • UNICEF staff members • Country Office Annual Reports (2017–2020) • RAM (2019–2020) • Situation Analysis (2019) 	Focus groups Document review	
	5.2. To what extent have the programme strategies and approaches adopted by UNICEF contributed to the sustainability of results, especially equity and gender-related results?	Lessons learned from programme implementation Recommendations for strengthening programme strategies	<ul style="list-style-type: none"> • UNICEF staff members 	Focus groups	

Annex E: Data Tables

Table 15: Summary of CSD programme implementation, by geography, sector and number targeted

Zoba	Sub-Zoba	Health	Nutrition	WASH	Education	C4D	Social Protection	N Interventions	N Targeted
Anseba	Adi Tekelezan	3	3	2	2	1	0	11	56,433
	Asmat	3	4	3	2	1	0	13	57,003
	Elabered	3	3	2	1	1	1	11	91,448
	Gheleb	3	4	2	1	0	0	10	54,770
	Habero	3	4	1	1	0	0	9	75,207

Zoba	Sub-Zoba	Health	Nutrition	WASH	Education	C4D	Social Protection	N Interventions	N Targeted
	Hagaz	3	4	2	1	1	1	12	102,537
	Halhal	3	3	2	2	0	1	11	73,381
	Hamelmalo	3	3	3	1	0	0	10	38,095
	Keren	3	3	0	1	1	0	8	87,525
		27	31	17	12	5	3	95	636,399
Debub	Adi Keih	3	3	0	1	1	0	8	64,515
	Adi Quala	3	3	0	1	2	0	9	95,064
	Areza	3	3	0	1	1	1	9	106,462
	Dbarwa	3	3	1	1	1	0	9	121,047
	Dekemhare	3	3	0	1	1	0	8	79,421
	Emni Haili	3	3	3	1	0	1	11	78,141
	Maimine	3	3	0	1	1	1	9	53,836
	May Aini	3	3	0	1	1	1	9	61,949
	Medefera	3	3	0	1	1	0	8	59,531
	Segeneity	3	3	2	1	1	0	10	67,783
	Senafe	3	3	0	1	1	0	8	77,285
	Tsorona	3	3	0	0	0	0	6	52,974
		36	36	6	11	11	4	104	918,008
Gash Barka	Akurdet	3	3	0	2	1	0	9	62,111
	Barentu	3	3	0	2	1	2	11	65,155
	Dige	3	3	0	2	0	0	8	43,797
	Forto	4	3	2	1	0	0	10	51,674
	Gogne	3	3	0	2	1	2	11	39,215
	Goluj	6	3	3	2	2	0	16	116,583
	Haykota	3	3	1	2	1	2	12	68,053
	Kerkebet	0	4	1	2	0	0	7	24,316
	Laelay Gash	3	3	0	2	1	0	9	92,462
	Logo Anseba	3	3	0	2	1	0	9	43,193
	Mensura	3	3	0	2	0	0	8	55,509
	Mogolo	3	3	2	2	0	1	11	26,079
	Molqi	3	3	0	2	0	0	8	53,908
	Sela	4	0	2	2	0	0	8	9,270

Zoba	Sub-Zoba	Health	Nutrition	WASH	Education	C4D	Social Protection	N Interventions	N Targeted
	Shambuko	3	3	1	2	1	0	10	65,803
	Tesseney	3	3	2	0	1	0	9	79,650
		50	46	14	29	10	7	156	896,778
Maekel	Berik	3	3	2	1	1	0	10	61,477
	Debubawi Mibrak	3	3	0	0	1	0	7	82,491
	Debubawi Mierab	3	3	0	0	1	0	7	110,599
	Galanefti	3	3	0	0	1	0	7	73,452
	Semienawi Mibrak	3	3	1	0	1	0	8	131,879
	Semienawi Mierab	3	3	0	0	1	0	7	102,945
	Serejeka	3	3	1	1	1	0	9	77,373
		21	21	4	2	7	0	55	640,216
Northern Red Sea	Adobha	4	3	0	2	0	0	9	25,206
	Afabet	3	3	0	2	1	2	11	95,407
	Dahlak	3	3	0	1	0	0	7	3,169
	Foro	3	3	3	2	1	1	13	53,952
	Ghelalo	4	3	1	2	1	0	11	33,180
	Ghindae	3	3	3	2	1	0	12	59,789
	Karora	3	3	0	2	1	1	10	32,874
	Massawa	3	3	0	2	1	0	9	36,880
	Nakfa	4	3	0	1	1	1	10	53,570
	Shieb	3	3	2	1	1	2	12	61,893
		33	30	9	17	8	7	104	455,920
Southern Red Sea	Araeta	4	3	3	2	1	0	13	32,502
	Assab	4	3	0	0	1	1	9	30,136
	Debub Denkel	4	3	2	1	1	0	11	25,677
	Maekel Denkel	4	3	1	2	1	0	11	17,671
		16	12	6	5	4	1	44	105,986

Table 16: Summary of BECPP programme implementation, by geography, sector and number targeted

Zoba	Sub-Zoba	Education	Child Protection	C4D	N Interventions	N Targeted
Anseba	Adi Tekelezan	1	1	2	4	46,612

Zoba	Sub-Zoba	Education	Child Protection	C4D	N Interventions	N Targeted
	Asmat	1	0	2	3	760
	Elabered	0	1	2	3	6,000
	Habero	1	0	0	1	1,000
	Hagaz	0	1	2	3	5,000
	Halhal	1	1	0	2	73,037
	Hamelmalo	0	1	0	1	38,498
	Keren	1	1	2	4	52,570
		5	6	10	21	223,477
Debub	Adi Keih	0	0	2	2	No data
	Adi Quala	0	1	3	4	17,000
	Areza	0	0	2	2	No data
	Dbarwa	0	1	2	3	132,413
	Dekemhare	0	0	2	2	No data
	Maimine	0	0	2	2	No data
	May Aini	0	0	2	2	No data
	Segeneity	0	0	3	3	No data
	Senafe	0	1	1	2	No data
	Tsorona	0	1	0	1	9,000
		0	3	14	17	158,413
Gash Barka	Akurdet	1	0	2	3	240
	Barentu	1	1	2	4	8,240
	Dige	1	0	0	1	120
	Gogne	1	0	0	1	240
	Goluj	1	0	0	1	120
	Haykota	1	0	0	1	240
	Kerkebet	1	0	0	1	1,400
	Laelay Gash	1	1	2	4	6,300
	Logo Anseba	1	0	2	3	120
	Mensura	1	0	0	1	240
	Mogolo	1	0	0	1	240
	Molqi	1	0	0	1	240
	Sela	1	0	0	1	360

Zoba	Sub-Zoba	Education	Child Protection	C4D	N Interventions	N Targeted
	Shambuko	1	1	2	4	5,240
	Tesseney	0	0	2	2	No data
		14	3	12	29	23,340
Maekel	Berik	0	0	2	2	No data
	Debubawi Mibrak	0	0	2	2	No data
	Debubawi Mierab	0	0	2	2	No data
	Galanefhi	0	0	2	2	No data
	Semienawi Mibrak	0	0	2	2	No data
	Semienawi Mierab	0	0	2	2	No data
	Serejeka	0	0	2	2	No data
		0	0	14	14	No data
Northern Red Sea	Adobha	1	0	0	1	240
	Afabet	1	1	2	4	5,400
	Dahlak				0	
	Foro	1	1	2	4	10,320
	Ghelalo	1	1	0	2	280
	Ghindae	1	1	2	4	130,360
	Karora	1	0	2	3	600
	Massawa	1	0	2	3	80
	Nakfa	1	0	2	3	400
	Shieb	1	1	2	4	8,120
		9	5	14	28	155,800
Southern Red Sea	Araeta	1	1	2	4	2,780
	Assab	0	0	2	2	No data
	Debub Denkel	1	1	2	4	3,260
	Maekel Denkel	1	0	2	3	40
		3	2	8	13	6,080

Table 17: Comparison of CSD scorecards

Indicator	Gender	Parent Scorecards (N=200)			Service Provider Scorecards (N=50)			Community Scorecards (N=250)			Overall
		LTP	HTP	Difference	LTP	HTP	Difference	LTP	HTP	Difference	
Early Stimulation and Care	Females	7.96	8.21	0.25	6.67	4.67	-2.00	7.32	6.44	-0.88	6.88
	Males	7.41	6.86	-0.55	5.32	5.17	-0.15	6.37	6.01	-0.36	6.19
	Total	7.80	7.83	0.03	5.48	4.92	-0.56	6.64	6.38	-0.26	6.51
Gender-Responsive Parenting	Females	7.88	8.92	1.04	5.33	6.75	1.42	6.61	7.83	1.22	7.22
	Males	8.42	7.76	-0.66	8.45	6.33	-2.12	8.44	7.04	-1.40	7.74
	Total	8.05	8.58	0.53	8.08	6.54	-1.54	8.06	7.56	-0.50	7.81
Access to Play Opportunities	Females	5.22	6.19	0.97	3.67	3.42	-0.25	4.44	4.81	0.37	4.63
	Males	4.79	4.71	-0.08	4.68	4.08	-0.60	4.73	4.40	-0.33	4.57
	Total	5.08	5.78	0.70	4.56	3.75	-0.81	4.82	4.77	-0.05	4.80
Participation in ECE opportunities	Females	6.31	9.03	2.72	8.33	7.50	-0.83	7.32	8.26	0.94	7.79
	Males	6.70	8.71	2.01	4.77	5.92	1.15	5.73	7.32	1.59	6.53
	Total	6.43	8.96	2.53	5.2	6.71	1.51	5.81	7.84	2.03	6.83
Access to community health care services	Females	6.54	9.37	2.83	5.33	6.83	1.50	5.93	8.10	2.17	7.02
	Males	6.39	8.28	1.89	9.55	6.00	-3.55	7.97	7.14	-0.83	7.56
	Total	6.49	9.05	2.56	9.04	6.42	-2.62	7.76	7.74	-0.02	7.75
Immunization services	Females	8.93	10.00	1.07	8.33	8.08	-0.25	8.63	9.04	0.41	8.84
	Males	8.40	10.00	1.60	8.41	7.67	-0.74	8.41	8.84	0.43	8.63
	Total	8.76	10.00	1.24	8.4	7.88	-0.52	8.58	8.94	0.36	8.76
Adequate nutrition	Females	4.22	6.26	2.04	2.33	4.50	2.17	3.27	5.38	2.11	4.33
	Males	4.22	5.04	0.82	3.41	3.33	-0.08	3.82	4.18	0.36	4.00
	Total	4.22	5.94	1.72	3.28	3.92	0.64	3.75	4.93	1.18	4.34
Access to toilets	Females	7.24	7.94	0.70	5.33	4.42	-0.91	6.28	6.18	-0.10	6.23
	Males	7.30	7.59	0.29	4.05	4.00	-0.05	5.68	5.79	0.11	5.74
	Total	7.26	7.84	0.58	4.20	4.21	0.01	5.73	6.03	0.30	5.88
Access to water for hygiene	Females	6.73	7.65	0.92	5.33	6.42	1.09	6.03	7.03	1.00	6.53
	Males	6.30	6.86	0.56	6.27	5.08	-1.19	6.29	5.97	-0.32	6.13
	Total	6.61	7.42	0.81	6.16	5.75	-0.41	6.38	6.59	0.21	6.49
Community safety	Females	8.41	9.52	1.11	8.33	9.17	0.84	8.37	9.35	0.98	8.86
	Males	8.55	9.51	0.96	8.23	6.83	-1.40	8.39	8.17	-0.22	8.28
	Total	8.46	9.47	1.01	8.24	8.00	-0.24	8.35	8.74	0.39	8.55

Blue shading indicates positive differences in scorecards from high to low touch-point communities.

Table 18: Comparison of frequency responses for CSD indicators (MT: mostly true; ST: sometimes true; NT: never true)

Indicator	Gender	Low Touch-Point Parents (N=100)			High Touch-Point Parents (N=100)			Low Touch-Point Service Providers (N=25)			High Touch-Point Service Providers (N=25)		
		% MT	% ST	% NT	% MT	% ST	% NT	% MT	% ST	% NT	% MT	% ST	% NT
Early Stimulation and Care	Females	60%	39%	1%	65%	33%	1%	33%	67%	0%	0%	92%	8%
	Males	53%	41%	6%	43%	50%	7%	14%	77%	9%	17%	67%	17%
	Total	58%	39%	3%	59%	38%	3%	16%	76%	8%	8%	79%	13%
Gender-Responsive Parenting	Females	62%	32%	6%	82%	14%	4%	33%	33%	33%	42%	50%	8%
	Males	68%	32%	0%	55%	45%	0%	73%	23%	5%	33%	58%	8%
	Total	64%	32%	4%	74%	23%	3%	68%	24%	8%	38%	54%	8%
Access to Play Opportunities	Females	33%	32%	36%	47%	24%	29%	0%	67%	33%	8%	42%	50%
	Males	27%	33%	39%	29%	29%	43%	23%	41%	36%	8%	58%	33%
	Total	31%	32%	37%	42%	25%	33%	20%	44%	36%	8%	50%	42%
Participation in ECE opportunities	Females	48%	25%	27%	84%	13%	4%	67%	33%	0%	50%	50%	0%
	Males	48%	33%	18%	86%	0%	14%	14%	64%	23%	25%	67%	8%
	Total	48%	27%	25%	84%	10%	6%	20%	60%	20%	38%	58%	4%
Access to community health care services	Females	37%	55%	8%	87%	13%	0%	33%	33%	33%	50%	33%	17%
	Males	35%	55%	10%	66%	34%	0%	91%	9%	0%	33%	50%	17%
	Total	36%	55%	8%	81%	19%	0%	84%	12%	4%	42%	42%	17%
Immunization services	Females	79%	21%	0%	100%	0%	0%	67%	33%	0%	75%	8%	17%
	Males	70%	28%	3%	100%	0%	0%	68%	32%	0%	67%	17%	17%
	Total	76%	23%	1%	100%	0%	0%	68%	32%	0%	71%	13%	17%
Adequate nutrition	Females	14%	49%	37%	34%	55%	11%	0%	33%	67%	17%	50%	33%
	Males	11%	56%	33%	19%	58%	23%	5%	50%	45%	0%	58%	42%
	Total	13%	51%	36%	30%	56%	14%	4%	48%	48%	8%	54%	38%
Access to toilets	Females	50%	43%	7%	63%	31%	6%	33%	33%	33%	8%	67%	25%
	Males	48%	48%	3%	52%	48%	0%	14%	45%	41%	0%	75%	25%
	Total	50%	45%	6%	60%	36%	4%	16%	44%	40%	4%	71%	25%
Access to water for hygiene	Females	43%	47%	10%	56%	39%	4%	33%	33%	33%	42%	42%	17%
	Males	37%	50%	13%	48%	38%	14%	36%	50%	14%	8%	83%	8%
	Total	41%	48%	11%	54%	39%	7%	36%	48%	16%	25%	63%	13%
Community safety	Females	68%	32%	0%	92%	7%	1%	67%	33%	0%	83%	17%	0%
	Males	71%	29%	0%	92%	5%	3%	68%	27%	5%	50%	33%	17%
	Total	69%	31%	0%	91%	7%	2%	68%	28%	4%	67%	25%	8%

Table 19: Comparison of CSD priorities

Indicator	Gender	Parents (N=200)			Service Providers (N=50)			Community (N=250) Overall Total
		LTP	HTP	Sub-Total	LTP	HTP	Sub-Total	
Early Stimulation and Care	Females	0	9	9	0	0	0	9
	Males	0	1	1	0	1	1	2
	Total	0	10	10	0	1	1	11
Gender-Responsive Parenting	Females	0	2	2	0	0	0	2
	Males	0	7	7	1	1	2	9
	Total	0	9	9	1	1	2	11
Access to Play Opportunities	Females	6	8	14	0	0	0	14
	Males	3	4	7	0	1	1	8
	Total	9	12	21	0	1	1	22
Participation in ECE opportunities	Females	18	16	34	3	6	9	43
	Males	5	8	13	17	5	22	35
	Total	23	24	47	20	11	31	78
Access to community health care services	Females	38	50	88	2	6	8	96
	Males	22	17	39	7	8	15	54
	Total	60	67	127	9	14	23	150
Immunization services	Females	0	0	0	0	0	0	0
	Males	1	1	2	5	0	5	7
	Total	1	1	2	5	0	5	7
Adequate nutrition	Females	33	29	62	1	2	3	65
	Males	11	5	16	12	5	17	33
	Total	44	34	78	13	7	20	98
Access to toilets	Females	28	56	84	0	6	6	90
	Males	14	18	32	6	4	10	42
	Total	42	74	116	6	10	16	132
Access to water for hygiene	Females	51	41	92	2	16	18	110
	Males	19	26	45	18	11	29	74
	Total	70	67	137	20	27	47	184
Community safety	Females	0	2	2	1	0	1	3
	Males	0	1	1	0	0	0	1
	Total	0	3	3	1	0	1	4

Table 20: Comparison of BECPP scorecards

Indicator	Gender	Adolescent Scorecards (N=200)			Service Provider Scorecards (N=50)			Community Scorecards (N=250)			
		LTP	HTP	Difference	LTP	HTP	Difference	LTP	HTP	Difference	Overall
Awareness of children's rights	Females	8.02	7.30	-0.72	6.63	7.29	0.66	7.32	7.30	-0.03	7.31
	Males	8.14	6.62	-1.52	7.76	6.11	-1.65	7.95	6.37	-1.59	7.16
	Total	8.08	6.96	-1.12	7.40	6.44	-0.96	7.74	6.70	-1.04	7.22
Participation opportunities	Females	8.20	7.92	-0.28	3.75	6.57	2.82	5.97	7.25	1.27	6.61
	Males	8.14	7.08	-1.06	5.82	5.17	-0.65	6.98	6.13	-0.86	6.55
	Total	8.17	7.50	-0.67	5.16	5.56	0.40	6.67	6.53	-0.14	6.60
School attendance	Females	9.63	8.60	-1.03	6.00	8.57	2.57	7.81	8.59	0.77	8.20
	Males	9.31	8.62	-0.69	8.06	7.83	-0.23	8.68	8.23	-0.46	8.45
	Total	9.47	8.61	-0.86	7.40	8.04	0.64	8.44	8.33	-0.11	8.38
Career and college readiness	Females	8.10	6.96	-1.14	4.38	6.43	2.05	6.24	6.70	0.46	6.47
	Males	8.41	6.06	-2.35	2.76	4.00	1.24	5.58	5.03	-0.55	5.31
	Total	8.25	6.51	-1.74	3.28	4.68	1.40	5.77	5.60	-0.17	5.68
Community safety	Females	8.12	8.32	0.20	7.13	7.86	0.73	7.62	8.09	0.47	7.86
	Males	8.88	7.74	-1.14	8.59	8.39	-0.20	8.73	8.07	-0.67	8.40
	Total	8.49	8.03	-0.46	8.12	8.24	0.12	8.31	8.14	-0.17	8.22
Gender equality	Females	7.14	5.82	-1.32	8.25	8.57	0.32	7.69	7.20	-0.50	7.44
	Males	8.22	7.94	-0.28	8.06	6.56	-1.50	8.14	7.25	-0.89	7.70
	Total	7.67	6.88	-0.79	8.12	7.12	-1.00	7.90	7.00	-0.90	7.45
Psychosocial support	Females	6.02	5.74	-0.28	3.75	6.00	2.25	4.88	5.87	0.99	5.38
	Males	4.94	5.56	0.62	5.18	4.72	-0.46	5.06	5.14	0.08	5.10
	Total	5.49	5.65	0.16	4.72	5.08	0.36	5.11	5.37	0.26	5.24
Gender-friendly WASH in schools	Females	8.10	5.22	-2.88	4.38	9.29	4.91	6.24	7.26	1.02	6.75
	Males	7.33	4.78	-2.55	3.76	6.89	3.13	5.54	5.84	0.29	5.69
	Total	7.72	5.00	-2.72	4.22	7.56	3.34	5.97	6.28	0.31	6.13
Specialized programs for girls and boys	Females	7.25	4.24	-3.01	1.50	4.57	3.07	4.38	4.41	0.03	4.39
	Males	6.82	4.36	-2.46	3.41	4.56	1.15	5.11	4.46	-0.65	4.79
	Total	7.04	4.30	-2.74	2.80	4.56	1.76	4.92	4.43	-0.49	4.68
Hygiene and health awareness	Females	8.71	7.52	-1.19	7.00	9.29	2.29	7.85	8.41	0.55	8.13
	Males	7.90	8.04	0.14	8.88	8.39	-0.49	8.39	8.22	-0.17	8.30
	Total	8.31	7.78	-0.53	8.28	8.64	0.36	8.30	8.21	-0.08	8.25

Blue shading indicates positive differences in scorecards from high to low touch-point communities.

Table 21: Comparison of frequency responses for BECPP indicators (MT: mostly true; ST: sometimes true; NT: never true)

Indicators	Gender	Low Touch-Point Adolescents (N=100)			High Touch-Point Adolescents (N=100)			Low Touch-Point Service Providers (N=25)			High Touch-Point Service Providers (N=25)		
		% MT	% ST	% NT	% MT	% ST	% NT	% MT	% ST	% NT	% MT	% ST	% NT
Awareness of children's rights	Females	67%	25%	8%	54%	36%	10%	63%	0%	38%	57%	29%	14%
	Males	69%	22%	8%	42%	46%	12%	65%	24%	12%	22%	78%	0%
	Total	68%	24%	8%	48%	41%	11%	64%	16%	20%	32%	64%	4%
Participation opportunities	Females	69%	25%	6%	60%	38%	2%	25%	13%	63%	43%	43%	14%
	Males	69%	22%	8%	56%	26%	18%	35%	41%	24%	17%	67%	17%
	Total	69%	24%	7%	58%	32%	10%	32%	32%	36%	24%	60%	16%
School attendance	Females	94%	4%	2%	72%	28%	0%	50%	13%	38%	71%	29%	0%
	Males	88%	10%	2%	74%	24%	2%	71%	18%	12%	61%	33%	6%
	Total	91%	7%	2%	73%	26%	1%	64%	16%	20%	64%	32%	4%
Career and college readiness	Females	67%	27%	6%	52%	32%	16%	38%	0%	63%	29%	71%	0%
	Males	71%	24%	4%	42%	32%	26%	12%	18%	71%	11%	50%	39%
	Total	69%	26%	5%	47%	32%	21%	20%	12%	68%	16%	56%	28%
Community safety	Females	69%	24%	8%	68%	30%	2%	63%	13%	25%	57%	43%	0%
	Males	78%	22%	0%	58%	38%	4%	76%	18%	6%	72%	22%	6%
	Total	73%	23%	4%	63%	34%	3%	72%	16%	12%	68%	28%	4%
Gender equality	Females	57%	25%	18%	34%	44%	22%	75%	13%	13%	71%	29%	0%
	Males	69%	24%	6%	62%	34%	4%	71%	18%	12%	44%	39%	17%
	Total	63%	25%	12%	48%	39%	13%	72%	16%	12%	52%	36%	12%
Psychosocial support	Females	39%	37%	24%	34%	42%	24%	25%	13%	63%	43%	29%	29%
	Males	27%	39%	35%	32%	42%	26%	18%	65%	18%	17%	56%	28%
	Total	33%	38%	29%	33%	42%	25%	20%	48%	32%	24%	48%	28%
Gender-friendly WASH in schools	Females	67%	27%	6%	30%	38%	32%	38%	0%	63%	86%	14%	0%
	Males	53%	39%	8%	34%	18%	48%	18%	29%	53%	56%	22%	22%
	Total	60%	33%	7%	32%	28%	40%	26%	22%	52%	64%	20%	16%
Specialized programs for girls and boys	Females	61%	20%	20%	20%	36%	44%	0%	13%	88%	14%	57%	29%
	Males	51%	31%	18%	24%	30%	46%	6%	47%	47%	22%	39%	39%
	Total	56%	25%	19%	22%	33%	45%	4%	36%	60%	20%	44%	36%
Hygiene and health awareness	Females	80%	12%	8%	60%	28%	12%	50%	38%	13%	86%	14%	0%
	Males	61%	35%	4%	64%	32%	4%	82%	12%	6%	72%	22%	6%
	Total	71%	23%	6%	62%	30%	8%	72%	20%	8%	76%	20%	4%

Table 22: Comparison of BECPP priorities

Indicators	Gender	Adolescents (N=200)			Service Providers (N=50)			Community (N=250) Overall Total
		LTP	HTP	Total	LTP	HTP	Total	
Awareness of children's rights	Females	35	11	46	0	6	6	52
	Males	25	11	36	0	12	12	48
	Total	60	22	82	0	18s	18	100
Participation opportunities	Females	6	3	9	0	2	2	11
	Males	3	16	19	0	1	1	20
	Total	9	19	28	0	3	3	31
School attendance	Females	11	4	15	12	1	13	28
	Males	11	14	25	6	3	9	34
	Total	22	18	40	38	4	42	82
Career and college readiness	Females	15	10	25	5	3	8	33
	Males	23	15	38	5	13	18	56
	Total	38	25	63	10	16	26	89
Community safety	Females	10	10	20	0	1	1	21
	Males	15	5	20	0	6	6	26
	Total	25	15	40	0	7	7	47
Gender equality	Females	10	14	24	1	1	2	26
	Males	7	9	16	3	0	3	19
	Total	17	23	40	4	1	5	45
Psychosocial support	Females	13	11	24	1	3	4	28
	Males	6	9	15	0	5	5	20
	Total	19	20	39	1	8	9	48
Gender-friendly WASH in schools	Females	34	27	61	3	2	5	66
	Males	42	25	67	17	7	24	91
	Total	76	52	128	20	9	29	157
Specialized programs for girls and boys	Females	10	20	30	1	0	1	31
	Males	7	21	28	0	4	4	32
	Total	17	41	58	1	4	5	63
Hygiene and health awareness	Females	8	15	23	1	1	2	25
	Males	9	13	22	0	4	4	26
	Total	17	28	45	1	5	6	51