

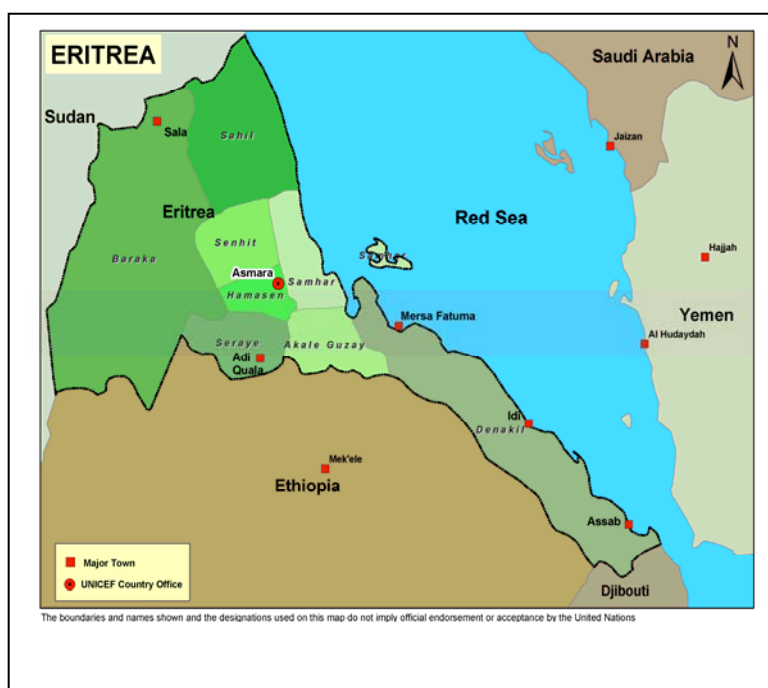
For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION

ERITREA

IN 2008



CORE COUNTRY DATA

Population under 18 (thousands)	2330
U5 mortality rate (2006)	74
Infant mortality rate (2006)	48
Maternal mortality ratio (2000-2006, reported)	1000
Primary school enrolment ratio (2000-2006, net, male/female)	51/43
% U1 fully immunized (DPT3)	97
% population using improved drinking water sources (total)	60
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	59
% U5 suffering moderate and severe underweight/ stunting	40/38

Source: *The State of the World's Children 2008*

Due to weather changes and cycles of drought leading to a lack of clean water, many children in Eritrea remain vulnerable to diarrhoea, acute respiratory infections and malnutrition. UNICEF seeks to improve the health of 45,000 children, including over 10,000 malnourished children for treatment and care and 60,000 people for water, sanitation and hygiene. UNICEF maintains its capacity, in all areas of interventions, to support the resettlement of another 13,000 internally displaced persons and to respond to the urgent needs of 20,000 people at any given time.

Summary of UNICEF financial needs for 2008

Sector	US\$
Health and nutrition	4,000,000
Water, sanitation and hygiene	5,000,000
Education	1,300,000
Child protection	1,500,000
Mine action	375,000
Non-food items and shelter	800,000
Total*	12,975,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The state of 'no peace no war' following the border conflict with Ethiopia is one of the main factors adversely affecting the overall macro-economic situation in the country. The border stalemate has affected the performance of the economy and hampered development efforts. Eritrea's location in a drought-prone part of Africa renders the country vulnerable to recurrent droughts with potential negative effects on the 80 per cent of the population depending on agriculture and pastoralism as main sources of livelihood. Due to previous droughts the water level has decreased in many areas and the harvest has not been enough to cover the needs of the population contributing to high malnutrition rates among children. Although the rains in 2007 have been better than the previous years, children remain vulnerable and there is not yet any indication of decreased malnutrition rates among under-five children. Regional nutrition surveys (2005/2006) indicate that rates of global acute malnutrition range between 11 in Maekel region to as high as 21 in Gash Barka. Children are especially vulnerable to the lack of clean water and very low sanitation coverage in rural areas, thus diarrhoea and other waterborne diseases are common. One out of ten rural villages has a latrine of any kind indicating that in 90 per cent of villages the rural population practises open defecation. In 2007, floods affected an estimated 20,000 people in Gash Barka. Due to the heavy and continuous rainfall, the resulting flood destroyed bridges and water systems leaving the affected population without access to safe water. Gash Barka is also the most malaria-endemic region in Eritrea and had 58 per cent of the total country malaria cases in 2006. Floods are increasing the risk of both malaria and cholera outbreaks.

The resettlement of over 40,000 internally displaced persons (IDPs) in 2006 and 2007 has put an extra burden on social services such as schools, health facilities and water systems in host villages and, although much has been done, urgent action continues to be needed to fulfil the basic requirement of those communities in Debub and Gash Barka regions. In addition, by September 2007, close to 13,000 IDPs remain in camps since the border conflict in 1998-2000 and UNICEF will support the Government for their resettlement. Approximately 1,950 are primary school-aged children who are in need of reintegration or entrance into the education system. In addition, approximately 1,500 schoolchildren are still exerting serious pressure on existing schooling facilities and are yet to be reached with adequate educational services in the IDP resettlement programme carried out by the Gash Barka region in 2007. Many families are female or child headed and with their coping mechanisms even more worn out by displacement, there is a need of income-generating activities to allow these families to provide basic social services for their children and ensure a rapid recovery and resettlement process. Landmines and unexploded ordnance (UXO) are unfortunately another threat to the well-being of children in the country, and children are representing more than half of incidents. UNICEF is also supporting mine-risk education (MRE) in those areas targeting both host communities and newly resettled families.

Eritrea is on the route of migratory birds and, although no case has yet been identified, a preparedness plan has been developed and appropriate communication activities need to be strengthened.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with line ministries, regional administrations, other UN agencies and national and international partners, UNICEF has continued to respond to the humanitarian needs of the Eritrean population addressing the consequences of drought and floods in addition to the urgent needs of resettled IDPs. UNICEF is cluster lead for nutrition, education and water, sanitation and hygiene and has focused on improving coordination and data collection to plan and monitor programme interventions. The results of the 2006 rapid assessment on rural water supply and sanitation were discussed in three regions, and a rural sanitation policy drafted. Nutrition sentinel surveys were conducted in two regions.

Almost 3,000 severely malnourished children were reached by facility- and community-based therapeutic feeding programmes the first six months of the year and around 30,000 moderately malnourished children were reached by supplementary feeding to avoid further deterioration of their nutritional status. In May 2007, nearly 400,000 children aged 6-59 months (98.5 per cent) received vitamin A supplements to boost their immune system in the first round of the annual campaign. To support the resettlement of IDPs, four tent clinics and seven emergency health kits were distributed serving a total of 35,000 people. Ten thousand insecticide-treated mosquito nets, essential drugs, solar refrigerators, medical equipment and water bladders were also provided. The installation of handpumps and rehabilitation/construction of water systems covered 8,000 people in resettlement areas by the end of 2007. In addition, 2,000 people in two IDP resettlement

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villages in Gash Barka region have access to household latrines. Twenty new classrooms were constructed by December 2007 to accommodate resettled IDP children in Gash Barka region. Teachers were trained to provide basic psychosocial care, and essential educational and recreational materials in addition to school furniture for 3,200 resettled internally displaced children were distributed; 5,800 resettled IDP families in Gash Barka received jerrycans and 2,600 child/female-headed households received emergency relief kits; 12 recreational kits were provided to an estimated 3,500 children in IDP resettlement communities; four MRE field teams in Gash Barka and Debub regions provided mine-risk education (MRE) services to 17,500 people (including 10,760 children). Nationwide, 14 Eritrean Demining Authority (EDA) MRE field teams were deployed in 300 communities, and sensitization is done through interpersonal communication, radio and schoolteachers. In other drought-affected areas, 14,000 people had access to safe water through the provision of supply systems, rehabilitation of handpumps and hand-dug wells; 2,500 primary schoolchildren gained access to safe water and sanitation. An additional 3,900 people will benefit from clean water by the end of 2007. In response to the floods, UNICEF supported the rehabilitation of damaged water supply systems in five communities in Gash Barka region.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

Government line ministries, regional administration and other UN agencies remain the key partners for UNICEF. Joint programmes with other UN agencies are being implemented in (a) child health and nutrition and (b) IDP resettlement. UNICEF is cluster leader in nutrition, education and water, sanitation and hygiene, and is an active participant in the Inter-Agency Standing Committee (IASC).

Regular programme

Emergency preparedness and response is integrated into all programmes ensuring a phased approach with essential linkages and effective and smooth transition from short-term relief to longer-term development. While the Country Programme's main focus is on development, the emergency preparedness and response strategy incorporates: (i) programme flexibility to respond to a changing environment and (ii) strengthening of prevention, preparedness and early warning/surveillance systems.

As cluster lead in nutrition and water, sanitation and hygiene, UNICEF works to address the consequences of previous droughts. UNICEF maintains its capacity to respond to any environmental weather change, possibly leading to outbreaks, in the priority areas of health, nutrition, water, sanitation and hygiene, basic education, child protection, non-food items and mine-risk education (MRE). UNICEF seeks to maintain its capacity, in all areas of interventions, to support the resettlement of another 13,000 IDPs and to respond to the urgent needs of 20,000 people at any given time.

Health and nutrition (US\$ 4,000,000)

Some 13,000 IDPs (including 2,000 under-five children) in Gash Barka and Debub regions, 45,000 under-five children (including 10,700 severely and moderately malnourished children) and pregnant women will be targeted through the following key activities:

- Support malaria control (provision of insecticide-treated nets, antimalarial drugs and insecticides);
- Support outreach services to resettled IDPs through the establishment of temporary health clinics and provide integrated services including training of health workers in emergency areas;
- Provide essential drugs, oral rehydration salts (ORS), vaccines, antibiotics, intravenous fluids, disinfectants, soap and vitamin A supplements, and establish cold-chain systems (10 solar lightening systems) for the expanded programme on immunization (EPI) in IDP areas;
- Provide basic drugs for community-based therapeutic feeding programmes in 39 sites and facility-based therapeutic feeding programmes in 53 facilities, and ensure national coverage of supplementary feeding;
- Support improved monitoring and strengthen the nutrition information management system/surveys and nutrition units at decentralized levels to improve the quality of nutrition interventions;
- Organize community education on prevention of common diseases in emergency situations and provide basic emergency health kits; train health workers on care and management measures;
- Upgrade the national and regional capacity to respond to avian influenza and/or human pandemic;
- Support the media and relevant ministries to disseminate basic avian influenza and hygiene information;
- Ensure an adequate response to HIV-related interventions in emergency.

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Water, sanitation and hygiene (US\$ 5,000,000)

Some 60,000 persons affected by drought, flood or resettled will be targeted through the following activities:

- Provide emergency supplies, such as water bladders, jerrycans, water purification tablets and limited water trucking for 15 flood/drought-affected/IDP resettlement villages;
- Rehabilitate 30 unprotected dug wells and/or drill 20 boreholes as appropriate in drought-affected villages and install handpumps;
- Construct five run-off cisterns in five drought-affected villages;
- Construct/rehabilitate water supply systems in eight flood-affected and IDP resettlement villages;
- Carry out water, sanitation and hygiene promotion for eight 'open defecation-free' villages;
- Train 50 village technicians in operation and maintenance of handpumps;
- Install water facility/connection and adequate sanitary facilities in eight schools;
- Ensure the elaboration of an emergency preparedness and response plan.

Education (US\$ 1,300,000)

A total of 3,450 resettled children and 540 teachers, in addition to 3,000 primary schoolchildren affected by weather changes, will be targeted through the following key activities:

- Procure and provide basic educational materials and recreational kits;
- Train teachers, with special emphasis on HIV/AIDS, life skills, gender-fair teaching techniques and psychosocial care and support; support the construction of 35 temporary classroom structures;
- In collaboration with WASH provide sanitation and water storage facilities;
- Sensitize and mobilize communities to participate in providing education.

Child protection (US\$ 1,500,000)

UNICEF supports the availability of services that prevent and respond to violence, exploitation and abuse of children. Some 5,000 vulnerable, mainly child-headed, households will be reached through the following activities:

- Train social workers and community leaders on basic psychosocial support, family tracing and reunification, care and prevention of abuse, violence and exploitation;
- Undertake documentation, tracing, care and reunification of an estimated 500 separated children;
- Establish 20 child-friendly spaces in IDP settings;
- Provide recreational kits and train 50 teachers/community workers on basic psychosocial care;
- Train counterparts and other UN agencies on gender-based violence interventions;
- Provide alternative income-generating activities for early recovery purposes to an estimated 4,000 child-headed households and vulnerable families hosting orphaned and other vulnerable children.

Mine-risk education (US\$ 375,000)

Some 50,000 people, at least 15,000 children, will be targeted through the following key activities:

- Provide technical support and strengthen national institutional mine-risk education (MRE) capacity through Eritrean Demining Authority (EDA), as an integrated part of the overall mine action capacity-building programme;
- Maintain MRE field presence using 14 EDA MRE field teams in the 300 communities (based on Landmine Impact Survey data);
- Identify and train 1,000 community volunteers and conduct MRE training, with special emphasis on children and young people;
- Provide direct (emergency) MRE to at-risk populations, especially children, IDPs and refugees resettled and returning to their communities, and follow up with surrounding population;
- Support the collection of mine/explosive remnants of war-related data;
- Provide psychosocial support and recreational activities for children injured and affected by mines/explosive remnants of war;
- Conduct regular joint monitoring visits with partners and strengthen MRE coordination.

Non-food items and shelter (US\$ 800,000)

Some 33,000 vulnerable people, including IDPs, will be targeted with a special focus on child- and female-headed households through the following key activities:

- Permanently assess the situation of affected communities and of temporary settlements;
- Purchase basic emergency non-food items (NFIs) for 10,000 people; ensure regular delivery of emergency NFI assistance and seasonal input for the most vulnerable people.