

UNICEF HUMANITARIAN ACTION

ERITREA

DONOR UPDATE 24 NOVEMBER 2005

- **Despite rainfall, the lack of safe drinking water remains a major threat to children's health and survival**
- **Global Acute Malnutrition (GAM) rate of 17 per cent in children under five in certain areas require a multi-sectoral response, yet 66 per cent of UNICEF's funding needs remain unmet**

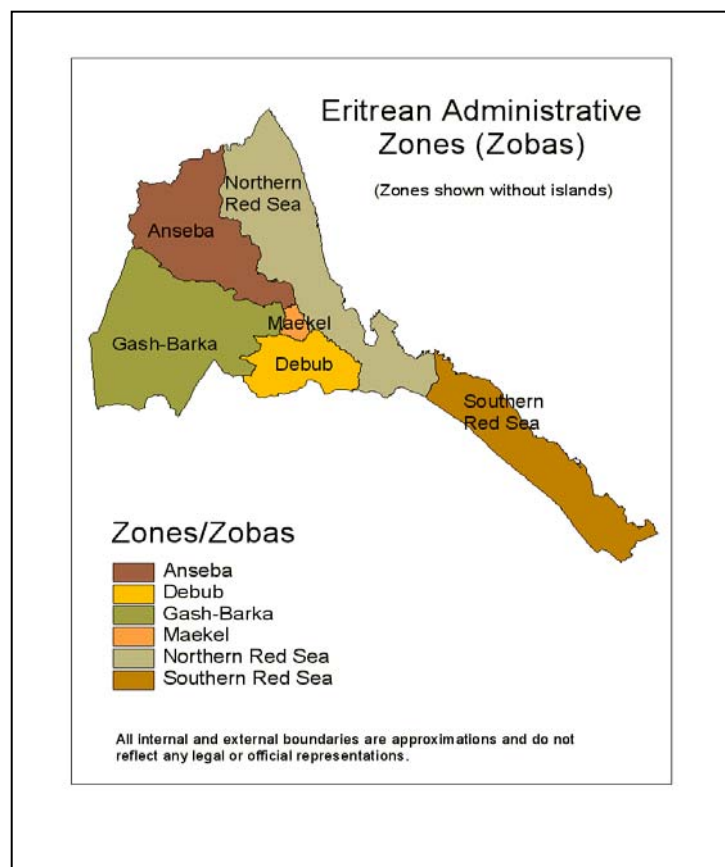
1. EMERGENCY OVERVIEW – ISSUES AFFECTING CHILDREN

The situation of 'no war no peace' with neighbouring Ethiopia and almost five consecutive years of drought continue to negatively affect the survival and development of children in Eritrea. Although the main rainy season "Kremti" has been performing relatively well, it is not enough to ensure the total recovery of the agricultural sector.

Approximately two thirds of the population, or 2.3 million people, were in need of food assistance at the beginning of this year. The Global Acute Malnutrition (GAM) rate in children under five ranges between 9 and 17 per cent. The GAM rate is especially high in Gash Barka region in the western lowlands of the country. This area is also heavily affected by the lack of water. The long distances to available water points force many families to use unsafe water, which contributes to malnutrition in children through frequent diarrhoea.

Only one third of the Eritrean population has access to clean drinking water and sanitation coverage is still very low with only 3.6 per cent of the rural population having access to improved sanitation facilities. The lack of water and sanitation seriously diminishes children's chances of growing up healthy.

Livestock used to be a source of milk and an important nutritional component for children. Due to the hardship of five years of drought resulting in lack of grass and limited agriculture activities, many families have lost or sold their



animals. An average of approximately 47 per cent of household in Eritrea are female headed, leaving women not only to collect water and keep the household in order but also to manage the family's agricultural activities such as ploughing and harvesting. Although there is a high general knowledge of "best feeding practices", little time is left for child care.

Almost 50,000 people, 70 percent of which are children and women, have been unable to return to their villages since the end of the border conflict with Ethiopia in 2000. Most of these people are living in camps for Internally Displaced Persons (IDPs), lacking the most basic non-food items such as clothing and firewood. In addition, the return to their villages of some 30,000 IDPs over a period of two years has put an extra burden on existing structures and there is a need for provision of basic services such as schools, water systems and health facilities to accommodate their integration.

The first poliomyelitis (polio) case in Eritrea since 1997 was confirmed in July by the Ministry of Health. With this confirmation, Eritrea became one of ten previously polio-free countries which have been re-infected.

2. UNICEF RESPONSE

Health and Nutrition

Despite the vaccination of over 400,000 children under five years in January to May this year, one case of wild polio was detected in Eritrea in July. A national house to house polio vaccination campaign was conducted 11-14 November targeting half a million children. Vitamin A capsules will be provided during the second round of the campaign planned for mid-December. UNICEF also contributes to the protection of children against vaccine-preventable diseases through the Expanded Programme of Immunization (EPI) ensuring regular vaccination. The Ministry of Health was supported to adopt an integrated management of childhood illness strategy. It includes community based health interventions and aims at reducing infant and under-five mortality rates.

In order to reduce protein-energy malnutrition and control iodine deficiency disorders, vitamin A and iron deficiency anaemia in children under five and pregnant and lactating women, UNICEF continues to support various nutrition programme areas. The major areas of support include: promotion and support of breastfeeding and complementary feeding, therapeutic and supplementary feeding during emergencies, nutrition surveillance, universal salt iodization, vitamin A supplementation to children under five and postpartum women and iron-folic acid supplementation to pregnant women.

As part of these activities, on average 20,000 children under five and pregnant and lactating women were monthly provided supplementary food. Up to 400 severely malnourished children were treated per month in 42 therapeutic health facilities nationwide.

In cooperation with the World Food Programme (WFP) and the Catholic Relief Service (CRS), UNICEF continues to support regular national nutrition surveys to improve planning of nutrition activities. During the reporting period, surveys were conducted in the regions of Gash Barka and Debub by regional health departments and nutrition units. Results from Gash Barka indicate a very high prevalence of under-nutrition among children under five with a Global Acute Malnutrition (GAM) of 17.2 per cent. The prevalence of chronic energy deficiency among care takers was also found high at 42 per cent. Preliminary results from Debub suggest a lower GAM prevalence just over 10 per cent among children under five. Inadequate food, a low variety in diet, and water shortages are among the main causes to the high numbers of malnutrition. In addition, approximately 40 per cent of children in Gash Barka had been sick in the two-week period prior to the survey.

Water and Environmental Sanitation

Two UNICEF-supported rural water supply projects in Maekel and Debub regions were completed and handed over to the communities. A total of 6,000 people in the two project villages, Adi-shimagele and Afelba, now have access to clean water with the aim of improving hygiene and decreasing the incidence of water-borne diseases affecting children. In addition, Shetel water supply project in Anseba region was completed in October and provides 16,000 people with clean water supply.

70,000 people in rural areas lacking water sources continue to receive clean water through trucking. In the worst affected areas, water tables have reduced to the point of no immediate alternative.

Ventilated Improved Pit (VIP) latrines for 150 families were constructed as part of sanitation and hygiene promotion in Afabet Town. The design of the latrines including the roofing that was introduced in the country for the first time was well accepted by the community and will serve as an example for similar projects.

Education

UNICEF Eritrea did not receive any funding under the CAP for Education projects. The funds requested would have been used to address the low net school enrolment rate, with just over half of children between 7 and 11 years old attending school (52 per cent). A complementary basic education programme would have been supported, which was planned to provide an opportunity to teach life skills (HIV/AIDS prevention, Mine Risk Education, Adolescent Reproductive Health) especially focusing on children living in IDP camps and resettlement areas.

Within the regular programme, UNICEF Eritrea, with support from UNICEF's Italian and Norwegian National Committees, aims at increasing the number of children in schools and at improving the quality of education through teachers' training and the construction/rehabilitation of seven schools in Eritrea. Riwyet School in Senafe, close to the Ethiopian border, was inaugurated on 5 June 2005. This school was totally destroyed during the war with Ethiopia and is now refurbished and furnished to provide space for 950 students.

Child Protection (Mine Risk Education)

Although UNICEF only received 7 percent of the funding required to assist IDP children and women, funding was provided to purchase clothing and shoes targeting 5,000 children and 4,000 women within the joint UN programme "Supporting the Return of IDPs and Expellees to Communities of Origin and Resettlement".

No funding for Mine Risk Education was received against the CAP. However, UNICEF continued to provide overall coordination, technical support and capacity building initiatives for Mine Risk Education (MRE) activities through the Mine Action Programme in Eritrea. During the year, 70,000 people among whom over half children living in highly mine affected areas of the country received MRE. 127 MRE School Clubs were established in primary schools. Funding for this project is expected from the Governments of the United States and Switzerland.

3. 2005 CAP FUNDING REQUIREMENTS AND RECEIPTS

To date, US\$ 4.5 million has been received against the overall resource requirement of US\$ 13 million, leaving a funding gap of 66 percent. The table below presents UNICEF Eritrea's current funding status by sector and by donor:

Sector	Target	Funded	Percentage	Total Outstanding Funding Requirement
Health & Nutrition	3,784,318	2,608,753	69%	1,175,565
Water & Sanitation	4,956,000	1,665,471	34%	3,290,529
Education	744,318	0	-	744,318
Child Protection	3,180,000	213,949	7 %	2,966,051
Mine Risk Education	426,136	0	-	426,136
Total¹	13,090,772	4,488,173	34%	8,602,599

Table 2. Funding Status of the 2005 CAP by Donor (In US Dollars) As of November 22, 2005						
	Health/ Nutrition	Water /Environ. Sanitation	Education	Child Protection	Mine Action	Total
Target	3,784,318	4,956,000	744,318	3,180,000	426,136	13,090,772
USAID/OFDA	549,586	828,566				1,378,152
Thematic Norway Thematic Canada NC Thematic Sweden	2,059,167	177,193 20,161 639,551		213,949		2,236,360 20,161 853,500
Total funded	2,608,753	1,665,471		213,949		4,488,173
Unfunded	1,175,565	3,290,529	744,318	2,966,051	426,136	8,602,599

Table 3: Priority Requirements as of (In US Dollars)		
Project	Purpose	Requirements (USD)
Water and Environmental Sanitation	Allow the continuation water projects, which upon their completion will serve more than 70,000 people. Expand water trucking to 90,000 and provide water to 40,000 children in primary school feeding programmes (WFP) to avoid drop out.	3, 290,,529
Health and Nutrition	Child survival initiatives, including polio epidemic control, management of infectious diseases and malnutrition management. Support to activities such as expansion of training, outreach programmes and reinforcement of the systematic surveillance capacity to support the implementation of the national strategic plan of action for nutrition.	1,175,565

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