

UNICEF Humanitarian Action 2010

ERITREA

SITUATION UPDATE

The overall operating environment in Eritrea during the first half of 2010 has been challenging, with the imposition of UN sanctions in late 2009 following allegations that Eritrea was supporting insurgents fighting against the Somali Transitional Federal Government. The sanctions include an arms embargo, the inspection and seizure of Eritrean cargo in UN member states, travel bans and asset freezes against specified government and military leaders. Asmara has condemned the sanctions decision, reinforcing the country's position of self-sufficiency. While it is difficult to prove direct attribution of the impact of sanctions on UNICEF operations, relations between the Government of Eritrea and development and humanitarian partners have been strained, with continued restrictions on field movement for routine monitoring and supervision.

Issues concerning food security remain paramount, with food prices remaining high across key commodity groups, limited movement of food from Sudan due to shortages, and an overall decline in livelihoods affecting the nutrition status of vulnerable communities. This is coupled with the continued needs in improving access to clean water and sanitation, particularly in rural areas. While the country remains optimistic that the Azmera rains (for the first planting season) will provide the necessary conditions for this year's harvest, UNICEF continues to focus its efforts on supporting the improvement of the nutritional status of children in the country.

KEY RESULTS FOR CHILDREN

In accordance with its Core Commitments for Children in humanitarian action and in collaboration with line ministries, UN partners and other development partners, UNICEF continues to support the needs of the vulnerable population in Eritrea. As of mid-year, notable progress have been recorded against UNICEF's interventions in Young Child Survival and Development, with approximately 79 per cent¹ of children under five (359,979 children) receiving vitamin A supplementation and screening for malnutrition through the first round of National Child Health and Nutrition Week, and the upgrading of cold chain capacity. Improvements in the detection and treatment of complications associated with pregnancy and overall newborn health was enabled with the procurement of Emergency Obstetric Health supplies for 11 health facilities, and equipment for the establishment of newborn health units in six regional hospitals.

The Ministry of Health, with financial and technical support from UNICEF, commenced blanket supplementary feeding in the Southern Red Sea region in January and in all sub zones of Anseba and some sub-zones of Gash Barka between March and June. While coverage data is still being finalised from the regions, preliminary reports indicate that the number of children, pregnant and breastfeeding mothers supported has reached around 90 per cent of the total target population, exceeding the initial planning target of 75 per cent. The expansion of the community-based therapeutic Feeding Programme (CBTF) is continuing, with 34 new CBTF centres opening between January and June 2010, leading to a total of 161 countrywide. With the expansion of access to vulnerable populations, the number of admissions to the CBTF has increased. Between January and May, a total of 4,361 severely malnourished children were admitted to CBTF centres, of which approximately 70 per cent were cured, just below the Sphere Standard of 75 per cent for all therapeutic care. An additional 1,691 children were admitted to facility-based therapeutic feeding (FBTF) centres achieving an 86 per cent cure rate, 6 per cent level of defaulters and an 8.7 per cent death rate, all within the acceptable range of Sphere standards.

Although specific emergency funds have not been received for emergency-WASH interventions, UNICEF utilized other donor funds to enhance access to safe drinking water for an estimated 2,000 families in six regions. In the same way, UNICEF further provided water treatment tablets as well as water tanks, buckets, soap and hygiene information and training as part of the community-led total sanitation (CLTS) initiative, reaching more than 10,000 out of a target of 80,000 individuals in vulnerable areas. UNICEF has also used other programme funds to provide essential education supplies to 2,000 out of a target of 4,100 school children in IDP resettled areas and 58 water tanks in the Debub and Gash Barka regions. Other emergency education interventions have been challenged by funding constraints.

Due to funding constraints, UNICEF's planned child protection interventions against HAR have not progressed in the first half of the year. In mine action, UNICEF supported the work of community-based mine risk education (MRE) teams

¹ Ministry of Health, Eritrea – Routine Coverage Report.

reaching 68,046 people out of a target of 150,000 people in the mine-affected communities in Gash Barka, Anseba, Debub, NRS and Maekel regions.

KEY CHALLENGES

While UNICEF has been able to maintain good relationships with counterparts at national and regional levels, the complex operating environment characterized by fuel shortages, capacity issues amongst counterparts in monitoring and fund utilization, restricted private sector involvement in construction, as well as travel restrictions on international staff, has slowed the pace of programme implementation and increased the burden on UNICEF's support services. Recent efforts to establish a third party monitoring mechanism have encountered obstacles in gaining the necessary government approvals to offer an alternative information tool on the progress of implementation and status of women and children. The continued absence of key partners, such as the World Food Programme, has placed a heavy burden on UNICEF capacity and resources to respond to rising food insecurity and malnutrition. The overall funding situation remains severely constrained, further limiting program implementation with many sectors remaining under-funded for both routine programme and emergency-based needs. The donor horizon is less than positive with a number of donors either reducing or completely phasing out their presence and funding for the country. Despite the recent resolution of the border dispute with Djibouti, the UN sanctions remain in place because of insufficient evidence of compliance with UN resolutions, as stated by the UN Secretary-General.

INTER-AGENCY COLLABORATION

Although the formal IASC cluster approach has not been adopted in Eritrea, within the UN country team, UNICEF is the agreed sector lead in nutrition and water, sanitation and hygiene (WASH), while it coordinates with the health sector led by the World Health Organization, and provides significant support in the education and protection sectors in the absence of a formal coordination mechanism. In the WASH sector, UNICEF also coordinates its activities with IFRC and Oxfam for sanitation interventions. An inter-agency Mine Action Coordination Technical Working Group was established to support the coordination of mine action activities, in which UNICEF and the UN Development Programme participates.

FUNDING REQUIREMENTS

UNICEF requirements for humanitarian response in 2010 remain consistent with initial planning figures of US\$24.8 million. Funds received primarily from the government of Japan and CERF to date remain at only 8 per cent of requirements, and are exclusively focused on meeting needs within the nutrition sector. The unmet needs indicated below, for nutrition as well as the other sectors, pose significant challenges for UNICEF to respond to the humanitarian needs of women and children in Eritrea. Interventions in child protection focusing on capacity building in psychosocial support and family reunification of separated children, and education for nomadic populations have been particularly affected due to the absence of funding.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	4,000,000	4,000,000	0	4,000,000
Nutrition	13,000,000	13,000,000	1,970,421	11,029,579
Water, Sanitation and Hygiene	5,000,000	5,000,000	0	5,000,000
Education	1,200,000	1,200,000	0	1,200,000
Child Protection	800,000	800,000	0	800,000
Mine Action	800,000	800,000	0	800,000
Total*	24,800,000	24,800,000	1,970,421	22,829,579

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

EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

By the end of 2010, UNICEF's humanitarian priorities based on the assumption of 100 per cent of funding levels are:

Health

- By the end of year, immunisation for an estimated 125,000 children under one year will be supported with the procurement of vaccines and cold chain equipment.
- Access to quality preventive and curative health care for children will be improved with the extension of access to community-based Integrated Management of Neonatal and Child Illnesses (IMNCI) to 55 villages.
- Access and coverage of Antenatal Care (ANC) and Emergency Obstetric Care (EmOC) will be increased by five per cent through the support of UNICEF in the provision of life-saving EmOC supplies to newborn health units in six regional hospitals.

Nutrition

- By the end of the year, nutrition programmes for the treatment of children suffering from severe acute malnutrition (SAM) will be expanded through the establishment of an additional 26 CBTF centres. The expansion of the network with 187 CBTF and 26 FBTF is expected to rehabilitate approximately 4,500 children affected by SAM in the next six months.
- Improvements in the nutrition status of 55,000 children, and pregnant and lactating women in Northern Red Sea region, in addition to three *zobas* targeted in the initial HAR plan, will be met with the expansion of the blanket feeding programme.

Water, Sanitation and Hygiene

- Access to sanitary hygiene will be supported with the provision of 2,000 litre water tanks to 200 primary schools in six regions.
- Improving access to safe drinking water will be prioritised in Gash Barka and Debub regions with the drilling of 10 boreholes by the end of 2010.

Education

- By the end of the year, 1,800 displaced boys and girls will gain access to safe water and sanitary facilities meeting Sphere standards with the construction of four temporary schools and the rehabilitation of two classroom structures with WASH facilities.
- Displaced children will benefit from improved levels of support as a result of the training of 200 primary schoolteachers in life skills, HIV/AIDS, psychosocial care and gender-sensitive teaching methods.

Child Protection

- By the end of 2010, 500 child and female-headed households will be supported through the training of 100 teachers and 50 health staff on basic psychosocial care and response to violence and abuse, accompanied by provision of access to vocational training for small income-generating activities.

Mine Action

- By the end of the year, knowledge on the prevention of mine injuries will be enhanced for 180,000 students, reached through school-based education programmes.