

## UNICEF HUMANITARIAN ACTION

# ERITREA

DONOR UPDATE 27 May 2005

- **High food insecurity places more than 2.3 million people at risk as food reaches only 60% of those in need at reduced rations due to lack of funds**
- **300,000 malnourished children and pregnant women need special feeding**
- **90,000 people need to be supplied with emergency water trucking**
- **Only six per cent of required funding has been received for special protection measures of orphans and street children**

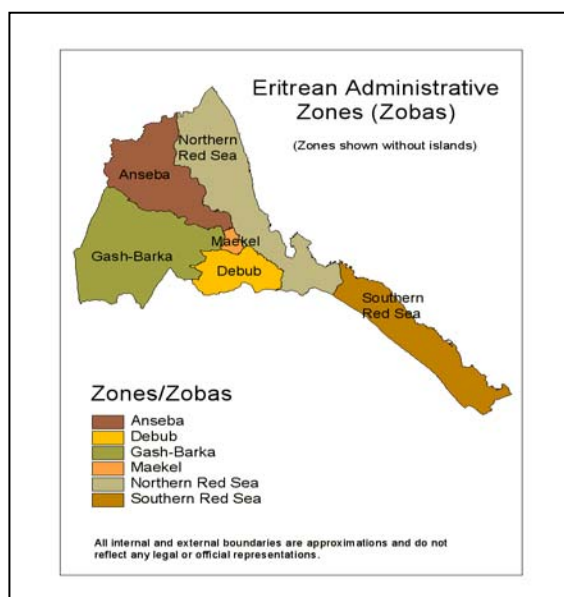
### 1. EMERGENCY OVERVIEW – ISSUES AFFECTING CHILDREN

The fifth year of the emergency in Eritrea has contributed to widespread poverty and growing food insecurity. Lack of a complete resolution of the border demarcation between Eritrea and Ethiopia coupled with extreme drought conditions has over stretched the coping mechanisms of both urban and rural populations all over the country.

Approximately two thirds of the population, or 2.3 million people, are in need of food aid, although only 1.4 million can be assisted due to late and inadequate food aid pledges. This coupled with lack of production, lack of labour and rising market prices of basic goods has rendered the poorest children and women highly vulnerable to hunger and ill health.

An average of almost 15% of under-five children and 40% of women in the country are acutely malnourished and poor malnutrition status is already negatively affecting the health of children.

While diseases such as malaria and vaccine preventable illnesses such as measles are fully contained through UNICEF supported interventions, the incidence of diarrhoea and acute respiratory infections has been gradually increasing over the past three years. One recent survey in Northern Red Sea region showed that some 60% of children had been ill in the previous two weeks.



Crop and livestock production continue to suffer the consequence of water shortages. The Bahri rains (October to March) performed very poorly and the Azmera rains (March to May), although initially good, were interrupted by a month-long break. The water table has dropped by up to seven meters in the Northern and Southern Red Sea regions due to inadequate water flow from the highlands. Considering the scanty rainfall that has been recorded, it is feared that serious difficulties in drinking water supplies will be encountered throughout the country in the coming months. Unless unforeseen positive rainfall performance occurs now, it is estimated that 60-80% of the rural population and a large proportion of livestock soon will be adversely affected.

Sanitation coverage in Eritrea remains also very low, with only 3.6 % of the population with access to improved sanitation facilities in rural areas and 60% of the urban population with adequate access. Thus diarrhoeal diseases still represent a major threat to children's survival.

Overall the humanitarian crisis in Eritrea is characterised by gender vulnerability. Some 47 % of households are female headed, and these families make up more than 60% of the lowest economic bracket in the country. Many are either widowed from conflict or left to manage the household as their husbands are working in other regions or serving the Eritrean defence force. Because of widespread malnutrition and cultural taboos, (for example, in most rural groups the activity of ploughing fields is not permitted by women), women are constrained in agricultural activities, and few other income opportunities exist.

## **2. UNICEF RESPONSE – ACTION AND IMPACT**

### **Health and Nutrition**

The major thrust of UNICEF emergency efforts are in nutrition and child survival (immunization) and micro-nutrient control. Accomplishments in the first quarter of 2005 are described below:

Overall the nutritional status of under-five children, although at unacceptable levels, has remained stable in the focus areas of UNICEF, (Anseba and Gash Barka), due to provision of supplementary feeding. More than 50% of malnourished children are targeted in these areas through Ministry of Health clinics.

In the first quarter of 2005, 1,000 MT of special food (UNIMIX) were distributed to rehabilitate 35,000 malnourished children under five, and pregnant and lactating women. As part of this effort, UNICEF joined with CONCERN International, to expand activities to an additional 7,500 children and women. 1,300 MT of special food has been ordered. In addition UNICEF continues to support some 3,000 severely malnourished children annually through 40 therapeutic feeding health facilities; thus far, more than 60 MT of therapeutic food has been distributed this year. Greater outreach and community-based programmes are urgently needed to prevent excessive mortality among young children and pregnant women.

UNICEF advocacy workshops were conducted to 370 administrators and community leaders. Thus far in 2005, UNICEF has supplied 3.5 million Iron/folate tablets to all health facilities to supplement pregnant women, and micronutrient advocacy workshops were undertaken in Anseba. Additionally, 787,500 vitamin A capsules were distributed to all regions to supplement children 6 to 59 months to reinforce their immune systems and prevent blindness. Thus far the incidence of vitamin A deficiency has been kept at less than 2% of children under five years due to this extensive supplementation effort.

After a meningitis outbreak in late 2004, UNICEF and WHO provided technical and financial support to the Ministry of Health in order to vaccinate all exposed populations within the southern district of Debub. 20,844 children five to 20 years were vaccinated. Thus far the outbreak has been contained.

Two rounds of National Immunization Days (NIDs) against Poliomyelitis (Polio) were launched in April and May supported by UNICEF and WHO. Vitamin A was distributed during the second round. The campaign is targeting almost half a million children under five years old in over 1,500 vaccination sites including health centres and community based sites. A total of over 3,800 vaccinators, (health workers and community volunteers) were mobilised and a very high coverage of children – especially in remote villages – has been achieved due to this effort.

## **Water and Environmental Sanitation**

A joint UN programme in water and sanitation has been formulated for US\$ 18 million over two years with UNICEF, UNHCR, WHO and UNDP. The programme targets the highest priority needs in country as contained in the Government's Emergency Water Plan. UNICEF accomplishments in the first quarter of 2005 include the following:

Water supply systems have been constructed to cover Adi-Chomai and Adikonsi in Debub Region, targeting 7,500 people previously without safe and adequate water within permissible distance, and in the area of Sheetel within Hagaz sub-Zoba of Anseba. This project serves nine cluster villages with a resident population of more than 16,000 people.

Two additional projects in Northern Red Sea Region Ghedem-Halib, and Ghedghed water supply projects have also been completed, benefiting 7,500 people.

Four other projects in three different sub regions, namely Adi Shimagle, Aromaile, and Wazintet Awenjeli covering about 19,967 people, are in the final stages of implementation. The projects are planned to be completed by the end of the 2nd quarter of the year.

A sanitation and hygiene project leading to the building of family latrines has been piloted in Menshib area with successful results. A Participatory Hygiene and Sanitation Transformation (PHAST) implementation guideline has been developed through a national workshop and a technical group is working to finalize the document. When completed, it will be used to promote sanitation and hygiene at community level to reduce the prevalence of water borne and hygiene related diseases.

30 schools have been identified and water and latrine supply is being supported with complementary sanitation and hygiene education to accompany WFP school-feeding programmes to promote high enrollment of children, especially of girls.

Water trucking to 90,000 people in rural areas lacking water sources has been supported in areas where water tables have reduced to the point of no immediate alternative.

## **Education**

As yet, no funding was received during 2005 for emergency education programmes for internally displaced children in camps. However, with UNICEF National Committees support UNICEF is supporting the construction of seven schools to support an increase in net school enrolment which is currently just over 50%, with growing disparity as there are now 6% more boys in school than girls. Under regular programme funds, in order to improve the quality of education and the coordination of intervening actors, UNICEF supported the Government to elaborate the Education Sectoral Development Plan (ESDP). The ESDP was discussed with partners and adopted by Government and Development Partners in April. It will provide the operational framework for developments in education. A series of two day seminars targeting over 230 teachers, school directors and local authorities was conducted to introduce and reinforce the implementation of the Five Year Strategic Plan of Action for Life Skills and integrate the education sector work within the national HIV/AIDS policy. Emergency activities such as support to IDP children who are returning to villages in the Temporary Security Zone are unfunded and UNICEF is concerned that this will render these children even more vulnerable.

### **Child Protection (Mine Risk Education)**

UNICEF Eritrea's internal restructuring now places Mine Action within this sector. Although recent funding will allow some 10,000 returned IDP children the supply of badly needed clothing and non food items, the bulk of emergency child protection activities thus far in 2005 has been through mine risk education, utilizing carry-over CAP funding, as follows:

UNICEF continues to provide overall coordination, technical support and capacity building initiatives for Mine Risk Education (MRE) activities through the Mine Action Programme in Eritrea. Six UNICEF supported Eritrean Demining Operations (EDO) MRE Teams targeted 13,812 people including 5,188 adults and 8,624 children.

20 community volunteers were trained on data gathering and reporting mechanisms in order to reinforce the newly established database on mine victims and UXO (un-exploded ordnance) incidents.

A joint UN programme (UNDP/UNICEF/WFP/UNMACC) "Supporting the Return of IDPs and Expellees to Communities of Origin and Resettlement" assisted the Government to successfully resettle 18,600 internally displaced persons from Adi Keshi Camp to 22 villages of origin within Gash Barka. All resettled IDPs received Mine Risk Education (MRE) through either the Eritrean Demining Operations supported by UNICEF or UNMACC MRE teams. As of date no mine accidents have been reported in the area.

### 3. 2005 CAP FUNDING REQUIREMENTS AND RECEIPTS

To date, US\$ 3,160,021 has been received against the overall resource requirement of US\$ 13 million. The tables below present UNICEF Eritrea current funding status by sector and by donor:

| <b>Table 1. Funding Status of the 2005 CAP by Sector (In US Dollars)</b><br>As of May 27 2005 |                   |                  |                   |  |
|---|-------------------|------------------|-------------------|--|
| <b>Sector</b>   | <b>Target</b>     | <b>Funded</b>    | <b>Percentage</b> | <b>Total Outstanding Funding Requirement</b> |
| <b>Health &amp; Nutrition</b>   | 3,784,318         | 2,059,167        | 54 %              | 1,725,151                                    |
| <b>Water &amp; Sanitation</b>   | 4,956,000         | 886,905          | 18 %              | 4,069,095                                    |
| <b>Education</b>  | 744,318           | 0                | -                 | 744,318                                      |
| <b>Child Protection</b>   | 3,180,000         | 213,949          | 6 %               | 2,966,051                                    |
| <b>Mine Risk Education</b>  | 426,136           | 0                | -                 | 426,136                                      |
| <b>Total<sup>1</sup></b>  | <b>13,090,772</b> | <b>3,160,021</b> | <b>24 %</b>       | <b>9,930,751</b>                             |

| <b>Table 2. Funding Status of the 2005 CAP by Donor (In US Dollars)</b><br>As of May 27 , 2005 |                              |   |                  |                             |                        |                   |
|--|------------------------------|---|------------------|-----------------------------|------------------------|-------------------|
|  | <b>Health/<br/>Nutrition</b> | <b>Water<br/>/Environ.<br/>Sanitation</b> | <b>Education</b> | <b>Child<br/>Protection</b> | <b>Mine<br/>Action</b> | <b>Total</b>      |
| <b>Target</b>  | <b>3,784,318</b>             | <b>4,956,000</b>                          | <b>744,318</b>   | <b>3,180,000</b>            | <b>426,136</b>         | <b>13,090,772</b> |
| <b>USAID/OFDA</b>  |                              | 50,000                                    |                  |                             |                        | 50,000            |
| <b>Thematic Norway</b>   | 2,059,167                    | 177,193                                   |                  |                             |                        | 2,236,360         |
| <b>Thematic Canada NC</b>  |                              | 20,161                                    |                  |                             |                        | 20,161            |
| <b>Thematic Sweden</b>   |                              | 639,551                                   |                  | 213,949                     |                        | 853,500           |
| <b>Total funded</b>  | <b>2,059,167</b>             | <b>886,905</b>                            |                  | <b>213,949</b>              |                        | <b>3,160,021</b>  |
| <b>Unfunded</b>  | <b>1,725,151</b>             | <b>4,069,095</b>                          | <b>744,318</b>   | <b>2,966,051</b>            | <b>426,136</b>         | <b>9,930,751</b>  |

<sup>1</sup> The total includes a maximum recovery rate of 12%. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board decision 2003/9 of June 5, 2003.

**Table 3: Priority Requirements as of June 2005 (In US Dollars)**

| <b>Project</b>                            | <b>Purpose</b>   | <b>Requirements (USD)</b> |
|---|--|---------------------------|
| <b>Water and Environmental Sanitation</b> | Allow the continuation of some 16 water projects now started, which will upon their completion serve more than 70,000 people. Expand water trucking from 65,000 to 90,000 and provide water to 40,000 children in primary school feeding programmes (WFP) to avoid drop out. | 1,868,893                 |
| <b>Child Protection</b>                   | Prevention of sexual exploitation (HIV/AIDS) of children/orphans and street children through income generating support, IDP support and adolescent re-insertion to schooling of children from most at risk urban families.   | 2,501,265                 |
| <b>Health and Nutrition</b>               | Child survival aspects of nutritional disease management, expansion of training, outreach programmes and setting up of a nutritional reference and training centre, as well as systematic surveillance capacity in nutritional areas.  | 1,863,368                 |
| <b>Total</b>                              |  | <b>6,233,526</b>          |

**Details of the Eritrea Programme can be obtained from:**

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