Eritrea is a country that is arid and semi-arid. Eighty percent of the population depends on subsistence agriculture for its livelihoods. Rain-fed agriculture is the predominant economic activity, employing more than two thirds of the population. By virtue of its location in the Sahel, Eritrea is affected by periodic drought and food shortages. Even in times of good rainfall, domestic food production is estimated to meet between 60 to 70 percent of the population’s needs. Data from the Nutrition Sentinel Site Surveillance system indicates an increase in malnutrition rates over the past few years in four out of six regions of the country, with 22,700 children under five projected to be affected by severe acute malnutrition (SAM) in 2017. National data also indicates half of Eritrean children are stunted. Vulnerabilities of children will need to be addressed through collective action.

**Humanitarian strategy**
UNICEF and partners will continue to mainstream humanitarian response within regular development programmes to contribute to the Government’s efforts to reach the most vulnerable children. This includes an integrated approach to life-saving interventions. In 2017, UNICEF will continue to support the Government to implement blanket supplementary feeding to prevent malnutrition of children under 5, pregnant women and lactating mothers. This will include procuring routine medicines for the management of SAM and moderate acute malnutrition (MAM). UNICEF will support a multi-sectoral response in vulnerable communities facing heightened risk of diarrhoea and high levels of malnutrition. Local capacities will be built in these communities through outreach and training programmes to support the provision of safe water and access to appropriate hygiene practices. In support of the Government Health Sector Strategic Plan, UNICEF will strengthen health systems for service delivery and will prioritize routine immunization coverage and community case management of childhood illnesses. Furthermore, to improve access in hard-to-reach areas, UNICEF will support the establishment of integrated outreach and mobile health services based on a model of decentralised health services. Schools in vulnerable areas will offer programmes designed to raise children’s awareness of explosive remnants of war. UNICEF will also support the enrolment of 15,000 (currently out-of-school) nomadic children, working with the Ministry of Education, via advocacy campaigns, outreach and enrolment programmes. Communication for Development will be used to support the achievement of programme results in all sectors.

**Results to Date**
As of 30 June 2017, UNICEF received US$3.19 million against the US$11 million requirement. This requirement is now being revised to US$12 million to account for the expansion of the mobile health services in four out of the six regions in the country. Since January, the government, UNICEF and partners reached 17,182 malnourished children with therapeutic treatment services (13,023 moderately acutely malnourished children and 4,159 severely acutely malnourished children), and 364,616 children with Vitamin A supplementation. Over 60,000 children were immunized against measles, and 21,500 children affected by acute watery diarrhoea received life-saving curative interventions. UNICEF surpassed its targets for people reached with hygiene messages reaching 50,000 people through the Community Led Total Sanitation (CLTS) programme in three regions (Northern Red Sea, Debub and Anseba). Eighteen water supply schemes (ten new solar-powered rural water supply schemes and eight dug-wells equipped with hand pumps) will provide safe water to an estimated 46,500 people when they are completed by the end of September this year. Some 8,780 out-of-school children from nomadic communities were provided with access to basic education through teacher training and community mobilization. A total of 19,355 children and young people in and out of school have been provided with integrated mine risk education programmes on injury prevention in high-risk communities, while 12,345 pregnant women and 500 lactating mothers in hard-to-reach areas were reached with comprehensive antenatal and postnatal services.

**2017 programme targets**

**Nutrition**
- 16,000 children under 5 with SAM admitted into therapeutic feeding programmes
- 42,000 children under 5 with MAM benefiting from targeted supplementary feeding
- 477,000 children under 5 provided with vitamin A supplementation

**Health**
- 120,000 children immunized against measles
- 54,000 children affected by acute watery diarrhoea accessing life-saving curative interventions
- 31,000 pregnant women and lactating mothers in hard to reach areas reached with comprehensive antenatal and postnatal services

**WASH**
- 45,000 people accessing 15 litres of water per person per day for drinking, cooking and personal hygiene
- 45,000 people reached with appropriate hygiene messages

**Child protection**
- 30,000 children and young people in and out of school provided with integrated mine risk education programmes on injury prevention in high-risk communities
- 15,000 vulnerable children reached and supported with basic social services during emergencies

**Education**
- 15,000 out-of-school children from nomadic communities provided with access to basic education
NUTRITION*

Children under 5 with Severe Acute Malnutrition (SAM) admitted into therapeutic feeding programmes 16,000 4,159
Children aged 5-59 months provided with vitamin A supplementation 477,000 364,616
Children under 5 with moderate acute malnutrition (MAM) benefitted from targeted supplementary feeding programmes 42,000 13,023
Children under 5 and lactating women benefitted from blanket supplementary feeding programmes 30,000 19,355

HEALTH

Children immunized against measles 120,000 60,725
Children affected by acute watery diarrhoea accessing life-saving curative interventions 54,000 21,500
Pregnant women and lactating mothers in hard to reach areas reached with comprehensive antenatal and postnatal services 31,000 12,845

WATER, SANITATION AND HYGINE

People accessing 15 litres of water per person per day for drinking, cooking and personal hygiene 45,000 0**
People reached with appropriate hygiene messages 45,000 50,000

CHILD PROTECTION

Children and young people in and out of school provided with integrated mine risk education programmes on injury prevention in high-risk communities 30,000 19,355
Vulnerable children reached and supported with basic social services during emergencies 15,000 0***

EDUCATION

Out-of-school children from nomadic communities provided with access to basic education 15,000 3,670

* Targets for the Nutrition response have slightly increased, whereas the funding requirements for the nutrition programme have not increased due to the integration of outreach health and nutrition programmes through mobile health services. UNICEF’s health appeal has increased by $1 million in the funding table to account for the new requirements which will benefit both nutrition and health response in 2017.
**18 ongoing water projects are slated for completion by end of September 2017 and will provide water to 46,500 people.
***Programme implementation has been delayed due to lack of funding, some activities are planned for the third quarter of 2017.

Funding requirements

In line with the country’s inter-agency 2017 Strategic Response Plan, UNICEF has revised its 2017 requirements from $11 million to US$12 million to expand the mobile health services to four additional regions to better meet the humanitarian needs of children in Eritrea in 2017. Without additional funding, UNICEF will be unable to support the national response to the ongoing nutritional and food insecurity crisis and respond to the health, child protection, WASH and education needs of the most vulnerable children and communities.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2017 HAC requirements (US$)</th>
<th>Revised 2017 HAC requirements (US$)</th>
<th>Funds Available</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>US$ %</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$7,350,000</td>
<td>$7,350,000</td>
<td>$2,078,057</td>
<td>$5,271,943  72%</td>
</tr>
<tr>
<td>Health</td>
<td>$1,200,000</td>
<td>$2,200,000</td>
<td>$203,890</td>
<td>$1,996,110  91%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>$1,300,000</td>
<td>$1,300,000</td>
<td>$563,305</td>
<td>$736,695 57%</td>
</tr>
<tr>
<td>Child protection</td>
<td>$700,000</td>
<td>$700,000</td>
<td>$172,977</td>
<td>$527,023 75%</td>
</tr>
<tr>
<td>Education</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$171,000</td>
<td>$329,000   66%</td>
</tr>
<tr>
<td>Total</td>
<td>$11,050,000</td>
<td>$12,050,000</td>
<td>$3,189,229</td>
<td>$8,860,771 74%</td>
</tr>
</tbody>
</table>

1 Targets for the Nutrition response have slightly increased, whereas the funding requirements for the nutrition programme have not increased due to the integration of outreach health and nutrition programmes through mobile health services. UNICEF’s health appeal has increased by $1 million in the funding table to account for the new requirements which will benefit both nutrition and health response in 2017.
2 Funds available includes funding received against the current appeal as well as carry forward (US$2.5M) from the previous year.
3 Expansion of the mobile health services will benefit an additional 27,000 children and 31,000 pregnant women towards the end of 2017 as the mobile health service starts showing results.

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