Eritrea

Eritrea is vulnerable to recurrent drought due to its geographic location. The rural population is particularly affected, with fewer than 50 per cent of rural households able to access safe drinking water, and only 28 per cent accessing improved sanitation. Over the past two years, climatic conditions have tested the coping capacities of the population, which is largely (80 per cent) dependent on subsistence agriculture. Data from the Nutrition Sentinel Site Surveillance system indicate an increase in malnutrition rates over the past few years in four out of six regions of the country, and projections estimate that 23,000 children under 5 years will need treatment for severe acute malnutrition (SAM) in 2018. Children are also affected by sporadic outbreaks of diarrhea and measles. Despite the Government’s efforts, landmines and explosive remnants of war continue to affect border communities. Children are at particularly high risk when they leave their communities to seek out livelihoods. According to the Education Management Information System 2014/15, some 377,000 children are out of school, and the majority of these children are from nomadic communities that are vulnerable to natural disasters.

Humanitarian strategy

UNICEF and partners, including the Government and United Nations agencies, will continue to mainstream humanitarian preparedness planning and response within the regular development programme. This includes an integrated and multi-sectoral approach to life-saving interventions. UNICEF will focus on supporting the Government’s efforts to provide safe water for drought-affected populations, mainly through the rehabilitation and construction of water points, and reduce stunting and other forms of malnutrition in children under 5. Given the high maternal mortality and stunting rates, UNICEF will support efforts to strengthen the national health system and health service delivery, emphasizing building community capacities to manage acute malnutrition and common childhood illness (e.g. diarrhoea, pneumonia and malaria), reinforcing health seeking behavior, and promoting safe and appropriate sanitation and hygiene practices. Mobile outreach clinics will provide integrated services for children under 5 and women, including lactating mothers in hard-to-reach communities. UNICEF will support the procurement of routine and life-saving commodities to ensure the availability of buffer stock. To prevent family separation and protect children on the move, UNICEF will provide communities at risk with basic services, including support for out-of-school children and cash transfers. Schoolchildren and communities will also be targeted with information and services on mine risk.

Results from 2017

As of 31 October 2017, UNICEF had US$2.9 million available against the US$12 million appeal (25 per cent funded). With UNICEF support, 44,700 people benefitted from improved access to safe water. UNICEF trained 152 community hygiene promoters, who supported some 50,000 people to adopt appropriate hygiene practices. Although UNICEF focused on prevention and treatment of acute malnutrition, reaching 22,332 children with moderate acute malnutrition (MAM) and 9,424 severely malnourished children with treatment, targets were not met due to funding constraints. In addition, 364,616 children received vitamin A and 48,470 children and women received supplementary feeding. Through static and mobile health services, 116,214 children were immunized against measles and 64,105 children received life-saving diarrhea treatment. UNICEF reached 12,845 pregnant and lactating mothers with antenatal and postnatal services. UNICEF mine risk education support surpassed its target, reaching 90,000 children (49 per cent female) with information to prevent injuries. Some 5,000 survivors of mines and unexploded ordnance (35 per cent female) received psychosocial support and physical rehabilitation, and 40 children living with disabilities (30 per cent girls) received donkeys to facilitate access to education. Some 7,500 children from nomadic communities accessed basic education, and 300 schools with 90,000 children received fire safety equipment.
### NUTRITION
- Children under 5 and lactating women benefitted from blanket supplementary feeding: 30,000 vs. 48,470
- Children under 5 with SAM admitted into therapeutic feeding programmes: 16,000 vs. 9,424
- Children under 5 with MAM benefitted from targeted supplementary feeding programmes: 42,000 vs. 22,332
- Children aged 6-59 months provided with vitamin A supplementation: 477,000 vs. 364,616

### HEALTH
- Children immunized against measles: 120,000 vs. 116,214
- Children affected by diarrhoea having access to life-saving curative interventions: 54,000 vs. 64,105
- Pregnant women and lactating mothers in hard-to-reach areas reached with comprehensive antenatal and post-natal services: 31,000 vs. 12,845

### WATER, SANITATION AND HYGIENE
- People accessing 15 litres of water per person per day for drinking, cooking and personal hygiene: 45,000 vs. 44,700
- People reached with appropriate hygiene messages: 45,000 vs. 50,000

### CHILD PROTECTION
- Children and young people in and out of school in high-risk communities provided with integrated mine risk education programmes on injury prevention: 30,000 vs. 90,000
- Vulnerable children reached and supported with basic social services during emergencies: 15,000 vs. 5,000

### EDUCATION
- Out-of-school children from nomadic communities provided with access to basic education: 15,000 vs. 7,500

Results are through 31 October 2017 unless otherwise noted. There is no cluster system in Eritrea. Underfunding constrained the required scale up for treatment of acute malnutrition and the achievement of some of the results in education, child protection and health.

#### Funding requirements

In line with the country’s inter-agency 2018 Strategic Response Plan, UNICEF is requesting US$14,000,000 to meet the humanitarian needs of children in Eritrea in 2018. Without this funding, UNICEF will be unable to support the national response to the continuing needs of children and women in the areas of health, water, sanitation and hygiene, child protection and education, especially in the most vulnerable communities.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2018 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>7,350,000</td>
</tr>
<tr>
<td>Health</td>
<td>2,400,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2,900,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>850,000</td>
</tr>
<tr>
<td>Education</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14,000,000</strong></td>
</tr>
</tbody>
</table>

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2. Food and Agriculture Organization, 2015.
3. UNICEF projection.
4. Available funds include US$759,910 raised against the current appeal and US$2.2 million carried forward from the previous year. In addition, €1 million from IrishAid, received in early December, will be carried forward to support 2018 humanitarian programme.
5. Other resources—emergency through thematic allocations totalling US$1,691,198, including carry-over, was used. Supplies procured in December 2016 were used in 2017.

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**Who to contact for further information:**

- **Pierre Ngom**
  - Representative - Eritrea
  - Tel: +291 1 154868
  - Email: pngom@unicef.org

- **Grant Leality**
  - Deputy Director, Office of Emergency Programmes (EMOPS)
  - Tel: +1 212 328 7150
  - Email: gleality@unicef.org

- **Carla Haddad Mardini**
  - Director, Public Partnership Division (PPD)
  - Tel: +1 212 328 7160
  - Email: humanitarian.ppd@unicef.org