Eritrea

Globally, climate change has resulted in changing human, animal and environmental situation. Moreover, the world is shaken by lack of peace, security, social services and other needs. Similarly, Eritrea is affected by such situations and is characterized by harsh climatic conditions, including cyclical drought affecting groundwater resources and flooding during rainy seasons. These conditions erode the resilience of communities, making it difficult for families to recover from one emergency before another strikes. In recent years, complex conditions have stretched the coping capacities of the population, which is largely dependent (80 per cent) on subsistence agriculture. This has negatively impacted child nutrition, and acute malnutrition among children under 5 years is a major concern. However, the Government-led accelerated high-impact nutrition programme has curbed the malnutrition situation; and the country has achieved significant progress in reaching malnourished children with quality interventions, resulting in an over 90 per cent cure rate. Key drivers of malnutrition include poor dietary diversity and low parental awareness of appropriate nutrition and infant and young child feeding practices. Climatic hazards also impact water supply, hygiene, sanitation and health services. Open defecation is a major public health issue, with faecal contamination of the environment and poor hygiene practices linked to child mortality and morbidity. In addition, between 220,000 and 340,000 children are out of school in Eritrea.2

Humanitarian strategy

Given the complexity of the humanitarian situation in Eritrea, in 2020, UNICEF will support Government-led accelerated high-impact interventions and apply an integrated approach to addressing malnutrition – particularly in remote and hard-to-reach communities – that involves multiple sectors and enhances programme convergence. This will include an integrated effort on the detection, treatment and prevention of malnutrition, focusing on nutrition-sensitive and nutrition-specific actions, including preventative programmes that circumvent malnutrition through early action interventions for those most at risk. UNICEF will support community-based life-saving health interventions, postnatal maternal and newborn care and mobile outreach services to communities in remote and hard-to-reach locations. The strategy will also embrace sustainable and climate-resilient water supply systems and water safety. Access to improved sanitation and hygiene services will be supported through the Community-Led Total Sanitation approach. To promote community resilience and reduce vulnerabilities, UNICEF will facilitate the development of multi-sectoral, sub-national risk communication tools that provide guidance on emergency communication and early warning. Additional priorities for 2020 include UNICEF’s focused programmatic work and advocacy regarding female genital mutilation/cutting and under-aged marriage, as part of the broader gender and child rights policy focus in Eritrea.

As of 31 August 2019, UNICEF had US$8.4 million available against the US$14.2 million appeal (59 per cent funded). As of July 2019, UNICEF supported the Ministry of Health to strengthen systems to improve service delivery, facilitating the quality treatment of 34,000 children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). Significant progress led to an over 90 per cent cure rate. Some 3,000 people gained access to safe drinking water through climate-resilient water supply systems. Thirty-nine communities (44,000 people) were declared open defecation-free through the Community-Led Total Sanitation approach, following the roll-out of the National Roadmap to End Open Defecation by 2022. UNICEF supported the Ministry of Education to develop the capacities of 27 school health teachers using the Emergency and Safety Manual. With UNICEF support, the Ministry of Education also established 54 temporary classes for the Complementary Elementary Education programme, and enrolled 2,200 out-of-school children. UNICEF developed integrated information, education and communication materials for mine risk education to prevent violence and disability in schools and communities. Some 330 vulnerable households received cash to strengthen income generation and livelihoods. Underachievement is due to lack of funds (at mid-year, the 2019 appeal was 4 per cent funded).

Humanitarian Action for Children

<table>
<thead>
<tr>
<th>Total people in need</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total children (&lt;18) in need</td>
<td>N/A</td>
</tr>
<tr>
<td>Total people to be reached</td>
<td>666,500</td>
</tr>
<tr>
<td>Total children to be reached</td>
<td>583,300</td>
</tr>
</tbody>
</table>

2020 programme targets

**Nutrition**
- 23,300 children under 5 years treated for SAM
- 47,800 children under 5 years treated for MAM
- 400,000 children under 5 years provided with vitamin A supplementation

**WASH**
- 60,000 people accessing safe water for drinking, cooking and personal hygiene
- 160,000 people accessing safe and appropriate sanitation and hygiene service facilities

**Health**
- 115,500 children immunized against measles and rubella
- 85,000 children affected by diarrhoea having access to life-saving curative interventions

**Education**
- 4,800 school-aged children accessing quality education, including through temporary structures

**Cash-based transfers**
- 1,000 vulnerable households receiving cash transfers
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UNICEF 2019 targets

**NUTRITION**
- Children under 5 years with SAM admitted for treatment: 15,000 (8,420*)
- Children under 5 years with MAM admitted for treatment: 40,000 (25,719)
- Children under 5 years provided with vitamin A supplementation: 300,000 (112,996)

**HEALTH**
- Children immunized against measles: 110,000 (42,658)
- Children affected by diarrhoea having access to life-saving curative interventions: 65,000 (64,390)

**WATER, SANITATION AND HYGIENE**
- People accessing safe water for drinking, cooking and personal hygiene: 60,000 (2,979)
- People accessing safe and appropriate sanitation facilities: 60,000 (43,960*)

**CHILD PROTECTION**
- Children receiving critical protection services / mine risk education: 100,000 (92,000*)

**EDUCATION**
- School-aged children accessing quality education, including through temporary structures: 4,800 (2,160*)

**CASH-BASED TRANSFERS**
- Vulnerable households receiving cash transfers: 1,000 (330*)

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<table>
<thead>
<tr>
<th>Sector</th>
<th>2020 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>9,500,000</td>
</tr>
<tr>
<td>Health</td>
<td>2,000,000</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>4,200,000</td>
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<tr>
<td>Child protection (including cash transfers)</td>
<td>1,650,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,167,000</td>
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<tr>
<td>Communication for development/risk communications</td>
<td>129,000</td>
</tr>
<tr>
<td>Sector coordination</td>
<td>165,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,811,000</strong></td>
</tr>
</tbody>
</table>

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* Results as of 31 July 2019.
1. The average percentage of girls and women reached is between 40 and 60 per cent.
2. Approximately 55 per cent are women.
3. Forty per cent are girls; 10 per cent of the total number are children with disabilities.
4. Fifty per cent are girls.
5. Over 60 per cent are women-headed households, benefiting 4,000 children, out of which 45 per cent are girls.
6. Available funds include US$6.1 million received against the 2019 appeal and US$2.4 million carried forward from the previous year.
7. Funding requirements for this appeal are in line with the analysis of the current snapshot (end of August 2019), as well as the funding status of the humanitarian pillar (Basic Services Response Priorities) of the national Strategic Partnership Cooperation Framework, 2017–2021.
8. There is no inter-agency appeal / humanitarian response plan for Eritrea.