UNICEF Eritrea
Mid-Year Situation Report
January - June 2013

Highlights

- A significant funding gap remains across all programmes. The overall funding requirement against the 2013 Humanitarian Action for Children is $12,200,000. To date $ 1, 341,566 has been mobilised and a further $ 10,758,434 is needed to fill the funding gap of 85 % to address humanitarian needs in the country.

- Delays in signing Country Programme Action Plan (CPAP) 2013-2016 and Rolling Work Plans (RWP) 2013-2014 as well as finalisation of the working modality with the UN agencies has had implications on the pace of programme implementation in all aspects.

- Restrictions on access to field and data availability remain key issues during the reporting period.

- Frequent power outages in the country continue daily compounded with short supply of petrol and diesel. Regular water supply is also being affected.

Situation Overview & Humanitarian Needs

Eritrea remains under sanctions in accordance with Security Council Resolutions 1907 and 2023.

The lack of updated data continues to contribute to the difficulty in accurately assessing the vulnerability of children and women. Food shortages, declining aid, the ‘no war, no peace’ stalemate with Ethiopia as well as a drain on human resources (mainly the youth) from agricultural sector into military service are primary contributers to the overall under development and vulnerability situation.

Field observations and information from available sources point to continuing levels of under-nutrition and micronutrient deficiencies, poor sanitation coverage, and risks associated with exposure to landmines and unexploded ordnances as the primary humanitarian issues facing the country.
**Humanitarian leadership and coordination**

**Humanitarian Coordination Structure** - The Ministry of Labour & Human Welfare (MoLHW)’s Director of Social Affairs is the central government coordinating official for disaster response and management. MoLHW has representation and access to sub-national levels through its regional offices. As a result of changes in UN-Government of the State of Eritrea cooperation, support to emergency coordination and response is managed at a sectoral level through the Ministries of Health (MoH) and Land, Water & Environment (MoLWE). The UN Resident Coordinator and UN-OCHA support humanitarian coordination within the UN system.

**Cluster Leadership** – A formal IASC Cluster Approach is not in place in Eritrea, however, UNICEF plays a lead role in the sectors of nutrition and WASH, also actively engaging partners in the sectors of health and protection.

**Partnerships with INGOs, NGOs** – In accordance with the Government of Eritrea Proclamation No. 145/2005, the UN is not authorised to directly collaborate with INGOS, NGOs.

**UNICEF Programme response**

**Nutrition**

**Results Status**

<table>
<thead>
<tr>
<th>Estimated #/% coverage</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
</tr>
<tr>
<td>Children &lt;5 with Severe Acute Malnutrition in Therapeutic Feeding programmes</td>
<td>12,000</td>
</tr>
<tr>
<td>Children &lt;5 with Moderate Acute Malnutrition in supplementary feeding programmes</td>
<td>60,000</td>
</tr>
<tr>
<td>Children &lt;5 receiving vitamin A supplementation</td>
<td>370,000</td>
</tr>
<tr>
<td>Children &lt;5 receiving blanket feeding</td>
<td>370,000</td>
</tr>
</tbody>
</table>

Partners: MOH

Results on vitamin A supplementation are not available at the time of reporting and to be reported towards the year end.

**Analysis of Results**

Due to lack of national nutrition survey since 2006, Nutrition Sentinel Site Surveillance (NSSS), Mid Upper Arm Circumference (MUAC) screening, as well as the total number of admissions in therapeutic feeding centres were used as the proxy indicators and source for estimating malnutrition in Eritrea. The most recent NSSS conducted in July/August 2012 across the six regions shows an overall increasing trend of acute malnutrition in children under five in all six regions. The NSSS 2012 reported a worsening nutritional status in

---

1 Children 6 to 59 months
Northern Red Sea, Southern Red Sea and Maekel regions when comparing the data of previous four years during the same seasons.

UNICEF is responding to the situation of child malnutrition by supporting therapeutic and supplementary feeding services targeting severely and moderately malnourished under-five children at health facilities. Since 2010 UNICEF also supported (in the absence of WFP in the country) a phased implementation of a blanket supplementary feeding programme in four regions with high food insecurity and/or malnutrition rates. Currently with support of UNICEF and WHO a total of 212 Community-Based Therapeutic Feeding (CBTF), 57 Facility-Based Therapeutic Feeding (FBTF) and 263 Supplementary Feeding sites are functional throughout the country.

In 2013, MoH and UNICEF set the targets to provide treatment to 12,000 children with Severe Acute Malnutrition and, from January to end of May, around 6,256 severely malnourished children were in treatment (52 per cent of the target has been achieved for the year 2013). In the same period, 21,000 suffering from Moderate Acute Malnutrition were admitted in the 263 supplementary feeding programs and provided with required treatment (35 per cent of the target). Furthermore, the total number of beneficiaries covered with the blanket supplementary feeding program during this period is about 183,680 (50 per cent of the target).

For the remaining half of the year, priority will be given to system strengthening and quality improvement of the provided services.

### Health

#### Results Status

<table>
<thead>
<tr>
<th>Estimated #/% coverage</th>
<th>UNICEF Target</th>
<th>Cumulative results ( #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &lt;1 vaccinated against 8 vaccine-preventable diseases</td>
<td>100,000</td>
<td>Not available</td>
</tr>
<tr>
<td>Children &lt;5 receive IMNCl including pneumonia and diarrhoea treatment</td>
<td>350,000</td>
<td>Not available</td>
</tr>
<tr>
<td>New-borns received essential and basic neonatal care</td>
<td>70,000</td>
<td>Not available</td>
</tr>
<tr>
<td>Pregnant women received quality focused antenatal care and emergency obstetric care as well as prevention services for vertical transmission of HIV from mother to child.</td>
<td>30,000</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Partners: MOH

Results are not available at the time of reporting and will be provided towards the end of the year.

#### Analysis of Results

A delay in signing of the work plans between the Government of Eritrea and UNICEF has slowed the implementation rate to deliver planned results in a timely manner. The restrictions and sensitivities with information, limitations on movement as well the limited number of partnership opportunities constrain humanitarian action.
Despite these delays and low level of emergency funding, capacity building efforts targeting health workers were supported through other funding sources. A total of 41 health staff from all regions were trained on essential and specialised neonatal care. 59 health workers were trained on life saving skills; about 25 health facilities now have additional human resources to support the delivery of basic emergency obstetric care. 123 health workers were trained on integrated management of childhood and neonatal illnesses (IMNCI). These trainings have resulted in improvements of quality of care and better management of neonatal and childhood complications.

UNICEF in close partnership with the Ministry of Health and other partners have contributed to the successful control of Malaria, vaccine preventable illnesses, including measles elimination, improvement in prevention and case management of main childhood killer diseases (ARI, diarrhoea, and malnutrition. Death related to pregnancy and deliveries have also reduced due to improved health service delivery at all levels. However, a big gap in quality service delivery remains a challenge especially in area of newborn services and emergency obstetric care. UNICEF will continue to support and advocate for accessible and affordable quality preventive and curative health services with special focus to those who live in hard to reach areas.

**WASH**

**Results Status**

<table>
<thead>
<tr>
<th>Estimated #/% coverage</th>
<th>UNICEF</th>
<th>Cumulative results ( #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population provided with access to an improved water source</td>
<td>10000</td>
<td>Not available</td>
</tr>
<tr>
<td>Population provided with basic sanitation facilities and practise safe hygiene</td>
<td>20000</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Note: Activities are in progress and results on beneficiaries are not available during this reporting period. These will be provided towards the end of the year.

Partners: Ministry of Land, Water and Environment

**Analysis of Results**

The implementation of WASH activities was initiated late in the second quarter as the UN and the government work plans were signed only at the end of the first quarter. Besides the hot and dry season during May-September in the coastal areas of Southern Red Sea region where construction works are generally not undertaken, the implementation has also been affected by late signing of the joint work plans with the government. Nevertheless, the programme activities have been initiated and progress has been at various stages. In addition to the emergency funds, the WASH programme has also received other funding which are being utilised to implement activities in hard to reach vulnerable populations.

The funds have been released for implementation of two village water supply systems (Berekintia and Ashera villages) in the drought prone areas of Northern Red Sea region. Supplies for these villages were procured from other funds early this year. Upon completion (expected towards the end of the year), the project will benefit approximately 5000 people.
residing in these villages. Provision of appropriate drinking water supply and public awareness and hygiene promotion in the communities and households will be central in the response focus. In addition, increased involvement of beneficiary communities in the implementation and management of water projects remains one of the main strategy both government and regional partners and UNICEF. Regular monitoring of the project is being carried out jointly with government and regional implementing partners.

Plans are underway to carry out training of 50 hygiene promoters in partnership with Ministry of Health on household water treatment and safe storage in August. Through this training, the participants will be equipped with knowledge and skills to impart at household level for improved hygiene habits/practices leading to reduction of diarrhoea incidence.

**Child Protection**

**Results Status**

<table>
<thead>
<tr>
<th>Estimated #/% coverage</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children and young people in an out of school provided with an integrated mine risk education programme on injury prevention in high risk communities</td>
<td>300,000</td>
</tr>
<tr>
<td>Partners: Ministry of Health, Ministry of Labour &amp; Human Welfare</td>
<td></td>
</tr>
</tbody>
</table>

**Analysis of Results**

There is now an increasing knowledge on Mine Risk Education (MRE) among children and young people above 5 years. The recent visit with donors to the NRS and Anseba, clearly provided evidence that schools in landmine impacted areas were benefiting from the MRE materials. The teachers were also knowledgeable and committed. In most schools, there is at least a monthly dissemination of MRE safety messages to children.

The integrated MRE messages focus on all types of injuries as child death from injuries is on the increase. To date only 25% of the affected locations have been cleared. The displacement of landmines from marked locations during heavy rainfall and floods further exposes children to accidents. For example, Hagaz Community Health facility recorded more deaths from injuries rather than from the common diseases of pneumonia, TB and pneumonia. Without any form of payments, community volunteers remain committed in providing comprehensive mine risk education to children living in impacted communities.

However, with regards to the issue of land mines, there seems to be a difference between knowledge and practice. This can be due to the lack of recreational spaces for children; particularly in areas were the nomadic schools are located. Two key challenges in this programme component are: (i) the limited coordinating role of Eritrean Demining Authority (EDA) needs to be addressed for effective technical support; and (ii) UNICEF needs to mobilize more funds for victim assistance and injury prevention.

Progress has been made in the following areas:

- Establishing Child Friendly Spaces (CFS) in Landmine Impacted Schools:
- MRE Training of Trainers (TOT):
- Procurement of first aid kits
- Emergency Recreational Kits for Children:
- IEC Materials for MRE Information Dissemination and Awareness Raising:

**Education**

*Results Status*

<table>
<thead>
<tr>
<th>Estimated #/% coverage</th>
<th>UNICEF</th>
<th>Cumulative results ( #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nomadic children given equitable access to quality education</td>
<td>7500</td>
<td>Not available</td>
</tr>
<tr>
<td>Over-aged, out of school children from the most vulnerable communities given access to quality education</td>
<td>5000</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Partners: Ministry of Education
Results not available in the reporting period and to be reported towards the year end.

**Analysis of Results**

The Education program was not covered in the 2012 work plans with the government and this year, the Education work plans with the government were finalized only at the end of second quarter resulting delay in implementation. The activity plans are adjusted accordingly to be carried out in third and fourth quarter of the year which to be reported towards the end of the year.

**Supply and Logistics**

The main challenges in this area are shortage of fuel supply coupled with unclear clearance procedures making implications on transportation. Another issue is related to difficulty in obtaining the supply plans approved by the governmental partners.

**Human Resources**

UNICEF currently has 51 staff in Eritrea (11 IPs and 40 national staff), all based in the capital Asmara.

**Funding**

UNICEF’s funding requirement for HAC 2013 is US$ 12,200,000 to continue its work on strengthening the local capacity and supporting response for vulnerable women and children. To date, USD 1,341,566, 15% of the funding requirement, has been mobilised to support life-saving interventions.
### Funds Received against HAC 2013 as of July 2013

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements (USD)</th>
<th>Funds received (USD)</th>
<th>Funding gap (USD)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,200,000</td>
<td>564,400</td>
<td>5,635,600</td>
<td>91%</td>
</tr>
<tr>
<td>Health</td>
<td>1,500,000</td>
<td>81,727</td>
<td>1,418,273</td>
<td>95%</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene (WASH)</td>
<td>1,800,000</td>
<td>217,953</td>
<td>1,582,047</td>
<td>88%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,200,000</td>
<td>477,486</td>
<td>722,514</td>
<td>60%</td>
</tr>
<tr>
<td>Education</td>
<td>1,500,000</td>
<td>100,000</td>
<td>1,400,000</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,200,000</strong></td>
<td><strong>1,341,566</strong></td>
<td><strong>10,758,434</strong></td>
<td><strong>85%</strong></td>
</tr>
</tbody>
</table>

For further information, please contact:

- **Dr. Hamid El Bashir**  
  Representative  
  Eritrea Country Office  
  Tel: +291-188657  
  Fax: +291-187879  
  helbashir@unicef.org

- **Mr Roy Bowen**  
  Deputy Representative  
  Eritrea Country Office  
  Tel: +291-186177  
  Fax: +291-187879  
  rbowen@unicef.org

- **Khaing Soe**  
  M&E Specialist  
  Eritrea Country Office  
  Tel: +291-186222 ext.353  
  Fax: +291-187879  
  khsoe@unicef.org