

UNICEF HUMANITARIAN ACTION

ERITREA

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	2266
U5 mortality rate	78
Infant mortality rate	50
Maternal mortality ratio (1990-2005, reported)	1000
Primary school enrolment ratio, 2000-2005, net (male/female)	50/42
% U1 fully immunized (DPT3)	83
% population using improved drinking water sources	60
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	59
% U5 suffering from moderate and severe stunting	38

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	5,000,000
Water and environmental sanitation	10,000,000
Education	1,750,000
Child protection	1,800,000
Mine-risk education	214,000
Total*	18,764,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Parts of the Horn of Africa were critically affected by drought in the first quarter of 2006, triggering emergency needs among populations in Eritrea. The Eastern Lowlands of the country, which suffered failure of the Bahri rains between October 2005 and February 2006, were the most affected areas. In addition, the impact of the 1998-2000 border war between Eritrea and Ethiopia, coupled with cyclic drought, has resulted in reduced food production, less investment in development, increased poverty and vulnerability. Only just over half of the rural population has access to safe water and as little as 4 per cent of the population in rural areas to sanitation facilities.

Acute respiratory infections (30 per cent) and diarrhoea (19 per cent) are the leading causes of under-five mortality. National Nutrition Surveillance System 2006 data from three out of six regions (Gash-Barka, Maekel and Southern Red Sea) indicate high levels of malnutrition in under-five children and show that malnutrition underpins more than 60 per cent of under-five mortality. The global acute malnutrition (GAM) rate in Gash Barka region is more than 20 per cent, i.e., above the 15 per cent emergency threshold, with an increasing pressure on therapeutic feeding centres nationally. Malnutrition among women of childbearing age is among the highest in sub-Saharan Africa, estimated at 38 per cent nationally and at 53 per cent in the most severely drought-affected regions, reflecting chronic food insecurity.

Just over half of the primary school-aged children attend school, as domestic tasks, such as fetching water (schools being far from villages), early marriage and illness, are barriers against school enrolment, especially among girls. On average, 47 per cent of households are female-headed, a heavy burden for women who have less time caring for their children, especially if weakened by malnutrition and illness. At the beginning of 2006, an estimated 50,000 people were still internally displaced, many living in camps. The Government, supported by the international community, is resettling the majority of the displaced through a two-year programme. Basic social services, already stretched to their limit, are now overburdened and the return of internally displaced persons (IDPs) needs to be accompanied by at least basic services, such as clean water, sanitation, shelter, classrooms, mine-risk education, non-food items and health/nutrition services.

Since the Government of the State of Eritrea passed the NGO proclamation in 2005 most of the international NGOs have left the country and the few national NGOs are not able to access funds through UN agencies. This has led to most activities being implemented by the line ministries with the close involvement and monitoring by UNICEF Eritrea.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In 2006 UNICEF continued to respond to the humanitarian needs of the Eritrean population affected by the drought in close collaboration with line ministries, regional/local authorities and other UN agencies. It has mainly focused on the priority areas of health, nutrition, water and sanitation, education, and child protection. In the area of nutrition, 3,000 children were treated against severe malnutrition in the 53 therapeutic feeding centres in the country, with 10 new centres established during 2006. UNICEF supported the provision of supplies, including therapeutic milk, and the training of staff. In cooperation with the Ministry of Health, a community-based therapeutic feeding pilot project was initiated in three villages, seeking to treat 500 severely malnourished children without other complications while they stay in their families. If successful, the project will be expanded to target all severely malnourished children in Eritrea. In addition, 30,000 moderately malnourished under-five children and pregnant women receive supplementary food each month through health facilities. Ninety-five per cent of Eritrea's under-five children received vaccination against measles and vitamin A supplementation in a nationwide campaign to

prevent any potential outbreak posing a serious threat to children's health, especially those weakened by malnutrition. Emergency health kits to serve 50,000 people and 16,000 insecticidal treated nets were provided to IDP resettlement areas.

Water supply systems covering close to 57,400 people were constructed/rehabilitated and 40,000 people in drought-affected villages received clean water through trucking. Latrines were constructed to improve sanitation and hygiene and 12,000 schoolchildren gained access to clean water through trucking. Jerrycans, water bladders and purification tablets were distributed to resettled IDPs. As the leader of the water and sanitation cluster, UNICEF focused on a nationwide rapid assessment of the status of water supply coverage and system functionality in the country. The assessment covered close to 2,600 villages and results will be the basis for further planning of strategic interventions.

In the area of education, schools were constructed/rehabilitated and material targeting 150,000 children provided. In order to ensure a safe and protective learning environment for the returning displaced children, 58 existing makeshift classrooms from the former camps were reconstructed in the IDP resettlement areas in Gash Barka and Debub regions. In addition, 45 temporary classrooms are being constructed and school furniture and material provided in 2006 and beginning of 2007. Twelve schools were also provided with latrines as part of the IDP programme.

Multiple displacements have resulted in the loss of livelihoods, which seriously compromises the coping strategies and resilience of resettled internally displaced families to provide welfare support to their children. Tarpaulin plastic roofing sheets, woollen blankets, water jerrycans and soap as well as family relief kits were distributed to close to 3,000 vulnerable families. Income-generation assistance was provided to 280 vulnerable child/female-headed households with very limited resources and life skills, survival and savings. In addition, 45 recreation kits for children were distributed in resettlement villages. In cooperation with the Eritrean Demining Authority, UNICEF supported mine-risk education activities for 58,260 people (25,000 children).

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Line ministries remain the key partners for UNICEF. Joint Programmes with other UN agencies are being implemented in several sectors, including nutrition, recovery/IDP return and HIV prevention. Cooperation on emergency activities is facilitated by the Inter-Agency Standing Committee (IASC). UNICEF is the cluster leader in nutrition and water and environmental sanitation, as well as an active participant in the health cluster led by WHO. Eritrea has not formed cluster leadership in education or child protection, as UNICEF is practically the only active player in those sectors.

Regular programme

Emergency preparedness and response is integrated in all programmes for disaster mitigation, ensuring a phased approach with essential linkages and effective transition from short-term relief to longer-term development.

Health and nutrition (US\$ 5,000,000)

Activities will target some 914,000 drought-affected and displaced/resettled women and children in the country. This will include 563,400 women of childbearing age, some 8,000 severely malnourished children, 156,500 pregnant and lactating women and 125,200 infants. It will also include 61,000 moderately malnourished under-five children. Activities will include:

- Conduct rapid health and nutrition assessment with special focus on women and child health and nutrition;

- Train staff and provide therapeutic and supplementary food and equipment to more than 50 health centres;
- Organize community education sessions on prevention of common diseases in emergency situations;
- Provide emergency health kits to all sites where IDPs are settled;
- Ensure quality preventive and curative health care including training of health workers and volunteers on first aid and prevention and control of childhood diseases;
- Provide essential drugs, oral rehydration salts and vitamin A supplements;
- Strengthen the nutrition information management system/surveys and nutrition units at decentralized levels to improve quality of nutrition interventions;
- Provide vaccines and supplies such as cold-chain equipment, needles, syringes and safety boxes for vaccination of 125,000 children aged 0-12 months;
- Ensure malaria control (provision of insecticide-treated nets, antimalarial drugs and insecticides, etc.);
- Upgrade the national and regional capacity to prevent/respond to avian influenza and/or human pandemic.

Water and environmental sanitation (US\$ 10,000,000)

Some 170,000 people will be provided clean water and 60,000 people will have access to latrines through the following activities:

- Provide 40 communities, including schools and health facilities, with clean water through the construction of water systems and water trucking when no other alternative is feasible. Water trucking mostly applies to the regions of Anseba, Northern Red Sea (NRS) and Southern Red Sea (SRS);
- Ensure adequate management of water, sanitation and hygiene (WASH) facilities in 40 communities through the establishment of 40 village WASH committees, the training of 120 WASH promoters and tariff collectors and 80 operation and maintenance technicians;
- Provide urgent temporary water to 40 to 60 primary schools in Northern Red Sea, Southern Red Sea and Anseba regions;
- Support the construction of 12,000 household latrines, 120 latrines for 40 schools and 20 latrines for health facilities in 40 communities.

Education (US\$ 1,750,000)

Some 600 teachers will improve their skills and 50,000 primary school-aged children will be supported through the following activities:

- Create and expand additional safe and protective temporary learning spaces for early learning, basic education and life skills education;
- Train 600 teachers and community facilitators to not only facilitate gender-fair learning environments but to also provide basic psychosocial care and support;
- Provide essential educational and recreational materials/orientation on the use of the recreation kits;
- In collaboration with WASH provide facilities in schools and learning spaces;
- Mobilize communities to participate in education activities and sensitize them on the importance of education, especially for girls, to ensure early recovery and make as many children as possible go back to normal daily school activities.

Child protection (US\$ 1,800,000)

Some 10,000 vulnerable and mainly child/female-headed households will be targeted with the following activities:

- Train counterparts on emergency preparedness and response to better respond to the needs of vulnerable groups;
- Train social workers and community leaders on basic psychosocial support and care, and on the prevention of abuse, violence and exploitation in emergency/post emergency situations;

- Provide family kits, blankets and other non-food items;
- Provide recreation kits for children and train teachers/community workers on psychosocial care;
- Support alternative income-generating activities for early recovery purposes.

Mine-risk education (US\$ 214,000)

Some 200,000 people, at least half of whom children, will be targeted through the following activities:

- Provide technical support and strengthen national institutional mine-risk education (MRE) capacity through Eritrean Demining Authority (EDA), as an integrated part of the overall mine action capacity-building programme;
- Maintain MRE field presence using 14 EDA MRE field teams in the 300 high-, medium- and low-impacted communities (based on Landmine Impact Survey data);
- Identify and train 2,000 community volunteers and conduct MRE training with special emphasis on children and young people;
- Provide direct (emergency) MRE to at-risk populations, especially to IDPs and refugees returning to their communities and follow up with their communities;
- Support the collection of mine/explosive remnants of war-related data;
- Provide psychosocial support and recreation activities for children injured and affected by mines/explosive remnants of war;
- Conduct regular joint monitoring visits with partners and strengthen MRE coordination.