

UNICEF HUMANITARIAN ACTION ERITREA IN 2009



Core Country Data	
Population under 18 (thousands)	2,402
U5 mortality rate (2007)	70
Infant mortality rate (2007)	46
Maternal mortality ratio (2000–2007, adjusted)	450
Primary school enrolment ratio*	53
Primary school enrolment ratio for girls*	50
% U1 fully immunized (DPT3)**	97
% population using improved drinking-water sources (total)***	60
Estimated adult HIV prevalence rate (aged 15–49, 2007)	1,3
% U5 suffering moderate and severe underweight/stunting	40/38

Sources: *The State of the World's Children 2009*. *Essential Education Indicators 2005/06, **MoH EPI Unit Report 2007, ***Rapid Assessment of Rural Water Supply & Sanitation 2006, Water Resources Department (Ministry of Land, Water and Environment) and UNICEF: p. 49, Table: 5111

The poor and erratic rainfall during the main rainy season between June and September 2008 is likely indicating the onset of a drought in Eritrea, which is still recovering from the impact of the previous drought in 2006. The lack of clean water would make children vulnerable to diarrhoea, diseases and malnutrition, while high prices of food and commodities could further affect household coping mechanisms. UNICEF seeks US\$ 12.4 million to protect and promote the rights of up to 500,000 children affected by drought, the impact of high food prices, as well as children of internally displaced families who have returned to their communities or resettled in new areas.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	4,000,000
Water, Sanitation and Hygiene	6,000,000
Education	1,200,000
Child Protection	800,000
Mine Action	400,000
Total**	12,400,000

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

** 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 AND WOMEN

The border stalemate between Eritrea and Ethiopia is ongoing, with the 'no peace, no war' situation still holding as of end 2008. While the political situation continues to hamper the economic performance and development in the country, the failure of rains and the high food prices pose an additional burden to the humanitarian situation in Eritrea, which is already being made vulnerable by poverty, chronic food insecurity and malnutrition.

The poor performance of the short rains and the delayed onset of the main rainy season are raising concerns for a looming drought: Eritrea, which lies in the Horn of Africa, is located in a drought-prone area, and is still suffering from the impact of the previous drought in 2006. With 80 per cent of the population engaged in agriculture and pastoralism for their livelihoods, a significant proportion of the population is vulnerable to the negative effects of drought. Lack of clean water and adequate sanitation would increase the risks of diarrhoea, disease outbreaks and malnutrition. In addition, the impact of high consumer food prices is a further threat to the livelihood of the population, which is already suffering from food insecurity and increase in commodity prices in recent years.

According to the results of rapid screening using mid-upper arm circumference (MUAC), global acute malnutrition (GAM) among children aged 12–59 months was 6.4 per cent in November 2007 and 7.7 per cent in May 2008. The results show that, while GAM increased from 6.7 per cent to 9.7 per cent in Anseba and from 5.4 per cent to 10.1 per cent in Northern Red Sea (NRS) during this period, it decreased from 11.1 per cent to 7.5 per cent in Southern Red Sea (SRS). In Maekel, the central region where the capital is located, GAM was 8 per cent in May 2008 (this region was not included in the November 2007 screening).

Those particularly at risk are the estimated 85,500 malnourished children, 300,000 pregnant and lactating women, an estimated 800,000 urban poor and the population living in drought-affected areas, requiring close situation monitoring and assistance. High food prices and poverty levels are likely to weaken household coping mechanisms, increasing the risk of children being subjected to child labour and other forms of exploitation. An estimated 105,000 orphaned and vulnerable children as well as 5,000 children living on the street, especially in urban areas, are at particular risk. Increased levels of household poverty could also affect community-based interventions, such as the operation of water systems as well as school enrolment.

Between 2007 and 2008, an estimated 22,300 internally displaced persons (IDPs), the last remaining IDPs in camps, were resettled or returned to their communities of origin. This resulted in an additional burden on the already stretched basic social services in the receiving communities. In addition, tens of thousands of people who were relocated in 2008 from the overcrowded highlands to the lowlands added additional needs in the provision of basic social services.

The suspension of the UN Mine Action Coordination Centre (UNMACC)'s demining and explosive ordnance disposal activities in April 2008, and lack of donor and technical support to the Eritrean Demining Authority, is increasing the risk of mine and unexploded ordnance (UXO) accidents. Between January and September 2008, 42 people were victimized by mines and UXO, 27 of whom were children. This is significantly higher than in 2007, when 35 people were victimized between January and December.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In partnership and close coordination with line ministries, local government authorities and UN agencies, UNICEF continued in 2008 to respond to the humanitarian needs of the vulnerable population in Eritrea. Community-based therapeutic feeding (CBTF) has been expanded from 39 sites in 2007 to 61 sites at mid-year in 2008. Between January and September 2008, out of estimated 9,000 severely malnourished children, 1,500 were enrolled in CBTF, with a cure rate of 63 per cent, a death rate of 0.3 per cent, and a defaulter rate of 18 per cent. In the 53 facility-based therapeutic feeding (FBTF) centres 3,000 severely malnourished children with medical complications were admitted between January and October 2008. Some 900 community volunteers were given refresher training on CBTF, as an effort to improve the quality of services following the expansion. Approximately 6,500 children under age five and 4,300 pregnant and lactating women were estimated to be still in need of supplementary feeding in Dehub and Gash Barka IDP resettlement areas. Between January and October, 10,850 people (9,600 children, 535 pregnant women and 715 lactating women) have benefited from UNICEF-supported supplementary feeding.

The first round of the nationwide vitamin A supplementation campaign was conducted in May 2008, covering more than 400,000 children or 87 per cent of children aged 6–59 months. As part of the campaign, a rapid screening of the nutritional status of children aged 12–59 months measuring MUAC was also conducted.

Eight solar panels were procured and installed in health facilities in remote, hard-to-reach areas with no access to electricity. Close to 29,000 long-lasting insecticidal nets (LLINs) were distributed to malaria-endemic areas, and around 37,500 people have benefited from the distribution of essential drugs to health facilities, which were used for inpatient and outreach services.

A total of 300 recreational kits, 150 'school-in-a-box' kits, school furniture and stationery were distributed, benefiting 6,400 students and 540 teachers in Debub and Gash Barka. The construction of schools in the IDP resettlement areas is ongoing but delayed due to import restrictions on construction materials. When completed, a total of 12 makeshift classrooms will provide learning spaces to 600 children in Debub. Training on psychosocial support was also provided to 150 teachers and community workers in the same area in October 2008.

UNICEF provided seven water bladders to cover the urgent needs of 3,500 people resettled into new communities in Gash Barka until a more permanent structure is being established. Boreholes have been drilled in communities in SRS and NRS to provide water supply to 8,000 people. Water supply systems in Gash Barka damaged by 2007 floods have been rehabilitated to provide safe water to 24,000 people. In addition, new water supply systems have been constructed covering over 3,000 people in Gash Baka and Debub. Community trainings on hygiene promotion to control diarrhoeal diseases were conducted in the IDP resettlement villages in Gash Barka. Hygiene supplies, including jerrycans and soap, were distributed to 33,000 people in SRS and NRS, which suffered an outbreak of acute watery diarrhoea in 2007.

Some 106,500 people, including 75,500 children in 225 villages, received mine-risk education (MRE) information disseminated by the 10 MRE teams of the Eritrea Demining Authority and through community-based MRE outreach to all IDP resettlement villages. A survey on MRE was conducted to improve the effectiveness of the messages. Non-food items, such as blankets, soap and recreational kits, were provided to meet the needs of 4,500 resettled IDPs, including child and female-headed households, in Gash Barka and Debub regions.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

UNICEF is maintaining its capacity to provide immediate and initial response to all envisaged emergencies in partnership and close coordination with UN agencies, government line ministries, local administrations and NGOs. UN joint programmes are currently in place for child health and nutrition; water, sanitation and hygiene; and IDP resettlement. UNICEF is the cluster lead in nutrition, water, sanitation and hygiene (WASH) and education, while it takes part in the health and protection clusters, which are led by the World Health Organization (WHO) and the UN Refugee Agency (UNHCR), respectively.

Linkages of HAR with the Regular Programme

Emergency preparedness and response is integrated into all areas of Eritrea's Country Programme. This is to ensure coordinated support for the transition of emergency relief to recovery and development, as well as to maintain a standing level of preparedness to respond to emergency situations. Much of the emergency interventions related to IDPs covered in the *Humanitarian Action Report (HAR)* are also part of the UN joint programme on IDPs.

The overall focus of UNICEF Eritrea in 2009 is to continue responding to the health, education and protection needs of some 500,000 children made vulnerable by drought, the impact of high food prices as well as recently returned/resettled internally displaced children. UNICEF's emergency programme will also target 300,000 women, focusing on pregnant and lactating women.

Health and Nutrition (US\$ 4,000,000)

For 2009, the overall goal is to minimize, among others, the impact of drought and the global high consumer food prices on the health and nutritional status of children under age five and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Over 1 million displaced and relocated persons, host communities and other vulnerable population will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 15 health stations, 6 health centres and 4 hospitals;
- Train 50 district health workers and 100 village-level staff in the delivery of immunization services and the operation and maintenance of the cold chain;
- Provide essential drugs and basic medical supplies, including oral rehydration salts (ORS), vaccines and antibiotics for 25 health facilities serving 750,000 drought-affected people;
- Continue supporting the 54 therapeutic feeding centres covering at least 6,000 severely malnourished children; in addition, continue supporting community-based therapeutic feeding to reach at least 56,000 severely and moderately malnourished children under age five;
- Train 50 health staff in the treatment and management of severe malnutrition;
- Support the implementation of a nutrition survey and pre/post-intervention assessments of the nutrition programme;
- Ensure an adequate response to HIV-related interventions in emergency, including support to 3,332 children, or all children known to be living with HIV/AIDS;
- Provide solar lightening system to 10 health facilities in hard-to-reach areas;
- Conduct a national measles immunization campaign covering 450,000 children under age five and two rounds of vitamin A supplementation covering 400,000 children aged 6–59 months (95 per cent coverage);
- At national level, provide supplementary food to 85,000 severely and moderately malnourished children as well as 300,000 pregnant/lactating women, and maintain preparedness level to cover up to 210,000 children under age five if the nutritional status deteriorates in the country;
- Support malaria control through the provision of 30,000 insecticide-treated mosquito nets, antimalarial drugs, covering at least 15,000 households in malaria-endemic areas.

Water, Sanitation and Hygiene (US\$ 6,000,000)

For 2009, the overall goal is to provide access to safe water and sanitation to vulnerable people in drought-affected areas as well as areas of IDP return and resettlement. Some 80,000 people, focusing particularly on women and children, will be reached through the following key activities:

- Provide emergency supplies, such as water bladders, jerrycans, water purification tablets and limited water trucking for 10 IDP resettlement communities and 10 drought-affected villages;
- Rehabilitate 30 unprotected water dug wells and drill 40 boreholes, and install handpumps in drought-affected villages;
- Construct run-off cisterns in five drought-affected communities;
- Construct and/or rehabilitate water supply systems in five drought-affected areas as well as in five IDP resettlement villages;
- Support 20 communities for the operation and maintenance of water facilities through the provision of necessary tools and subsidizing the costs for running the facilities;
- Train 60 village technicians in operation and maintenance of water supply facilities coupled with the provision of necessary tools and spare parts;
- Carry out water, sanitation and hygiene promotion in 10 communities for 'open defecation-free' villages;
- Install water facility and/or water connection along with adequate sanitary facilities in 10 schools, covering 3,000 children and staff.

Education (US\$ 1,200,000)

For 2009, the overall goal is to support the enrolment of 4,100 school-aged children in IDP resettlement areas in Dehub and Gash Barka and to ensure their resumption of or start to schooling in a safe, protected and child-friendly environment. UNICEF will also advocate for support to children in vulnerable families, including the poor and those affected by drought, to ensure their continuation of education and to sustain school attendance, through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, and recreational kits for 4,100 primary schoolchildren in Dehub and Gash Barka;
- Train 84 primary schoolteachers on life skills, including on HIV/AIDS and peace education;
- Support the construction of four temporary schools and rehabilitate two school classroom structures to accommodate 1,800 primary schoolchildren; and also provide sanitation and water storage facilities in schools and learning spaces;
- Undertake social mobilization and enrolment campaigns to scale up net enrolment, especially for girls and hard-to-reach children, including children of nomads who cannot afford the cost of education.

Child Protection (US\$ 800,000)

For 2009, the overall goal is to protect vulnerable children from violence, exploitation and abuse, including from the impact of high food prices and natural disasters. A total of 500 vulnerable, child- and female-headed households, 100 teachers, 50 health staff, and at least 1,500 children will be targeted through the following key activities:

- Establish two drop-in centres in urban areas for children living on the street and other vulnerable children in need of protection;
- Train 100 teachers and 50 health staff in basic psychosocial care and response to violence and abuse;
- Provide recreational kits and establish two child-friendly spaces for separated and unaccompanied children;
- Support prevention, identification, documentation, tracing, care and reunification of an estimated 500 unaccompanied and separated children;
- Provide alternative economic assistance to 500 child- and female-headed households.

Mine Action (US\$ 400,000)

For 2009, the overall goal is to protect population from the risks of mine and unexploded ordnance (UXO), particularly those living in high-risk areas, through the provision of mine-risk education (MRE). Some 150,000 people, including at least 70,000 children living in 481 impacted areas (total affected population is 650,000), are targeted for MRE service delivery through the following key activities:

- Support the delivery of community-based MRE programmes in high-risk areas, particularly in communities around the Eritrea-Ethiopia border area where IDPs have recently resettled/reintegrated. The communities will be reached through 10 mobile MRE field teams of the Eritrean Demining Authority and 100 MRE community volunteers;
- Support school-based MRE activities by providing MRE training of trainers to 200 school health focal point teachers who are subregional focal points for MRE as well (an estimated 180,000 students will benefit from school-based MRE activities);
- Provide child-friendly MRE sessions coupled with MRE video programme show and presentations to at least 75,000 children, including the dissemination of MRE materials, such as T-shirts, leaflets and posters;
- Provide psychosocial support and vocational training to over 200 mine/UXO survivors, including children with disabilities;
- Support radio programmes on MRE awareness to benefit in particular the population living in remote inaccessible areas of the country.