



© UNICEF Eritrea/2021/Tadese

Eritrea Country Office Humanitarian Situation Report No.

16

unicef 
for every child

Reporting Period: 1 January to 30 June 2021

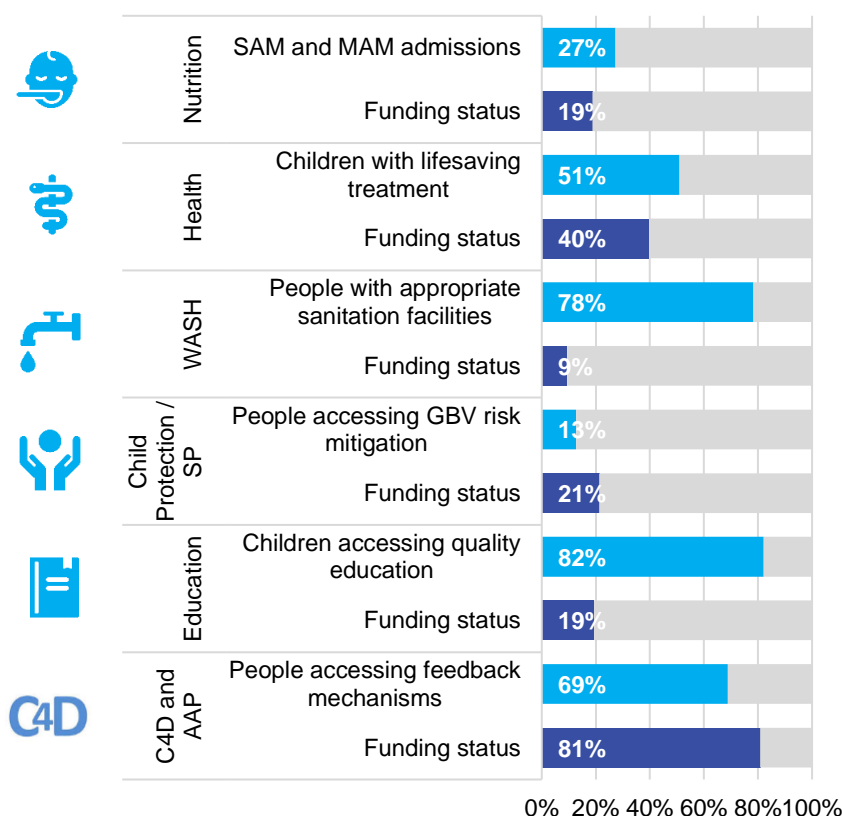
Highlights

- UNICEF supported the Ministry of Education to implement the safe school reopening with guidance on hand hygiene and sanitation, respiratory etiquette and social distancing.
- UNICEF supported the Ministry of Health to plan to conduct a research on Maternal, Adolescent, Child and Neonatal Feeding and Nutrition, assessing the knowledge, attitude and practice of communities on childcare and feeding practices.
- In April, UNICEF charter cargo flight brought 1,343,500 doses of routine immunization vaccines for the children younger than two years.
- With support from UNICEF, the Ministry of Health declared 206 communities Open Defecation-Free, reaching over 125,200 people with sanitation and hygiene services.
- Mobile clinic services were continuously conducted in hard-to-reach areas across Eritrea, and 12,530 vaccine shots were given to children less than 2 years of age living in areas with less access.
- The humanitarian funding gap as of 30 June is 69 per cent net, or US\$12.9 million out of US\$18.7 million of the total funding requirement for 2021.

Situation in Numbers

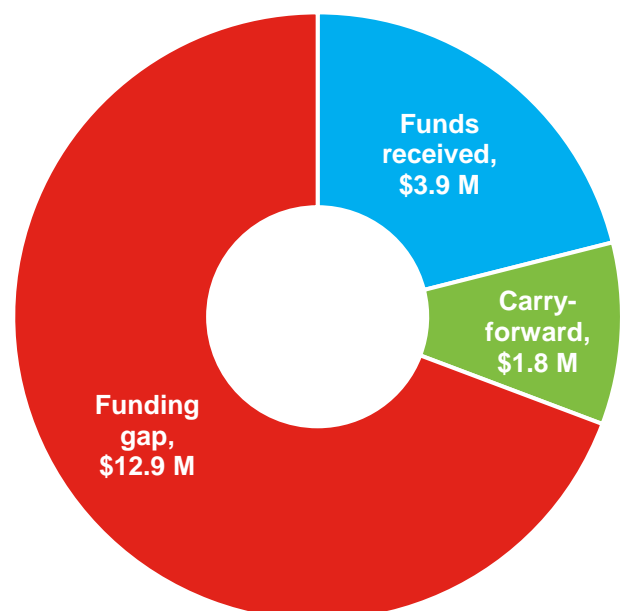
-  **N/A**
children in need of humanitarian assistance
-  **N/A**
people in need
-  **723,000**
children to be reached
-  **1,000,000**
people to be reached

UNICEF's Response and Funding Status



UNICEF Appeal 2021 US\$18.7 million

Funding Status (in US\$)



Funding Overview and Partnerships

In 2021, UNICEF Eritrea appealed for US\$18.7 million to sustain provision of lifesaving services for children and women. Between January and June 2021, donors such as Japan, UK (DFID / FCDO) and Ireland, as well as the donors contributing to the Global Thematic Humanitarian Fund, have generously contributed to UNICEF Eritrea's Humanitarian Action for Children (HAC). UNICEF expresses its sincere gratitude to all donors for the contributions. However, the HAC 2021 still has a funding gap of 69 per cent. Without adequate funding, UNICEF is unable to fully support the GoSE's efforts to ensure that over 48,800 children would receive lifesaving treatment for acute malnutrition and over 990 vulnerable families would receive livelihood support and social protection services.

Situation Overview and Humanitarian Needs

As of 30 June 2021, the total COVID-19 confirmed cases in country are 5,936, out of which 5,913 have recovered, tested negative and discharged. Twenty three deaths have been reported of patients who were undergoing COVID-19 treatment, making the Case Fatality Rate (CFR) in Eritrea equal to 0.39 per cent. The age range for the deaths is between 50 and 84 years.

Amid the pandemic, the routine immunization programme has maintained its sustained high vaccination coverage at national level during the reporting period. However, there are some disparities on the vaccination coverage in 2 out of the 6 regions, leaving pockets of unimmunized and partially vaccinated children. About 3 per cent of the total target children for routine vaccination live in the hard-to-reach areas in the 16 districts, and it is operationally, logistically and financially challenging to ensure that every child is vaccinated. The same applies to other essential health services, particularly for neonatal, child and maternal health. Adequate support is urgently needed to serve those disadvantaged populations for the reduction of neonatal, child and maternal morbidity and mortality.

In 2020 and first half of 2021, the nutrition situation in Eritrea worsened due to the combined effects of the economic impact of the COVID-19, prices' increase for basic commodities, desert locust infestations and weather shocks. UNICEF continued to support efforts to reach malnourished children with lifesaving interventions and recorded encouraging gains in preventing further deterioration of acute malnutrition, which is a breakthrough given the special period of intervention. This achievement was made possible through innovative strategies and the strong partnership between UNICEF and GoSE, in devising home-grown solutions to adapt and ensure continuity of lifesaving nutrition interventions, including the treatment of acute malnutrition and micronutrient supplementation, while maintaining the quality of interventions in the context of COVID-19.

The current achievements will lay foundation for longer-term strategic solution to promote practices and services that ensure optimal nutrition, growth, and development of children, adolescents, and women nationwide. Towards this, the Acceleration of High-Impact Nutrition Interventions (AHINI) is a key national strategy initiated under MoH and UNICEF leadership to break the intergenerational cycle of malnutrition.

Furthermore, UNICEF and MoH worked on sustainable food system solutions towards local production of nutritious foods. UNICEF and MoH prepared a briefing note "A case for Investment in Nutrition" in Eritrea for the Ministry of Finance and National Development (MoFND). It advocates for local production of nutritious food, including RUTF (Ready to Use Therapeutic Food) in Dekemhare, which has a potential in producing fortified food, mainly flour enriched with vital micronutrients for general population, more specifically to address malnutrition among children, adolescent girls and pregnant and lactating women. This makes sense economically as well as in line with the principles of 'self-reliance', central to Eritrea's development approach.

The note on the investment case is accompanied by additional annex detailing technical solutions and charts steps to be taken in successive years until the GoSE reaches the production stage.

Due to the COVID-related restrictions, all schools from the pre-primary to the secondary level remained closed since March 2020 Through March 2021. This led to the disruption of learning for around 600,000 learners nationwide for nearly one year. The GoSE has reopened all schools from 1 April 2021, with the required prevention measures in place. Consequently, during the reporting period, UNICEF's support to the Ministry of Education was geared towards supporting preparation for safe reopening of 2,154 schools with the national safe school protocols in place.

Summary Analysis of Programme Response

Nutrition

UNICEF worked in partnership with the MoH to provide technical, financial and logistical support for lifesaving curative and preventive nutrition services through facility and community-based platforms, including mobile clinics and outreach services in an integrated manner.

During the reporting period, UNICEF focused on hard-to-reach communities and provided various nutrition services to over 400,870 children, adolescents and women. Services included treatment of acute malnutrition (both severe and moderate), distribution of blanket supplementary feeding (BSF) for children aged 6-59 months and pregnant and lactating women; micronutrient supplementation to children, adolescents and women; and counselling services on maternal, infant and young child feeding (MIYCF) practices. This included 17,728 children effectively reached with lifesaving treatment of acute malnutrition; 148,158 children screened for malnutrition using MUAC (Mid Upper Arm Circumference) measurement at community level ensuring IPC measures; 203,879 children reached with vitamin A supplementation; and around 81,643 pregnant women, adolescent girls (>18yrs) and primary care takers reached with iron folic acid supplementation and IYCF counselling.

During the reporting period, UNICEF initiated the delivery of RUTF (Ready to Use Therapeutic Feeding products) among other nutrition supplements. This supply will provide lifesaving quality treatment services to about 20,000 children suffering from acute malnutrition.

Health

As part of strengthening the strategy of Integrated Management of Neonatal and Childhood Illnesses (IMNCI), 17 new health workers were trained and enabled to assess and treat children according to IMNCI guidelines. The IMNCI strategy is being implemented throughout the country to improve care for children under five years at primary level. The total number of IMNCI trained health workers has now reached the number of 900, and so each health facility at primary level is staffed with at least two health workers trained on IMNCI. Between January and May 2021 over 147,000 children under five were treated for pneumonia, diarrhoea, malaria and acute upper respiratory Infections in the health facilities.

Supervisory visits for the neonatal and paediatric intensive care units were conducted in Southern Red Sea Zone, and 66 health workers were re-oriented and trained on management of sick new-born children and of critically sick children admitted to the health facilities. Essential lifesaving medicines, equipment and supplies were also procured to support the IMNCI programme services and essential early new-born care.

To support maternal health services, UNICEF procured and provided 10,000 oxytocin injection ampules of 10 IU. Oxytocin is an essential lifesaving medicine used to stimulate uterine contractions during the third stage of labour, overcome uterine inertia and induce labour in cases of maternal diabetes, preeclampsia, eclampsia and erythroblastosis fetalis. A programme review of the Sexual and Reproductive health program was also conducted for Northern Red Sea in Afabet and Massawa.

Routine immunization and child health services at health facilities and communities were continually conducted without interruption during the reporting period. As part of the planned 4 rounds of health services in areas with less access, mobile clinics were integrated within essential health services (immunization, ANC, nutrition, PMTCT, OPD, Vitamin-A supplementation and health promotion); one round was successfully conducted in the 3-4 regions in 16 hard-to-reach districts/communities. Nationwide IPV catch-up (Inactivated Polio Vaccination) campaign for the missed cohort together with Vitamin-A supplementation was conducted to protect susceptible individual from cVDPV infection currently circulating at the bordering areas of Ethiopia and Sudan, and help to maintain polio-free status.

The key routine vaccination uptake was higher in Jan-May 2021 (except BCG and Penta-1 vaccines) compared to the same period of the previous year, despite the ongoing COVID-19 pandemic. There is an increment of key routine vaccination uptake, namely Penta-3 (2,800) and MR 1 (3,288), MR-2 (1,111) in Jan-May 2021 compared to the same period in 2020. Integrated Management of Neonatal and Child Illnesses (IMNCI) services were conducted at the health facilities at community level by trained health and community health workers (CHWs). During January and February, 14,751 and 14,914 children were treated for diarrhoea and pneumonia respectively, at the health facilities and in the communities by CHWs.

WASH

UNICEF supported the Ministry of Health to declare 206 rural communities Open Defecation-Free (ODF) reaching 125,210 people with sanitation and hygiene services in Anseba, Debub, Gash Barka, and Northern Red Sea zobas, resulting in 68.6 per cent of rural communities declared ODF nationally. The ODF declaration ceremonies were also adapted to disseminate messages on hand washing with soap as a primary barrier to halting the spread of COVID-19. Additionally, UNICEF supported the Ministry of Land, Water and Environment's Water Resources Department to reach 5,094 people by providing access to safe drinking water through rehabilitation and upgrading three climate resilient rural water supply systems in Anseba, Debub and Southern Red Sea regions.

Education

In collaboration with MoE UNICEF supported the development and distribution of Safe School Guidelines and IEC materials tailored to provide adequate information and promote awareness among learners, teachers and the community on COVID-19 prevention in schools and home settings. As a result, 15,000 copies of the Safe School and COVID-19 Prevention Guidelines were distributed to all schools nationwide. Besides, 28,000 posters on psychosocial support in schools and 4,000 copies on the standard operating procedures (SOPs) for schools on COVID-19 case management and referral to health facilities produced in English and in local languages were distributed for all the schools nationwide.

Exploiting available channels to reaching a broader audience and to effectively carry out back-to-school campaign, UNICEF in collaboration with MoE developed 6 TV spots in 3 local languages, which were aired for 21 days through the national TV. Besides, MoE with support from UNICEF provided a training of trainers (ToT) to 16 EiE task team members and school health focal point teachers on provision of psychosocial support in schools, proper use of IEC materials /risk communication and community engagement (RCCE), water, sanitation and hygiene in schools, and familiarized the participants with the national safe schools guideline. In partnership with MoH personnel at the subnational level, the trainings were cascaded to Zobas and sub-Zoba levels targeting education managers, supervisors, EiE/ health focal point teachers and school directors to ensure relevant guidance and information at school level for safe school reopening. During the reporting period 270 MoE personnel took part in the training.

UNICEF facilitated the participation of government stakeholders in "COVID-19, Children and Schools" virtual event hosted by UNICEF ESARO, WHO AFRO and the Global Partnership for Education. Representatives from Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Land, Water and Environment (MoLWE) attended the event. As an outcome it was agreed to further strengthen the WASH in schools agenda. Consequently, a national inter-ministerial working group was established. During the reporting period a ToR for the working group was drafted and processes to conduct a national rapid "WASH in Schools" survey. UNICEF is also supporting MoE to conduct a national assessment on the impact of COVID-19 on students, teachers and schools, as well as a post-COVID enrolment survey through EMIS. Findings of those studies and surveys will inform the future programming.

To assess the extent to which the Safe School Guidelines were implemented at school, UNICEF supported series of joint school monitoring visits by MoE and MoH. Field monitoring reports indicate that in most of the schools minimum packages of the Infection, Prevention and Control (IPC) measures, as outlined in the safe schools guidelines, are adhered to. Initiatives made by the schools were encouraging and included, to ensure availability of water for regular hand hygiene, provision of additional learning spaces, as well as the enhanced 3 shift system adopted to reinforce social distancing, temperature checks at entrances as part of school surveillance, community participation to keep schools safe and the collaboration between schools and health facilities at a local level. Since April 2021 2,144 schools (622 pre-primary, 1,010 primary, 404 middle, and 108 secondary schools) have reopened and are providing education services to the additional 254 complementary elementary education (CEE- non-formal) centers.

With support from UNICEF, MoE also endeavored to expand the reach of CEE centers to cater the educational needs of overaged OOSC from drought-prone nomadic and semi-nomadic communities. To this end, during the reporting period, a total of 4,267 overaged children in Gash Barka region are currently enrolled in CEE centers.

Child Protection

The community-based child protection systems have been conducting sensitization and awareness on injury prevention and violence against children in compliance with COVID-19 restrictions. During the reporting period, according to the implementing partners (Ministry of Health and Ministry of Labour and Social Welfare), community mobilization events were conducted to raise awareness on harmful practices, including violence against children, reaching 12,760 beneficiaries, including adolescent girls, men and boys. Similarly, UNICEF supported community-based rehabilitation programme, reaching 750 children with disabilities with psychosocial support. In addition, 3,000 integrated flipcharts

and 2,000 training manuals on child injuries, violence and disability prevention have been provided to MoE to be distributed in the targeted communities and schools. UNICEF, in coordination with MoLSW, developed a Standard Operating Procedure (SOP) for Social Services Workforce on COVID-19, aiming to accelerate the implementation of the 2021 child/social protection activities in a safe manner.

Cash-Based Programming

During the reporting period, UNICEF's cash support has been extended to only 5 targeted vulnerable households and children. The MoLSW social workers have been identifying the most vulnerable families to be supported this year. During the reporting period, MoLSW sub-zoba offices in coordination with CBR programme reached 1,200 families hosting children with disabilities with in-kind support (provision of sorghum, cooking oil and lentils) by mobilizing community resources. Cash-based social assistance is already one of the social protection support modalities administered by the MoLSW to reach out to over 60,000 families of martyrs and over 4,000 disabled war veterans each year with Government's internal resources.

Communications for Development (C4D) / Risk Communications, Community Engagement and Accountability to Affected Populations

UNICEF is supporting the MoH Health Promotion Division and Nutrition units to conduct a social science research on Maternal, Adolescent, Child and Neonatal Feeding and Nutrition. The survey tools are translated, pretested and finalized. The survey will assess the knowledge, attitude, practice and behavior of communities around childcare and feeding practices. For quality assurance purposes, a technical committee led by C4D and comprising members from UNICEF(Nutrition), MoH (Nutrition and Health Promotion) and WHO has been established.

Sensitization on COVID-19 prevention measures and continuity of care was conducted for 832,807 people in the border towns Debub and Gash-Barka and islands in Northern Red Sea. The sensitization was conducted while adhering to COVID-19 prevention measures. Furthermore, 27 spots on COVID-19 prevention messages including mask use, greeting, social distancing, social gathering at community and school level were developed and aired in all local languages. The materials were designed with engagement and participation of multi-language and multicultural validation team to address language, disability and gender issues. Doctorate-Ab-Studio Platform was also used to engage RCCE teams and promote behavior, social change and adaptation of religious practices to COVID-19 prevention.

The national level C4D/RCCE Committee meetings were conducted regularly to discuss COVID-19 prevention related issues, continuity of care, schools opening, and to address challenges in complying with prevention protocols and measures. Sensitization of 20 operators of the 24/7 call center on schools reopening guidelines was also undertaken. To date, the national call center reached 27,550 people. Some of the key issues raised were related to the confidence of the education system to maintain COVID-19 prevention measures.

The RCCE research sub-committee completed the 2nd draft of the protocols and tools for the COVID-19 vaccine perception survey among the general population and health workers. Once clearance is secured from the Ethical Research Board, the survey will be rolled out. Subnational level Demand Promotion Plan has been developed to support the rollout of the Inactivated Polio Vaccine Rollout. The subnational level risk/crisis communication sensitization was rolled out with support from UNICEF and the Health Promotion Division.

During the reporting period, 51 IT technicians and health workers in zoba Maekel attended a technical workshop to lead the distribution of android applications; 29 hospitals, 70 health centers/ community hospitals, and 21 health stations have been identified for Raspberry Pi Model 4 installation to expand the digital information access at health facility level. Ninety staff from zoba education and health departments of the Northern Red Sea (NRS) and Southern Red Sea (SRS) were sensitized on the use of android application and COVID-19 prevention in communities and schools as part of the Back-to-School RCCE strategy. Forty-four child-to-child and youth-to-youth media programmes are developed and aired via children and youth radio and TV platforms.

Humanitarian Leadership, Coordination and Strategy

Disaster response and management in Eritrea is coordinated by the Ministry of Labour and Social Welfare (MoLSW). It is represented at the sub-national and community levels through its sub-regional offices. Support for emergency coordination and response is managed at sectoral levels through the MoE, MoH and the Ministry of Land, Water and Environment (MoLWE). The Office of the UN Resident Coordinator and UNOCHA support wider inter-agency

humanitarian coordination within the UN Country Team (UNCT). There is no formal cluster coordination system in Eritrea, however, at the sector level UNICEF is the lead agency for Education, Child Protection and Social Protection, Nutrition and WASH, and actively engages with governmental partners. There are no registered NGOs in Eritrea, and all programmes are implemented directly by GoSE ministries and their departments at the Zoba and sub-Zoba levels.

The UN Resident Coordinator is leading the COVID-19 coordination/response along with the technical guidance and advice of WHO, as well as OCHA for supplies/procurement coordination. The national COVID-19 response coordination is led by a High Level Task Force. UNICEF supports the inter-ministerial coordination between MoH, MoE and MoLWE on education, handwashing and water provision, and provides technical inputs to enhance preparedness and response capacity for infection prevention and control. It also ensures sector representation in relevant multi-sectoral coordination platforms with relevant national authorities and key stakeholders at national, district and local levels. UNICEF Eritrea is also represented at the UN technical working group chaired by WHO on COVID-19. UNICEF, together with WHO and GAVI.

Human Interest Stories and External Media

UNICEF Eritrea human interest stories:

1. Eritrea maintains high immunization coverage despite the COVID-19 pandemic
<https://www.unicef.org/esa/stories/eritrea-maintains-high-immunization-coverage-despite-covid-19-pandemic>
2. UNICEF Eritrea on Facebook:
<https://www.facebook.com/uniceferitrea/>

Next SitRep: 15 October 2021

UNICEF Eritrea: <http://www.unicef.org/eritrea/>

UNICEF Eritrea Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/eritrea>

Who to contact for further information: Shaheen Nilofer
Representative
UNICEF Eritrea
Tel: +291 1 154 868 ext. 301
Email: snilofer@unicef.org

Shaya Asindua
Deputy Representative
UNICEF Eritrea
Tel: +291 1 154 868 ext. 303
Email: asindua@unicef.org

Rabindra Giri
Communications Specialist
UNICEF Eritrea
Tel: +291 1 154 868 ext. 407
Email: rgiri@unicef.org

Summary of Programme Results

Sector	Total needs**	Cluster/Sector Response*			UNICEF and IPs Response		
		2021 target	Total results	Change** ▲▼	2021 target	Total results	Change since last report*** ▲▼
Nutrition							
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	N/A	N/A	N/A	▲ N/A	20,000	6,865	▲ 3,286
Children aged 6 to 59 months with moderate acute malnutrition admitted for treatment	N/A	N/A	N/A	▲ N/A	45,000	10,863	▲ 1,829
Children aged 6 to 59 months receiving multiple micronutrient powders	N/A	N/A	N/A	▲ N/A	150,000	N/A****	
Children aged 6 to 59 months receiving vitamin A supplementation every six months	N/A	N/A	N/A	▲ N/A	400,000	203,879	▲ 124,325
Health							
Children aged 6 to 59 months vaccinated against measles	N/A	N/A	N/A	▲ N/A	120,000	66,179	▲ 39,896
Children affected by diarrhoea accessing lifesaving treatment	N/A	N/A	N/A	▲ N/A	90,000	46,623	▲ 31,872
WASH							
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	N/A	N/A	N/A	▲ N/A	60,000	5,094	▲ 5,094
People accessing appropriately designed and managed latrines	N/A	N/A	N/A	▲ N/A	160,000	125,210	▲ 85,791
Child Protection							
Children accessing mental health and psychosocial support	N/A	N/A	N/A	▲ N/A	5,000	750	▲ 750
Women, girls and boys accessing GBV risk mitigation, prevention or response interventions	N/A	N/A	N/A	▲ N/A	200,000	12,760	▲ 12,760
Children accessing explosive weapons-related risk education	N/A	N/A	N/A	▲ N/A	100,000	0	▲ 0
Education							
Children accessing formal or non-formal education, including early learning	N/A	N/A	N/A	▲ N/A	5,200	4,267	▲ 4,267
Schools implementing safe school protocols (infection prevention and control)	N/A	N/A	N/A	▲ N/A	2,154	2,410	▲ 2,410
Social protection and cash transfers							

Households reached with humanitarian cash transfers across sectors	N/A	N/A	N/A	▲ N/A	1,000	5*****	▲ 5
C4D, community engagement and AAP							
People reached with messages on access to services	N/A	N/A	N/A	▲ N/A	2,800,00	832,807	▲ 257,586
People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	N/A	N/A	N/A	▲ N/A	40,000	27,550	▲ 1,100

* Not applicable: no cluster / sector coordination system in country.

** The needs are indicated as non-applicable for the context of Eritrea due to the previous point.

*** Not applicable, as this is the first report of the year.

**** The indicator is reported as “non-applicable”, as “the programme does not exist in the country”. Negotiations are underway to revise the HAC 2021 for the removal of this indicator.

***** The social protection funding is yet to transfer to the Government to support vulnerable families who is female headed and hosting CWDs and orphans.

Annex B

Funding Status*

Sector	Requirements, USD**	Funds available, USD		Funding gap	
		Humanitarian resources received in 2021, USD	Resources available from 2020 (Carryover), USD	\$	%
Nutrition	8,030,000	1,508,581	388,436	6,132,983	76
Health	2,000,000	794,628	261,025	944,347	47
Water, sanitation and hygiene	5,000,000	468,565	226,385	4,305,050	86
Child Protection, GBVIE and PSEA (including cash transfers)	1,350,000	287,466	229,022	833,512	62
Education	1,570,000	303,997	495,921	770,082	49
C4D, community engagement and AAP	700,000	565,845	201,825	0	0
Total	18,650,000	3,929,082	1,802,614	12,918,304	69

* Reflects definitions of the Humanitarian Appeal of 2021 for the period of 12 months.

** Include COVID-19 response financial requirements for 2021.