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for every child

## Humanitarian Action for Children

Children and mothers receive care at the UNICEF-supported Teseney Health Centre for Vaccination.

# Eritrea

### HIGHLIGHTS<sup>1</sup>

- In 2022, UNICEF will support the Government of the State of Eritrea's (GoSE) response to the humanitarian needs of more than 1.2 million children and women affected by multiple vulnerabilities, including COVID-19.
- Working with partners, UNICEF will support the scale-up of life-saving nutrition interventions by expanding the number of health centres offering treatment for acute malnutrition and undertaking a large-scale roll-out of single protocol to treat both severe (SAM) and medium acute malnutrition (MAM). UNICEF, together with GoSE, will support schools to sustain implementation of COVID-19 school protocols and teacher training in addressing potential learning-loss and bringing back out-of-school children. UNICEF will support GoSE efforts to expand essential life-saving and protection services to emergency-affected populations through community-based interventions. As lead of nutrition, water, sanitation and hygiene (WASH) and education sectors and gender-based violence (GBV) area of responsibility, UNICEF will continue coordinating with all relevant line ministries.
- UNICEF is requesting US\$13.7 million to meet the recurrent humanitarian needs of children in Eritrea in 2022.

IN NEED

N/A  
people

N/A  
children

TO BE REACHED

1.2 million people<sup>2</sup>      600,000 children<sup>3</sup>

### KEY PLANNED TARGETS



**300,000**

children receiving vitamin A supplementation



**60,000**

people accessing a sufficient quantity of safe water



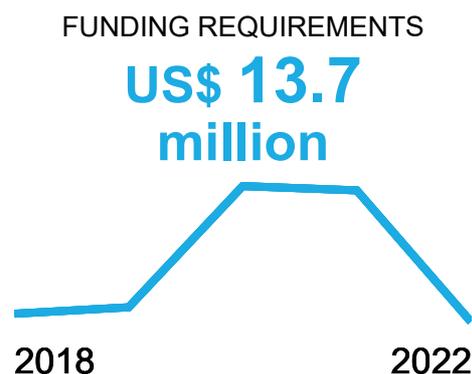
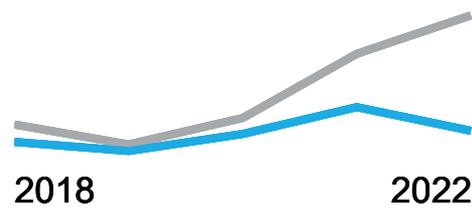
**200,000**

women and children accessing gender-based violence mitigation, prevention, response



**10,000**

children accessing educational services



## HUMANITARIAN SITUATION AND NEEDS

The impact of climate change has led to extreme weather patterns, which can affect water resources, food production, hygiene, sanitation and health, and particularly child and maternal nutrition. A nutrition routine screening surveillance conducted in May 2021 revealed an increase in acute malnutrition in the majority of the country's regions compared to 2020. This routine mid-upper arm circumference (MUAC) mass screening surveillance data (of 117,691 children under 5 years of age) indicates proxy global acute malnutrition (GAM) of 16.3 per cent<sup>4</sup> - significantly higher than an emergency threshold (15 per cent).

Malnutrition combined with pneumonia and/or diarrhoea is the number one cause of child mortality in Eritrea. Access to child and maternal health services in remote areas is a cause for concern, as is the need for improved capacity in primary health care, disease surveillance and response and overall universal health coverage.

Even though the spread of COVID-19 has remained relatively low in Eritrea, its containment measures further limited vulnerable households' access to basic services (nutrition, health, education, social protection and water). It is to acknowledge, agriculture-related subsistence livelihoods remained unaffected through the lockdown period. This has compounded the need to expand the existing income-generating support to vulnerable families in order to reach more households through social transfers (cash and in-kind). Considering the vulnerability of female-headed households, orphans and children with disabilities, ensuring social protection to those left out of current government social assistance is paramount.

In addition, the one-year deficit in academic terms due to closure of schools from April 2020 to March 2021 leads to potential loss of learning and risk of children dropping out of school. Since April 2021, all Eritrean schools have fully reopened, following contextualized COVID-19 school reopening protocols. There is need to ensure the protocols remain relevant and that school managements enforce full adherence.

During humanitarian crises, many factors exacerbate risks related to gender-based violence (GBV). These include, but are not limited to, weakened community and state protections, displacement, scarcity of essential resources, disruption of community services, disrupted relationships and weakened infrastructure. Regardless of any of these factors, GBV is always taking place and must be addressed whether data is available or not.

The GoSE continues to monitor the well-being of its people owing to the conflict situation in Tigray region. If such a situation merits a humanitarian response, upon Government request UNICEF will jointly work with other UNCT members in coordinating a joint response.

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## STORY FROM THE FIELD



In 2021, 87 (12 female) trained Barefoot Doctors (BFD) supported delivery of primary health care (PHC) services in the remotest and hard to reach communities in Eritrea, at a much lower cost per contact compared to the mobile outreach approach. Themed "Leaving No One Behind - Reaching the Unreached", the BFDs' PHC services directly reached over 6,500 beneficiaries, the majority being children under 5 years of age and pregnant women. UNICEF supported the programme with essential health and medical supplies and commodities, which BFDs regularly received upon submission of their monthly activity performance reports at the nearest health centre.

**[Read more about this story here](#)**

One of 87 trained Barefoot Doctors (BFD), visiting one of hardest to reach communities on camel with essential primary health care supplies and commodities, under the UNICEF- supported BFD initiative.

## HUMANITARIAN STRATEGY

In 2022, UNICEF and partners will support the Government of the State of Eritrea to mainstream humanitarian responses within its regular development programmes. This includes applying integrated and multi-sectoral approaches to life-saving interventions, such as supporting the integrated management of acute malnutrition and primary health care (PHC) services targeting children and pregnant women. Populations in hard-to-reach areas will be reached through mobile outreach clinics and trained Barefoot Doctors (BFD). Themed "Leaving No One Behind - Reaching the Unreached", UNICEF will support the training of additional 30 BFDs (bringing to total 107 trained BFDs including 20 women), to be deployed to the remotest communities of Eritrea. BFDs help the communities to access PHC services. UNICEF procures routine medicines and ready-to-use therapeutic food and continues supporting nutrition sentinel surveillance units and mass screenings. UNICEF works with the Ministry of Health in scaling up neonatal intensive care services and to support treatment of malnutrition and mitigate its immediate causes - primarily, preventable diseases.

UNICEF will work with the GoSE in accelerating implementation of water and sanitation in communities and in institutions through provision of sustainable and climate-resilient safe drinking water, sanitation services, and through the community-led total sanitation approach. Provision of hand-washing facilities in schools and at health facilities, accompanied by dissemination of hygiene messages, will promote hand-washing and contribute to reducing diarrhoeal disease and ending open defecation.

UNICEF will work with the Ministry of Education in supporting implementation of the safe school and COVID-19 prevention school protocols, provide access to quality early childhood education for children in remote communities, and ensure continuity of education and blended accelerated learning for year-long loss of classroom learning. In support of back-to-school for drop-out children, UNICEF will support provision of teaching and learning materials.

Through community-based child protection platforms on social and child protection, focus will be placed on addressing violence against children (VAC), gender-based violence (GBV) and harmful practices. UNICEF will also support provision of mental health and psychosocial services for children and women. Social protection programmes will be enhanced to include provision of one-off cash grants to support income generating activities for vulnerable families, focusing on female-headed households and continuity with mobility support for children with disabilities to attend in-person classroom sessions.

UNICEF will support the GoSE in promoting resilience and reducing vulnerability among communities and use risk communication and community engagement programmes to strengthen community capacities and support accountability to affected communities to share their concerns.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/eritrea/situation-reports>

## 2022 PROGRAMME TARGETS



### Nutrition<sup>5</sup>

- **20,000** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **150,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **300,000** children aged 6 to 59 months receiving vitamin A supplementation<sup>6</sup>



### Health

- **200,000** children aged 6 to 59 months vaccinated against measles
- **500,000** children and women accessing primary health care in UNICEF-supported facilities



### Water, sanitation and hygiene

- **60,000** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **100,000** people use safe and appropriate sanitation facilities<sup>7</sup>
- **500,000** people reached with hand-washing behaviour-change programmes



### Child protection and GBViE

- **50,000** children accessing community-based mental health and psychosocial support
- **200,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions<sup>8</sup>



### Education

- **10,000** children accessing formal or non-formal education, including early learning<sup>9</sup>
- **2,400** schools implementing safe school protocols (infection prevention and control)<sup>10</sup>



### Social protection

- **1,000** households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding



### Cross-sectoral (HCT, C4D, RCCE and AAP)<sup>11</sup>

- **1,200,000** people reached through messaging on prevention and access to services<sup>12</sup>
- **400,000** people engaged in risk communication and community engagement actions
- **20,000** people sharing their concerns and asking questions/clarifications to address their needs through established feedback mechanisms

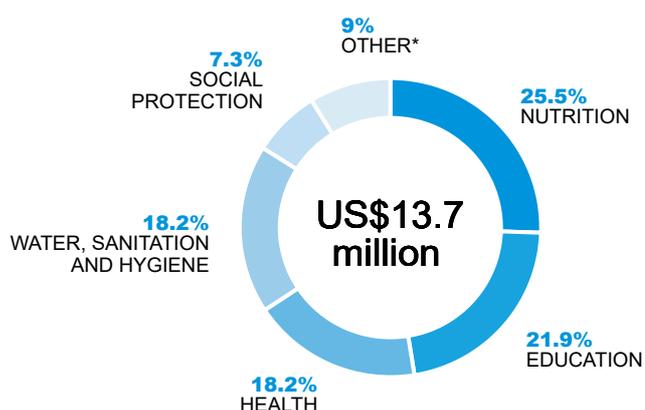
## FUNDING REQUIREMENTS IN 2022

UNICEF is requesting US\$13.7 million to meet the recurrent humanitarian needs of children in Eritrea in 2022. COVID-19 has further impacted the need for accelerated/enhanced implementation of humanitarian activities.

Even though the spread of COVID-19 has remained relatively low in Eritrea, the GoSE's containment measures further limited vulnerable households' access to basic services (nutrition, health, education, social protection, water), further increasing the humanitarian needs for social protection and cash transfer and increasing the funding requirement accordingly.

Without adequate funding, UNICEF will be unable to support the life-saving nutrition and health services and respond to education, child protection, social protection and WASH needs in Eritrea in 2022.

The notable reduction of the funding request is based on the funding landscape of Eritrea which is very narrow, despite continued vulnerabilities and emerging needs. Over the last two Humanitarian Action for Children (HAC) appeals, less than 20 per cent of annual funding requirements were mobilized.



Sector	2022 requirements (US\$)
Nutrition	3,500,000
Health	2,500,000
Water, sanitation and hygiene	2,500,000
Child protection and GBViE	500,000
Education	3,000,000 <sup>13</sup>
Social protection	1,000,000 <sup>14</sup>
Cross-sectoral (HCT, C4D, RCCE and AAP)	700,000 <sup>15</sup>
<b>Total</b>	<b>13,700,000</b>

\*This includes costs from other sectors/interventions : Cross-sectoral (HCT, C4D, RCCE and AAP) (5.1%), Child protection and GBViE (3.6%).

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## ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. This was determined using the highest coverage programme targets for nutrition (300,000 children under 5 years); primary health service (143,000 children under 17 years); WASH handwashing behaviours change initiatives (500,000 people); child protection (360,000 women and children accessing gender-based violence risk mitigation interventions); education (600,000 students in 2,400 schools implementing safe school protocol); social protection (18,000 children under 17 years) and 400,000 people engaged in risk communication and community engagement actions). There is no planned or foreseen duplication among the presented targets in terms of programme coverage. This includes 660,000 women/girls and 540,000 men/boys, based on nationally accepted provisions on average gender disaggregation. Data on the number of people with disabilities to be reached is not available. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
3. The highest number of children targeted in any given sector selected as overarching target to avoid duplication as the same child will be reached with various responses/sectors.
4. This is a proxy indicator and not standard nutrition survey data.
5. Based on prevalence data triangulated with nutrition sentinel surveillance information targeting 50 per cent of the burden in line with our AWP and CPD.
6. 90 per cent of all children aged 6 to 59 months targeted for vitamin A supplementation.
7. The WASH supplies need lead time of more than nine months for supplies to arrive; therefore, we derived the targets that can be reached with rehabilitation or renovation. Similarly, the country target for 100 per cent Open Defecation Free Villages is November 2022, which means there will be less people to be reached.
8. GBV indicator includes cases of child marriage and Female Genital Mutilation, which tend to rise during humanitarian crises.
9. Children targeted are over-aged out-of-school children and children of pre-primary school age. As the needs remain high in Eritrea, we have increased the target with the ambition of being able to reach more children than last year. This is in line with GoSE priorities of minimizing the number of out-of-school children and ensuring all children are enrolled at the right age of the school grade.
10. Additional support in terms of WASH facilities, school health and psychosocial support (PSS) is provided should a sudden increase in cases occur in an area of the country, and continued efforts are made to strengthening mainstreaming of PSS in the schools to address any post-COVID-19 related challenges among children and teachers.
11. Due to space constraints the following acronyms have been used: HCT (Humanitarian Coordination Team), C4D (Communication for Development), RCCE (Risk Communication and Community Engagement), AAP (Accountability to Affected Populations), GBViE (Gender Based Violence in Emergencies).
12. The population targeted is the same as the total number of people/children to be reached because the target includes mass media outreach.
13. The funding requirement for education has increased upon GoSE request for the provision of WASH facilities, school health and psychosocial support services, in response to the sudden increase in COVID-19 cases.
14. The Social Protection budget covers 1,000 households with an estimated 4,000 children under the age 17 years, receiving cash transfer, considering approximately 4 children (under 17 years) in a household.
15. Budget includes sector coordination financial requirements of US\$150,000.