Eritrea

HIGHLIGHTS

UNICEF Eritrea in partnership with implementing partners from Government of Eritrea reached in total of over 230,000 children:

- 241,004 children and women were provided with access to essential life-saving health care services.
- Through the Community-led total sanitation (CLTS) approach, 238 villages declared Open Defecation Free (ODF) reaching 171,292 people, which represents 85.74 percent of rural communities in Eritrea.
- However, 58% funding gap evidenced in HAC 2022 appeal resulted in some annual targets yet to be reached. For example, 90% of the annually targeted pregnancies have yet to attend the fourth antenatal visit. 590 households yet to receive cash transfer.

UNICEF RESPONSE AND FUNDING STATUS*

**Funding available includes: funds received in the current year, carry-over from the previous year; and repurposed funds with agreement from donors.

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

Mothers and pregnant women in Mealdi, a hard to reach village in Adi-Tekelezen sub-zone, Anseba zone, gathered for their children’s immunization besides Antenatal Check up
In 2022, UNICEF Eritrea’s Humanitarian Action for Children (HAC) appeal requested US$13.7 million and, for the reporting period, witnessed 58 per cent funding gap. UNICEF expresses its sincere gratitude to all donors for their contributions, in particular the Government of the UK (FCDO), Central Emergency Response Fund (CERF), UNICEF Emergency Programme Fund and the Governments of Ireland, Italy and Japan as well as the donors contributing to the Global Thematic Humanitarian Fund, generously contributed to UNICEF Eritrea’s HAC 2022 funding needs. Given the funding gap, 696,000 people including 348,000 children are left out of support from UNICEF.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Compared to May 2021, anomaly of rainfalls in May 2022 is significant nationally. Throughout June 2022, a big part of Northern Red Sea, Anseba and Gash Barka zones suffered from rainfall anomalies.

Rainfall of the March to June 2022 season was below average (FAO, 2022). Agriculture remains vulnerable to the effects of climate change and volatile weather patterns, owing to limited irrigation systems and infrastructure, given Eritrea is a subsistence-agriculture-driven economy (Economist Intelligence Unit, June 2022).

The war in Ukraine has huge implications with supply lines and food production disrupted and delayed with increasing shipping cost for offshore procurement, resulting in food and fuel shortages especially in rural areas, exacerbating already soaring global food prices including the price of Ready-to-Use Therapeutic food (Regional Call to Action on Horn of Africa drought, UNICEF May 2022). This, coupled with shift of focus of humanitarian funding and response onto Ukraine, has huge impact on worsening child malnutrition in the Horn of Africa. Eritrea has the high exposure to global price shocks relating to the Ukraine crisis: the country depends on import about 70% of its cereals (78% of cereal import requirements comprising of wheat), with highest dependency on Russian and Ukraine for import of wheat in the world (Cereal Supply and Demand Balances for Sub-Saharan African Countries, FAO 2022). Stunting prevalence in Eritrea remain high with 52.5% (UNICEF ESAR, June 2022).

Eritrea has registered notable progress towards its national mission of attaining Open Defecation Free (ODF) status, particularly across its 2,564 villages. The challenges remain with 405 villages (16%) and a number of settlements in urban areas, that have yet to declare their ODF status, which calls for intensive community engagement.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

UNICEF is supporting preparedness and response activities to prevent, mitigate and give a timely response to waterborne disease outbreaks. Priority is given to the continued provision of lifesaving, essential health services for affected communities through context sensitive approaches.

During the reporting period, 152,620 children were treated for common childhood illnesses of which, 52760 for diarrea, 96421 for pneumonia including Upper respiratory tract infection (URTI): common cold & cough, 3439 for malaria, sick children were treated respectively. Similarly, a total of 88,384 pregnant and lactating women have received basic maternal related services of which 50381 were for Antenatal care (1st and 4th), 20,982 pregnant women have delivered in health facilities and 17021 have received visit within 24 hours after delivery. UNICEF, in partnership with GAVI, has been supporting vaccines for immunization services for under 5 children against vaccine preventable diseases - measles, poliomyelitis, diphtheria, hepatitis, neonatal tetanus, whooping cough, tuberculosis, Pneumonia, Hemophilus influenzae, Rotavirus, and Meningitis. The key EPI vaccination uptake were respectively, BCG: 34,923, Penta-1: 34,315, Penta-3, 35,008 MR-1:
Inclusive and integrated services, about 2,000 children with disabilities reached with mental health and psychosocial support services. The Country office finalized the 2022 Prevention of Sexual Exploitation and Abuse (PSEA) action plan. In collaboration with National Union of Eritrean Women (NUEW), planning of the orientation and brainstorming session with gender focal points in all line ministries including the police department initiated. The training for 90 participants from government institutions in all regions will be rolled out in October to raise awareness on PSEA.

**Education**

The MoE in partnership with communities is building a boarding school incorporating all the required facilities in Kerekebet Sub-zoba, in Gash Barka zoba, one of the most hardest areas to reach. The Boarding school will accommodate in the academic year over 400 middle and upper secondary school children from the Bidaweit community, who had to travel far away from home to other zobas including to the boarding facilities in Debub and Northern Red Sea. Thus, contributing to boosting transitions to and completions of secondary education of those disadvantaged children. The setting-up of eleven complementary elementary education (CEE) centers in Gash Barka is in progress, of which 6 are currently finalized to cater the educational needs of over 700 out-of-school children and youth in the coming academic year in September 2022. During the reporting period, MoE concluded a Rapid COVID-19 Impact Assessment Study on Education of children in Eritrea. The study documented the impact of COVID-19 on learning, key lessons, and recommendations including the need to build the education sector capacity to ensure continuity of learning under any unforeseen circumstances. The need to strengthen collaborations with other sectors to ensure health and wellbeing of children was reinforced. The recommendations will be disseminated at sub-zobas for corrective actions and will inform discussions at the national level consultation.

**Water, sanitation and hygiene**

*Children washing hands with soap in Fifete Primary and Secondary School.*
Ensuring clean water, basic toilets and good hygiene practices are essential to the survival and development of children

**Child protection, GBViE and PSEA**

During the reporting period, UNICEF, in partnership with MoLSW, conducted community mobilization and engagement events aimed at raising awareness on harmful practices, gender-based violence and violence against children and irregular migration that reached 51,000 (about 25,000 female), community members, including adolescent girls. In addition, through the community-based
Community-led total sanitation (CLTS) approach. 405 villages is yet to be declared as ODF in order to meet ODF free Eritrea. Urban sanitation remains as the challenge. Within the above-stated period, MoLWE and the Ministry of Local Government (MoLG) are undergoing construction work for the upgrading and rehabilitation of the water supply system in 7 sites in three zobas to increase access to safe drinking water for around 23,394 people.

Social protection
Cash transfers serves as a lifeline for vulnerable families facing hardships due to external exigencies and thus enables their access to food, health and education needs and services. UNICEF in partnership with government undertakes national cash transfer programme. Ministry of Labour and Social Welfare (MoLSW) in partnership with UNICEF reached 410 vulnerable households with cash and income generating activities to access education and health services through the existing community-based social assistance mechanism. In addition, 2,200 vulnerable children were supported with educational materials which facilitated access to education. UNICEF’s social protection assistance is also aligned to Community-Based Inclusive and Integrated services for persons with disabilities. This helped to mobilize community resources and supported 560 families of children with disabilities with cash. Towards supporting an appropriate and timely shock response social protection system, MoLSW with support from UNICEF drafted national social protection policy and strategic plan.

Cross Sectoral

**HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY**

Disaster response and management in Eritrea is coordinated by 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 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 government partners. There are no registered NGOs in Eritrea, and all programmes are implemented directly by the Government of the State of Eritrea (GoSE) ministries and their departments at the Zoba and sub-Zoba levels. CERF Rapid Response grant coordinated by OCHA under HC/RC leadership with participating UN agencies, UNICEF (including UNFPA), FAO and UNDP currently contributes to HAC commitment.

**HUMAN INTEREST STORIES AND EXTERNAL MEDIA**

- UNICEF Eritrea
  [https://www.unicef.org/esa/topics/eritrea](https://www.unicef.org/esa/topics/eritrea)

- An Eritrean youth calling for action against climate change
  [https://twitter.com/uniceferitrea/status/1532455131765153793?s=20&t=ZNa2b2mk4PsJpJpJSDJ-cc8g](https://twitter.com/uniceferitrea/status/1532455131765153793/s=20&t=ZNa2b2mk4PsJpJpJSDJ-cc8g)

- An Eritrean youth calling for investing on sustainable renewable energy and Education
  [https://twitter.com/uniceferitrea/status/1531724753815347202?s=20&t=ZNa2b2mk4PsJpJpJSDJ-cc8g](https://twitter.com/uniceferitrea/status/1531724753815347202/s=20&t=ZNa2b2mk4PsJpJpJSDJ-cc8g)

- Video Essay - Vaccinating children in the hardest reach area in Eritrea

Critical Social and Behavioral Change programming strengthens and intensifies community engagement activities to communities impacted by climate change induced drought conditions. The Risk Communication and Community Engagement (RCCE) national team revised the RCCE plan of action to respond to COVID-19 for different sectors (Health, WASH, Education, and Nutrition) for the year of 2022-23. UNICEF in partnership with RCCE national team supported capacity building of 20 implementing partners from MoL, MoE, MoH, MoLHW, MoLWE, NUEWS on Social Science Research to respond public health emergency. Besides, MoH in collaboration with MoL conducted Doctors in Studio program to make the public aware on the risk of behaviors related to COVID-19.
HAC APPEALS AND SITREPS

- Eritrea Appeals
  https://www.unicef.org/appeals/eritrea

- Eritrea Situation Reports
  https://www.unicef.org/appeals/eritrea/situation-reports

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals

- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 15 OCTOBER 2022
<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs response</th>
<th>Cluster/Sector response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicator</td>
<td>Disaggregation</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Children aged 6 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Children aged 6 to 59 months receiving vitamin A supplementation</td>
<td>Total</td>
</tr>
<tr>
<td>Health</td>
<td>Children aged 6 to 59 months vaccinated against measles</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Children and women accessing primary health care in UNICEF-supported facilities</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Number of pregnant women receiving at least four antenatal visits</td>
<td>Total</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>People accessing a sufficient quantity of safe water for drinking and domestic needs</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>People use safe and appropriate sanitation facilities</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>People reached with hand-washing behaviour-change programmes</td>
<td>Total</td>
</tr>
<tr>
<td>Education</td>
<td>Children accessing formal or non-formal education, including early learning</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Schools implementing safe school protocols (infection prevention and control)</td>
<td>Total</td>
</tr>
<tr>
<td>Social protection</td>
<td>Households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding</td>
<td>Total</td>
</tr>
<tr>
<td>Child protection and GBVIE</td>
<td>Children accessing community-based mental health and psychosocial support</td>
<td>Total⁸</td>
</tr>
<tr>
<td></td>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
<td>Total⁹</td>
</tr>
</tbody>
</table>
## ANNEX B FUNDING STATUS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2022</th>
<th>Other resources used in 2022</th>
<th>Resources available from 2021 (carry over)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>3,500,000</td>
<td>1,531,000</td>
<td>-</td>
<td>230,643</td>
<td>1,738,357</td>
<td>50%</td>
</tr>
<tr>
<td>Health</td>
<td>2,500,000</td>
<td>150,000</td>
<td>-</td>
<td>278,688</td>
<td>2,071,312</td>
<td>83%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2,500,000</td>
<td>1,375,551</td>
<td>-</td>
<td>150,350</td>
<td>974,099</td>
<td>39%</td>
</tr>
<tr>
<td>Child protection and GBVIE</td>
<td>500,000</td>
<td>30,000</td>
<td>-</td>
<td>190,520</td>
<td>279,480</td>
<td>56%</td>
</tr>
<tr>
<td>Education</td>
<td>3,000,00010</td>
<td>-</td>
<td>565,585</td>
<td>444,286</td>
<td>1,990,129</td>
<td>66%</td>
</tr>
<tr>
<td>Social protection</td>
<td>1,000,00011</td>
<td>60,000</td>
<td>-</td>
<td>241,400</td>
<td>698,600</td>
<td>70%</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>700,00012</td>
<td>40,000</td>
<td>-</td>
<td>440,244</td>
<td>219,756</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,700,000</strong></td>
<td><strong>3,186,551</strong></td>
<td><strong>565,585</strong></td>
<td><strong>1,976,131</strong></td>
<td><strong>7,971,733</strong></td>
<td><strong>58%</strong></td>
</tr>
</tbody>
</table>

*repurposed other resources with agreement from donors

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1. 90 per cent of all children aged 6 to 59 months targeted for vitamin A supplementation
2. During the reporting period, a total of 241,004 of children under five and pregnant and lactating women have received treatment for common childhood illnesses and basic maternal health services respectively
3. 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
4. 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
5. 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
6. Children targeted are over-aged out-of-school children and children of pre-primary school age
7. 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
8. All the beneficiaries are Children with Disabilities
9. GBV indicator includes cases of child marriage and Female Genital Mutilation, which tend to rise during humanitarian crises
10. 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
11. 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
12. Budget includes sector coordination financial requirements of US$150,000