**Highlights**

- The Government of the State of Eritrea (GoSE) with support from UNICEF treated more than 69,300 children under five for acute malnutrition in 2020; over 17,800 children were treated for Severe Acute Malnutrition (SAM) and around 51,500 for Moderate Acute Malnutrition (MAM). Over 247,200 children aged 6 to 59 months were provided with Vitamin A supplementation, exceeding targets and achievements for all services compared to the previous year, despite the COVID-19 pandemic.
- Integrated mobile clinic services enabled over 150,500 children to receive vaccination for different doses of routine EPI vaccines. UNICEF procured essential medicines for the treatment of childhood-related illnesses and more than 116,600 children were treated for diarrhoea.
- The Ministry of Health with support from UNICEF declared 438 rural communities across Eritrea open defecation-free (ODF), benefiting more than 465,800 people.
- UNICEF supported 494 vulnerable families with income generating ventures, benefitting 2,080 children, including children with disabilities.
- The funding gap as of 31 December 2020 is 56 per cent net, or USD 10.6 million out of USD 18.8 million of the total funding requirement.

**UNICEF’s Response and Funding Status**

**UNICEF Appeal 2020**

**US$ 18.8 million**

**Funding Status** (in US$)

- **Funds received, $6M**
- **Funding gap, $10.6 M**
- **Carry-forward, $2.2 M**

* There are no dedicated targets set for C4D and Coordination.
Funding Overview and Partnerships
For 2020, UNICEF Eritrea appealed for US$ 18.8 million to sustain provision of lifesaving services for women and children in Eritrea. Between January and September 2020, the Governments of Japan, Ireland, Italy, United Kingdom, as well as the Central Emergency Response Fund (CERF) 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 2020 still has a funding gap of 56 per cent. Without adequate funding, UNICEF has remained unable to fully support the GoSE’s efforts to ensure that over 1,500 children would receive lifesaving treatment for acute malnutrition and over 500 vulnerable families would receive life-sustaining livelihoods and social protection.

Situation Overview and Humanitarian Needs
Considering the ongoing pandemic, resources and efforts were directed towards containing and responding to the COVID-19 in Eritrea. However, the country was doubly affected by the harsh climatic conditions, which makes communities in high risk areas, particularly pregnant women and children under five, more susceptible to socioeconomic shocks and food and nutrition insecurity. The Southern and Northern Red Sea regions are the most vulnerable, followed by Anseba and Gash Barka regions. The lockdown and restrictions on movement to contain the spread of COVID-19 (along with the Business Continuity Plans by UNICEF and UN) affected some regular programmes. However, essential critical services including nutrition, immunization and health services were accorded high priority and implemented respectively. Modifications to programme implementation became necessary to ensure the continuation of essential services and adjustment to the new situation caused by the pandemic, including reduced footprint in the Country Office. UNICEF accelerated its support towards Risk Communication and Community Engagement (RCCE) at national level for prevention of COVID-19 and regular programmes, including Infection Prevention and Control – IPC/WASH, Nutrition and Health interventions, and towards ensuring continuity of lifesaving activities. This includes supporting the Government on the management of acute malnutrition and supplementary feeding for pregnant and lactating women; Vitamin A supplementation (VAS); and stepping up immunization for measles and other common childhood vaccine-preventable conditions. UNICEF is also supporting the Government with social protection initiatives such as cash transfers for vulnerable households.

While efforts to address child and maternal nutrition issues in Eritrea gained momentum, COVID-19 is threatening to stall the progress thus made. Containment measures put in place to curb the spread of COVID-19, including lockdown restrictions on travel and gatherings, have disrupted food supply chains and associated livelihoods. Lifesaving nutrition interventions, including infant and young child feeding (IYCF) and treatment for acutely malnourished children therefore need to be sustained in terms of both service delivery and monitoring. The Government of the State of Eritrea (GoSE) with support from UNICEF has been proactive 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.

Vaccines procured and shipped by UNICEF in May and in December amid the COVID-19 pandemic, enabled the country to have enough vaccine stock for routine immunization. Eritrea has not had any vaccine stockouts since 2017, a significant achievement for UNICEF’s EPI programme. UNICEF also supported the procurement and distribution of 236 units of Cold Chain Equipment (CCE) to the health facilities in the six regions. Out of that amount, 70 have already been installed. The newly installed CCE will increase the vaccine storage capacity and replace the obsolete CCE at the health facilities.

Summary Analysis of Programme Response
Nutrition
In partnership with the Ministry of Health (MoH), the system strengthening approach led to improved delivery of services and quality treatment of SAM and MAM. This included expansion of community platforms for growth monitoring, counselling and consolidation of volunteers’ training at health facility and community levels. VAS was integrated into other routine health services and is being included in various campaign-based activities to further increase the coverage. During the reporting period, 69,328 children were reached with quality SAM and MAM treatment. UNICEF also supported MoH to ensure continuation of lifesaving interventions in the context of COVID-19 and adapted the programme by extending the provision of supplies, such as 1 month for SAM management and 3 months for MAM, and the Blanket Supplementary Feeding Programme (BSFP).
Global guidelines related to breastfeeding and vitamin A supplementation during the COVID-19 pandemic were translated into local languages and disseminated. UNICEF Eritrea provided technical and logistical support to all regions to provide tools, guidance and monitoring of programme adaptation and to ensure continuity of services.

In total, 864,663 beneficiaries were effectively reached with various nutrition services, despite the limitations brought upon by the ongoing pandemic. These include provision of Vitamin A to 247,275 children and 172,623 pregnant women were provided with folic acid. Over 164,80 pregnant women and primary caregivers were also counselled on malnutrition, including the consumption of micronutrients.

Health
To expand and improve the Community-Based Health Services, around 150 Community Health Workers (CHWs) from eight districts in Gash Barka Zoba were trained on home-based maternal and neonatal care. According to MoH programme report, more than 116,000 children were treated for childhood illnesses by CHWs in 2020. A rapid assessment of neonatal and paediatric intensive care services was conducted in two key facilities in Gash Barka. Accordingly, the neonatal intensive care unit that was established with UNICEF’s contribution in 2019 has provided services for 84 sick newborn children, and the rate of mortality has declined by less than 10 per cent compared to 2019. Similarly, 140 new-borns received specialized neonatal care in Barentu Hospital.

With UNICEF’s support, the Ministry of Health has conducted supportive supervision in 70 health facilities in five Zobas. This exercise has enabled the Ministry to make a comprehensive assessment and to monitor the implementation of the interim guidelines on the continuation of the RMNCAH services in the context of COVID-19. A preliminary report has been submitted, and the findings and recommendations have informed the plan of action for 2021.

Five medical doctors were trained on medical certification on cause of death, morbidity and mortality coding using International Classification of Diseases (ICD-11), and verbal autopsy. The purpose of the training was to strengthen their capacity for improving the quality of health information, essential for shaping national health priorities.

Amid the COVID-19 pandemic, the routine immunization uptake has increased in 2020 compared to 2019. In 2020, more than 1,485,392 vaccination shots of different antigens were provided to children less than 2 years old, and women of childbearing age, including pregnant women, which was 174,982 shots higher than in 2019. Apart from the routine immunization strategies, four rounds of integrated mobile outreach services were conducted in hard-to-reach areas in 16 districts of 4 regions, providing 38,004 vaccination shots to children less than 2 years old and women of child-bearing age, including pregnant women. The high intake of the vaccination amid the pandemic was due to the timely development of the immunization business continuity plan and its successful implementation. With UNICEF support, two vaccine shipments were brought in country in 2020 (May and December), and currently the country has a vaccine stock until April 2021; and did not have any shortage of vaccines and non-vaccine supplies in 2020. Besides immunization, dry storage facilities for the non-vaccine materials were established and integrated in the monthly stock management tools; and vaccines and non-vaccines bundling is being strictly following.

During the reporting period, with UNICEF support, the meningitis-A (Men-A) vaccine was introduced into the routine vaccination programme. The integrated independent coverage survey for both Men-A vaccination campaign and routine immunization were also conducted. The independent survey revealed 99.4 per cent and 95.1 per cent coverage for the Men-A and routine immunization respectively (full vaccination with 8 vaccines) for children aged 24-35 months. UNICEF successfully obtained 20 per cent government cost sharing of the traditional vaccine and non-vaccine supplies that will start from 2021, which is seen as an exemplary success. Amid the pandemic, “Immunization in Practice” modular training was conducted, and 96 frontline immunization health workers were trained in two regions.

WASH
UNICEF supported the MoH to reach more than 738,000 people (465,809 people as part of the Community-Led Total Sanitation [CLTS] approach) with handwashing messages in all six regions by dissemination of messages through IEC materials, TV and radio, and using the triggering and open defecation-free declaration ceremony platforms. With support from UNICEF, MoH produced 12,000 hand sanitizers locally and distributed them to the health facilities. UNICEF also provided 93 handwashing facilities to 19 health facilities, 23 orphanages and disability centres, 17 government offices and 22 quarantine sites in Anseba, Debub, Gash Barka, Maekel and Northern Red Sea regions. This includes 12 handwashing facilities which are in process of being distributed. In total, 35,000 soap bars were procured and delivered to the MoH for distribution to healthcare facilities. As part of regular interventions, UNICEF supported monitoring and supervision of ongoing CLTS triggering and ODF declaration; as a result, 438 rural communities with 465,809 people
(against the target of 160,000) in Anseba, Debub, Gash Barka and Northern Red Sea regions were verified and declared ODF using the CLTS approach during the reporting period.

UNICEF also provided technical support and procured supplies for the Ministry of Land, Water and Environment (MoLWE) to complete the construction, rehabilitation and upgrading of 11 community water supply systems (1 new construction and 10 rehabilitation and upgrade) in Anseba, Debub and Northern Red Sea Zobas. As a result, 23,079 people were provided with access to safe drinking water in 2020 (against the target of 20,000 people). Additionally, 2,996 students in 13 schools (3 kindergarten, 5 elementary, 4 middle and a secondary school) in Zoba Anseba and Northern Red Sea were also provided with access to safe drinking water.

UNICEF collaborated with Water Resources Department (WRD) of MoLWE to facilitate a planned national conference on climate resilient water supply and water resources management with the objective of sharing the challenges and opportunities for WASH provision in Eritrea. The conference did not happen due to COVID-19; however, the key policy recommendations were drawn from the national and international technical papers regarding the way forward, aligned with the 2019-2030 One WASH Strategy and Investment Plan. Additionally, WASH sectoral coordination was strengthened through arrangement of different collaborative approaches including Sanitation and Water for All (SWA) Finance Minister’s Meeting and collaboration of sector ministries on climate resilient WASH programming. Additionally, UNICEF in partnership with WASH sector implementing partners completed the groundwork to conduct National WASH inventory to collect necessary data to support the implementation of the One WASH Strategy and Investment Plan and National ODF Roadmap, ultimately leading to sustainable water, sanitation and hygiene services in Eritrea.

**Education**

UNICEF supported the Ministry of Education (MoE) to provide training for 180 complementary elementary education (CEE) facilitators. This is expected to support the learning of around 5,400 overaged out-of-school children. UNICEF also assisted the establishment of 22 additional CEE centres through community mobilization, which is expected to enrol 5,900 out-of-school children in remote communities of Gash Barka, Northern Red Sea and Anseba Zobas. In response to COVID-19 pandemic, UNICEF provided technical support to MoE for the development of COVID-19 response and recovery plan that includes guidance on protection of approximately 600,000 children and adolescents across the country through the development of IEC materials. This primarily focused on school guidance on prevention of COVID-19 infection, materials on handwashing, school safety and TV spots on parenting education to promote parental support to children at home during the lock-down. UNICEF provided a total of 50,000 bars of soap to all schools. Additionally, around 100 secondary schools were disinfected during July, when secondary students were back to school.

In line with the global guidelines on safe school re-opening, UNICEF provided technical support to MoE to develop Safe Schools Reopening Guidelines for teachers and students, including guidance for provision of psychosocial support and standard operating procedures in case of symptomatic student/staff, and other IEC materials. UNICEF is working closely with MoE to ensure that schools are disinfected, and infection prevention and control (IPC) measures are in place when schools reopen. This will also include provision of WASH facilities in all the schools. Technical support was also provided to MoE for development of six audio-visual messages on parental support, safe return to school, psychosocial support and importance of returning to school, which are expected to be broadcast in the national media, when the government announces dates for reopening of schools. This is compounded with advocacy on safe school re-opening for primary and secondary levels given the opportunity for digital online learning is near-absent.

**Child Protection**

Due to the school closures, activities related to Mine-Risk Education (MRE) in schools were put on hold. Despite this, approximately 30,000 children were reached with MRE in communities before the lockdown was declared in April 2020. Furthermore, the programme has supported the Ministry of Labour and Social Welfare (MoLSW) to provide mental health and psychosocial support to families and children, including children with disabilities, during the ongoing pandemic. Psychosocial support was provided to around 1,000 vulnerable children (850 were children with disabilities) through the Community Based Rehabilitation volunteers and social workers. The MoLSW adapted parenting tips into local languages and published them in the national newspaper. The tips on positive parenting and psychosocial wellbeing were also disseminated to the public through television and radio programmes. MoLSW broadcast eight radio programmes to reach families and children with psychosocial support tips, messages on positive parenting for parents/caregivers, role of students, teachers and parents to maintain healthy and safe school environments, and general tips on the prevention of COVID-19. These are in line with UNICEF’s global guidelines for supporting children during this pandemic.
A booklet titled “You Are My Hero” was translated into Tigrinya with UNICEF’s support. The booklet demonstrates how parents/caregivers and children can prevent COVID-19. The MoH health promotion staff have submitted the booklet to the Department of Public Health and Ministry of Information for clearance for publication.

UNICEF shared knowledge products/resources on: Risk Communications and Community Engagement (RCCE) for COVID-19; Engaging with Children and Adults with Disabilities; and a Policy Brief on Disability-Inclusive Response to COVID-19 with the MoLSW to use for awareness-raising and programme response. These documents were extensively used by the Disability Unit in MoLSW while reaching out to people through the media. In collaboration with UNICEF WASH sector, the MoLSW worked on a disability friendly design for handwashing basins, and 17 basins were procured for hygiene promotion, and distributed to group homes, orphanages and people with disabilities by the Ministry.

Cash-Based Programming
UNICEF’s social protection response to COVID-19 entailed flexibility for re-programming of available funds with MoLSW, to address socioeconomic challenges of vulnerable families. The MoLSW supported 494 vulnerable families hosting orphans and children with disabilities with income generating ventures that benefitted 2,080 children in these households. Further, MoLSW procured educational supplies in coordination with the MoE to support 7,220 vulnerable schoolchildren with educational materials, when schools reopen. The MoLSW provided psychosocial support to 850 children living with disabilities and other vulnerable children, as well as mobilized community resources for 5,000 vulnerable families (with around 2,000 children living with disabilities) with cash grant, grains and soap bars through the Community Based Rehabilitation volunteers and social workers.

UNICEF led the development of a UN concept note on “UN Support Towards Social Protection to Address Socioeconomic Impact of COVID-19 in Eritrea.” The note was shared by the Resident Coordinator (RC) to GoSE for further action and guidance. Similarly, UNICEF provided thematic inputs to the Social Protection sector on “Rapid Assessment of Socioeconomic Impact of COVID-19.”

Communications for Development (C4D) / Risk Communications, Community Engagement and Accountability
During the reporting period, C4D-oriented multisectoral support was provided for pandemic response through development of normative tools, guidelines, SOPs and strengthened risk communication and community engagement coordination mechanisms at national and subnational levels. The government leads the RCCE coordination mechanism, which is co-chaired by UNICEF and inter-ministerial representatives from health, information, education, and other sectors.

UNICEF also leveraged on existing government capacities and community-based partners to reach communities with integrated lifesaving health, nutrition, WASH, education, CP and MPHSS information, including the adaptation of health and nutrition response. Prior to closure of schools in March, C4D/RCCE supported the production and dissemination of one million IEC materials for students, teachers and school community at large. Additionally, 7,385 teachers and directors and 13,074 students from higher education institutions were briefed on preventive and mitigative measures using key messages designed for schools. Co-curricular support materials including readers, ECD materials, children’s comic books and games were designed to support the imminent school reopening which is now anticipated for early 2021. The RCCE also developed over one million additional IEC materials; and TV spots on signs and symptoms and prevention, with a special focus on food hygiene, hand hygiene, physical distancing and contact tracing.

UNICEF in collaboration with MoH, Education section of UNAIDS and UNFPA built the capacity of 55 journalists and provided orientation for 45 journalists on the use of radio/TV to promote ANC, maternal health, immunization and MHH services. Furthermore, nine members of RCCE participated in the global training on behaviour and social change communication for COVID-19 organised jointly by UNICEF, NYU School of Global Public Health and Strathmore University Business School.

For community feedback, the RCCE continues to leverage the 24/7 call centre to track and clear misconceptions/rumours and promote COVID-19 preventive behaviours, referral of unreported cases to quarantine centres and testing, and follow-up for pregnant mothers. UNICEF continues to support the call centre through the provision of job aids, communication supplies and training of centre staff to build capacity of teams. In the future, UNICEF is planning to advocate for the expansion of the services to all Zobas, including the design and installation of voice recording software.
To assess the impact of campaign based RCCE interventions, UNICEF commissioned a midline KAP survey, which indicated that 89 per cent of respondents were confident and had self-efficacy to prevent the spread of the pandemic. However, of those who were not confident to act, several bottlenecks to practice preventive behaviours were identified and 42.7 per cent mentioned lack of sanitation materials and 30.5 per cent mentioned unavailability of masks as the main detriments to sustain the infection prevention behaviours and practices. For continuity of health services and care, extensive community-based engagement and promotion was promoted to maintain and build community trust and confidence in health services. When asked about the source of information, 75.6 per cent of communities were reached via tv/radio, 39.4 per cent through community health workers and community mobilisers, 38.2 per cent via health workers and 4.2 per cent via national 24/7 call centre.

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 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 High Level Task Force. UNICEF supports the inter-ministerial coordination between MoH, MoE and MoLWE on 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 also facilitated development partners group on a COVAX facility, together with WHO and GAVI.

Human Interest Stories and External Media

UNICEF Eritrea human interest stories:

1. Eritrea commits to providing access to clean water and sanitation for all at regional meeting for finance ministers
   https://www.unicef.org/esa/stories/eritrea-commits-providing-access-clean-water-and-sanitation-all

2. Irish Aid provides Euro 1 million to UNICEF Eritrea for its Humanitarian Action for Children (HAC) for 2020:

3. UNICEF applies innovative strategies for COVID-19 response in Eritrea:

4. UNICEF Eritrea on Facebook:
   https://www.facebook.com/uniceferitrea/

Next SitRep: 15 April 2021

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

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## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs**</th>
<th>2020 target</th>
<th>Total results</th>
<th>Change since last report ▲▼</th>
<th>2020 target</th>
<th>Total results</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years treated for SAM</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>23,300</td>
<td>17,838</td>
<td>▲7,720</td>
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<tr>
<td>Children under 5 years treated for MAM</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>47,600</td>
<td>51,490</td>
<td>▲20,379</td>
</tr>
<tr>
<td>Children under 5 years provided with Vitamin A supplementation</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>400,000</td>
<td>247,275</td>
<td>▲43,860</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children immunized against measles and rubella</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>115,500</td>
<td>150,537</td>
<td>▲45,247</td>
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<tr>
<td>Children affected by diarrhoea having access to life-saving curative interventions</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>85,000</td>
<td>116,650</td>
<td>▲27,336</td>
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<tr>
<td><strong>WASH</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>People accessing safe water for drinking, cooking and personal hygiene</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>60,000</td>
<td>23,079</td>
<td>▲7,386</td>
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<tr>
<td>People accessing safe and appropriate sanitation facilities</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>160,000</td>
<td>465,809</td>
<td>▲106,553</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children receiving mine risk education</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>100,000</td>
<td>30,000</td>
<td>▲30,000</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-aged children accessing quality education, including through temporary structures</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>4,800</td>
<td>0****</td>
<td>0</td>
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<tr>
<td><strong>Cash-Based Transfers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable households receiving cash transfers</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>▲ N/A</td>
<td>1,000</td>
<td>494</td>
<td>▲138</td>
</tr>
</tbody>
</table>

* 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.

*** The integrated risk education on landmines, injury/disability, and component on VAC is on pause after the lockdown.

**** No progress due to lockdown and schools’ closure.
## Annex B

### Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements, USD**</th>
<th>Funds available, USD</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Received Current Year, USD</td>
<td>Carryover, USD</td>
<td>$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>9,500,000</td>
<td>2,682,307</td>
<td>698,644</td>
</tr>
<tr>
<td>Health</td>
<td>2,000,000</td>
<td>1,115,824</td>
<td>310,605</td>
</tr>
<tr>
<td>WASH</td>
<td>4,200,000</td>
<td>468,162</td>
<td>183,245</td>
</tr>
<tr>
<td>Child Protection (including cash transfers)</td>
<td>1,650,000</td>
<td>492,564</td>
<td>400,520</td>
</tr>
<tr>
<td>Education</td>
<td>1,167,000</td>
<td>534,267</td>
<td>399,501</td>
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<tr>
<td>C4D / Risk Communications</td>
<td>129,000</td>
<td>449,784</td>
<td>5,025</td>
</tr>
<tr>
<td>Sector Coordination</td>
<td>165,000</td>
<td>298,486</td>
<td>186,494</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,811,000</strong></td>
<td><strong>6,041,394</strong></td>
<td><strong>2,184,034</strong></td>
</tr>
</tbody>
</table>

* Reflects definitions of the original Humanitarian Appeal of 2020 for the period of 12 months

** Do not include COVID-19 preparedness or response financial requirements in 2020.