

Eritrea

Children and women in Eritrea remain vulnerable to pervasive undernutrition that limits young children's physical growth and development and to landmines that demarcate an often hidden border between safety and danger. High consumer prices, drought and floods contribute to continuing levels of food insecurity, and a perennial political impasse with neighbouring Ethiopia hinders efforts to reduce poverty, lessen disaster risk and develop human capacities. Finding a way to work amid government restrictions to deliver effective assistance is crucial to improving the immediate well-being of the country's most vulnerable people.

Many Eritreans continue to be vulnerable to threats posed by unequal access to food, health services, education and employment – compounded by the unrelenting impact of natural hazards such as floods and drought. Although forecasts for the 2010 primary crop harvest seemed positive despite delays and erratic rainfall patterns in parts of the country, Eritrea continues to remain vulnerable to household food insecurity and undernutrition.¹ The presence of landmines is also a physical threat to children, who suffer half the fatalities and casualties associated with the devices.² Fetching water, collecting firewood and taking care of livestock, which are normal activities for many children around the world, can be deadly in Eritrea.

Food shortages, declining aid and the continued 'no war, no peace' stalemate with Ethiopia are contributing to vulnerability and underdevelopment in Eritrea. The lack of updated data on crucial aspects of vulnerability continues to be a challenge, although field observations and information from available studies covering various sectors suggest that continuing levels of undernutrition and micronutrient deficiencies, poor sanitation coverage, low school enrolment for nomadic and children who are old-for-grade, as well as risks associated with exposure to landmines and unexploded ordnances remain the key humanitarian issues facing the country.

To make significant strides in stabilizing the welfare of women and children in Eritrea, particularly their nutritional status and access to safe water, education and protection, UNICEF is requesting US\$14,075,000 to carry out its planned activities in 2011. Any delay in fully funding programmes will further limit the health and human potential of Eritrea's vulnerable population.

In 2011, UNICEF will help Eritrean children realize their rights to survival and well-being by promoting investment in the areas that touch children's lives the most. The organization hopes to increase equitable and sustainable



access to health services, nutrition interventions, proper sanitation and clean water and protection services. Close to 1.5 million people, including 445,000 boys and 255,000 girls, will benefit from UNICEF's efforts.

Although the environment in the country is challenging in terms of both humanitarian action and general development efforts, results are still absolutely necessary – and can still be achieved – for children and women. Limitations are perpetuated by two main factors: the stalemate with Ethiopia and the status of external relations reflected through the imposition of targeted sanctions by the United Nations and European Union because of the country's involvement in regional conflicts. The role of the UN and UNICEF, specifically, is imperative, both at the level of service delivery as well as in overall capacity development, to improve social safety nets and enhance the resilience of vulnerable households.

UNICEF recognizes the potential of the country's complex operating environment – which in Eritrea includes fuel shortages, partner capacity gaps, a limited private sector and civil society, funding shortages and travel restrictions on international staff³ – to have an impact on programme results. The organization is, however, using available options to expand the reach of its programmes and its ability to monitor conditions. These include the use of contracted staff for field monitoring to verify implementation of programmes; consult with communities and beneficiaries; and strengthen the communication channels between UNICEF and the Government of Eritrea's regional and subregional administrative units.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The deleterious effects of drought and high consumer prices show up as poor sanitation coverage and a rise in undernutrition. A rapid screening using mid-upper arm circumference, conducted in April and May 2010, showed that global acute malnutrition rates among children under



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CORE COUNTRY DATA

Population (thousands 2009)	5,073
Child population (thousands 2009)	2,432
U5 mortality rate (per 1,000 live births, 2009)	55
Infant mortality rate (per 1,000 live births, 2009)	39
Maternal mortality ratio (per 100,000 live births 2008)	280
Primary school enrolment ratio (net male/female, 2005–2009*)	42/36
% U1 fully immunized (DPT3, 2009)	99
% population using improved drinking-water sources (2008)	61
HIV/AIDS prevalence (% aged 15–49, 2009)	0.8
% U5 suffering from moderate and severe wasting (2003–2009*)	15

Source: UNICEF, *The State of the World's Children 2011*.

*Data refer to most recent year available during the period specified.

age 5 range from 5 per cent to 11.7 per cent in the country's six regions.⁴ In addition, diarrhoeal disease related to poor sanitation remains among the three leading causes of under-5 mortality.⁵

The risk of injuries from landmines and unexploded ordnances remains high. Since 2008, community-based mine risk education teams have reported 132 casualties – about 70 per cent of them children – from mines and explosive remnants of war, mainly among internally displaced persons and in resettled communities.⁶

The decline in livelihoods is also having an impact on basic education. During the 2008/09 academic year, the net enrolment rate for elementary schools declined by 0.1 per cent – a slight decline, but one in contrast to the trend of increasing enrolment in other countries in the Horn of Africa. Just more than half of Eritrean school-age children are out of school, and the drop-out rate increased from 5.5 per cent in 2009 to 7.7 per cent in 2010.⁷

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US\$24.8 million was needed to fund its work in Eritrea. As of October 2010, US\$6,617,536 – only 27 per cent of this request – had been received. Despite the shortfall, funding from donors enabled UNICEF and its partners to meet immediate humanitarian needs. Alternate programme funds were used where possible to partially cover funding gaps. In this context, significant progress was achieved in the area of nutrition. Some 5,997 severely malnourished children received outpatient treatment in their communities (with a cure rate of 68 per cent), and 2,510 children were admitted to inpatient therapeutic feeding centres (with a cure rate of 86 per cent).

Approximately 37,240 people (out of a population of 1 million in need) across the country's six regions now have access to safe drinking water and sanitation, after a total of 75 wells, boreholes and piped water supplies were either constructed, rehabilitated or protected with support from UNICEF. About 4,000 students gained access to sanitary, child-friendly water facilities in 60 schools. Unofficial reports, however, indicate that access to water and sanitation remains low in health facilities, thus providing opportunities for future programming and linkages with young child survival and development interventions.

Mine risk education reached 196,445 people in 2010, including 147,334 children, or nearly 92 per cent of the total number of children targeted for this intervention. Mobile teams made visits to 225 communities in all regions. This outreach increased awareness of the dangers of landmines and unexploded ordnances and explained how to reduce risk in contaminated environments.

HUMANITARIAN ACTION: BUILDING RESILIENCE

Hirgigo, Eritrea: In Northern Red Sea, one of Eritrea's hottest and driest regions, a nationwide campaign on sanitation and hygiene is taking place involving mass media, community leaders and faith-based organizations. This coastal region is home to Semrawit, a 7-year-old girl, and her family. The region suffers from shortage of water, and in their quest to find this meagre resource, families are prone to drink unsafe water and relegate activities like hand washing to the back burner. In fact, it has become evident that many of the children attending feeding centres have no access to safe water at home and that diarrhoea is responsible for their poor health and undernutrition.

In recognition of these challenges, the Government of Eritrea adopted a community-led total sanitation approach in 2007. Communities are mobilized not only to build their own toilets using locally available materials, but also to take responsibility for healthy hygiene. One result is that Global Handwashing Day is commemorated countrywide each year. A visit to Semrawit's school finds a beehive of activity, where the children have been provided with soap to take to their families for hand washing. "I am happy to take the soap to my mother. If we all wash hands at home, then we will not fall sick," she said.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, UNICEF will continue to work with the Government of Eritrea, UN agencies and non-governmental partners to respond to the needs of about 1.5 million people, primarily children, mired in poverty, plagued by food insecurity and vulnerable to natural hazards. UNICEF's focus will be on ensuring access to health and nutrition care, safe drinking water, and appropriate sanitation and hygiene, as well as on improving mine risk education and child protection.

In order to strengthen the resilience of vulnerable households, UNICEF will continue to work to fulfil its Core Commitments for Children in Humanitarian Action. Emphasis will be placed on promoting systems strengthening of national and sub-national authorities for prevention and response to emergency conditions affecting children and women of childbearing age.

NUTRITION (US\$8,500,000)

The need for nutrition support from UNICEF, including therapeutic feeding to sustain sick children, blanket feeding for children and women on the brink, and micronutrient and vitamin A supplementation for nearly the entire population, has quadrupled in the past year in Eritrea. UNICEF and its partners will further strengthen systems and continue to support the Government in its efforts to care for those who are undernourished in all six regions of the country. Approximately 530,000 children and women will benefit from the following interventions:

- To support the nutritional needs of children and mothers in the high-risk areas throughout the country, an estimated 70,000 children under age 5 and 30,000 pregnant and breastfeeding women will receive blanket feeding.
- To bring treatment closer to where children live in order to save more lives, 8,000 severely and 35,000 moderately undernourished children will receive therapeutic and supplementary feeding through supplementary feeding programmes and via community- and facility-based therapeutic feeding programmes.

- An estimated 500,000 children under age 5 will receive vitamin A supplements twice a year.
- Technical and financial support will be provided to the ministry of health for the national nutrition sentinel site surveillance system and micronutrient survey to monitor the nutritional status of children.

HEALTH (US\$1,500,000)

In 2011, UNICEF will support government counterparts in addressing the main causes of child mortality, including acute respiratory infection and diarrhoeal disease, through community-based interventions and systems strengthening for service delivery in all six regions. An important area of work is training and empowering institutions for preventive and curative maternal and child health and immunization for children and pregnant and lactating women. UNICEF's interventions will benefit an estimated 1 million people.

- Vaccinations are essential to child health. UNICEF will fund training for health workers and outreach activities so that an estimated 130,000 children under age 1 can be vaccinated against tuberculosis, polio, diphtheria, pertussis, tetanus, hepatitis B, haemophilus influenzae type b and measles through fixed and outreach services. UNICEF will also procure vaccines, injection safety material and cold-chain equipment.
- UNICEF will help train health staff and community health workers in community Integrated Management of Neonatal and Childhood Illnesses. An estimated 1 million people will benefit from improved health services, procurement of essential drugs and equipment and the expansion of the programme to an additional 80 villages.
- Mothers and newborns need special attention. UNICEF-supported training of health staff is expected to have an impact on 100,000 pregnant women and their newborn children.

WATER, SANITATION AND HYGIENE (WASH) (US\$1,075,000)

In 2011, UNICEF will support government partners at the national and regional levels to improve the situation of 80,000 people living in drought-affected areas who do not yet have access to safe water and sanitation facilities. The focus will be on infrastructure development and community-led hygiene promotion to achieve the following results:

- Displaced families often have precarious access to proper sanitation. In the regions of Debub and Gash-Barka, 10,000 families in resettlement areas for internally displaced persons and in returnee and host communities will construct and use 10,000 toilets.
- More than 20,000 people will benefit from safe water supplies from 12 boreholes, some of which are newly constructed and equipped with submersible solar-powered pumps.
- Positive behaviour change is crucial to making best use of safe water and upgraded facilities. More than 50,000 people will benefit from hygiene promotion and education as part of WASH-related disease prevention, including face and hand washing with soap. In addition, environmental hygiene activities carried out by community hygiene teams will also have an impact on the incidence of trachoma.
- Safe water supplies and sanitation through community-led total sanitation will be supported in those communities where UNICEF is supporting therapeutic feeding and blanket feeding programmes. The areas selected are based on nutrition studies conducted in the country's six regions by the ministry of health, with the support of UNICEF.

CHILD PROTECTION (US\$2,000,000)

In 2011, UNICEF will focus on systems strengthening for mine action and on family based interventions in support of orphans and vulnerable children. Mine-action systems strengthening has five humanitarian pillars: destruction of device stockpiles, demining, victim assistance, mine risk education and advocacy. UNICEF's efforts in the latter three areas will benefit 400,000 people.

- 300,000 vulnerable children and 100,000 women in high and medium war-impacted communities will be provided with mine risk education with UNICEF's assistance of national authorities.

- Victim support – including emergency first aid, mobility devices and other psychosocial support – will be provided to an estimated 500 landmine-affected victims.
- The injury surveillance system will be strengthened to improve monitoring and responsiveness to people affected by mine injuries.
- Approximately 1,000 orphans and vulnerable children and their families will be supported during emergency situations with the provision of information and relief items, including tents, blankets and cooking utensils.

EDUCATION (US\$1,000,000)

In 2011, UNICEF's planned interventions in education will have a community orientation, with a specific focus on expanding access to education for nomadic children in four regions (Anseba, Gash-Barka, Northern Red Sea and Southern Red Sea) to benefit 51,000 children.

- The establishment of schools and learning spaces will reach 15,000 nomadic and resettled internally displaced children.
- UNICEF will support the expansion of complementary elementary education to reach 6,000 out-of-school children 9–14 years old.
- UNICEF will pre-position emergency education supplies for 30,000 children, including learning materials and recreation kits. Capacity development will be supported for key officials in the ministry of education and regional administrations to respond to emergency issues affecting the education sector.

1. Global Information and Early Warning System (GIEWS) on food and agriculture, 'Country Brief: Eritrea', Food and Agriculture Organization of the United Nations, Rome, 15 September 2010.
2. International Mine Action Standards database quoted in UNICEF's Mine Risk Education and Disaster Reduction Response Mid-Year Review for Eritrea, 2010.
3. United Nations Children's Fund, *Country Programme of Cooperation 2007–2011: Mid-Term Review Report 2009*, UNICEF, Asmara, 2 December 2009.
4. Government of Eritrea, Ministry of Health, 'Rapid Mid-Upper Arm Circumference Screening Report', May 2010.
5. Eritrea Demographic and Health Survey, 2002.
6. International Mine Action Standards database quoted in UNICEF's Mine Risk Education and Disaster Reduction Response Mid-Year Review for Eritrea, 2010.
7. Ministry of Education, 'Eritrea: Basic Education Statistics 2008/09', Government of Eritrea, Asmara, December 2009.
8. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011		ESTIMATED BENEFICIARY NUMBERS ⁸		
By sector	US\$	Total per sector (all beneficiaries)	Boys	Girls
Nutrition	8,500,000	530,000	245,000	255,000
Health	1,500,000	1,000,000	210,700	219,300
WASH	1,075,000	80,000	20,776	21,624
Child protection	2,000,000	400,000	147,000	153,000
Education	1,000,000	51,000	24,990	26,010
Total	14,075,000	1,561,000	445,000	255,000