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Eritrea

Humanitarian Situation Report

unicef 

EXTERNAL Annual Humanitarian Situation Report: January-December 2018

SITUATION IN NUMBERS

As of 31 December 2018

632,450

Total people to be reached in 2018
(HAC 2018)

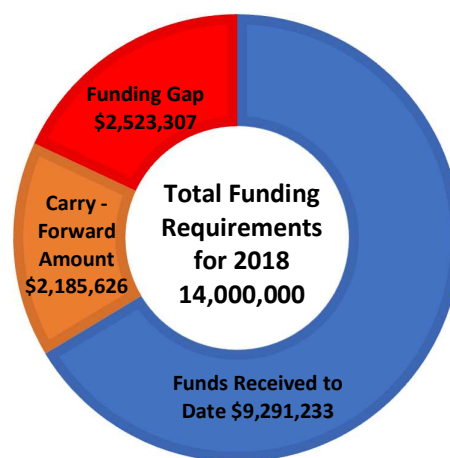
542,000

Total children to be reached in 2018
(HAC 2018)

UNICEF Appeal 2018*

US\$ 14 million

FUNDING STATUS 2018



*Funds available includes funding received for the appeal year 2018 as well as the carry-forward from the previous year.

Highlights

- The year under review was a turning point for Eritrea. In July 2018, Ethiopia and Eritrea signed the historic Joint Declaration of Peace and Friendship, effectively ending two decades of political stalemate between the two countries, and in November 2018, the United Nations Security Council lifted the targeted sanctions imposed on Eritrea since 2009.
- In 2018, UNICEF supported the Government of the State of Eritrea (GoSE) to reach over 46,700 acutely malnourished children under five, treating over 13,430 children for severe acute malnutrition (SAM) and more than 33,290 children for moderate acute malnutrition (MAM).
- In total, 131,360 children were immunized against vaccine-preventable diseases including measles, and more than 32,100 children under five received lifesaving treatments through improved services for Community based Integrated Management of Child Illnesses (C-IMCI).
- UNICEF supported advocacy and behavioural change activities, enabling more than 67,000 people to adopt appropriate hygiene practices.
- More than 6,780 overaged children from drought-prone nomadic and semi-nomadic communities have enrolled in schools through the Complementary Elementary Education (CEE) programme.
- More than 97,800 children were reached with Mine Risk Education (MRE) and other critical protection services.

Summary of UNICEF Key Indicators (2018)	UNICEF	
	UNICEF Target	Cumulative Results (#)
WASH: # of people supported to adopt appropriate hygiene practices	60,000	67,000
Nutrition: # of children under 5 with severe acute malnutrition admitted for treatment	15,000	13,438
Health: # of children under 5 immunized against measles	110,000	131,369
Education: # of children aged 3 to 18 years accessing formal or non-formal basic education (i.e., early childhood development, primary and secondary education)	15,000	6,785*
Child Protection: # of children in areas affected by landmines and other explosive weapons provided with relevant prevention interventions	90,000	97,800

* The reason for the low cumulative result is attributed to low funding for education in emergency. (HAC funding gap for Education is 25%)

Situation Overview and Humanitarian Needs

Eritrea is characterised by harsh climatic conditions, including cyclical drought, which affects groundwater resources, and flooding during rainy seasons. These events exacerbate the vulnerability of communities, making it difficult for families to fully recover from the effects of one emergency before being affected by another. In recent years, the country's climatic conditions tested the coping capacities of the population, of which 80 per cent are dependent on subsistence agriculture.

According to data from the Eritrea Population and Health Survey (EPHS) 2010 data (the latest available), half of all children under five were stunted, and children are affected by sporadic outbreaks of diarrhoea and measles. The risk of landmines and explosive remnants of war continues to affect border communities, particularly children. Approximately 300,000 children are out of school, with most of out-of-school children (OOSC) hailing from nomadic communities, vulnerable to natural disasters. Domestic food production is estimated to meet only between 60 to 70 per cent of the population's needs. Eritrea generally receives low rainfall with annual rainfall in the highlands and lowlands between 200–700 mm, 700–1100 mm in sub humid zones, and less than 200 mm in the semi-desert areas.

It is expected that a new EPHS will be conducted in early 2019 and will provide updated figures. Until then, UNICEF and GoSE base their calculations on EPHS 2010 data, which revealed up to 23,430 children under five were at risk of SAM. According to Ministry of Education (MoE) 2018, there are around 300,000 OOSC in Eritrea; of whom 81 per cent are of pre-primary school age, 29 per cent are of primary school age, and 41 per cent are of lower secondary school age. Many of these children are from nomadic and semi-nomadic drought-prone zobas of Anseba, Gash Barka, Northern Red Sea and the Southern Red Sea. UNICEF's support to the national education response focuses on community involvement in setting up learning spaces, building capacity of teachers recruited from the local communities, and enrolling OOSC from nomadic communities.

In July 2018, Ethiopia and Eritrea signed the historic Joint Declaration of Peace and Friendship, effectively ending two decades of a political stalemate between the neighbours, and in November 2018, the United Nations Security Council lifted the targeted sanctions imposed on Eritrea since 2009.

Humanitarian Leadership and Coordination

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 to emergency coordination and response is managed at a sectoral level through the Ministries of Health (MoH) and the Ministry of Land, Water and Environment (MoLWE). The UN Resident Coordinator and UNOCHA support humanitarian coordination within the UN country team, and UNICEF is a key member of the UNCT Humanitarian Needs Group. There is no formal cluster system in Eritrea. However, at the sector level, UNICEF is the lead agency for education, child protection, nutrition and WASH, and actively engages with partners in the health sector. There is a very limited number of international non-governmental organizations operating in the country, therefore, all implementation is carried out directly through government ministries and agencies.

Humanitarian Strategy

UNICEF and partners mainstream humanitarian preparedness planning and response within regular programmes to reach children in need in Eritrea. Integrated and multi-sectoral approaches are applied to deliver life-saving interventions. For example, the provision of safe water and sanitation to affected populations is used as an entry point to reduce stunting among children under five years, and the nutrition response focuses on the integrated management of acute malnutrition (IMAM). UNICEF reaches communities in hard-to-reach areas with integrated services using mobile outreach clinics. Local communities are being supported to strengthen their capacities to manage common childhood illnesses, including diarrhoea, and to promote positive health-seeking behaviours, such as handwashing and other hygiene practices.

UNICEF also prioritises strengthening health systems and improving immunization coverage. Out-of-school children, particularly in nomadic and semi-nomadic communities, are reached through a back-to-learning campaign. UNICEF continues to provide basic services, such as education, health care, psychosocial support and cash grants to strengthen community resilience, to protect children on the move and build the life skills of adolescents in danger of irregular migration. MRE and other critical life-saving interventions target school children in communities at risk of landmines and unexploded remnants of war.

A phased programme for nationwide blanket supplementary feeding to prevent further deterioration of the nutritional status of children under five is being implemented by the GoSE with UNICEF support. GoSE's community outreach activities to promote appropriate hygiene practices, and to strengthen the health system for service delivery through routine immunization, and case management of childhood illnesses are also supported. UNICEF, in partnership with the MoE puts in place mechanisms to create equitable access to education for all children in nomadic communities. This includes setting-up formal, non-formal, boarding and para-boarding schools for nomadic communities, using locally available materials, providing flexible arrangements in existing schools to accommodate more children. UNICEF supports activities to raise awareness of the value and benefits of education by encouraging community members to become 'host families' to nomadic school children (especially young girls), while their parents are away, and by training and deploying teachers from nomadic communities.

UNICEF Eritrea ensures the convergence of its programmes to maximise the complementary impact on vulnerable populations; and works at sub-regional levels to build resilience of youth and adolescents by strengthening their life skills and risk awareness.

Summary Analysis of Programme Response

Health and Nutrition

UNICEF and the Ministry of Health (MoH) supported the training of volunteers to promote infant and young child feeding practices, active case finding and prevention of wasting and stunting, and referral of children with acute malnutrition. As a result, 33,290 children with MAM and 13,430 children with SAM received treatment in all zobas in the country. Additionally, 274,810 children received vitamin A supplementation. This figure is likely to reach about 500,000 once the data from the measles-rubella vaccination/vitamin A campaign conducted in November 2018 is made available. More than 32,100 children affected by diarrhoea received lifesaving treatment, and over 2,570 pregnant and lactating women received antenatal and postnatal services. UNICEF also supported the MoH to identify gaps in the health response and mainstream risk communication into national health promotion policy.

In 2018, trainings on IMAM and Infant and Young Child Feeding (IYCF) practices were provided to 210 health workers and 570 community volunteers to improve the quality of the services being provided by the programme, this has helped maintain the defaulter rate at 12 per cent, cure rate above 87 per cent and death rate at 1.5 per cent all meeting sphere standards. UNICEF-supported social mobilisation activities have increased community awareness about iodized salt consumption. During these awareness campaigns, topics on importance of immunization and appropriate care seeking behaviours were also covered.

WASH

In partnership with the Water Resources Department (WRD) of the MoLWE, UNICEF supported over 21,790 people to access safe water for drinking, cooking and personal hygiene, and over 60,000 people received information on appropriate hygiene practices. Additionally, the WRD with UNICEF support and in collaboration with sub-regional administrations, also helped to identify villages that do not have access to clean drinking water. This was in preparation for the construction of rural water supply systems in the selected communities, and included locating nearby sources of water with adequate reserves, to meet the needs of the selected communities. UNICEF supported the WRD and the MoH through procurement of assorted pipes, fittings, and solar pumping supplies for three community water supply systems that benefitted 4,500 people. UNICEF also supported the procurement of 700 ceramic water filters and water purification tablets. Additionally, water quality testing chemicals and equipment was also procured as part of the capacity development of WRD for water quality surveillance.

In 2018, UNICEF and GoSE continued to support social mobilisation and awareness raising activities in 47 additional villages in Gash Barka, Debub and Southern Red Sea, to support community-led total sanitation (CLTS). Community mobilisers worked closely with village elders and mothers' groups to educate them on the ill effects of open defecation. They educated community members on the benefits of handwashing with soap, the use of latrines to properly dispose of faecal matter and their role in the reduction of sanitation related illnesses. An estimated 67,000 people were supported to adopt appropriate hygiene practices through the Open Defecation Free (ODF) triggering process. Further progress is constrained by inadequate funding.

Child Protection

UNICEF continued to support the delivery of integrated mine risk education (MRE) in affected communities through the community and school-based approach; which enabled 97,800 children from communities at risk to receive MRE in 2018. Following the peace between Eritrea and Ethiopia and the reopening of borders between the neighbours, MRE activities have been prioritised in the bordering areas of Gash-Barka and Debub Zobas.

In partnership with the MoLSW, UNICEF reached more than 5,370 children living with disabilities (CWDs), including landmine survivors, with psychosocial support and physical rehabilitation through the Community Based Rehabilitation (CBR) programme. UNICEF continued to scale-up and build the capacity of CBR workers to improve access to basic social services for CWDs, and trained 300 CBR workers in selected sub Zobas of Gash Barka and the Northern Red Sea. Additionally, 50 CWDs received a donkey each through the donkey for school programme, and accessories for mobility support. The MoLSW reached 480 vulnerable families with cash support in the form of various income generating activities (IGA) to improve the livelihoods of these households.

Education

In 2018, UNICEF supported the MoE to finalise and disseminate the Education in Emergencies (EiE) policy and strategy. This is now integrated in the Education Sector Plan (2018-2022), with the aim of improving emergency preparedness and response. The finalised EiE and Disaster Risk Reduction Management Policy and Strategy were disseminated to 360 stakeholders across six zobas to facilitate their full implementation at zoba, sub zoba, and community levels. Efforts were made to develop EiE toolkits followed by capacity building of 50 teachers, directors and supervisors, who will form steering committees in each Zoba to ensure the programme's sustainability.

UNICEF also supported the MoE to provide access to quality basic education through teacher training and establishment of temporary learning spaces. To address the learning needs of nomadic children, the CEE mapping exercise is ongoing across four zobas to identify new sites for the establishment of CEE centres. The construction of 78 new CEE centres is ongoing, while 12 centres have already been constructed in Anseba Zoba in 2018.

In the academic year of 2017/18, more than 6,780 overaged children (50 per cent girls) were enrolled in non-formal alternative education classes. UNICEF also supported the MoE to develop an OOSC strategy, to promote access to education for OOSC from nomadic communities.

Communication for Development (C4D)

In 2018, a National Risk Communication Action Plan was developed to support systematic strategic mainstreaming of C4D in emergencies, in the health sector. As a first step, the national health promotion policy was reviewed at a workshop with national level technical personnel and directors from the following ministries: Education, Health, Information, Land, Water and Environment, and Labour and Social Welfare. These processes provided important contextual details on key risk events facing the country, communication approaches utilised to address the risks, vulnerable groups who are 'at risk', and the communication channels available to communicators.

The 2018-2022 National Risk Communication Action Plan is supported by a range of international and national policy commitments. Internationally, all governments have committed to adopt the United Nations Hyogo Framework (UNISDR 2008) on Disaster Risk Reduction and the International Health Regulation, which identifies risk communication as one of the eight core functions. In 2018, 61 technical staff were trained by UNICEF Eritrea in risk communication and community engagement during emergencies. The consultation on risk communications has identified key gaps and provided recommendations to involve a wide range of stakeholders including line ministries, faith-based and other organisations.

UNICEF supported the MoH to print and disseminate essential information on the Chikungunya disease to affected communities. The materials were designed by the technical team in the Health Promotion Division of the MoH. Supported by standard operating procedures, a training on risk communication concepts, theories and application was provided to 33 MoH zonal medical staff and health promoters during the National Measles-Rubella Campaign in November 2018.

Funding

As of 31 December 2018, UNICEF Eritrea has received funding from the Government of United Kingdom (DFID), the Government of Japan, Ireland and Italy, and the Central Emergency Response Fund (CERF). The funding from Japan supports interventions in child protection and education, while CERF and DFID contribute to interventions in nutrition, health and WASH. These funds represent approximately 66 per cent of the funding requirements. With funds carried over from 2017, UNICEF Eritrea has met 82 per cent of the funding requirements for 2018.

Funding Requirements (as defined in Humanitarian Appeal of 2018 for a period of 12 months)					
Appeal Sector	Requirements	Funds available*		Funding gap	
		Received in 2018	Carry Forward	US\$	%
Nutrition	US\$7,350,000	US\$6,559,452	US\$579,006	US\$211,542	3%
Health	US\$2,400,000	US\$963,329	US\$1,077,217	US\$359,454	15%
WASH	US\$2,900,000	US\$1,073,866	US\$100,528	US\$1,725,606	60%
Child Protection	US\$850,000	US\$319,710	US\$428,875	US\$101,415	12%
Education	US\$500,000	US\$374,709		US\$125,291	25%
Total	US\$14,000,000	US\$9,291,067	US\$2,185,626	US\$2,523,307	18%

* Funds available include funding received against current appeal as well as carry-forward from the previous year.

Next SitRep due: 15/04/2019

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

UNICEF Eritrea Humanitarian Action for Children Appeal: http://www.unicef.org/eritrea/resources_16799.htm

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Annex A

SUMMARY OF PROGRAMME RESULTS

	UNICEF 2018 target	UNICEF 2018 results)	Change since last report ▲ ▼
NUTRITION*			
Children under 5 with Severe Acute Malnutrition (SAM) admitted for treatment	15,000	13,438	▲ 3,472
Children aged 5 to 59 months provided with vitamin A supplementation	477,000	274,810*	▲ 82,576
Children under 5 with moderate acute malnutrition (MAM) admitted for treatment	40,000	33,294	▲ 7,838
Children under 6 to 59 months and pregnant and lactating women benefitted from supplementary feeding	70,000	38,600	▲ 1,000
HEALTH*			
Children under 5 immunized against measles	110,000	131,369	▲ 68,442
Children affected by diarrhoea having access to life-saving curative interventions	65,000	32,105	▲ ▼ 0
Pregnant and lactating women and new-borns in hard-to-reach areas reached with comprehensive antenatal and postnatal services	35,000	2,574**	▲ ▼ 0
WATER, SANITATION AND HYGIENE			
Population accessing safe water for drinking, cooking and personal hygiene	65,000	21,790	▲ ▼ 0
People supported to adopt appropriate hygiene practices	60,000	67,000	▲ ▼ 0
CHILD PROTECTION			
Children in areas affected by landmines and other explosive weapons provided with relevant prevention interventions	90,000	97,800	▲ ▼ 0
Children with disabilities including those affected by landmines accessing appropriate services and care	10,000	5,371	▲ 2,884
Households receiving cash grants to build resilience	600	480	▲ 400
EDUCATION			
Out-of-school children from nomadic communities provided with access to basic education	15,000	6,785	▲ 6,785

Note: the results for nutrition and health sections are represented in consistency with RAM, COAR and SMQs as of the common cut-off time. By mid-January 2019, Eritrea country office will have fully updated data and revise RAM, COAR and annual SitRep in a consistent manner

* Vitamin A supplementation was integrated within the Measles-Rubella Campaign conducted in November 2018, and the number of children is expected to increase significantly. The report from the campaign is expected by mid-January 2019.

** There are approximately 450 hard to reach communities, where MoH supports outreach services, and data is consolidated into the overall service coverage data. During quarter 3 and 4 of 2018, the MoH continued to disaggregate this data from these communities separately, and this figure should increase significantly. UNICEF is yet to receive data for December.