



A UNICEF-supported nutrition focal person instructs a mother on the benefits of fortified food and how to prepare it for her child to prevent malnutrition.

**unicef**   
for every child

## Humanitarian Action for Children

## Eritrea

### HIGHLIGHTS

- Eritrea is vulnerable to extreme weather patterns, which can affect water resources, food production, hygiene, sanitation and health, particularly child and maternal nutrition.
- Measures to contain the coronavirus disease 2019 (COVID-19) pandemic, including restrictions on movement, have disrupted food supply chains globally. While this has not happened yet in Eritrea, if the virus spreads at the community level, this could be a challenge. UNICEF has supported Eritrea to treat child malnutrition, with some progress observed in recent years.
- COVID-19-related school closures and limited remote learning opportunities could increase the number of children who are out of school, and worsen the situation for over 300,000 out-of-school children.<sup>1</sup> In 2021, UNICEF will support the Government to provide learning opportunities for children and support the continuity of education for over 600,000 children.
- UNICEF requires US\$18.7 million to address the most critical humanitarian needs for children in Eritrea in 2021.

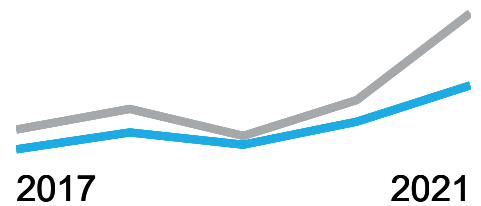
IN NEED

N/A  
people

N/A  
children

TO BE REACHED

1 million **723,000**  
people<sup>2</sup> children<sup>3</sup>



### KEY PLANNED TARGETS



**20,000**

children admitted for treatment for severe acute malnutrition



**60,000**

people accessing a sufficient quantity of safe water

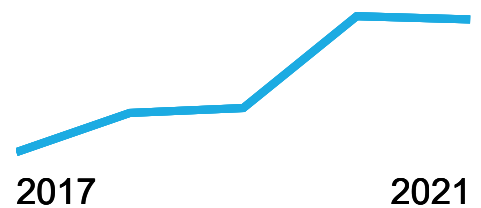


**200,000**

women and children accessing gender-based violence risk mitigation/prevention/response

FUNDING REQUIREMENTS

**US\$ 18.7 million**



Figures are provisional and subject to change towards the end of the planning for Basic Services Response Priorities inter-agency document (humanitarian pillar of Strategic Partnership Cooperation Framework of Eritrea).

## HUMANITARIAN SITUATION AND NEEDS

While efforts to address child and maternal nutrition have gained momentum in recent years, the COVID-19 pandemic could hinder this progress. Travel restrictions and containment measures imposed globally and in Eritrea to curb the spread of COVID-19 could disrupt food supply chains and lead to higher rates of malnutrition among food insecure households and in nutritionally vulnerable areas unless appropriate measures are taken.

The latest Famine Early Warning Systems Network Food Security Outlook (April 2020) indicates that food security could deteriorate for most Horn of Africa countries due to the ongoing COVID-19 restrictions and persistent price increases. This information indicates that countries in the region should prepare accordingly.

Based on global evidence, the likelihood of children dropping out of school has increased due to the recent COVID-19-related school closures. This could lead to a rise in the number of out-of-school children.

Handwashing with soap is a critical intervention for preventing the spread of COVID-19, according to the global COVID-19 response. This could be an area of opportunity within the ongoing water, sanitation and hygiene (WASH) programme for preventing COVID-19. UNICEF will therefore support the provision of handwashing facilities in schools and health facilities; and scale up the dissemination of public health messages on handwashing.

## SECTOR NEEDS



### Nutrition

**N/A** child nutrition needs and rising malnutrition



### Health

**N/A** life-saving health and immunization needs



### Water, sanitation and hygiene

**N/A** critical handwashing and sanitation needs

---

## STORY FROM THE FIELD



At first sight, Genet, 49, and Tieba, 45, are just your everyday mothers going to visit a neighbour in the village.

But the women are also community volunteers trained by the Ministry of Health with support from UNICEF on community mobilization, screening and defaulter tracing for the integrated management of acute malnutrition and community-based infant and young child feeding practices.

Twice a year, Genet and Tieba receive refresher training on various topics, including advising mothers how to prepare healthy nutritious foods using locally available resources. Between themselves and other community volunteers, they are responsible for 418 households in their community.

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

Genet and Tieba are community volunteers trained on community mobilization, screening and defaulter tracing for the integrated management of acute malnutrition.

# HUMANITARIAN STRATEGY

In 2021, UNICEF and partners will support the Government to mainstream humanitarian responses within its regular development programmes. This includes taking integrated and multi-sectoral approaches to life-saving interventions, such as providing safe water and sanitation to affected populations to help reduce childhood illnesses, and supporting the integrated management of acute malnutrition. Populations in hard-to-reach areas will be reached with services using mobile outreach clinics.

UNICEF works with the Ministry of Health to support treatment for malnutrition and mitigate its immediate causes – primarily disease and WASH-related issues. The programme supports local communities to strengthen their capacities for managing common childhood illnesses and promoting positive health-seeking behaviours. UNICEF will continue to build on existing partnerships to address the underlying causes of malnutrition and create resilient communities equipped to absorb shocks and prevent further malnutrition. UNICEF is supporting the Government to finalize and implement the national strategy for Accelerated High Impact Nutrition Intervention, which ensures a complete cycle of treatment and prevention of acute malnutrition across systems.

UNICEF will work with the Ministry of Education to establish non-formal complementary education centres with trained facilitators to cater to older children; and provide access to quality early childhood education by establishing early caregiving centres and training facilitators to create early learning opportunities for children in remote communities. UNICEF will support schools to be more resilient through the implementation of safety protocols; ensure the continuity of education for over 600,000 children; and expand learning opportunities / basic skills education for children.

UNICEF will support life-saving health interventions, as well as postnatal, maternal and newborn care and mobile outreach services to remote and hard-to-reach communities. Neonatal intensive care – also known as intensive care nurseries – will be scaled up to provide specialized care for ill or premature newborns. UNICEF will continue to support hygiene promotion, water quality monitoring, the provision and rehabilitation of water supply, and the implementation of the community-led total sanitation approach.

UNICEF will work with Ministry of Labor and Social Welfare on social and child protection, including addressing violence against children, gender-based violence and harmful practices, through community-based child rights committees. Social protection programmes will include the provision of one-off cash grants to support income generating activities for vulnerable families; educational support for at-risk children from vulnerable families; mobility support for children with disabilities; and psychosocial support provided through the Community Based Rehabilitation Programme. UNICEF also provides critical protection services designed to prevent injury, violence and disability in schools and communities, including mine risk education and violence prevention education.

UNICEF supports community engagement in social and behaviour change by imparting critical knowledge and skills through comprehensive pandemic prevention and control messages. Positive behaviours are promoted within communities to support access to essential social services. UNICEF partners with the Ministry of Health and the Ministry of Information through the risk communication and community engagement programme to strengthen communication capacities through community-based platforms, schools and health facilities; and works to equip them with information to support contact tracing and community surveillance.

Progress against the 2020 programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/eritrea/situation-reports>

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

# 2021 PROGRAMME TARGETS



## Nutrition

- **20,000** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **45,000** children aged 6 to 59 months with moderate acute malnutrition admitted for treatment
- **150,000** children aged 6 to 59 months receiving multiple micronutrient powders
- **400,000** children aged 6 to 59 months receiving vitamin A supplementation every six months



## Health

- **120,000** children aged 6 to 59 months vaccinated against measles
- **90,000** children affected by diarrhoea accessing life-saving treatment



## Water, sanitation and hygiene

- **60,000** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **160,000** people accessing appropriately designed and managed latrines



## Child protection, GBViE and PSEA<sup>4</sup>

- **5,000** children accessing mental health and psychosocial support
- **200,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions<sup>5</sup>
- **100,000** children accessing explosive weapons-related risk education



## Education

- **5,200** children accessing formal or non-formal education, including early learning
- **2,154** schools implementing safe school protocols (infection prevention and control)



## Social protection and cash transfers

- **1,000** households reached with humanitarian cash transfers across sectors



## C4D, community engagement and AAP

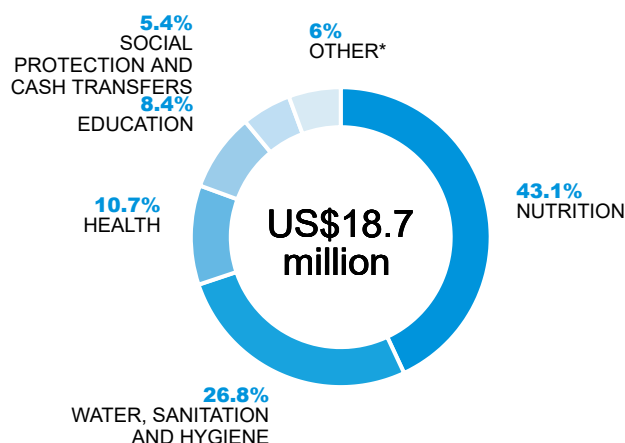
- **2,800,000** people reached with messages on access to services<sup>6</sup>
- **40,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms

Programme targets are provisional and subject to change towards the end of the planning for Basic Services Response Priorities inter-agency document.

## FUNDING REQUIREMENTS IN 2021

UNICEF is requesting US\$18.7 million to meet the humanitarian needs of children in Eritrea in 2021. The COVID-19 pandemic is compounding existing vulnerabilities and has the potential to deepen humanitarian needs. Adequate funding will allow UNICEF to bridge its humanitarian action with more sustainable programming. These funds will also help UNICEF reach severely malnourished children with vital treatment; provide vulnerable children with safe drinking water and treatment for preventable diseases; address school drop-out rates, and support communities to be more resilient against shocks.

The funds will be used to improve access to health care and immunization, especially in remote and hard-to-reach communities; reach children affected by diarrhoea with access to life-saving curative interventions; enable preparedness and response to epidemics; support hygiene promotion, water quality monitoring, the provision and rehabilitation of water supply and the implementation of community-led total sanitation; facilitate the coordination of community engagement for behaviour change; reach caregivers with key messages on positive parenting; provide psychosocial support and critical child protection services; strengthen community-based platforms to support and enhance community engagement in social change communication; build the capacities of community promoters in social mobilization; and utilize feedback mechanisms to ensure accountability to affected populations.



Sector	2021 requirements (US\$) <sup>7</sup>
Nutrition	8,030,000
Health	2,000,000
Water, sanitation and hygiene	5,000,000
Child protection, GBViE and PSEA	350,000
Education	1,570,000
Social protection and cash transfers	1,000,000
C4D, community engagement and AAP	700,000 <sup>8</sup>
<b>Total</b>	<b>18,650,000</b>

<sup>7</sup>This includes costs from other sectors/interventions : C4D, community engagement and AAP (3.8%), Child Protection, GBViE and PSEA (1.9%).

### Who to contact for further information:

**Shaheen Nilofer**  
Representative, Eritrea  
T +2917660128  
snilofer@unicef.org

**Manuel Fontaine**  
Director, Office of Emergency Programmes (EMOPS)  
T +1 212 326 7163  
mfontaine@unicef.org

**Carla Haddad Mardini**  
Director, Public Partnership Division (PPD)  
T +1 212 326 7160  
chaddadmardini@unicef.org

## ENDNOTES

1. Eritrea Ministry of National Development and Ministry of Education mapping, 2018/2019.
2. This was calculated using the highest coverage programme targets for nutrition (400,000 children under 5 years); health (120,000 children under 17 years); WASH (160,000 people); child protection - two targets that are programmatically different (in total, 300,000 women and children aged 3 to 17 years); education (5,200 children); and social protection (households with 15,000 children under 17 years). There is no planned or foreseen duplication among the presented targets in terms of programme coverage. This includes 550,100 women/girls and 450,100 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. This was calculated using the highest coverage programme targets for nutrition (400,000 children under 5 years); health (120,000 children under 17 years); WASH (88,000 children under 17 years); child protection (100,000 children aged 3 to 17 years); and social protection (households with 15,000 children under 17 years). There is no planned or foreseen duplication among the presented targets in terms of programme coverage. This includes 397,600 girls and 325,400 boys, based on nationally accepted provisions on average gender disaggregation. Data on the number of people with disabilities to be reached is not available.
4. Due to space constraints, the following acronyms appear in the appeal: GBVIE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
5. The full description of the indicator is: women, girls and boys accessing gender-based violence (violence against boys and girls, including physical and sexual violence, female genital mutilation and underage marriage) risk mitigation, prevention or response interventions.
6. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
7. The mainstreaming of the COVID-19 response into humanitarian programming will allow UNICEF to reach more people at a lower cost, including through nutrition interventions, as existing COVID-19 response activities will be merged with ongoing humanitarian programmes.
8. This includes sector coordination financial requirements of US\$170,000.