



© UNICEF Eritrea/2020/Jha

Reporting Period: 01 January to 30 June 2020

Eritrea Country Office

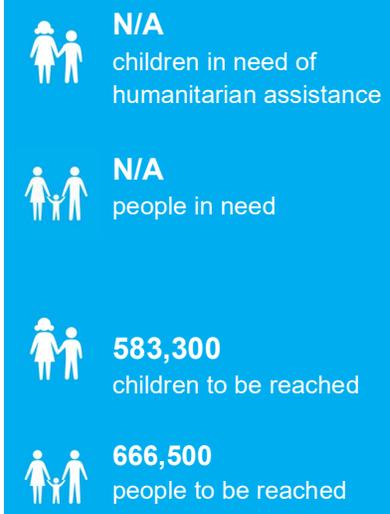
Humanitarian Situation Report No. 12

unicef  for every child

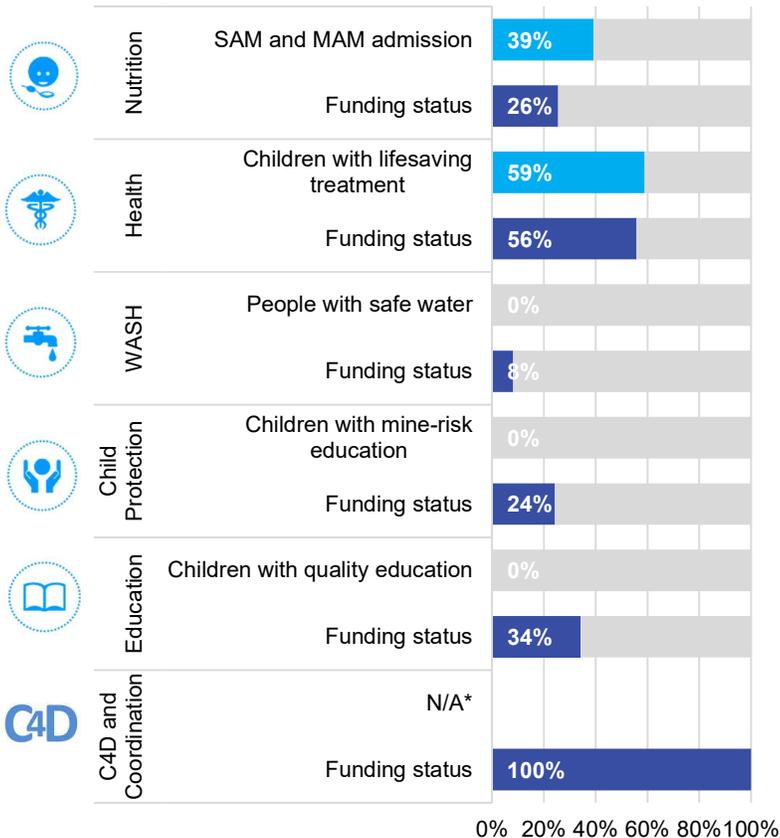
Highlights

- The Government of Eritrea with support of UNICEF treated around 27,700 children under five with acute malnutrition: over 6,600 children were treated for Severe Acute Malnutrition (SAM) and around 21,100 for Moderate Acute Malnutrition (MAM). Over 109,500 children aged six to 59 months were provided with Vitamin A supplementation.
- Integrated mobile clinic services enabled over 5,700 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 50,000 children were treated for diarrhoea.
- The Ministry of Health with UNICEF support declared 246 rural communities across Eritrea open defecation-free (ODF), benefiting 196,800 people.
- 3,000 units of materials and manuals / posters on integrated Mine Risk Education (MRE) for use in schools were procured with UNICEF support.
- The funding gap as of 30 Jun stands at 61 per cent of requirements, or at 11.4 million USD.

Situation in Numbers



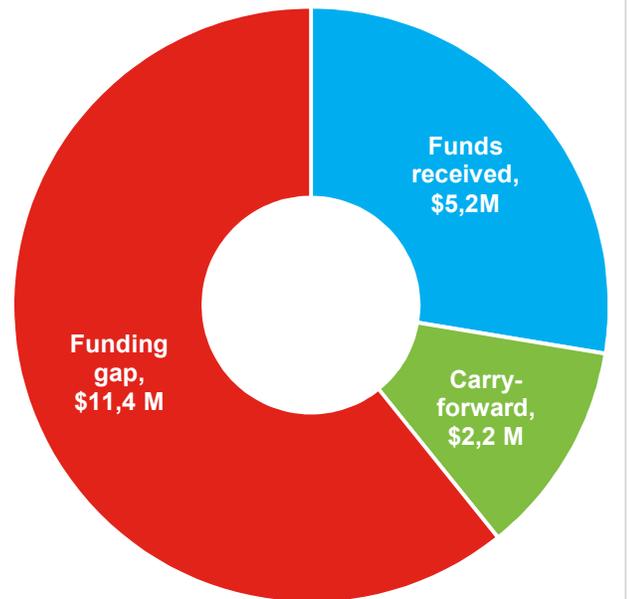
UNICEF's Response and Funding Status



UNICEF Appeal 2020

US\$ 18,8 million

Funding Status (in US\$)



* There are no set targets for C4D and Coordination.

Funding Overview and Partnerships

For 2020, UNICEF appealed for US\$ 18.8 million to sustain provision of life-saving services for women and children in Eritrea. In Q1/Q2 of 2020, the Government of Japan, Ireland, Italy, United Kingdom and CERF have generously contributed to UNICEF Eritrea's Humanitarian Action for Children. UNICEF expresses its sincere gratitude to all donors for the contributions received. However, the HAC 2020 still has a funding gap of 61 per cent. Without adequate funding, UNICEF will be constrained to fully support the Government's efforts to ensure over 57,500 people have access to adequate sanitation, and over 35,500 children receive lifesaving treatment for acute malnutrition.

Situation Overview and Humanitarian Needs

With the ongoing Global Pandemic, resources and efforts are being directed towards containing and managing the COVID-19 outbreak. In Eritrea, this is exacerbated by the harsh climatic conditions, leaving communities in high risk areas, more particularly pregnant women and children under five, more impacted socioeconomically and exposed to risk of 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 Plan by UNICEF and UN) affected some regular programmes, but essential critical services including nutrition, immunization and health services were accorded high priority and implemented accordingly. Modifications to programme implementation have become necessary to ensure continuation of critical essential services and adjustment to the new situation caused by the pandemic, including reduced footprint in the Country Office. UNICEF continues to support risk communication and community engagement (RCCE) at national level to support prevention of COVID-19 and regular programmes including Infection Prevention and Control – IPC/WASH, Nutrition and Health interventions, and toward ensuring continuity of lifesaving activities. This includes supporting the government in 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 for vulnerable households.

Vaccines procured and shipped by UNICEF in May, amid the COVID-19 pandemic, enabled the country to have enough vaccine stock for routine immunization. The Routine EPI business continuity action plan is being implemented to sustain immunization coverage during the COVID-19 Epidemic. Routine immunization services were re-established across the country after one-month of slow down due to containment measures. The number of vaccinated children under 2 years against Penta-3 and Measles-Rubella (1+2) is 41,722 and 75,833 respectively. Guidelines for monitoring the continuity of essential Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) services in the context of COVID-19 have been developed and implemented.

Summary Analysis of Programme Response

Nutrition

In partnership with MoH, efforts were made towards building a system-strengthening approach to improve delivery of services, leading to quality treatment of SAM and MAM. This included expansion of community platforms for growth monitoring, counselling, consolidation of volunteer training at health facility and community levels. VAS was integrated into other routine health services and is being included in different campaign-based activities to further increase the coverage. During the reporting period, 27,731 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 Zobas in provision of tools and guidance and monitoring of programme adaptation and to ensure continuity of services. According to monitoring reports, over 200,000 beneficiaries have effectively reached with various nutrition services; these include 27,731 children under five for treatment of acute malnutrition, and provision of Vitamin A to 109,594 children. Additionally, 96,182 pregnant women were provided with folic acid. The pregnant women and primary caregivers were also counselled on malnutrition including the consumption of micronutrients.

Health

UNICEF's biannual air charter brought in vaccines for routine EPI services in May 2020, which ensured adequate vaccine stock at national level until 1st quarter of 2021. A total of 62,843 children below 2 years received measles-rubella

vaccine (against the target of 115,500). Routine EPI outreach services which had slowed due to containment measures of the COVID-19 began to pick up again in May 2020. Integrated mobile clinic services were conducted in hard-to-reach areas in four zones; 5,790 children received EPI vaccines. In addition, 436 pregnant women received antenatal check-up and 3,996 women of childbearing age including pregnant women received TD vaccine from the mobile clinic services. UNICEF continued to support the integrated mobile clinic services by MoH.

UNICEF provided support for the training, equipment and deployment of the second batch of 62 Barefoot Doctors (BFD), who are now providing essential services to their communities in hard-to-reach areas with no health facilities. Each BFD treated between 400 and 600 members of their communities in the past six months. By May, all the second batch of barefoot doctors finalized their training and were deployed back to their villages, and UNICEF provided equipment and kits for their start-ups as per agreement with the government.

WASH

UNICEF supported MoH to reach 30,000 people with handwashing messages in the Northern Red Sea, Debub and Southern Red Sea Zobas. The Ministry of Health produced 12,000 hand sanitizers locally, while UNICEF covered the cost of labelling them. Sixty-six handwashing basins were distributed to five zones and two referral hospitals namely: Gash Barka (24), Debub (2), Northern Red Sea (2), Anseba (2), Maekel (10), Orotta Hospital (3) and Halibet Hospital (2). Moreover, 26 hand-washing basins were allocated to orphanages, group homes and disability centres. In total, 35,000 soap bars were procured and delivered to the MoH for further distribution to health care facilities. As part of regular interventions, 246 rural communities with approximately 196,800 people (against the target of 160,000) in Anseba, Debub, Gash Barka and Northern Red Sea Zobas have been verified and declared ODF using Community-Led Total Sanitation (CLTS) approach during the reporting period.

UNICEF also facilitated monitoring of ongoing ODF activities and construction of water supply systems for about 1,500 people; however, by end of June, the construction of these systems had stalled due to COVID-19 containment measures.

Education

Before the COVID-19 outbreak, UNICEF supported the Ministry of Education (MoE) to establish non-formal learning centres for out of school children. A total of 70 facilitators were trained on basic teaching skills and core subjects for the Complementary Elementary Education (CEE) centres and community mobilization; to sensitize the communities about the importance of education and to get their support to establish centres using locally available materials. Additionally, the procurement of basic furniture and teaching and learning materials was underway, when GoSE in March announced the closure of schools and suspended large public gatherings as a mitigation measure against the COVID-19 pandemic. The containment measures, since 27 March are anticipated to have likely impacts on vulnerable and nomadic communities, with the likelihood that more children from these communities will remain out of school after education services resume (evidence shows that vulnerable children tend to drop out easier if there are disruptions in education).

UNICEF supported MoE to develop contingency plans to ensure continuity of education during school closures and prepare for safe reopening of schools. UNICEF is also facilitating the government's application for the Global Partnership for Education COVID-19 response funding.

UNICEF provided technical support to MoE to finalize plans on media-transmitted instructions for basic education (primary and middle levels). The MoE initiated TV-transmitted instructions for secondary education which started in April. The MoE has also approved the quality of the sample lessons for primary and middle levels; however, this got delayed due a lengthy procedure in contracting the service provider, as such the instructions for the primary and middle levels hasn't started yet. In total, 50,000 bars of soap to promote handwashing and safe hygiene behaviours among students were pre-positioned for the expected reopening of schools (partial reopening date was 7 July for Grade 11). UNICEF is working with MOE to localise the global guidelines on re-opening of schools, as schools are gradually set to reopen in Eritrea.

Child Protection

Due to school closures, the activities related to Mine-Risk Education in schools are on hold. However, the Child Protection programme is supporting Ministry of Labour and Social Welfare (MoLSW) to provide mental health and psychosocial support to families and children, including children with disabilities during this period of the epidemic. Psychosocial support was provided to over 300 children living with disabilities and other vulnerable children through the Community Based Rehabilitation volunteers and social workers. The MoLSW adapted parenting tips into local

languages and published them in the national newspaper and radio. The tips on positive parenting and psychosocial wellbeing were also disseminated to the public through television and radio programmes. This are in line with UNICEF's global guideline for supporting children during this pandemic.

The booklet titled "You Are My Hero" is translated into Tigrinya with UNICEF's support. The booklet shows how parents / caregivers and children can prevent COVID-19. The MOH health promotion staff have submitted to the Department of Public Health 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; Policy Brief: A Disability-Inclusive Response to COVID-19 to 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, to be distributed to group homes, orphanages and people with disabilities by the Ministry.

Cash-Based Programming

UNICEF's social protection response to COVID-19 included offering flexibility for re-programming programme funds available with MoLSW to address socio-economic challenges faced by the vulnerable families. The MoLSW has instructed Zobas to disburse funds to support additional 150 vulnerable families hosting orphans and children with disabilities. Additionally, 5,000 vulnerable children will be considered for support with educational materials when schools open

UNICEF led the development of a UN concept note on "UN Support Towards Social Protection to Address Socio-Economic Impact of COVID-19 in Eritrea". The note was shared by RC to GoSE for further action and guidance. Similarly, UNICEF provided thematic inputs to the Social Protection sector on "Rapid Assessment of Socio-Economic Impact of COVID-19". The current funding gap remains a critical challenge in the areas of social protection to address the growing number of vulnerable children and families. The social impact of COVID-19 calls for an expansion of the safety net to 5,000 vulnerable families and children with immediate needs through cash transfers.

Communications for Development (C4D) / Risk Communications, Community Engagement and Accountability

During the reporting period, UNICEF worked closely with the MoH to conduct a rapid desk review and assessment to design a national risk communication and community engagement (RCCE) strategy. During the prevention and preparedness phases, UNICEF supported the RCCE team to conduct risk communication sensitization exercise in all six regions with leaders of 177 sub-national level MoH and that of basic service providers. The multi-sectoral national and sub-national level coordination structure continues to lead all RCCE response nationwide.

Disability and child-friendly targeted messages were disseminated through community and media-based platforms using audio-visuals, leaflets, posters, stickers and technical guidance notes for risk communication initiatives at health facility and school level. Initially 70 per cent of national media was dedicated to air COVID-19 messages in all local languages. As a result, over 2.8 million people were reached with lifesaving COVID-19 prevention information. Messages have been disseminated via SMS to 530,000 EriTel (local mobile phone operator) customers with focus on handwashing, physical distancing, continuity of essential care, immunization services for 13 antigens, psychosocial support, facility-based delivery and antenatal care. Community and facility-based health workers were also equipped with contact tracing and community engagement guidance notes.

Since the inception of the RCCE COVID-19 interventions, 974,770 community members were reached with printed IEC materials. For community feedback, a national level 24/7 call centre has been established by the government reaching 19,050 persons: Maekel 3,641; Anseba 2,289; Debub 2,040; SRS 1,527; NRS 2,676 and Gash Barka 6,877. Social diagnostic tools have been developed by the RCCE Committee to conduct midterm survey and understand community risk perception and the extent of adoption of key preventive behaviours.

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 Ministries of Health (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 partners in Health. There are no registered NGOs in Eritrea, and all programmes are implemented directly by GoSE ministries and their departments at 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. The national COVID-19 response coordination is led by High Level Task Force (represented by the Ministry of Health (MoH)). 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.

Human Interest Stories and External Media

UNICEF Eritrea human interest stories:

1. Irish Aid provides Euro 1 million to UNICEF Eritrea for its Humanitarian Action for Children (HAC) for 2020: <https://www.unicef.org/esa/press-releases/irish-aid-provides-euro-1-million-unicef-eritrea-its-humanitarian-action-children>
2. UNICEF applies innovative strategies for COVID-19 response in Eritrea: <https://www.unicef.org/esa/stories/unicef-applies-innovative-strategies-covid-19-response-eritrea>
3. UNICEF Eritrea on Facebook: <https://www.facebook.com/uniceferitrea/>

Next SitRep: 15 October 2020

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

UNICEF Eritrea Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/eritrea>

Who to contact for further information: Shaheen Nilofer
Representative
UNICEF Eritrea
Tel: +291 1 154 868 ext. 301
Email: snilofer@unicef.org

Shaya Asindua
Deputy Representative
UNICEF Eritrea
Tel: +291 1 154 868 ext. 303
Email: asindua@unicef.org

Rabindra Giri
Communications Specialist
UNICEF Eritrea
Tel: +291 1 154 868 ext. 407
Email: rgiri@unicef.org

Summary of Programme Results

Sector	Overall needs**	Cluster/Sector Response*			UNICEF and IPs		
		2020 target	Total results	Change since last report ▲▼	2020 target	Total results	Change since last report ▲▼
Nutrition							
Children under 5 years treated for SAM	N/A	N/A	N/A	▲ N/A	23,300	6,625	▲4,516
Children under 5 years treated for MAM	N/A	N/A	N/A	▲ N/A	47,600	21,106	▲15,538
Children under 5 years provided with Vitamin A supplementation	N/A	N/A	N/A	▲ N/A	400,000	109,594	▲89,910
Health							
Children immunized against measles and rubella	N/A	N/A	N/A	▲ N/A	115,500	62,843	▲51,391
Children affected by diarrhoea having access to life-saving curative interventions	N/A	N/A	N/A	▲ N/A	85,000	50,018	▲29,411
WASH							
People accessing safe water for drinking, cooking and personal hygiene	N/A	N/A	N/A	▲ N/A	60,000	0***	0
People accessing safe and appropriate sanitation facilities	N/A	N/A	N/A	▲ N/A	160,000	196,800	▲166,800
Child Protection							
Children receiving mine risk education	N/A	N/A	N/A	▲ N/A	100,000	0****	0
Education							
School-aged children accessing quality education, including through temporary structures	N/A	N/A	N/A	▲ N/A	4,800	0*****	0
Cash-Based Transfers							
Vulnerable households receiving cash transfers	N/A	N/A	N/A	▲ N/A	1,000	270	▲150

* 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.

*** There was no progress in construction and rehabilitation of water supply systems in 2020. The money has been transferred to MoND through DCT for construction and rehabilitation of water supply systems, and then no progress so far.

**** Due to the lockdown and schools' closure, the integrated risk education on landmines, injury/disability, and component on VAC is on pause.

***** No progress due to lockdown and schools' closure.

Annex B

Funding Status*

Sector	Requirements, USD**	Funds available, USD		Funding gap	
		Received Current Year, USD	Carryover, USD	\$	%
Nutrition	9,500,000	2,424,587	698,644	6,376,769	67%
Health	2,000,000	1,115,824	310,605	573,571	29%
WASH	4,200,000	343,962	183,245	3,672,793	87%
Child Protection (including cash transfers)	1,650,000	400,564	400,520	848,916	51%
Education	1,167,000	399,501	399,501	367,998	32%
C4D / Risk Communications	129,000	251,926	5,025	0	0%
Sector Coordination	165,000	257,326	186,494	0	0%
Total	18,811,000	5,193,720	2,184,034	11,433,246	61%

* 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.