



**unicef**   
for every child

## Humanitarian Action for Children

Sesen Mehreteab practices her English writing at Adi-Baro School, Southern Red Sea Region, Eritrea. UNICEF advocates that every child is prepared for life, work and active citizenship.

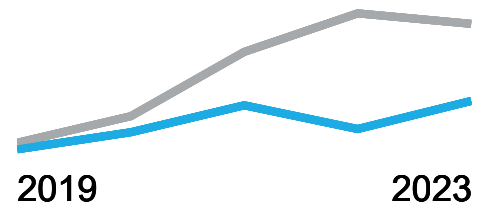
# Eritrea

### HIGHLIGHTS<sup>1</sup>

- Eritrea remains highly vulnerable to economic, climatic and external shocks, including drought, limited access to safe water, insecurity, the conflict in Tigray, Ethiopia and the socioeconomic impact of sanctions.<sup>2</sup> What's more, the country's most fragile ecosystems are threatened by climate change and desertification as well as desert locust infestations.
- These multiple drivers of vulnerability have affected more than 1.1 million people who are in urgent need of humanitarian assistance, including 745,600 children.
- UNICEF, in partnership with the Government, will continue to mainstream humanitarian responses within its regular development programmes and engage in preparedness, risk management and contingency planning at a national level. The goal is to build capacity and resilience in absorbing shocks.
- In 2023, UNICEF is seeking US\$14.7 million to provide urgent life-saving humanitarian services, treatment for severe wasting, a sufficient quantity of drinking water, access to quality basic education and cash transfers to vulnerable families, among other interventions.

IN NEED  
**N/A**  
**people**  
**N/A**  
**children**

TO BE REACHED  
**1.1**  
**million**  
**people**<sup>3</sup>  
**745,600**  
**children**<sup>4</sup>



### KEY PLANNED TARGETS



**600,000**  
children and women  
accessing primary  
healthcare



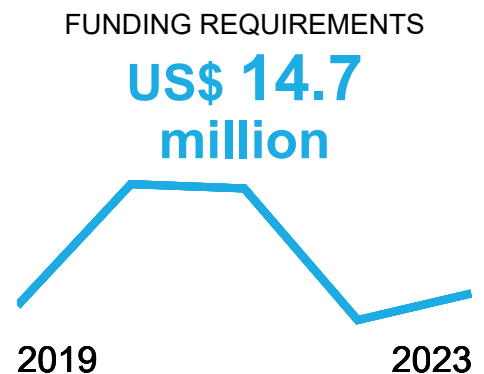
**40,000**  
children with severe  
wasting admitted for  
treatment



**200,000**  
children receiving individual  
learning materials



**100,000**  
people accessing a  
sufficient quantity and  
quality of water



Figures are provisional and subject to change upon update of the joint United Nations-Government Sustainable Development Cooperation Framework and UNICEF's Horn of Africa Regional call to action appeal.

## HUMANITARIAN SITUATION AND NEEDS

People in Eritrea continued in 2022 to feel the impact of weak socioeconomic conditions, low food production, a decline in family remittances due to economic sanctions and depletion of groundwater levels affecting access to potable water. Over the past two years, climatic conditions have tested the coping capacities of the country and its population, where farming, animal herding and fishing are the mainstay of livelihoods for approximately 65-70 per cent of the population.<sup>5</sup>

Routine nutrition screening surveillance conducted in the first quarter of 2022 revealed an increase in cases of wasting among children in most of the country's regions compared with the first quarter of 2021: 17,236 children experiencing wasting (of whom 4,016 were severely wasted) in the first quarter of 2022, compared with 14,488 experiencing wasting (of whom 3,689 were severely wasted) in the same period in 2021. This meant an increase in the need for ready-to-use therapeutic food for children under age 5.

There have also been sporadic cases of measles in the country. Maintaining community immunity to vaccine-preventable infectious diseases by reaching all zero-dose<sup>6</sup> and under-immunized<sup>7</sup> children as well as missed communities<sup>8</sup> with life-saving vaccines is critical. Currently, 24 out of 62 districts in Eritrea achieve vaccination coverage of less than 80 per cent, largely due to poor geographic accessibility. This impacts 31,000 children under 1 year of age who are either not immunized or are under-immunized.

While access to improved drinking water has recently increased, a significant portion of the rural population in Eritrea does not have access to improved and safe water sources, while the urban population still has limited access to improved sanitation.

Eritrea is home to about 98,000 orphaned children and to more than 30,000 children with disabilities. Forty-four per cent of households are female-headed. Many of these orphaned children and children with disabilities face severe economic, health, nutritional and psychological hardships.<sup>9</sup>

Regarding access to quality education, there are around 300,000 children (152,000 girls) and adolescents aged 6-17 years who were reported by the Government as being out of school, with notable regional and gender disparities.<sup>10</sup>

As the conflict in the Tigray Region of neighbouring Ethiopia enters its third year, the Government continues to monitor the well-being of its people living in areas bordering the conflict region. If a humanitarian response is required, upon the Government's request UNICEF will work with other members of the United Nations Country Team to coordinate a joint response.

---

## STORY FROM THE FIELD



Vaccines are the most efficient shields against various kinds of vaccine-preventable infectious diseases. In Eritrea, with a population estimated at 3.5 million, vaccines are seen as life-savers by all nine ethnolinguistic communities living in the country. Currently, 12 different vaccines are administered to children through 295 fixed sites and 450 outreach vaccination posts.

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

A father brings his son to a health centre in Anseba, Eritrea for immunization.

In 2023, UNICEF and the Government will continue to strengthen links between humanitarian and development programming in Eritrea.

UNICEF will procure ready-to-use therapeutic food and other essential supplies. UNICEF, in partnership with the Ministry of Health, aims to scale up neonatal intensive care services and support the treatment of severe and moderate wasting in children under age 5.

Populations in hard-to-reach areas will be reached through mobile outreach clinics and barefoot doctors, community members who have undergone a 6-month residential training to deliver a package of preventive, promotive and curative health and nutrition services.<sup>13</sup> UNICEF, working with the Ministry of Health, will support the training of additional barefoot doctors to be deployed to the most remote communities of Eritrea.

UNICEF, together with the Government, will work to accelerate access to water and sanitation in communities, through the community-led total sanitation approach. This will ensure that people have access to an adequate and safe water supply. UNICEF will support communities with a recharging mechanism structure for water wells to protect groundwater from overextraction and pollution.<sup>14</sup>

UNICEF will work with the Ministry of Education to provide access to quality basic education through formal and non-formal programmes. This encompasses the provision of learning spaces, skilled teachers, curriculum and teaching-learning materials to ensure continuity of quality education. Included will be the delivery of remedial programmes to redress the year-long loss in classroom learning.

Through community-based child protection platforms, the emphasis will be placed on addressing violence against children and gender-based violence through sensitizing communities. Adolescent girls will be a particular focus. UNICEF and the Government will also support the provision of mental health and psychosocial services for children with disabilities using community-based rehabilitation volunteers and social workers for case management and home visits. Social protection programmes will be enhanced to include the provision of one-off cash grants to support income-generating activities for vulnerable families. The focus will be on female-headed households and continuity, and on mobility support for children with disabilities to attend in-person classes.

Critical social and behavioural change efforts will strengthen and intensify community engagement activities as well as national media engagement to provide critical information to hard-to-reach populations. UNICEF will support the Government in promoting resilience and reducing vulnerability among communities. Risk communication and community engagement programmes will be used to strengthen community capacities, and avenues extended for communities to share their feedback and concerns, part of UNICEF's efforts to enhance accountability to affected populations.

UNICEF and government teams have prioritized quarterly joint monitoring visits to determine whether results are being achieved as planned and whether funds transferred are used for the intended purpose.



## Health

- **200,000** children less than 2 years old received 2 doses of measles-rubella vaccine<sup>15</sup>
- **600,000** children and women accessing primary healthcare



## Nutrition<sup>16</sup>

- **40,000** children 6-59 months with severe wasting admitted for treatment
- **200,000** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **400,000** children 6-59 months receiving Vitamin A supplementation<sup>17</sup>



## Child protection, GBViE and PSEA

- **50,000** children, adolescents and caregivers accessing community-based mental health and psychosocial support<sup>18</sup>
- **150,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions<sup>19</sup>



## Education

- **12,000** children accessing formal or non-formal education, including early learning<sup>20</sup>
- **200,000** children receiving individual learning materials<sup>21</sup>



## Water, sanitation and hygiene

- **100,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **100,000** people accessing appropriate sanitation services<sup>22</sup>
- **500,000** people reached with hand-washing behaviour-change programmes



## Social protection

- **1,300** households benefitting from new or additional social assistance (cash/in kind) measures from governments with UNICEF-technical assistance support<sup>23</sup>



## Cross-sectoral (HCT, SBC, RCCE and AAP)<sup>24</sup>

- **1,300,000** people reached through messaging on prevention and access to services<sup>25</sup>
- **20,000** people sharing their concerns and asking questions through established feedback mechanisms

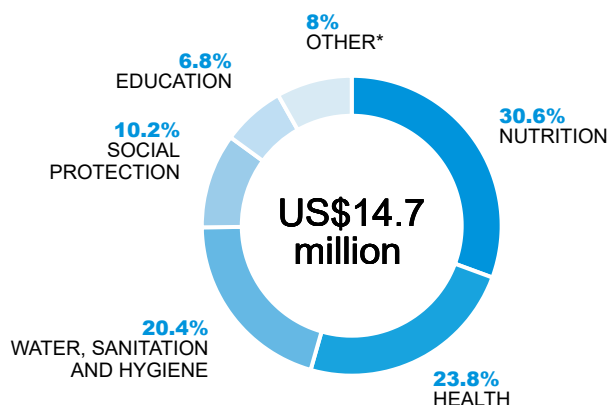
## FUNDING REQUIREMENTS IN 2023

In 2023, UNICEF is seeking US\$14.7 million to meet the humanitarian needs of 1.1 million people in Eritrea, including 745,600 children. UNICEF's humanitarian programmes will have a nationwide reach, while targeting populations in the areas with the most acute needs.

This appeal reflects UNICEF's ongoing resilience-building efforts, which are undertaken using a humanitarian-development framework. UNICEF expects to reach children who are wasted with vital treatment; provide vulnerable children with safe drinking water and treatment for preventable diseases; provide access to quality basic education; reach survivors of gender-based violence with risk mitigation and prevention measures; and support the prevention of sexual exploitation and abuse.

In the absence of full funding, 100,000 people will be at risk of not accessing safe water, increasing their vulnerability, and about 20,000 children will be at risk of experiencing moderate and severe wasting.

Timely action will reduce the risk of further deterioration in the situation of Eritrea's most vulnerable children and families, who are weathering economic and especially climatic shocks. Flexible humanitarian funding will be particularly vital for meeting their pressing needs.<sup>26</sup>



Sector	2023 requirements (US\$) <sup>27</sup>
Health	3,500,000
Nutrition	4,500,000
Child protection, GBViE and PSEA	500,000
Education	1,000,000 <sup>28</sup>
Water, sanitation and hygiene	3,000,000
Social protection	1,500,000
Cross-sectoral (HCT, SBC, RCCE and AAP)	700,000
<b>Total</b>	<b>14,700,000</b>

*\*This includes costs from other sectors/interventions : Cross-sectoral (HCT, SBC, RCCE and AAP) (4.8%), Child protection, GBViE and PSEA (3.4%).*

### Who to contact for further information:

**Shaheen Nilofer**  
Representative, Eritrea  
T 00291 1 154 888 ext. 301  
snilofer@unicef.org

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

**June Kunugi**  
Director, Public Partnerships Division (PPD)  
T +1 212 326 7118  
jkunugi@unicef.org

## ENDNOTES

1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF's Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.
2. The sanctions that have been imposed on Eritrea have had severe ramifications on the the country's economy. Their detrimental impact on the national economic growth, constraints in foreign currency inflows and barriers to import items necessary for the country's needs and economic recovery may exacerbate the social problems and raise additional humanitarian concerns.
3. The figures were determined using the highest coverage programme targets for different age groups to avoid double-counting beneficiaries. The number of people to be reached includes 400,000 adults (out of 500,000 people) targeted with hand-washing behaviour-change programmes; 400,000 children aged 6-59 months targeted with vitamin A supplementation; and 345,600 children aged 5-17 years out of 480,000 children (72 per cent) targeted for access to primary health care. Children aged 5-17 years represent 72 per cent of those under 18 years of age (United Nations Department of Economic and Social Affairs, World Population Prospects 2022, United Nations, New York, 2022). The total number of people to be reached includes 630,080 (55 per cent) women/girls and 53,843 (4.7 per cent) people with disabilities (estimate based on National Statistics Office, Eritrea Population and Health Survey 2010, Asmara, 2013, available at <[www.afro.who.int/sites/default/files/2017-05/ephs2010\\_final\\_report\\_v4.pdf](http://www.afro.who.int/sites/default/files/2017-05/ephs2010_final_report_v4.pdf)>).
4. The number of children to be reached is calculated by adding 400,000 children aged 6-59 months targeted with vitamin A supplementation, and 345,600 children aged 5-17 years out of 480,000 children (72 per cent) targeted for access to primary health care. Children aged 5-17 years represent 72 per cent of those under 18 years of age. The total of children to be reached includes 380,256 (51 per cent) girls and 35,043 (4.7 per cent) children with disabilities (estimate based on National Statistics Office, Eritrea Population and Health Survey 2010).
5. Eritrea Ministry of Finance and National Development, Eritrea and the 2030 Agenda: Voluntary National Review of Progress Towards the Sustainable Development Goals, Asmara, July 2022, available at <<https://hlpf.un.org/countries/eritrea/voluntary-national-review-2022>>.
6. Zero-dose children are those who have not received any routine vaccines. For operational purposes, Gavi, the Vaccine Alliance defines zero-dose children as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).
7. An under-immunized child is defined as a child missing the third dose of diphtheria- tetanus-pertussis containing vaccine (DTP3).
8. Missed communities are home to clusters of zero-dose and under-immunized children. These communities often face multiple deprivations and vulnerabilities, including lack of services, socioeconomic inequities and often gender-related barriers.
9. Ministry of Labour and Human Welfare [currently Ministry of Labour and Social Welfare], Eritrea Labour Force Survey 2015/2016, 2018.
10. Ministry of Education, essential education indicators, 2021.
11. 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.
12. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
13. See: UNICEF, "Eritrea revitalizes barefoot doctor programme", online information, Asmara, 9 August 2019, available at <[www.unicef.org/esa/stories/eritrea-revitalizes-barefoot-doctor-programme](http://www.unicef.org/esa/stories/eritrea-revitalizes-barefoot-doctor-programme)>.
14. Recharging mechanism structures (constructed dams) are resorted to when natural water recharge is not sufficient for sustainable ground water levels. Sustainable groundwater management through recharging mechanism structures for aquifers has become a possible solution for addressing increasing depletion and deterioration of groundwater in several river basins across the world.
15. MR1 at 9 months and MR2 at 18 months, targets based on estimates.
16. Based on prevalence data triangulated with nutrition sentinel surveillance information targeting 50 per cent of the burden, in line with the UNICEF annual work plan in Eritrea along with the Country Programme Document.
17. 90 per cent of all children aged 6-59 months targeted for vitamin A supplementation.
18. Eritrea has limited number of social workers trained in mental health and psychosocial support.
19. The calculation is based on the limited capacity of trained social services workers at the community level, as well as the ministry level (Ministry of Health and the Ministry of Labour and Social Welfare). The gender-based violence indicator includes cases of child marriage and female genital mutilation, which tend to rise during humanitarian crises.
20. Children targeted are over-age out-of-school children and children of pre-primary school age. Because the needs remain high in Eritrea, we have increased the target with the ambition of being able to reach more children than in 2022. This is in line with government priorities of minimizing the number of out-of-school children and ensuring all children are enrolled at the right age for each school grade.
21. UNICEF will support the Government to print around 1 million text books. If every child receives a minimum of five textbooks, then the number of beneficiaries will be around 200,000.
22. The WASH supplies need a lead time of more than nine months for supplies to arrive; therefore, targets are those people who can be reached with rehabilitation or renovation of sanitation facilities.
23. According to the Eritrea Population and Health Survey 2010, approximately 47.2 per cent of Eritrea's population (1.5 million) is under 15 years of age, and 7 per cent (105,728) of those under 15 years of age are orphaned. In addition, 47 per cent of the households are female-headed, which reduces the resilience of the household to shocks and natural disasters. Within the capacity of the social protection/child protection section and implementing partners (the Ministry of Labour and Social Welfare), given the availability of funds the country office can reach this target within one year.
24. Due to space constraints the following acronyms have been used: HCT (Humanitarian Coordination Team), RCCE (risk communication and community engagement), AAP (accountability to affected populations) and SBC (social and behavioural change).
25. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
26. The funding requirement increased from US\$13.7 million in 2022 to US\$14.7 million in 2023 mostly due to nutrition (an increase the quantity and cost of life-saving ready-to-use therapeutic food), WASH (increased needs for climate-resilient WASH activities), health (due to scale-up of health interventions in the areas most affected by drought to reach more vulnerable children) and increased support for communities. The funding requirement for education, on the other hand, has dropped from 2022 levels because the needs of out-of-school children will be partly met by the regular development programme.
27. Financial requirements are subject to change upon finalization of the Basic Services Response Priorities document in January 2023.
28. The education funding requirement decreased compared with 2022 levels because the humanitarian interventions will be complemented by UNICEF's regular programming.