

Global Thematic Humanitarian Report

Health, Nutrition and WASH

UNICEF ERITREA



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1. Financial Summary

Global – Thematic Humanitarian Response

Assisted Country:	Eritrea
Assisted Programme/Project:	- Health and Nutrition - WASH
Donor reference:	Global Thematic
Grant Number:	SM149910
Total Contribution Amount:	US\$ 3,007,823.60
Cost Recovery Amount:	US\$ 152,331.89
Programmable Amount:	US\$ 2,855,491.71
Funds Used To-date (From Programmable Amount):	US\$ 2,844,038.38
Balance of Funds to date:	US\$ 12,788.39
Duration of the Contribution:	October 2013 - December 2018
Period Covered by the Report	January 2018 – December 2018
Date Prepared:	24 March 2019

2. Acronyms

CBTF	Community-Based Therapeutic Feeding
CLTS	Community Led Total Sanitation
CWC	Community Water Committee
EDHS	Eritrea Demographic and Health Survey
FBTF	Facility-Based Therapeutic Feeding
EPHS	Eritrea Population Health Survey
EPI	Expanded Programme on Immunization
GAM	Global Acute Malnutrition
GoSE	Government of the State of Eritrea
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MHM	Menstrual Hygiene Management
MNT	Maternal and Neonatal Tetanus
MoH	Ministry of Health
MoLWE	Ministry of Land, Water and Environment
MUAC	Mid-Upper Arm Circumference
NGO	Non-Government Organisation
NSSS	Nutrition Sentinel Site Surveillance
ODF	Open Defecation-Free
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WRD	Water Resource Department

3. Executive Summary

Eritrea has made noteworthy progress in reducing child and maternal deaths. The maternal mortality ratio (MMR) reduced from 998 maternal deaths per 100,000 live births in 1995 to 486 in 2010. The under-five child mortality rate decreased from 93 deaths per 1,000 live births in 2002 to 63 in 2010. This is based on the Eritrea Population and Health Survey (EPHS) 2010.

Shortages of essential commodities and poor access to household water supply continue to impact the economy and general wellbeing of Eritrean citizens. In 2018, UNICEF worked closely with the Government of the State of Eritrea (GoSE) and other UN agencies to respond to the needs of children and women, providing life-saving interventions in health, nutrition and WASH.

According to the Child Survival Strategy of the Ministry of Health (MoH), the main causes of under-five mortality are: neonatal conditions (27 per cent), pneumonia (24 per cent), malnutrition and anaemia (21 per cent) and diarrhoea (13 per cent). Up to 20 per cent of under-five deaths occur in the first week of life. During this newborn period, infections, asphyxia, prematurity, low birth weight and congenital defects are among the principal causes of mortality and morbidity. In remote areas of the country, access to health services is very limited. During the reporting period, the MoH has identified 450 outreach points that will be used to provide an integrated package of services to remote, hard-to-reach communities, with an estimated total population of 1.1 million, of whom 31,000 are under-one year, 146,000 are under-five and 44,000 pregnant women. To support service delivery in these hard to reach areas, the funds enabled UNICEF to provide logistic support to the MoH to conduct integrated outreach services in 41 hard-to-reach communities in three Zobas of Gash Barka, Northern Red Sea and Southern Red Sea in 2018.

UNICEF Eritrea, with funding from the Global Thematic Humanitarian Response, provided financial and technical support to the MoH to implement Infant and Young Child Feeding (IYCF) interventions to address malnutrition through the promotion of improved optimal child feeding practices in all the six regions (Zobas) of the country.

In 2018, Eritrea Country Office, used thematic funds to promote IYCF at the annual commemoration of the World Breastfeeding Week (WBW) at national, zonal and sub-zonal levels to raise community awareness about the importance of breastfeeding and complementary feeding on the survival, growth and development of a child. The Global Thematic Humanitarian Response Funds also contributed to provide lifesaving nutrition services to about 216,610 children under-five who were treated for acute malnutrition, including 61,055 for severe acute malnutrition (SAM) and 155,563 for moderate acute malnutrition (MAM), during the reporting period. Moreover, about 210 health workers and 570 community volunteers were trained to improve the quality of the treatment of acute malnutrition, achieving more than 85 per cent cure rate, which is above the Sphere Standards.

Using these funds, UNICEF supported the training of 92 health workers on immunization data quality assurance, as well as 185 health workers on immunization-in-practice in all six Zobas (regions), reaching 100 per cent of the health workers targeted for the training.

Solar pumps and accessories were procured for five water supply systems. Construction of three water supply systems is completed, providing approximately 9,580 people with safe drinking water, and one additional village has secured a water source. Two of the villages are awaiting other funding support to complete the construction work.

4. Humanitarian Context

Eritrea is characterised by harsh climatic conditions, including cyclical droughts, which affect groundwater resources, as well as 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 another strike. In recent years, the country's climatic conditions have tested the coping capacities of the population, which largely depend (80 per cent) on subsistence agriculture. Children are generally affected by sporadic outbreaks of diarrhoea and measles. In the absence of NGOs, the government and its line ministries are the only implementing partners.

Although Eritrea has made substantial gains in reducing maternal and neonatal mortality (SDG 3) and has attained immunization coverage of above 95 per cent, undernutrition among children (SDG 2) is still high: 50 per cent of children under-five are stunted, as per Eritrea Population and Health Survey (EPHS) 2010. Sharp disparities exist between urban and rural communities: 38 per cent of urban children are stunted, compared to 56 per cent of children in rural communities. Inadequate knowledge about appropriate feeding practices among mothers and caretakers impacts the health and nutrition of Eritrea's children.

The EPHS 2010 estimated that access to improved drinking water in rural areas was 50 per cent. In terms of sustainability, an assessment conducted in 2012 by the Ministry of Land, Water and Environment (MoLWE) indicated that only 43 per cent of hand-pumps and 60 per cent of water pumping systems were functional. Lack of spare parts and difficulty in sourcing replacements was stated as a major constraint in maintaining functionality of water supply schemes.

Diarrhoea is one of the three leading causes of morbidity and mortality among children under-five years of age (MoH 2011). This is largely attributable to inadequate safe drinking water, poor sanitation and hygiene practices. Additionally, other water, sanitation and hygiene-related diseases such as intestinal worms also affect school-aged children. Knowledge of safe hygiene practices is high with almost 97 per cent of people understanding the importance of washing their hands before eating, and 71 per cent recognising washing hands after defecation as the appropriate time to wash hands.

To ensure that hygiene messaging is consistent during the year, mass media campaigns disseminated hygiene messages in local languages through TV, radio, newspapers. Additionally, public banners on hygiene messages were displayed during various global events in 2018 such as Global Handwashing Day and World Toilet Day, and guidelines on Menstrual Hygiene Management (MHM) for girls were printed and distributed in 100 middle schools.

The EPHS 2010 indicated that 50 per cent of children under-five were stunted and 39 per cent were under-weight. Nutrition surveys have not been conducted in recent years. The last nationwide nutrition survey was conducted in 2010. Global acute malnutrition (GAM) among children under-five ranged from 7.1 per cent in Maekel region to 23.4 per cent in Gash Barka region (EPHS 2010). Those particularly at risk were estimated to be 85,500 severely and moderately malnourished children under-5 years of age, and 300,000 pregnant and lactating women.

In the absence of recent population based standard surveys, the means of gathering nutritional information since 2010 has been based on rapid screening, using mid-upper arm circumference (MUAC) and the national Nutrition Sentinel Site Surveillance (NSSS), which has indicated fluctuating trends of malnutrition in the past years. The MUAC screening conducted during the routine supplementation of Vitamin A in 2018 revealed that GAM rates are above 14 per cent nationwide; and is very critical in four out of six Zobas, which is above the WHO cut-off point for wasting. UNICEF is working towards building community resilience to deal with

the situation and the programme has continued to produce commendable results in terms of early identification, referral and management of malnourished children.

UNICEF's advocacy plan seeks to ensure adequate analysis of available data and to determine priorities derived from these assessments, as well as to maintain a purposeful focus on equity and deprived communities. UNICEF remains the main partner supporting the Government in rural water and sanitation services, nutrition services and community-based health services.

As part of systems strengthening of the MoH, UNICEF used these global thematic funds towards procurement costs for three mobile clinic vehicles specially designed for the rough terrain in the hard to reach areas. These mobile health clinics will enable the MoH to provide an integrated essential package of maternal, newborn, child health and nutrition services in at least 60 outreach points each month.

5. Humanitarian Results

Nutrition

Revised operational guidelines and IYCF training modules, based on the new WHO/UNICEF recommendations, were made available between 2017 and 2018 to all health personnel in the six regions of Eritrea for ease of reference in their work. The 37 officials, who benefited from the training of trainers (ToT) during this reporting period, cascaded the training to health workers at sub-Zoba level using the training modules. This training in turn increased the number of health workers with improved skills to 820; and this will ensure that 230 health facilities nationwide have at least one staff each who are trained on IYCF counselling. Therefore, almost all mothers who visit health facilities for any reason, particularly pregnant women who attend the Antenatal Care (ANC) department, can receive appropriate IYCF counselling services.

The aim of the training was to equip health workers with IYCF knowledge and skills to counsel the general population and in turn train volunteers at the community level for community-based counselling services. In 2018, UNICEF and MoH planned to further strengthen community IYCF and expand the community volunteers' contribution at community level not only in IYCF but also at other health and nutrition services. As a result, the generic C-IYCF documents were adapted and translated into local languages to make them easier to understand for the community volunteers. This will greatly enhance the capacity of volunteers to counsel and increase knowledge of additional mothers and improve attitudes on appropriate IYCF practices. In the long run, this intervention is expected to contribute to reduce stunting.

These funds also contributed to strengthening the Integrated Management of Acute Malnutrition (IMAM), which is one of the core nutrition intervention programmes in the country and supports the supplementary and therapeutic feeding services targeting severely and moderately acute malnourished children under-five at health facilities and community levels. Timely procurement and delivery of essential nutrition supplies to all intervention sites also ensured the continuity of care and proper nutrition service delivery. Up to December 2018, more than 216,600 acutely malnourished children were reached with high quality therapeutic (SAM) and supplementary (MAM) feeding services in Eritrea. In 2016, 2017 and 2018 a total of 18,269, 15,981 and 14,130 children were treated for SAM and 42,247, 41,701 and 34,104 children were treated for MAM.

Generally, the quality of management of acute malnutrition has gradually improved in these reporting years, as health workers and community volunteers are continuously trained based

on the newly updated management guidelines and treatment protocols. However, stunting is still a major challenge in Eritrea.

The programme performance indicators continue to be above Sphere Standards, achieving on average above 88.5 and 86 per cent cure rates for SAM and MAM respectively between 2015 and 2018. This demonstrates that the quality of care is very high both in therapeutic and supplementary feeding centres. In addition, national IMAM treatment coverage is at 79 per cent for SAM and 66.6 per cent for MAM, which is also above the Sphere Standards. UNICEF has established a sustainable nutrition supplies procurement and management system, and this grant supplemented UNICEF's ability to ensure timely availability of essential nutrition supplies, without interruption in all distribution points.

Health

During the reporting period, UNICEF procured and delivered all traditional vaccines and injection safety materials to vaccinate approximately 108,000 children and 130,000 pregnant women (100 per cent targets respectively). Measles remains under control, and Maternal and Neonatal Tetanus (MNT) has been eliminated. The country's polio-free status has also been maintained.

Up to December 2018, with the support of UNICEF and WHO, a total of 745 health workers were trained in different areas related to immunization, exceeding the 400 health workers targeted. More than 180 health workers were trained on immunization-in-practice; 464 on new vaccine introduction (Rotavirus), and 92 on data quality self-assessment. The resultant high coverage was achieved due to the trained health workers who provided quality vaccine services to children under-two years of age.

During 2018, with support of these thematic funds through UNICEF, the MoH was able to provide essential services to children under-five and pregnant women in the 41 hard to reach areas. An additional 1,384 children were immunized with BCG against tuberculosis, 4,874 with OPV against polio, 4,768 with Pentavalent vaccine against five preventable childhood illnesses, and 2,749 children with Rotavirus vaccine against childhood diarrhoea. In addition, 2,935 children were vaccinated against measles and 2,500 pregnant women were vaccinated against tetanus and neonatal tetanus. An additional 425 pregnant women received antenatal services, 453 children received treatment for minor illnesses, 706 community members were reached with health and nutrition promotion, and 9,320 children received Vitamin-A supplementation.

WASH

The Water, Sanitation and Hygiene (WASH) programme sought to provide 60,000 people in humanitarian situations with safe drinking water from this grant. In Eritrea, emergency plans are mainstreamed into the regular UNICEF supported programmes to provide safe sustainable water to communities in drought affected areas. UNICEF Eritrea not only provides humanitarian support but addresses long term WASH issues with a focus on the regional priority of combating high-levels of childhood stunting. UNICEF's strategy is to design and construct solar powered community water supply schemes, which are operated and managed by the communities themselves.

These schemes typically consist of a borehole water source, a solar powered pumping system which pumps the water for storage into a masonry/concrete tank at an elevated position, which then allows the stored water to distribution points, by gravity. The water points (known as "fountains" in Eritrea) are in easily accessible areas within the community. Communities with schools and health facilities are also provided with a water fountain each. The Global Thematic Funds were used to procure five solar-powered pumping systems for newly constructed community water supply schemes.

These water supply schemes are designed and implemented in partnership with the Water Resources Department (WRD) under the MoLWE, and the infrastructure departments of Ministry of Local Government at Zoba levels. The community provides locally available construction materials such as sand, gravel and stones, as well as labour for digging and backfilling of pipeline trenches.

Funds from this grant were used to procure five solar-powered pumping systems for the villages of Kudo Abuur, Erafaile, Ghelaelo, Guritat and Aderada. These villages were selected as part of GoSE's workplan to target villages without access to a safe water source. Currently, construction of the water supply systems in Kudo Abuur, Ghelalo and Erafaile are completed and serving 9,584 people with safe drinking water. Additionally, two schools and two health facilities are also getting access to safe water from the constructed systems.

The communities, in partnership with the WRD, are involved in decision making during the planning, design and construction phases of the projects. In each community, a Water Committee is formed and trained on how to manage and operate the water supply scheme. The training includes day to day management, minor repairs and maintenance, tariff setting and fiscal management. A Community Water Committee (CWC) consists of five to seven people, with at least 30 per cent female members.

6. Programme Monitoring and Supervision

UNICEF Eritrea conducted joint visits with the MoH and MoLWE to monitor and supervise the community-based activities. Monitoring and supervision involved quarterly reviews, reports, coordination meetings and joint field visits. Between January and December 2018, more than 10 joint field monitoring visits were conducted to programme sites. The monitoring process help identify limitations, challenges, lessons learned, and the experience gained, which enables UNICEF to make improvements.

Field visits to monitor planned activities and provide on-the-job training to staff of health facilities was conducted by the Central and Regional Departments of the MoH and UNICEF Eritrea staff. The findings from the monitoring results sought to ensure that all objectives were met. The impact of life saving nutrition services, for instance, was evaluated through rapid screening of children under-five using the MUAC and/or the biannual implementation of Nutrition Sentinel Site Surveillance (NSSS).

7. Constraints, Challenges and Lessons Learned

One of the biggest challenges is the limited availability of construction materials and spare parts in the local market. The GoSE procurement procedures have also caused delays for water supply programmes across the country as the GoSE insists on local procurement through their own systems. UNICEF Eritrea is coordinating with the WRD to ensure timely planning and procurement of construction materials for community water supply schemes. This approach has improved procurement and distribution of construction materials to project sites.

Sensitivity about nutrition seems to have decreased towards the end of 2018, with the MoH being more open about the challenges of malnutrition and more willing to focus on preventive nutrition. The lack of data on malnutrition remains a challenge; particularly, the slow pace of data transmission from the sub-Zobas to the central level. UNICEF continued to advocate for

an improved nutrition programming environment and supported the transportation of supplies to all health facilities nationwide at the request of the MoH. This additional transportation resulted in increased costs, which UNICEF was obligated to cover.

The provision of outreach services through rented vehicles is expensive, and it is expected that the procurement of the three mobile clinics would reduce the overall costs.

Some important lessons learned were:

- Community involvement from the earliest stages of design and construction enhances ownership and contributes to high community participation for supply of local materials, labour and involvement in CWCs.
- Appropriate solar-powered technologies enhance the sustainability of the water supply system, as compared to diesel-powered generating sets.
- Early and close coordination with GoSE partners for the procurement of construction supplies is necessary to avoid delays in getting materials to the site.
- Integrated outreach services through mobile clinics is an important strategy for increasing access to services to achieving universal health care, in areas that lack nearby health facilities.

8. Financial Utilisation Report

Donor Statement by Activity is provided separately.

9. Future Work Plan

In 2019, UNICEF will continue to work with the Government of the State of Eritrea and other UN agencies to respond to the needs of 632,450 people (including 542,000 children) and provide services related to nutrition, health, education and WASH.

UNICEF's will continue to revitalise its capacity during the mid-term review of the 2017-2021 Country Programme. This is important to prevent stunting and to support the government's efforts to tackle stunting and other forms of undernutrition. UNICEF will continue to advocate for the reduction of stunting, acute malnutrition and micronutrient deficiencies with policymakers and prioritise nutrition on the social and economic agenda.

The GoSE will be supported to develop an effective national nutrition policy and scale up interventions to address stunting and improve maternal nutrition, which will improve infant nutrition in the country. Moreover, the generic community IYCF, which was adapted and translated into local languages, will follow the ToT at the national level. Community volunteers will be trained based on these c-IYCF documents. This will help to provide appropriate community-based infant and young child feeding and counselling services. UNICEF will continue to support training and dissemination for improved IYCF practices in collaboration with community volunteers and health workers. This will ensure that all primary health-care facilities and communities can provide skilled counselling, and mothers can access these services closer to their homes.

Continued efforts will be made to increase the coverage of micronutrients such as Vitamin-A supplementation (>80 per cent) and iodized salt consumption (>85 per cent) through routine and campaign-based approaches. UNICEF will continue to work with the MoH to monitor and improve the nutritional status of women and children in Eritrea. UNICEF Eritrea requires additional resources to implement these activities and tackle under-nutrition nationwide in children and women among vulnerable populations.

UNICEF will support WRD to complete construction of the remaining two community water supply systems, and train CWCs, to take responsibility for management and maintenance. The CWCs actively ensure women's participation in decision making, and together with the use of appropriate solar-powered pumping technologies, contribute to the sustainability of the community water supply scheme.

UNICEF will also continue to address the main causes of maternal and childhood illnesses, vaccine preventable diseases; including measles elimination and improvement in prevention and case management of the main childhood killer diseases (ARI, diarrhoea, and malnutrition) and neonatal complications. In line with the revitalisation of Primary Health Care, there will be a shift towards community service delivery platforms. UNICEF will support GoSE to bridge the gaps in the quality of service delivery, especially in the areas of maternal and newborn services and emergency obstetric care, caused by the limited qualified human resources.

Considering that mobile outreach services may not be sustainable, the outreach points should be converted to static health facilities in the future.

10. Expression of Thanks

UNICEF Eritrea would like to express its sincere gratitude for the generous support, collaboration and team work provided by all donors, partners and stakeholders involved in supporting the humanitarian response in Eritrea. Their contributions have enabled UNICEF Eritrea to provide lifesaving services to the needs of vulnerable populations in Eritrea. UNICEF Eritrea counts on the continued assistance of donors and partners to respond to the humanitarian needs of the most vulnerable populations, particularly children and women.

11. Annex A: Donor Feedback Form

In acknowledgement of the contribution of your organization and in order to fulfil our reporting obligations, we continually strive to ensure that our donor reports are of a standard that assures you that funds are being used effectively and in the best interest of the child. Hence, we are interested in your feedback and seek your input towards improving our performance. Please take time to let us know how satisfied you are with the report you have received by completing the accompanying donor report feedback form.

Name of Report: "Thematic Humanitarian Response – Eritrea"

Reference no: SM149910

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SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction".

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

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2. To what extent did the fund utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

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3. What suggestions do you have for future reports?

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4. Any other comments you would like to share with us?

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