

ERITREA

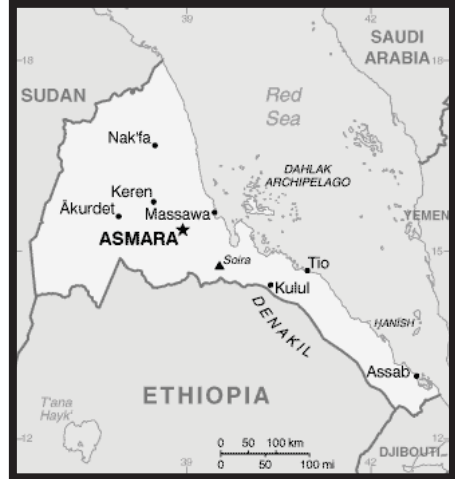
Health Sector Needs Assessment

The vulnerable population for 2005 is estimated to be 2.2 million, an increase from 1.9 million in 2004 and 1.7 million in 2003. The over one million IDPs who have returned to their homes are unable to restore their livelihoods, given the non-availability of socio-economic facilities. An estimated 70,000 IDPs and expellees are still living in camps. Meanwhile, host communities face growing levels of vulnerability especially in areas along the border with Ethiopia. Basic social services are severely affected by war and drought, and struggle to cope with the size of returns.

Nutrition: Inadequate health care continues to aggravate the malnutrition problem. Eritrea has a malnutrition rate of 53%, one of the highest in the world. Three of its six regions have chronic malnutrition rates of 10-20% in children. The malnutrition rate among children remains higher than the WHO cut-off point (10%) in three of the six regions of the country. Food shortage is aggravated by market instability, and the government is no longer able to provide food assistance.

Maternal health: Poor nutrition and lack of adequate coverage for high-risk pregnancies (70% of women give birth at home) have resulted in sustained unacceptable levels of deaths among women giving birth. Eritrea has one of the highest estimated maternal mortality rates in the world. There is a desperate need to extend outreach services in maternal and reproductive health to villages and increase capacities in current clinics. In 2003, only 6,843 of the estimated 12,000 to 14,000 women attended outpatient and in-patient obstetric emergency care services at hospitals and health centres. This accounted for a mere 6.2% of all inpatient and 0.5% of all outpatient cases.

Disease control: Acute Respiratory Infections (ARI) and diarrhoeal diseases make up the majority of under-five morbidity and mortality. Continued efforts are also needed to stem the spread of malaria, tuberculosis, and HIV/AIDS. The challenge remains to sustain high vaccination coverage, as well as malaria treatment/prevention in endemic zones where malaria-related morbidity and mortality in children and pregnant women are still high.



Health Sector Priorities for 2005

- Provide essential drugs and equipment for severely malnourished children and treatment of infections
- Immunise children, especially against measles
- Provide emergency obstetric care services and reproductive health equipment and supplies
- Support of training/management and supplies/food for supplementary and therapeutic feeding
- Strengthen the nutrition surveillance system
- Reduce mortality and morbidity due to malnutrition and communicable diseases and improve reproductive health services for vulnerable groups
- Strengthen and expand life-saving prevention measures
- Increase access of target communities to health care

WHO Proposed Projects for 2005	Funds Requested	Implementing Partners
Health and Nutrition Interventions in Drought-Affected Populations [ERI-05/H01A] Other appealing agencies: UNFPA, UNICEF [see ERI-05/H01A-C]	US\$ 1,024,616	MoH, WFP, NGOs,

Total Funds Requested: US\$ 1,024,616

2004 Health Sector Major Donors: Finland, Norway, Sweden, United Kingdom