

SCN Working Group on Micronutrients: Information Sharing Template for 2006 and Earlier Activities

Table 1: Demographic Information

Reporting Individual	Dr Syeeda Begum
Institution/Organization	UNICEF Eritrea
Contact address (Email)	sbegum@unicef.org
Position	Project Officer Nutrition
Department/Section	Health and Nutrition/YCSD
Major focus of activities	Support to others, Research, Policy/Advocacy, Programming/Interventions

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Table 2: Measurement, assessment, monitoring and reporting micronutrient deficiencies

Geographic area(s) covered by this table	Nationwide														
Project Name	Vitamin A and CIDD														
Supporting Agencies	WHO (Technical support)														
Approximate # of beneficiaries	Vitamin A (460,000 children 6-59 months and 120,000 lactating women) CIDD (total population – 3,600,000)														
	Micronutrients														
	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3	Vit B-6	Vit K	Vit E

Activities

Prevalence Assessment	X					X									
<p>In Eritrea vitamin A deficiency is one of the major micronutrient deficiencies affecting children under the age of five years. The 2002/2003 National Micronutrient Survey indicates that among children 6-59 months of age 42% of them had serum retinol below the WHO cut off point with a severe form of about 4%; This prevalence is high compared with the public health minimum prevalence cut-off point of 15%. The night blindness rate is 0.6 %.</p> <p>The majority of the Eritrean population lives in an environment where the soil has been exposed to greater soil erosion resulting in the depletion of iodine from the soil. The 1993/94 survey undertaken by Ministry of Health with the support of UNICEF showed that iodine</p>															

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deficiency disorders in Eritrea were one of the highest in the world. Analysis of urinary iodine excretion levels among school children (9-11 years of age) showed that an overall prevalence of IDD was 82% with 36% severe, 25% moderate and 22% mild. The results of the survey also revealed that the prevalence of clinical goiter was about 22% ranging from 4% in Southern Red Sea to 37% in Debub highlands showing a clear geographical pattern The National Iodine Deficiency Disorders (IDD) survey 1998 revealed that the prevalence of IDD reduced to 25% from 82% (National IDD Survey)														
Training/Capacity Building	X					X								
In Eritrea specially the MOH staffs are involved in implementation of surveys, The training has been provided before the assessment /survey														
Monitoring and Evaluation	X					X								
Continuous monitoring done for vitamin A deficiency (night blindness) through NSS survey every six months, Micronutrient survey/ DHS will be conducted to in 2007/2008														
Analysis and Reporting														
MOH in collaboration UNICEF involved in the analysis and reporting														

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Table 3: Food Fortification															
Geographic area(s) covered by this table	Nation wide														
Project Name	CIDD														
Approximate # of subjects or beneficiaries for each project described	total population – 3,600,000														
	Micronutrients														
	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3	Vit B-6	Vit K	Vit E
<u>Commodities</u>															
Salt	x														
<u>Activities</u>															
Policy and Advocacy	X														
As the goal of USI and IDD elimination is a national obligation, continuous advocacy events have been conducted for long term sustainability at the national, sub-national and community levels; the micronutrient task force coordinates the whole process of salt iodization and IDD															

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elimination.													
Communication Support	X												
Various IEC materials designed, printed and distributed; CIDD messages transmitted through adult radio program of MOE in four local languages. Advocacy sensitization meetings arranged with community leaders, civil society, government officials and development workers and private sectors. Awareness campaign on the benefits of iodised salt implemented in schools in order to create awareness through child to child and child to parents' approach on consumption of iodised salt at the household level. This activity will continue in 2007.													
Provision of Fortification Equipment	X												
Support provided for procurement of potassium iodate to all salt producers and maintenance of equipments													
Provision of Fortification Supplies	X												
All supplies related iodisation of salt provided													
Fortification Monitoring and Evaluation	X												
Monitoring : <ul style="list-style-type: none"> • Regular quality control of iodine concentration in salt at the points of production; • Upgrade the capacity of national and sub-national laboratories to carry out salt iodine titration and urine iodine analysis; • Integrate monitoring iodine levels in salt for household consumption with nutrition surveillance system which is undertaken two times a year. National IDD survey conducted in 1998 (see the results in section Table 2)													
Quality Assurance/ Quality Control for fortified foods	X												
Fortification project size: Nationwide. An effective and ongoing monitoring system to check iodine levels in edible salt for human and animal consumption will be established at production and distribution levels. All necessary equipment and supplies such as simple laboratory equipments and chemicals, test kits etc provided. Currently all salt produced and iodized is in 50 KG plastic bags with inner lining;													

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Table 4: Vitamin and Mineral Supplementation															
Geographic area(s) covered by this table	Nationwide														
Project Name	Vitamin A (as a component of Nutrition)														
Supporting Agencies	WHO (technical support)														
Approximate # of subjects or beneficiaries for each project described	Vitamin A (460,000 children 6-59 months and 142,000 lactating women)														
	Micronutrients														
	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3	Vit B-6	Vit K	Vit E
Activities															
Prevention Program						X									
The National Vitamin A Plus Days (NVAD) is a biannual event for delivery of a package of health and nutrition services to children under five and women with the purpose of reducing morbidity and mortality among under fives in order to achieve MDG 4. National Vitamin A Plus Days implemented twice in 2006, of which the first round of 2006 (June 28-July 2) linked up with Measles Vaccination Campaign implemented and the coverage of vitamin A supplementation is 95% and the second round (12-16 December) linked up with Hand Washing Campaign implemented and the coverage of vitamin A supplementation is above 90%.															
Supplementation project size															
Equipment/Supplies						X									
UNICEF provided all supplies e.g. vitamin A capsules (CIDA in kind Donation), field guidelines, monitoring and reporting format and IEC/BCC materials etc for two campaigns and routine services															
Supplement's Primary Distribution															
Through Public Channels						X									
Vitamin A capsules supplemented to children 6-59 months through bi-annual campaign (2006) at approximately 1,400 fixed sites located in schools, health facilities and EPI outreach centers.															
Supplementation Targeted Groups															
Women						X									
Vitamin A capsule provided to breastfeeding women within 8 weeks of delivery through routing PHC services.															
Children 6-24 months of age						X									
Vitamin A capsule supplemented to children 6-59 months through bi-annual campaign															
Children 2 – 5 yrs of age						X									
Vitamin A capsule supplemented to children 6-59 months through bi-annual campaign															

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Table 5: Dietary Diversity to Improve Micronutrient Nutrition

Geographic area(s) covered by this table	Nation wide														
Supporting Agencies	WHO														
	Micronutrients														
	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3	Vit B-6	Vit K	Vit E
Activities															
<i>Dietary Policy and Advocacy</i>	x	x	x			x									

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Table 6: Other Public Health Intervention Links

Geographic area(s) covered by this table	Immunization – Nationwide, IMCI – Nationwide, CIMCI- regional, PMTCT - Nationwide
Supporting Agencies	WHO
Activities	
<i>Malaria Prevention and Control</i>	
UNICEF supplied drugs, LLITNs, and provided training on malaria control	
<i>Polio/Immunizations</i>	
UNICEF provided support to Immunization activities in terms of training and supervision, and provision of supplies and equipment capacity building of all district health management teams to plan, manage, monitor and evaluate supported. In addition to the support to facility based routine vaccination, the reaching-every-district approach continued to target every child towards attaining 90% sustained coverage. Activities to maintain neonatal tetanus elimination, polio eradication and measles elimination also supported, including mass campaigns. UNICEF continued to leverage resources from donors for EPI activities and worked to strengthen the Inter-Agency Coordinating Committee.	
<i>Integrated Mgmt of Childhood Illness</i>	
ARI, malnutrition and diarrhoea are still representing the most common illnesses in children and the main threats against child health in Eritrea. In order to improve case management capacity of health staff, 247 health workers from five regions were trained on IMCI case management. Nationwide, each	

health facility has at least one IMCI trained health person. To improve the health system support for IMCI implementation, UNICEF supplied essential drugs, LLITNs, register books for health facility, self monitoring IMCI indicator booklets, IMCI mother cards. Follow up after IMCI training was also supported. In order to significantly reduce child mortality, a national expert group was formed to incorporate the neonatal care into the technical case management guidelines of IMCI, c-IMCI and LSS.

A rapid assessment of c-IMCI pilot intervention was conducted. Findings show that there has been an improvement in management and health seeking behaviour related to diarrhoea and ARI in the communities. Further more the assessment discloses that community IMCI has a potential

HIV/AIDS

During 2006, health facilities that integrated the PMTCT services increased from 39 in 2005 to 59. Most of the health facilities (hospitals and health centres) that include MCH services have integrated PMTCT services. This year, 14,279 pregnant women or 85 percent of all the women who attended MCH/ANC services in the PMTCT centres (16,824) accepted the PMTCT services. The number of women who receive PMTCT services increased by at least 50% compared to that of 2005. Number of pregnant women who tested positive during the PMTCT services were 184, showing 1.28 percent of zero-positive rate. As many women still did not give birth only 24 percent of the HIV infected pregnant women and their new born babies received prophylactic ARV as of date. PMTCT management training was provided to 30 health workers in one region. The number of VCT sites increased from 84 in 2005 to 92 in 2006. 62,200 HIV tests were done during the last nine months covering 33,500 (54%) males and 28,700 (46%) women. In 2006, a total of 65 new counsellors were trained with about a third coming from non health institutions. A child counselling training was conducted for 150 counselors working in health facilities, youth centres and military establishments

Forty health workers participated in TOT on Home Based Care (HBC) who in turn trained over 200 volunteers from the community and faith based organizations, members of the association of people living with HIV & AIDS (BIDHO) and youth associations. In the areas of health promotion, 120 health staff were trained in on HIV competency. The 240 members of the community based BCC peer groups members paid exchange and experience sharing visits in three zones. Radio Serial Drama (33 episodes in 2006 and 18 in 2005) developed and regular airing is taking place. A national PMTCT Communication Strategy was developed with main implementation planned in 2007.

Emergency Situations

As part of the response activities to the drought, therapeutic and supplementary feeding services targeting severely and moderately under-nourished children at hospitals and health centres continued. UNICEF has continued to work with MOH to support 42 existing facility based therapeutic feeding and expansion of 11 new centres in the areas of capacity development, procurement of therapeutic foods, monitoring and supervision. From January to September 2006, 3,180 severely under-nourished children were admitted in the 53 TFCs with a recovery rate of about 86% and death rate of about 5%. Recently, MOH in collaboration with UNICEF initiated CBTF in selected communities of three zobas (regions) with high acute child malnutrition rates. Currently, four sites in four regions are in operation. The preparatory activities include sensitization of regional managers, sub-regional administrators as well the community leaders, pre-intervention survey, training of trainers, training of health workers and volunteers and screening of children.

UNICEF provides support for supplementary feeding programme for moderately malnourished children through health facilities and in certain regions community volunteers under a WB funded project are involved. Since September 2006, WFP is not involved in supplementary feeding