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UNITED NATIONS POPULATION FUND

Final country programme document for Eritrea

Proposed indicative UNFPA assistance:	$18.6 million: $6 million from regular resources and $12.6 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (2013 - 2016)
Cycle of assistance:	Fourth
Category per decision 2007/42:	A

Proposed indicative assistance (in millions of $):

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	2.4	2.4	4.8
Family planning	0.5	2.5	3.0
Prevention services for HIV and sexually transmitted infections	0.5	2.5	3.0
Young people's sexual and reproductive health and sexuality education	1.4	1.2	2.6
Gender equality and reproductive rights	0.3	2.0	2.3
Data availability and analysis	0.4	2.0	2.4
Programme coordination and assistance	0.5	-	0.5
Total	6.0	12.6	18.6

I. Situation analysis

1. Eritrea has an area of approximately 124,000 square kilometres. In 2010, the Ministry of Health estimated the population at 3.8 million, and the total fertility rate at 4.8 children per woman. The country has yet to conduct a census.

2. The gross domestic product per capita is $403. Approximately 65 per cent of the population is classified as poor. The incidence of poverty is slightly higher in peri-urban areas and among women.

3. Government efforts to improve health, education, transportation, infrastructure and service delivery have led to improvements in health indicators. The maternal mortality ratio declined from 998 maternal deaths per 100,000 live births in 1995 to 486 in 2010. Unsafe abortion continues to be a major threat to women's survival. Complications from unsafe abortions accounted for 44.3 per cent of all obstetric deaths, and 6 per cent of all deaths, in 2011.

4. Despite an increase in the percentage of facilities providing emergency obstetric care, the percentage of births attended by skilled birth attendants is 43 per cent. Barriers to skilled birth attendance include problems related to transportation, terrain, distance and cultural norms.

5. The percentage of health stations providing basic emergency obstetric care increased from 23 per cent in 2007 to 80 per cent in 2010, and the percentage of hospitals providing comprehensive emergency obstetric care increased from 70 per cent in 2007 to 90 per cent in 2011. The Ministry of Health plans to upgrade community hospitals to provide comprehensive emergency obstetric care. The percentage of health facilities providing at least three modern contraceptive methods increased from 51.3 per cent in 2007 to 100 per cent in 2010. The prevalence of obstetric fistula is 0.03 per 1,000.

6. The contraceptive prevalence rate is low (8.4 per cent), mainly due to cultural barriers. The unmet need for contraception is 27.4 per cent, and is highest among those aged 14-19 years (43 per cent).

7. The national HIV/AIDS prevalence rate has been reduced to 0.93 per cent through the concerted efforts of stakeholders. Free antiretroviral drugs are increasingly available.

8. Young people aged 10-24 make up 22 per cent of the population. People in this age group are among the most vulnerable to poverty and reproductive ill health. They are at risk of sexually transmitted infections, HIV/AIDS, early pregnancy and obstetric fistula. The HIV prevalence rate among the general population is 0.89 per cent. Inadequate integrated, youth-friendly sexual and reproductive health services contribute to the high teenage pregnancy rate (10.4 per cent).

9. Women make up 22 per cent of elected members of parliament. The adult literacy rate is 59 per cent for males and 44 per cent for females. The primary school enrolment rate is 70 per cent for males and 57 per cent for females.

10. Female genital mutilation/cutting and early marriage remain a challenge. The prevalence of female genital mutilation/cutting declined from 89 per cent in 2002 to 83 per cent in 2010.

11. There is a need for adequate, up-to-date data. The lack of such data has hampered planning, monitoring and evaluation activities, including the establishment of baselines and targets for development programmes.

12. The Government is committed to achieving the Millennium Development Goals and to implementing other international conventions and agreements, including the Programme of

Action of the International Conference on Population and Development, the Convention on the Elimination of All Forms of Discrimination against Women and the Beijing Platform for Action.

II. Past cooperation and lessons learned

13. The third country programme, 2007-2011, was extended through 2012. The programme, which had three components, focused on: (a) building institutional and technical capacity to provide high-quality reproductive health services; (b) increasing the availability of high-quality data for planning, monitoring and evaluation; and (c) and promoting gender mainstreaming. UNFPA provided support in collaboration with partner United Nations organizations, donors and local non-governmental organizations.

14. The reproductive health component supported the provision of health care through: (a) post-partum home visits; (b) a portable lab programme known as the 'lab-in-a-suitcase'; and (c) maternity waiting homes. These interventions greatly extended service coverage. The programme also increased the provision of emergency obstetric care by training health-care personnel in life-saving skills, recruiting international health personnel, and providing reproductive health commodities, drugs, medical equipment and supplies. The expansion of maternity waiting homes from 7 to 34 contributed to the increase in skilled birth attendance. However, the maternal mortality ratio remains high, at 486 maternal deaths per 100,000 live births.

15. The number of fistula cases treated increased from 386 in 2007 to approximately 1,000 in 2012. While the proposed programme will increase services to treat obstetric fistula, it will also emphasize prevention and social-reintegration interventions.

16. The country programme contributed to the development and costing of the road map for maternal and newborn health, which guides actions aimed at improving maternal and child health. The programme also contributed to the launching and implementation of a campaign to accelerate the reduction of maternal mortality. Community involvement in implementing the country programme helped to reduce maternal mortality and morbidity rates.

17. The population and development programme component strengthened the capacity of the Government to plan, monitor and evaluate population-related programmes. The component provided support for the conducting of the demographic and health survey; however, more support is needed to produce the final report and to conduct and to disseminate the results of other surveys.

18. The country programme supported training in gender mainstreaming for high-level staff from 10 line ministries. As a result, six ministries drafted a gender-mainstreaming strategy. The integration of gender concerns into the development agenda also contributed towards: (a) a comprehensive programme of change within the country by addressing the sociocultural factors that undermine efforts to promote development and improve the quality of life; and (b) the acceleration of the implementation of the national gender action plan. The country programme also supported an intervention that sought to halt female genital mutilation/cutting.

19. The final evaluation of the third country programme highlighted the need to: (a) document and publicize innovative approaches, with a focus on maternity waiting homes, 'lab-in-suitcase' services and post-partum home visits; (b) respond to gaps in human resources, with a focus on training midwives, obstetricians, gynaecologists and anaesthetists and strengthening emergency obstetric care referrals;

(c) strengthen capacity in data collection, analysis and dissemination; (d) establish data sets and increase the availability of survey reports for development planning, monitoring and evaluation; and (e) adopt joint programming to maximize the impact of the programme.

III. Proposed programme

20. The fourth country programme is aligned with: (a) the priorities of the United Nations Strategic Partnership Cooperation Framework, 2013-2016, which defined common outcomes and outputs to enhance joint programming among organizations; (b) the national development plan, 2012-2016; and (c) the UNFPA revised strategic plan, 2012-2013.

21. The goal of the fourth country programme is to contribute to universal access to sexual and reproductive health services and reduce maternal mortality. It contributes to the achievement of six outcomes of the UNFPA strategic plan: (a) maternal and newborn health; (b) family planning; (c) prevention services for HIV and sexually transmitted infections, (d) young people's sexual and reproductive health and sexuality education; (e) gender equality and reproductive rights; and (f) data availability and analysis.

22. UNFPA and the Government will operationalize the defined outputs through a cluster approach. UNFPA will work in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Health Organization (WHO), and international and national partners to implement the proposed programme.

Maternal and newborn health

23. Output: Strengthened capacity at national and community levels to provide emergency obstetric care and manage obstetric complications. Strategies will include: (a) building the capacity of service providers; (b) strengthening service delivery; (c) strengthening and supporting the expansion of maternity waiting homes to enhance skilled birth attendance; (d) strengthening post-abortion care services; (e) strengthening the programme in the area of obstetric fistula; (f) expanding post-partum outreach services; and (g) increasing the demand for maternal and newborn health services.

Family planning

24. Output: Improved provision of family planning services for individuals and couples. To achieve this output, the programme will: (a) strengthen reproductive health commodity security and efforts to prevent HIV; (b) build negotiation skills to promote condom use and safer sexual practices; (c) address sociocultural barriers to family planning; (d) increase the demand for family planning through community mobilization efforts, including efforts to promote male involvement; and (e) strengthen the provision of services that address infertility.

Prevention services for HIV and sexually transmitted infections

25. Output: Strengthened national capacity to prevent sexually transmitted infections and HIV/AIDS. This will be achieved by: (a) supporting the provision of integrated services; (b) strengthening HIV prevention services targeted at young people and populations that are most at risk; and (c) strengthening community engagement to prevent HIV.

Young people's sexual and reproductive health and sexuality education

26. Output: Improved provision of integrated sexual and reproductive health services and sexuality education for young people. This will be achieved by: (a) expanding the coverage of youth-friendly services at health facilities and youth centres; (b) expanding health education programming for youth on HIV, sexual and reproductive health, and safe and responsible sexual behaviour; and (c) building the national capacity to design and implement a comprehensive youth policy that addresses the needs of rural and urban youth.

Gender equality and reproductive rights

27. Output: Strengthened capacity to implement the national gender policy and report on the Convention on the Elimination of All Forms of Discrimination against Women. This output will be achieved by: (a) supporting the development, implementation and monitoring of relevant policies and laws; (b) supporting civil society organizations to mobilize communities and sensitize the public about issues related to gender and reproductive health, including gender-based violence and female genital mutilation/cutting; and (c) supporting the implementation and reporting on the Convention on the Elimination of All Forms of Discrimination Against Women.

Data availability and analysis

28. Output: Strengthened national capacity to generate data on population dynamics, sexual and reproductive health, and gender. This will be achieved by: (a) building the national capacity to conduct surveys, advocate on behalf of a civil and vital registration system, and support the establishment of databases and their integration into policy and programme formulation; (b) promoting the generation of data disaggregated by gender; (c) providing equipment, supplies and software; and (d) promoting South-South cooperation and triangular cooperation and the exchange of experiences.

IV. Programme management, monitoring and evaluation

29. National execution continues to be the preferred implementation arrangement for UNFPA. UNFPA will carefully select implementing partners based on their ability to deliver high-quality programmes. UNFPA will also continuously monitor the performance of its partners and periodically adjust implementation arrangements, as necessary.

30. UNFPA will support United Nations reform and the ‘delivering as one’ initiative by participating in joint programmes with other United Nations organizations and partners. UNFPA will mobilize and leverage additional resources to implement the programme.

31. UNFPA and the Government will execute the programme within the framework of results-based management and will monitor the programme by aligning it with the national development plan, the United Nations Strategic Partnership Cooperation Framework and the Millennium Development Goals.

32. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities to better respond to emerging issues, especially life-saving measures.

33. The UNFPA country office in Eritrea includes basic management and development-effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources for staff providing technical and programme expertise as well as associated support to implement the programme.

RESULTS AND RESOURCES FRAMEWORK FOR ERITREA

National priority: reduced morbidity and mortality
United Nations Strategic Partnership Cooperation Framework outcome: access to and utilization of high-quality, integrated health and nutrition services is improved within the general population, with a particular emphasis on children under five, youth, women and other vulnerable groups
Indicator: maternal mortality ratio (Baseline: 486 maternal deaths per 100,000 live births; Target: 350 maternal deaths per 100,000 live births)
United Nations Strategic Partnership Cooperation Framework output: women, men, young people and adolescents have access to integrated reproductive health services. Indicators: (a) percentage of deliveries attended by skilled personnel (Baseline: 43%; Target: 48%); and (b) contraceptive prevalence rate (Baseline: 8%; Target: 12%)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Maternal and newborn health Outcome indicators: • Percentage of deliveries attended by skilled personnel Baseline: 43%; Target: 48% • Caesarean sections as a percentage of all births Baseline: 2.2%; Target: 5%	Output: Strengthened capacity at national and community levels to provide emergency obstetric care and manage obstetric complications	Output indicators: • Percentage of health stations providing basic emergency obstetric and newborn care Baseline: 80%; Target: 100% • Number of community hospitals providing comprehensive emergency obstetric and newborn care Baseline: 0; Target: 4 • Number of women treated for obstetric fistula Baseline: 985; Target: all backlogged cases	Ministry of Health; UNICEF; WHO	$4.8 million ($2.4 million from regular resources and $2.4 million from other resources)
Family planning Outcome indicators: • Contraceptive prevalence rate Baseline: 8%; Target: 12% • Unmet need for family planning Baseline: 27.4%; Target: 13.7%	Output: Improved provision of family planning services for individuals and couples	Output indicators: • Percentage of service delivery points with no stock-outs of reproductive health commodities Baseline: 100%; Target: 100% • Number of community-based distributors trained Baseline: 0; Target: 4,000	Ministry of Health; WHO	$3 million ($0.5 million from regular resources and $2.5 million from other resources)
Prevention services for HIV and sexually transmitted infections Outcome indicator: • Prevalence of HIV Baseline: 0.93%; Target: 0.8%	Output: Strengthened national capacity to prevent sexually transmitted infections and HIV/AIDS	Output indicators: • Percentage of health facilities that provide integrated sexual and reproductive health and HIV services Baseline: 0%; Target: 60% of health facilities • Availability of a strategy on comprehensive condom programming Baseline: 0; Target: 1	Eritrean Defence Forces; Ministries of Education and Health; National Union of Eritrean Youth and Students; UNAIDS; UNICEF	$3 million ($0.5 million from regular resources and $2.5 million from other resources)
Young people's sexual and reproductive health and sexuality education Outcome indicator: • Percentage of young people	Output: Improved provision of integrated sexual and reproductive health services and sexuality education for	Output indicators: • Availability of comprehensive policy on young people Baseline: 0; Target: 1 • Number of facilities with integrated youth-	Eritrean Defence Forces; Ministries of Education and Health;	$2.6 million ($1.4 million from regular resources and $1.2 million from

aged 15-24 who both correctly identify ways to prevent the sexual transmission of HIV and reject major misconceptions about HIV transmission Baseline: 90%; Target: 100%	young people	friendly services Baseline: 5; Target: 13	National Union of Eritrean Youth and Students; UNAIDS; UNICEF	other resources)
National priority: promote equal opportunities for all and increase the capacity of women, men, girls and boys of all backgrounds to participate in the national development process **United Nations Strategic Partnership Cooperation Framework outcome**: national institutions have gender-responsive sectoral plans and policies and promote the empowerment of women **United Nations Strategic Partnership Cooperation Framework outputs**: (a) enhanced capacity to operationalize the implementation of the national gender policy; and (b) enhanced capacity to implement and report on the Convention on the Elimination of All Forms of Discrimination against Women				
Gender equality and reproductive rights Outcome indicator: • Reduced incidence of female genital mutilation/cutting Baseline: 33% among girls under the age of 15 and 12% for girls under the age of 12; Target: reduce by 15%	Output: Strengthened capacity to implement the national gender policy and report on the Convention on the Elimination of All Forms of Discrimination against Women	Output indicators: • Number of national laws and international agreements on gender equality implemented Baseline: 1; Target: 3 • Number of institutions with gender mainstreamed in their policies Baseline: 5; Target: 12 • Number of villages that pledge to abandon female genital mutilation Baseline: 4; Target: 10	Ministries of Health and Justice; National Union of Eritrean Women; UNDP; UNICEF	$2.3 million ($0.3 million from regular resources and $2 million from other resources)
National priority: strengthening regional and national capacity for development efficiency and effectiveness in Eritrea **United Nations Strategic Partnership Cooperation Framework outcome**: by 2016, human and institutional effectiveness and efficiency are enhanced in service provision in selected government institutions **United Nations Strategic Partnership Cooperation Framework output**: by 2016, capacity is improved and systems are strengthened within the National Statistics Office, sectoral ministries and regions for effective development planning and management				
Data availability and analysis Outcome indicator: • Number of UNFPA and other United Nations-supported surveys conducted, with the results disseminated Baseline: 0; Target: 2	Output: Strengthened national capacity to generate data on population dynamics, sexual and reproductive health, and gender	Output indicators: • Fourth demographic and health survey conducted Baseline: third demographic and health survey; Target: implementation of the fourth demographic and health survey • National civil and vital registration strategy is in place Baseline: 0; Target: 1 • Number of national and regional gender-responsive databases established Baseline: 0; Target: 1 national database and 6 at the *zoba* (administrative unit) level	National Statistics Office; Ministry of Health; *zobas* (administrative units); UNDP; UNICEF	$2.4 million ($0.4 million from regular resources and $2 million from other resources) Total for programme coordination and assistance: $0.5 million from regular resources