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Population Fund and the United Nations
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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Eritrea

Proposed indicative UNFPA assistance:	\$18.0 million: \$5.8 million from regular resources and \$12.2 million through co-financing modalities or other resources
Programme period:	5 years (2022–2026)
Cycle of assistance:	Sixth
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework (2022–2026)

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I. Programme rationale

1. Located in the Horn of Africa, Eritrea has a population of 3,452,786,¹ half of which is female and one third are youth (14 per cent aged 10-19 years and 19 per cent aged 20-24 years). Sixty-five per cent of the population lives in rural areas.² Eritrea has a life expectancy at birth of 65 years and a total fertility rate of 3.8, which places it in the pre-dividend demographic transition stage, with an estimated 45-year window to harness the demographic dividend. To capitalize on that window of opportunity, targeted investments are required to improve health and well-being that include sexual and reproductive health and rights, education, and the expansion of sustainable livelihoods for the country's youth.

2. Eritrea is vulnerable to economic, climate and exogenous shocks that negatively affect the country's medium and long-term prospects and deepen the vulnerabilities of the population. This includes pregnant and lactating women, households living in remote rural communities, especially female-headed households, and adolescents and young people living with disabilities, to mention a few. The country is affected by desertification and desert locust infestations, which have an impact on equitable access to sexual and reproductive health and rights services, food security and the protection of women, adolescents and young people. The COVID-19 pandemic exacerbated existing vulnerabilities and weakened the operational capacities of national and subnational institutions to deliver with impact on women and young people's lives, livelihoods and the economy, as underscored in the United Nations framework for the immediate socio-economic impact response to COVID-19. The country's signing of the peace agreement with Ethiopia in July 2018 has resulted in the lifting of targeted sanctions in November 2018 by the United Nations Security Council, which has helped facilitate a gradual transition towards accelerated development and resilience-building efforts. This presents opportunities for increased domestic resources and direct foreign investments, which can be used to finance programme implementation and resilience-building actions at individual, community and systems levels.

3. The 2020 national health policy shows there is a decline in the maternal mortality ratio from 486 per 100,000 live births in 2010³ to 184 per 100,000 live births in 2019 (Ministry of Health estimate as per lot quality assurance sampling).⁴ Contributing to this decline is the emergency obstetric and newborn care service coverage, which increased from 32 per cent in 1990 to 97 per cent in 2017. However, while skilled birth attendance is reported at 71 per cent, direct causes such as hemorrhage, pre/eclampsia, prolonged and obstructed labour remain significant contributors to preventable maternal deaths; and unsafe abortion contributes to preventable maternal deaths in adolescent girls and young women. Gaps in the management of obstetric complications, limited availability of skilled health workforce, inadequate health infrastructure, equipment and supplies at all levels adversely impact access to quality, integrated non-discriminatory sexual and reproductive health information and services across the life cycle. Furthermore, disparities in access to quality health care between rural and urban dwellers underscore the need to expand universal health coverage across the country. The country's vulnerability to natural disasters and climate change further challenges health system performance, underscoring the need for people-centred resilience-building efforts.

4. The unmet need for family planning is high (27.4 per cent among women aged 15-49 years, and 43 per cent for adolescents aged 15-19 years), the result of a low contraceptive prevalence rate of 13.5 per cent. These are attributable to the weak supply chain management system, limited capacity of health providers to deliver mix method modern contraceptives, gaps integrating a comprehensive sexual and reproductive health package of care into national policy frameworks, and prevailing domestic financing constraints. In addition,

¹ United Nations Department for Economic and Social Affairs, 2018.

² United Nations common country analysis for Eritrea, 2021.

³ Eritrea Population and Health Survey, 2010.

⁴ Ministry of Health estimate based on facility-level maternal deaths in 2019, extrapolated to the national level. The latest United Nations inter-agency expert group maternal mortality ratio estimate for Eritrea was reported as 480 per 100,000 live births in 2017.

limited demand for contraceptive methods by women and youth have underlying cultural and religious barriers.

5. Teenage pregnancy remains a concern; 11 per cent of young women aged 15-19 years have already begun childbearing (Eritrea Population and Health Survey, 2010). Gaps in life-skills education for adolescent girls and boys persists. Root causes include school dropout by adolescent girls, including early marriage, teenage pregnancy, distance to school and limited availability of gender-responsive sanitary facilities. While gender parity has been achieved in primary education, disparities persist at secondary and tertiary levels with notably low female enrolment and completion rates in rural areas. Additionally, with limited access to adolescent-responsive sexual and reproductive health information and services, adolescent girls and young women are at high risk for obstetric fistula. Despite an increase in the number of obstetric fistula repairs, there is a significant backlog of cases.

6. The prevalence of female genital mutilation has declined from 95 per cent in 1995 to 83 per cent in 2010, following the 2007 proclamation banning the practice with complementary community-based initiatives. The 2014 female genital mutilation prevalence mapping conducted by UNFPA and the United Nations Children's Fund (UNICEF) reported a prevalence of 18.2 per cent for youth under age 15 and 6.9 per cent for children under age five, respectively. Child marriage also endures, with a prevalence rate of 41 per cent.⁵ These harmful practices are perpetuated as a result of underlying social norms and cultural practices, weaknesses in surveillance and reporting mechanisms, and gaps in psychosocial services for women and girls at risk or who have experienced harmful practices. While enabling policy frameworks exist to promote gender equality, such as the abolishment of female genital mutilation and national gender policy, gaps remain in enforcement capacity in advancing policy implementation. Improving the enabling environment to address gender-based violence; scaling up prevention, early identification, case management and referral systems; increasing male engagement; and involving community influencers, are key to ending gender-based violence and harmful practices and to achieving gender equality and women's empowerment.

7. HIV prevalence declined from 1.1 per cent in 2005 to 0.6 per cent in 2019, with a further decline in the incidence rate from 0.43 per cent per 1,000 population in 2005 to 0.11 per cent in 2019. Nevertheless, HIV prevalence remains a concern among adolescent girls and young women, in light of teenage pregnancy rates and risks, and impact key populations such as female sex workers and long-distance truck drivers.

8. Limited availability and use of disaggregated data for policy, strategic guidance and programming decision-making at national and subnational levels result from the limited institutional capacity for the production and use of integrated data and statistics. Eritrea has not undertaken a population and housing census, and its civil registration and vital statistics systems require technical and institutional capacity strengthening. Multisectoral interventions aimed at leveraging the pre-dividend window of opportunity have yet to materialize and ensure Eritrea will harness the demographic dividend. While Eritrea is making progress toward achieving the Sustainable Development Goals and adhering to the voluntary commitments it made at the twenty-fifth anniversary of the International Conference on Population and Development 25 (ICPD25), there is still a need for intensified policy advocacy to strengthen national capacity to monitor and report progress, including targeted actions to leave no one behind in recognition of unevenly distributed inequalities by age, gender and geographic location.

9. Previous UNFPA country programmes have contributed to improved health and well-being of women, adolescents and youth, through improved skilled attendance at birth. This was made possible by deploying obstetricians and gynecologists and using anaesthetists in strategic locations throughout the country. This was aided by functional maternity waiting homes in rural areas, which improved equitable access to quality services. Improved availability of maternal health medicines and modern contraceptives has contributed to life-

⁵ Eritrea Population and Health Survey, 2010.

saving interventions, along with community prohibitions of female genital mutilation, that hold the promise of achieving communities free of female genital mutilation and child marriage. Among key lessons learned are the need to: (a) scale up investments in generating quality data and in strengthening results and performance-based management systems supported by an integrated information management system at national, subnational and community levels to guide targeted decision-making and programme implementation; (b) promote community ownership of interventions to improve service utilization, address underlying community-based factors, and ensure sustainability; and (c) improve tailored technical assistance and strategic partnerships to improve the response to national programme priorities, including strengthening joint programmes.

10. As a trusted member of the United Nations system, UNFPA will build on success drivers to guide evidence-based actions towards achieving the three transformative results of ending unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices by 2030.

II. Programme priorities and partnerships

11. The sixth country programme is fully aligned to the National Vision of Eritrea and the provisions articulated in its related macro-policy paper aimed at achieving sustainable economic growth with social equity and justice, anchored in the principle of self-reliance. The programme is guided by medium-term sectoral strategies, policies and plans, including the national health policy, the gender policy and action plan, and the national strategic plan for reproductive, maternal, newborn, child, adolescent health, nutrition and healthy aging. The country programme contributes directly to three of the four outcomes of the Government of the State of Eritrea and United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022-2026: (a) by 2026, more people have benefitted from equitable access to and use of inclusive and quality essential social services; (b) by 2026, public sector institutions are more accountable and efficient, and more people enjoy the right to development; and (c) by 2026, the people of Eritrea, especially the disadvantaged population, have increased livelihoods as economic growth becomes more inclusive and diversified. The country programme will contribute to Sustainable Development Goals 1, 3, 5, 10, 13, 16 and 17. In alignment with the UNFPA Strategic Plan, 2022-2025, and national ICPD25 commitments, the country programme will contribute to accelerating progress towards the three transformative results.

12. The vision of the country programme is to achieve universal access to sexual reproductive health and rights through reduced preventable maternal deaths by improving the percentage of births attended by skilled personnel from 71 to 85 per cent; a reduced adolescent birth rate from 27 per 1,000 to 14 per 1,000 girls aged 15-19 years; and reduced unmet need for family planning from 27.4 to 20 per cent by improving the contraceptive prevalence rate for modern methods from 13.5 to 18 per cent. To end gender-based violence, female genital mutilation and child marriage, the country programme will deepen community engagements to achieve positive social-norms change in priority Zobas.

13. Guided by human rights and gender-transformative approaches, focused on leaving no one behind, the country programme prioritizes women, adolescents and young people with particular emphasis on underserved rural areas, persons with disabilities, and other vulnerable groups. Accelerating progress towards the three transformative results will involve expanding access to quality sexual and reproductive health services by strengthening health system capacities and resilience to deliver integrated services; increasing demand among women and young people to access and utilize sexual and reproductive health and rights services, including gender-based violence and HIV prevention, contributing to a reduction in unmet need in family planning and preventable maternal deaths. It will also focus on addressing social and gender norms at the community level that perpetuate harmful practices, strengthening the enabling environment and accountability for ending gender-based violence and harmful practices and leveraging the use of data to better target and programme for those left behind.

14. The country programme will leverage actions to strengthen resilience-building strategies that position women and youth as change agents. It will explore innovative solutions and digital technology within the country context to scale up delivery and utilization of sexual and reproductive health and rights information and services, in a way that recognizes the prevailing digital divide across segments of the population. Additionally, the programme will apply lessons from the previous country programmes and evaluation findings to guide acceleration of the pace and scale of delivering interventions through the new programme. Guided by data, UNFPA will pursue effective and coordinated implementation of public policies with multisectoral approaches at national and decentralized levels.

15. Building on the UNSDCF process, during its development the country programme adopted a participatory approach under the leadership of the Ministry of Finance and National Development. Strategic partnerships within and beyond the United Nations system will ensure the delivery of programme results. Due to the country's positioning in the Horn of Africa, and taking into consideration transboundary dynamics, South-South cooperation will be an important component facilitating programme delivery. The country programme will leverage joint United Nations programming in the context of universal health coverage and primary health care systems to improve the quality of integrated sexual and reproductive health services throughout the life cycle. The country programme will accelerate the provision of rights-based, quality services free from discrimination and coercion. Recognizing the humanitarian, development and peace continuum, the programme will position sexual and reproductive health and rights within preparedness, early actions and health system resilience-related policies and programmes. Health information management systems and related statistical systems will guide targeted interventions, particularly for the most vulnerable women, adolescents and young girls living in rural areas in respective Zobas.

16. The country programme will prioritize three inter-connected outputs focused on: (a) quality of care and services; (b) gender and social norms; and (c) population change and data. The outputs have a multidimensional or 'many-to-many' relationship with the UNFPA Strategic Plan, 2022-2025, outcomes and the three transformative results since all the outputs contribute to the achievement of each outcome. Programme interventions will be delivered through various modes of engagement, including service delivery, capacity-building at the level of institutions and individuals, improved coordination and partnerships, and evidence-based advocacy, as elaborated below.

- A. *The Ministry of Health and subnational institutions have strengthened capacity to provide equitable access to quality, integrated and non-discriminatory sexual and reproductive health and rights information and services, including emergency obstetric care, fistula management, family planning, gender-based violence and HIV prevention, particularly for vulnerable women, adolescents and youth furthest behind.*

17. This output contributes directly to UNSDCF outcome 1, which focuses on ensuring that more people benefit from equitable access to and use of inclusive and quality essential social services, and on accelerating progress towards the three transformative results. The output will contribute to the three outcomes by (a) investing in strengthened health system performance to ensure availability of integrated, high quality sexual and reproductive health information and services, especially for the most vulnerable groups, (b) strengthening evidence-based strategies and interventions in health facilities and communities, including through innovative technologies, (c) strengthening demand for integrated sexual and reproductive health and rights information and services through skills-building and promotion of positive health-seeking behaviours among women, adolescents and young people; and (d) scaling up evidence-based advocacy to strengthen the inclusion of sexual and reproductive health and rights in national policies and frameworks. These interventions will contribute to expanding access to and coverage of quality integrated sexual and reproductive health services, particularly for the most excluded women, adolescents and young girls living in rural areas, to reduce maternal and neonatal deaths, adolescent pregnancy and sexual gender-based violence.

18. Interventions will include: (a) strengthening the capacity of the health workforce, including doctors, nurses, midwives and anesthetists nationwide to provide quality basic and comprehensive emergency obstetric care, post-abortion and post-partum care, family planning, adolescent sexual and reproductive health and youth-friendly services, HIV prevention and gender-based violence services; (b) contributing to health system resilience through the deployment of international obstetricians and gynecologists at scale in hard-to-reach and underserved locations that includes complementary innovations to strengthen delivery modalities across the humanitarian, development and peace continuum; (c) scaling up the availability and functionality of maternity waiting homes linked to the health delivery points in order to enhance timely skilled birth attendance and post-natal care in hard-to-reach areas; (d) engaging in advocacy and technical support for the development of investment cases on ending preventable maternal deaths and unmet need for family planning in order to inform national policies, plans and budgetary framework, including universal health care and primary health care-related programmes; (e) supporting the National Fistula Centre in effective coverage of fistula prevention, management and rehabilitation services, including clearing backlog of fistula repairs; (f) supported by a health facility and community network, scaling up quality integrated adolescent responsive and youth-friendly services, including leveraging the existing network of youth-friendly centres; (g) strengthening the delivery of combination HIV-prevention interventions for high risk groups, including female sex workers within a continuum of integrated care along transport corridors; and (h) empowering women, adolescents and young people to access and use non-discriminatory and quality sexual and reproductive health, HIV and gender-based violence services, enabled by skilled community outreach services and mobilization actions, including the provision of accurate and culturally sensitive information and counselling to households, women, adolescents and youth; and (i) reinforcing health management information systems, including maternal and perinatal death surveillance and response systems

19. In collaboration with UNICEF and the World Health Organization (WHO), the country programme will support social sector coordination, focused on improving the performance of the key sectors of health, education, social protection, gender, and water and sanitation, as guided by data and evidence, and on strengthening quality assurance mechanisms. Joint programmes will seek to strengthen the procurement supply chain management system to ensure commodity security to the last mile for sexual and reproductive health commodities, medicines and supplies at national and subnational levels, including maternal health medicines and modern contraceptives. The programme will leverage South-South cooperation to advance innovative solutions and accelerate progress towards ending the unmet need for family planning, preventable maternal deaths, and ending gender-based violence and harmful practices. It will also seek to apply good practices on systems strengthening, including climate-resilient systems.

B. *Community structures and mechanisms are strengthened to address harmful gender and social norms and cultural practices and facilitate evidence-informed prevention and response to gender-based violence, child marriage, and female genital mutilation.*

20. The programme contributes to UNSDCF outcomes 1, 2 and 3 in recognition of the cross-cutting gender dimensions required to ensure the right to development. The output will be achieved by empowering women and girls to exercise bodily autonomy for their improved health and well-being, strengthening policy and legislative frameworks to address gender-based violence and harmful practices, tackling harmful and discriminatory gender and social norms, and promoting scale-up of access to integrated, high-quality gender-based violence service, focused on the most vulnerable populations. The programme will build on multi-level, multisectoral mechanisms, including community-based actions to accelerate progress in achieving transformative change in collaboration with other United Nations organizations, In doing so, it will enable more women and girls to access and utilize quality services, including gender-based violence services, and advocate for improved accountability among public institutions that have responsibility for implementing legislative frameworks and policies.

21. This output will contribute to UNSDCF outcomes 1, 2, and 3 and the three transformative results by: (a) scaling up community-focused interventions in targeted Zobas/regions to address prevailing harmful and discriminatory gender and social norms, including advancing amplified roles of religious and traditional leaders and community influencers; (b) strengthening enabling legislative frameworks and policy implementation for prevention and response to gender-based violence, and the prohibition of female genital mutilation and child marriage; (c) scaling up access to quality integrated services for survivors of gender-based violence, ; (d) empowering women and adolescents at risk of female genital mutilation and child marriage with the agency to strengthen decision-making on harmful practices; (e) scaling up male engagement through system-wide community actions to promote positive roles for sexual and reproductive health, HIV and gender-based violence interventions; (f) expanding coverage of comprehensive sexuality education and life-skills acquisition targeting in and out-of-school adolescents and youth

22. In collaboration with UNICEF and leveraging the comparative advantages of the United Nations country team, UNFPA will strengthen capacities to enforce transparent, accountable actions against gender-based violence, child marriage, female genital mutilation and all harmful traditional practices. This will include leveraging the joint programmes on child marriage and female genital mutilation to foster South-South cooperation around good practices for prevention and response actions. Through collaborative efforts within the United Nations system, the country programme will strengthen the availability of disaggregated data by age, sex and location to inform decision-making, programme implementation and monitoring for results. Actions will include positioning the gender dimensions of sexual and reproductive health and rights in national efforts on climate action, addressing inequalities and accelerating sustainable livelihoods for women and youth.

C. *National institutions strengthened to integrate population data, demographic change and other megatrends, including climate change, into national development strategies, policies, programmes and accountability mechanisms, with a focus on those related to sexual and reproductive health and rights.*

23. Recognizing the centrality of population data and statistics in accelerating progress towards UNSDCF outcomes 1,2 and 3 and the three transformative results, the country programme will scale up efforts to strengthen the data architecture across sectoral and community systems in the country, focusing on sexual and reproductive health and rights. This will improve the availability and use of quality, disaggregated data, including evidence on megatrends and the impact on sexual and reproductive health and rights. Through evidence-based identification of populations left behind, the Government and its partners will have the capacity to effectively target investments to address socioeconomic barriers to sustainable development, including universal access to sexual and reproductive health and rights. UNFPA will leverage corporate assets and technical expertise to complement the in-country capacities of UNFPA and the United Nations system to deliver this output, in recognition of its significant contributions across all aspects of programming.

24. Key interventions under the output include (a) coordinated technical assistance to strengthen institutional capacity for the generation, analysis and dissemination of disaggregated data and statistics at national and subnational levels, in particular sexual and reproductive health and rights data. This includes the use of innovation and modern technology to strengthen the health management information systems, maternal and perinatal death surveillance and response systems, education information systems, and gender-based violence information systems; (b) policy advocacy for enabling legislation and policies to guide accelerated programme implementation at national and subnational levels; (c) technical support for the conduct of the Population and Health and other population-based surveys within the programme cycle, including vulnerability assessments; and (d) strengthening of the civil registration and vital statistics system and support to the Government in strengthening institutional capacity for improved data production and use for decision-making.

25. UNFPA will collaborate with United Nations organizations, including the Food and Agriculture Organization of the United Nations (FAO), the Office for the Coordination of Humanitarian Affairs (OCHA), UNDP, UNICEF and WHO to strengthen the coordination of data producers and data users across sectors, as well as at national and subnational levels. UNFPA will also facilitate strengthened monitoring, evaluation and accountability mechanisms guided by population data, statistics and evidence.

III. Programme and risk management

26. The Government and UNFPA, under the overall coordination of the Ministry of Finance and National Development, and in collaboration with United Nations organizations, will plan, implement, monitor and evaluate the programme following UNFPA guidelines and procedures. The country programme document, in contribution to the UNSDCF, will align to the framework on mutual accountability for measurable results in recognition of UNFPA contributions to national priorities. In collaboration with the United Nations system, UNFPA will depend on the complementary enabling environment of the Government to facilitate and accelerate its supported programmes. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

27. The implementation modality will be a combination of national and direct execution in collaboration with implementing partners. The harmonized approach to cash transfers will be adopted for the implementation of national execution in collaboration with relevant United Nations organizations. UNFPA will use the lessons from the COVID-19 pandemic to improve effective implementation and ensure risk mitigation measures are integrated into programme delivery mechanisms, such as working with community partners who can deliver timely interventions.

28. Despite limited donor presence, UNFPA will implement an integrated resource mobilization and partnership plan, which includes leveraging South-South cooperation for learning and accelerated implementation of high impact practices, and flexible financing instruments within the humanitarian, development and peace context. UNFPA will sustain its collaboration and coordination with resident and non-resident United Nations organizations under the framework of the UNSDCF and the common chapter to ensure a coherent, integrated and effective response in support of national priorities. The country programme will leverage internal and external resources mobilized through bilateral, multilateral and multi-country actions, including through UNSDCF resource mobilization efforts and humanitarian and peacebuilding interventions within the Horn of Africa.

29. The country programme will be delivered through a core team of technical and programme staff, while technical support from the regional office and headquarters will be brokered and secured as required. UNFPA will leverage expertise across the United Nations country team to support the delivery of programme results. It will explore additional human resources to strengthen internal capacity for programme implementation as guided by resource mobilization efforts.

30. The country programme is informed by risk analysis and will adopt mitigating measures to respond to external and internal vulnerabilities related to insecurity, migration of refugees, natural disasters such as floods and droughts, public health emergencies such as the recent COVID-19 pandemic, and risks arising from constrained economic growth, persistent inequalities, and low financial absorptive capacity. UNFPA will regularly conduct a risk analysis to assess socio-political, economic and operational factors that impact programme implementation and take appropriate corrective actions. The business continuity, risk mitigation and emergency preparedness plans will be updated and prioritize strategic interventions for the most left behind women, girls and youth in collaboration with other United Nations organizations such as OCHA, UNDP, UNICEF and WHO, among others. In

the event of an emergency, UNFPA may, in consultation with the Government and the regional office, reprogramme funds to respond to emerging issues within the UNFPA mandate.

IV. Monitoring and evaluation

31. UNFPA and the Ministry of Finance and National Development will oversee country programme implementation, with contributions to the UNSDCF and in line with UNFPA policies and procedures, and results-based management principles and standards. This will include periodic monitoring and evidence generation on programme implementation, with opportunities for course corrective actions through annual and midterm reviews. To promote mutual accountability for results, data and evidence will guide effective decision-making, including the adaptation of programme response to evolving contexts in the country. UNFPA will participate in UNSDCF monitoring and evaluation processes in line with the joint results framework and workplans and will collaborate on United Nations-wide capacity-building efforts to improve results-based management practices while contributing to reporting through UN-INFO. In collaboration with the Government, UNFPA will undertake joint field monitoring for programmatic and financial management reviews, including risk assessments aimed at assessing progress towards planned results.

32. With United Nations organizations, UNFPA will strengthen national and subnational learning and exchange of knowledge on good practices emerging within the country and in the Horn of Africa on programme planning, implementation, monitoring and quality assurance of results, to ensure sustainability and strengthen national ownership and leadership. The country programme will contribute to evidence-based follow-up and reporting on the Sustainable Development Goals, including through the voluntary national review reports to the High-level Political Forum, the African Regional Forum on Sustainable Development and the African Union-related monitoring and reporting on Agenda 2063. These processes will ensure the inclusion of populations left behind in people-centred sustainable development.

33. In line with the costed evaluation plan for the country programme, a comprehensive evaluation of the country programme will be undertaken to document lessons and guide the successor programme cycles towards achieving the three transformative results by 2030.

RESULTS AND RESOURCES FRAMEWORK FOR ERITREA (2022-2026)

NATIONAL PRIORITY: Reduce morbidity and mortality among women, men and other vulnerable groups.				
UNSDCF OUTCOME involving UNFPA: 1. By 2026, more people have benefitted from equitable access to and use of inclusive and quality essential social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Unmet need for family planning; ending maternal deaths; ending gender-based violence and harmful practices.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Universal health coverage service coverage <i>Baseline: 44.5%; Target: 50%</i> • Dollar value of resources spent to strengthen the statistical capacity of institutions <i>Baseline: 130,000; Target: 500,000</i> <p><u>Related UNFPA Strategic Plan, 2022-2025, outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Antenatal care attendance at least four visits <i>Baseline: 40%; Target: 60%</i> • Percentage of births attended by skilled personnel <i>Baseline: 71%; Target: 85%</i> • Number of national statistical publications with disaggregated data on sexual reproductive health by age, sex and wealth quintiles <i>Baseline: 4; Target: 5</i> • Contraceptive prevalence rate for modern methods <i>Baseline: 13.5; Target: 18</i> • Unmet need for family planning <i>Baseline: 27.4; Target: 20</i> • Adolescent birth rate <i>Baseline: 27 per 1000 (2010); Target: 14 per 1000</i> • National birth registration system in place <i>Baseline: No; Target: Yes</i> 	<p>Output 1. Ministry of Health and subnational institutions have strengthened capacity to provide equitable access to quality, integrated and non-discriminatory sexual and reproductive health and rights information and services, including emergency obstetric care, fistula management, family planning, gender-based violence and HIV prevention, particularly for vulnerable women, adolescents and youth furthest behind.</p>	<ul style="list-style-type: none"> • Percentage of health facilities providing basic emergency obstetric and newborn care (seven signal functions) <i>Baseline: 68%; Target: 85%</i> • Number of community hospitals providing comprehensive emergency obstetric and newborn care <i>Baseline: 9; Target: 12</i> • Number of women receiving obstetric fistula treatment <i>Baseline: 1760; Target: 2080</i> • Number of youth-friendly corners with referral linkages established in health facilities <i>Baseline: 12; Target: 22</i> • Number of trained community health workers who actively promote family planning <i>Baseline: 0; Target: 2500</i> • Number of trained community-based distributors who are tracking and reporting on village-level contraceptive use <i>Baseline: 0; Target: 2500</i> • Existence of a functional logistics management information system for forecasting and monitoring reproductive health commodities <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Finance and National Development, Ministry of Health, Ministry of Labor and Social Welfare, Ministry of Local Government, National Board of Higher Education (NBHE), National Statics Office, National Union of Eritrean Youth and Students (NUEYS), National Union of Eritrean Women (NUEW), OCHA, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNDP, UNICEF and WHO</p>	<p>\$9.5 million (\$2.5 million from regular resources and \$7 million from other resources)</p>

NATIONAL PRIORITY: Promote equal opportunities for all and increase the capabilities of women, men, girls and boys of all backgrounds in the national development process.				
UNSDCF OUTCOME: 1. By 2026, more people have benefitted from equitable access to and use of inclusive and quality essential social services. 2. By 2026, public sector institutions are more accountable and efficient, and more people enjoy the right to development. 3. By 2026, people in Eritrea, especially the disadvantaged population, have increased their livelihood as economic growth becomes more inclusive and diversified.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Unmet need for family planning; ending maternal deaths; ending gender-based violence and harmful practices.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months based on an act of discrimination prohibited under international human rights law <i>Baseline: TBD; Target: ≥25%</i> The extent to which legal frameworks and instruments are enforced to prevent and respond to sexual and gender-based violence at all levels (under-age marriage, female genital mutilation, etc.) <i>Baseline: Yes; Target: Yes</i> Change in gender inequality index <i>Baseline: TBD; Target: >50 points gain in the index</i> <p><u>Related UNFPA Strategic Plan, 2022-2025, outcome indicator(s):</u></p> <ul style="list-style-type: none"> Female genital mutilation prevalence of girls under age 5 and under age 15 <i>Baseline: 7% and 18%; Target: 0% and 2%</i> Percentage of women 20-24 married or in-union by age 15 <i>Baseline: 12.9%; Target: 7%</i> 	<p>Output 2. Community structures and mechanisms are strengthened to address harmful gender and social norms and cultural practices and facilitate evidence-informed prevention and response to child marriage, female genital mutilation and gender-based violence.</p>	<ul style="list-style-type: none"> Number of cases prosecuted in court against female genital mutilation <i>Baseline: 144; Target: 300</i> Number of villages that publicly declare abandonment of female genital mutilation <i>Baseline: 227; Target: 1000</i> Number of service delivery points with at least one provider with the skills to identify, treat and refer cases of gender-based violence <i>Baseline: 0; Target: 300</i> Number of youth trained in life skills, including comprehensive sexuality education for in and out of school <i>Baseline: In school: 0; Target: 50</i> <i>Baseline: Out of school: 0; Target: 50</i> 	<p>Ministry of Health, Ministry of Labour and Social Welfare, National Union of Eritrean Women (NUEW), National Union of Eritrean Youth and Students (NUEYS), UNDP, UNICEF and WHO</p>	<p>\$3.8 million (\$1.8 million from regular resources and \$2 million from other resources)</p>
NATIONAL PRIORITY: Promote equal opportunities for all and increase the capabilities of women, men, girls and boys of all backgrounds in the national development process.				
UNSDCF OUTCOME: 1. By 2026, more people have benefitted from equitable access to and use of inclusive and quality essential social services. 2. By 2026, Eritrea's public sector institutions are more accountable and efficient, and more people enjoy the right to development. 3. By 2026, people in Eritrea, especially the disadvantaged population, have increased their livelihood as economic growth becomes more inclusive and diversified.				

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Unmet need for family planning; ending maternal deaths; ending gender-based violence and harmful practices.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> National data and statistical systems (storage, collection, analysis and dissemination) established at national and subnational levels <i>Baseline: TBD; Target: TBD</i> Number of staff with improved capacity for data collection, analysis and interpretation over the last 12 months <i>Baseline: TBD; Target: TBD</i> Proportion of national, SDGs and other relevant indicators with up-to-date data <i>Baseline: None; Target: Yearly</i> Number of advocacy events conducted <i>Baseline: 0; Target: 10</i> <p><u>Related UNFPA Strategic Plan, 2022-2025, outcome indicator(s):</u></p> <ul style="list-style-type: none"> At least one population and housing census conducted during the last 10 years: Civil registration: (a) 100% birth registration achieved; (b) 80% death registration achieved National disaster risk reduction strategies adopted and implemented in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030 	<p>Output 3. National institutions strengthened to integrate population data, demographic change and other megatrends, including climate change, into national development strategies, policies, programmes and accountability mechanisms, with a focus on those related to sexual and reproductive health and rights.</p>	<ul style="list-style-type: none"> Number of institutions with a strengthened capacity to analyse, synthesize and utilize data on population dynamics, including sexual and reproductive health and rights, migration and climate change <i>Baseline: 0; Target: 2</i> Population and health survey conducted and results disaggregated by main characteristics and made publicly accessible <i>Baseline: 0; Target: 1</i> Number of civil registration and vital statistics clerks trained and deployed <i>Baseline: 0; Target: 100</i> Number of surveys and field assessments conducted by UNFPA (and jointly with other United Nations organizations) on sexual and reproductive health, HIV and gender-based violence <i>Baseline: 0; Target: 6</i> Number of data-driven advocacy initiatives supported to accelerate the implementation of the ICPD Programme of Action <i>Baseline: 0; Target: 5</i> 	<p>National Statistics Office, Ministry of Finance and National Development, Ministry of Health, Ministry of Local Government, OCHA, UNDP, UNICEF, the United Nations Resident Coordinator, UN-Women and WHO</p>	<p>\$4.7 million (\$1.5 million from regular resources and \$3.2 million from other resources)</p>