ASSESSMENT REPORT OF THE GOVERNMENT OF THE STATE OF ERITREA (GoSE) AND UNFPA 4th COUNTRY PROGRAMME (2013-2016)

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ABBREVIATIONS

ACHS	Asmara College of Health Sciences
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual Reproductive Health
AWPs	Annual Work Plans
BCC	Behavior Change Communication
BHCP	Basic Health Care Package
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CERF	Central Emergency Response Fund
CCP	Comprehensive Condom Programming
CP	Country Programme
CPAP	Country Program Action Plan
CRC	Convention on The Rights of the Child
CRVS	Civil Registration and Vital Statistics
CSW	Commercial Sex Workers
D4D	Data For Development
DHS	Demographic Health Survey
EmONC	Emergency Obstetric and Neonatal Care
EPHS	Eritrean Population and Health Survey
ESMG	Eritrea Social Marketing Group
FGDs	Focused Group Discussion
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GIS	Geographical Information System
GoSE	Government of the State Of Eritrea
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HIV	Human Immune-Deficiency Virus
HMIS	Health Information Management System
IEC	Information Education and Communication
KIIs	Key Informants Interviews
LMIS	Logistics and Management Information System
LSS	Lifesaving Skills
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MDGR	Millennium Development Goals Report
MDSR	Maternal Death Surveillance Response
MHTF	Maternal Health Trust Fund
MMR	Maternal Mortality Rate

MNH	Maternal & Newborn Health
MOA	Ministry of Agriculture
MOE	Ministry of Education
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoLHW	Ministry of Labour and Human Welfare
MoND	Ministry of National Development
MOTI	Ministry of Trade and Industry
MOU	Memorandum Of Understanding
MTR	Midterm Review
MWH	Maternity Waiting Home
NFSLS	National Food Security and Livelihood Assessment Study
NSO	National Statistic Office
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
OR	Other Resources
PMTCT	Prevention of Mother-To-Child Transmission
PNC	Post Natal Care
RBM&E	Result-Based Monitoring and Evaluation
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Health
RH	Reproductive Health
RR	Regular Resources
SPCF	Strategic Partnership Cooperation Framework
SRH	Sexual Reproductive Health
STDs	Sexually Transmitted Diseases
ToT	Training of Trainers
TV	Television
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

1. INTRODUCTION

This report presents the assessment results of the UNFPA Eritrea 4th country programme (CP) in assistance to the Government of the State of Eritrea. The 4th Country Programme 2013-2016 was formulated within the Strategic Partnership Cooperation Framework 2013-2016 which addresses five strategic priority areas of Eritrea's national development agenda. These include basic social services; food security; national capacity development; environment; and gender equity. The 4th Country Programme responds to three of the five priority areas namely basic social services, national capacity development and gender equity. The Country Programme also contributes to the achievement of the six outcomes of the UNFPA Strategic Plan 2010-2013 and four outcomes of revised Strategic Plan 2014–2017. The Programme broadly aims to contribute to the achievement of universal access to sexual and reproductive health; promotion of reproductive rights; reduction of maternal mortality; and to accelerate progress on the ICPD agenda and MDG 5 to improve the lives of women and young people (including adolescent).

To finance the 4th Country Programme 2013-2016, UNFPA committed a total of US $ 18.6 million. The main sources of fund for the implementation of the CP included US $ 6 million from the UNFPA's regular resources (RR) and US $ 12.6 million from other sources. With the limited donor base in the country, the UNFPA's Regular Resources (RR) was expected to be the main source of funds for the implementation of the country programme while additional sources of funds from the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS); the Global Joint Programme on Abandonment of FGM/C; the Maternal Health Trust Fund (MHTF); and the Central Emergency Response Fund (CERF) were considered to be as other resources.

To deliver the outcomes, the 4th Country Programme adopted a three prong approach involving direct partnership with government and civil society partners, joint programming with UN partners and provision of technical assistance.

2. ASSESSMENT OBJECTIVES AND SCOPE

The broad objective of the assessment was to assess the progress made in the implementation of the 4th Country Programme and to make appropriate recommendations to inform the design of the 5th Country programme for Eritrea. The specific objectives of the evaluation for the UNFPA 4th country programme for Eritrea were to:

1. Provide an independent assessment of the progress made so far and UNFPA's contribution to the achievement of expected outputs and outcomes in line with the national priorities of Eritrea.
2. Identify gaps and draw lessons from the current cooperation and come up with recommendations and action points.
3. Be an evaluative evidence for the development of the 5th Country Programme.

The scope of the assessment covered the period 2013 – 2015 and assessed the progress made in implementing the 4th country programme and its Country Program Action Plan (CPAP). In addition, the assessment sought to make an in-depth analysis of SPCF Mid-Term Review report in relation to UNFPA's mandates. As to geographical scope, while the assessment was country wide, three of the six Zobas, namely Zoba Anseba, Zoba Maekel and Zoba Debub were selected with the advice and approval of the Ministry of National Development for purposes of field data collection.

3. METHODOLOGY

The assessment primarily followed the basic standard evaluation criteria of relevance, effectiveness, efficiency and sustainability as well as additional dimensions of coordination, strategic alignment and added value of UNFPA's programme support.

To realize the assessment objectives, the assessment adopted a participatory and appreciative design involving various stakeholders at national, Zoba, facility and community levels. A largely qualitative approach was adopted involving key informant interviews, document review and focus group discussions techniques to data collection. To select individuals, groups and key informants for purposes of data collection a purposive sampling approach was used. In selecting the respondents, due consideration was given to their experience, exposure and knowledge in matters related to the programme at various levels. A total of 97 stakeholders were interviewed. The qualitative data was manually analyzed using content analysis techniques and the information was organized, summarized, and categorized according to outcome areas and assessment criteria. The limited quantitative data collected mainly from secondary sources was analyzed and presented using descriptive methods such as frequencies, percentages, tables and graphs.

4. KEY FINDINGS

The 4th Country Programme is assessed as very relevant and responsive to the national priorities. It is well aligned to national policies and strategies including Eritrea's international commitments. It as also significantly contributed to strengthening of national capacity and policy environment for provision of quality maternal and newborn, adolescent sexual and reproductive health services as well as promotion of gender equality and reproductive health rights. The programme design has a clear logical flow between interventions, outputs and outcomes. Overall, the program execution through the Ministry of Health, NUEW and NUEYS has worked well through their respective structures that run from the national level to the household levels.

In the area of Sexual Reproductive Health**,** UNFPA in support of GoSE's continuous efforts has significantly contributed to the achievement of MDG 5(a) and MDG 6 making Eritrea one of the three sub-Saharan African countries to achieve the target. The programme has performed very well in meeting its targets by achieving: increased proportion of health stations providing basic emergency and new-born care from 80% to 100%; increased the number of community hospitals providing Comprehensive EmONC services from 4 in 2013 to 7 by end of 2015; and slight increase in skilled birth attendance coverage, among others.

In the area of Adolescent and Young People SRH, the program performance was modest due to 2 years delay with implementation only starting in earnest with incorporation NUEYS as from January 2015. Despite this, UNFPA has supported the development of a draft Strategic plan and service standard, strengthened youth friendly centers and reached at least 1810 adolescent girls and boys with sexual reproductive health services.

UNFPA has recorded significant achievements in supporting Gender Equality and Women Empowerment in Eritrea by strengthening the capacity of the NUEW to implement the national gender policy and international commitments including CEDAW, and in advancing gender equality, women's empowerment and reproductive health rights. Following the anti FGM law (Proclamation No. 158/2007), the number of villages pledging to abandon FGM/C increased from 4 to 26 of the targeted 10 representing a performance rate of 266.7%

The programme performance in strengthening national capacity to generate and ensure availability of data on population dynamics, SRH including family planning and gender was assessed as poor with only one of the targets set met i.e. development of a five year National Civil and Vital Registration strategic Plan. The fourth Eritrea Population and Health Survey (EPHS) appeared to be behind schedule with only the preparatory activities of the survey completed at the time of the assessment and the main survey is expected to be finalized in 2016.

The efficiency with which the programme has been executed is characterized by both low funding and low absorption capacity. Only US$ 6,872,033.20 (36.95%) of the committed US$ 18.6 million was raised by the end of 2015 leaving a resource gap of US$ 11,727,966.80 (63.05%). On the other hand, of the US$ 6,872,033.20, only 86.2% had been effectively utilized by the time of this assessment. The low absorption rate is due mainly to delays in approval of work plans, disbursement and onward transfer of funds to implementing partners at Zoba level.

To ensure sustainability of the programme outcomes, the 4th Country Programme has adopted capacity building strategy to enable implementing partners evolve institutional and technical capacity at various levels to continue programme benefits beyond the programme period. It has also supported the development and enactment of laws and policies to institutionalize various interventions in SRH, FGM/C and gender equality and empowerment. The CP has invested in supporting infrastructure development and equipping implementing partners with the necessary materials and equipment.

UNFPA Country Office (CO) continues to play a key role in making the UN system in Eritrea become a more effective partner to the Government. The CO's leadership and contribution in the UNCT's M&E Working Group, the Operations Management Team and all UNCT Joint Programmes are highly valued and respected both within the UN system and by the Government of the State of Eritrea.

National counterparts have a very positive perception of UNFPA's work as compared to other UN agencies and other development actors in similar areas. UNFPA's holistic, sensitive and flexible approach to country programming and system strengthening is particularly appreciated as of great value to ensuring system effectiveness as compared to other UN agencies in Eritrea.

There are however, several systemic and contextual factors that affect the country programme's overall performance. These include lack of a national M&E and results/performance management framework; lack of up-to-date and reliable data to enable evidence based planning and decision making; inadequate human resource capacity; lack of harmony in the funding mechanism; centralized program decision making structure that allows little opportunities for partner engagement with sub national structures; and limited bilateral and multilateral donor base in Eritrea.

5. KEY CONCLUSION

The programme has made significant progress in achieving its targets in all the six outcome areas except for family planning services and generation of data on population dynamics, sexual and reproductive health and gender. Since most of the factors that have affected the overall programme performance are contextual and systemic in nature and given the fact that the programme context has not fundamentally changed since 2013, there is need for continuous high level dialogue with the Government for more enabling partnership framework. UNFPA also needs to review its business model in Eritrea to allow more policy adaptability and adjustment of operational modalities to suit the country context. The key recommendations are presented below.

6. KEY ASSESSMENT RECOMMENDATIONS

Strengthening the UNFPA/UN System country programme delivery

1. There is need to review the UNFPA business model with a view to adapting its performance based policies, procedures and operational modalities to suit the unique development partnership context in Eritrea.
2. The UNFPA Country Office technical assistance should be reviewed and aligned with the technical and programmatic needs of the implementing partners.
3. There is need for the UN partners to review the Harmonized Approach to Cash Transfer (HACT) operational modalities with a view to strengthening the joint programming approach. This should include review of the current quarterly performance based financial reporting and disbursement system which is largely inappropriate in the context of an over centralized programme decision making system which tends to delay approval of both annual and quarterly works plans and reports.
4. There is need for continuous high level dialogue with Ministry of National Development to institute a more enabling framework for UN partners' engagement with the zonal level implementing partners. This should include provision for direct cash transfers to zonal level implementing partner's designated project accounts

Strengthening GoSE programme facilitation and coordination

1. There is need to assess the institutional and technical capacity of the Ministry of National Development M&E and UN desk to effectively support and oversee the coordination and execution of the UN partnership programmes in Eritrea.
2. There is need for MoND to hold regular joint coordination meeting at the national level and to facilitate UNFPA and Programme joint partners to make regular field monitoring missions. This should be based on a joint MoND and UN partners' annual calendar of activities outlining key events including dates of quarterly and annual review meetings and field monitoring missions.
3. There is need for a national statistics policy and legislation to guide and support data for development functions and operations in Eritrea
4. There is need to develop a national M&E and performance management framework and policy to guide planning, monitoring and evaluation of SPCF and UN country programmes.

Strengthening Implementing Partners' capacity to deliver desired outcomes

1. There is need for each implementing partner to establish M&E, performance management and internal audit mechanisms. UNFPA can support such desks with UN Volunteers.
2. There is need to assess the institutional, technical and human resource capacity of each implementing partner to effectively implement and achieve the 5th Country Programme outcomes.
3. There is need for the implementing partners to develop their programme and institutional sustainability strategies

The design and approach of the 5th Country Programme

1. In designing the 5th country programme, continuity, scale up and acceleration of implementation efforts is recommended taking into account the gaps and lessons learnt from the implementation of the 4th Country Programme and the new global commitments such as the Sustainable Development Goal (SDG) 3 and the Global Strategy "*Every Woman, Every Child and Adolescent*" (EWEC).
2. UNFPA in consultation with MoND should explore alternative means of generating complementary data on key outcome areas to provide credible data for planning and designing an effective 5th Country Programme and CPAP M&E and results framework including setting of baselines, targets and performance indicators.
3. There is need to review the country programme resource mobilization and financing strategy to come up with a more realistic resource commitments and mobilization plan for the 5th Country Programme

CHAPTER ONE: INTRODUCTION

1.1. Introduction

The UNFPA 4th Country Programme 2013-2016 is formulated within the Strategic Partnership Cooperation Framework 2013-2016 which addresses five strategic areas in Eritrea's national development agenda, namely basic social services; food security; national capacity development; environment; and gender equity. The Country Programme focuses on three out of these five SPCF strategic priority areas, namely basic social services; national capacity development; and gender equity and advancement of women. Within the UNFPA system, the 4th Country Programme contributes to the achievement of the six outcomes of the UNFPA Strategic Plan as well as the four outcomes of the revised Strategic Plan 2014–2017. The Revised UNFPA Strategic Plan 2014 – 2017 broadly focuses on sexual and reproductive health; adolescents and youth; gender equality and empowerment and population dynamics. The specific outputs for which the Fourth Country Programme is expected to contribute include:

a) Strengthened capacity at national and community levels to provide emergency obstetric care and manage obstetric complications;
b) Improved provision of family planning services for individuals and couples;
c) Strengthened national capacity to prevent sexually transmitted infections and Improved provision of integrated sexual and reproductive health services and sexuality education for young people;
d) Strengthened capacity to implement the national gender policy and report on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); and
e) Strengthened national capacity to generate data on population dynamics, sexual and reproductive health and gender.

To implement the Fourth Country Programme, UNFPA committed a total of USD $ 18.6 million over the period of four years (2013-2016). Nevertheless, with the limited donor base in the country, the UNFPA's Regular Resources (RR) was expected to be the main source of funds for the implementation of the country programme. UNFPA also planned to source additional funds from the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS); the Global Joint Programme on Abandonment of FGM/C; the Maternal Health Trust Fund (MHTF); and the Central Emergency Response Fund (CERF).

1.2. Rationale of the assessment

As part of best practice in programme management, the UNFPA Country Office is required in line with the 2013 UNFPA Evaluation Policy to assess and table the results of an evaluation of a Country Program in support of any further proposals to continue with its work in the country. The assessment was therefore expected to provide evaluative evidence for the development of the 5th Country Programme in line with policy requirements for on-going country program evaluation cycle and UNDG guidelines in the conduct of Country Programs. More importantly, the results from the assessment was expected to inform the Government of Eritrea in decision

making as well as other partners and stakeholders for future collaboration, programme strategy development and even further funding.

1.3. Purpose and objectives or the country programme assessment

The broad objective of the assessment was to assess the progress made in the implementation of the 4th Country Programme and to make appropriate recommendations to inform the design of the 5th Country programme for Eritrea. The specific objectives of the evaluation for the UNFPA 4th country programme for Eritrea were to:

1. Provide an independent assessment of the progress made so far and UNFPA's contribution to the achievement of expected outputs and outcomes in line with the national priorities of Eritrea.
2. Identify gaps and draw lessons from the current cooperation and come up with recommendations and action points.
3. Be an evaluative evidence for the development of the 5th Country Programme.

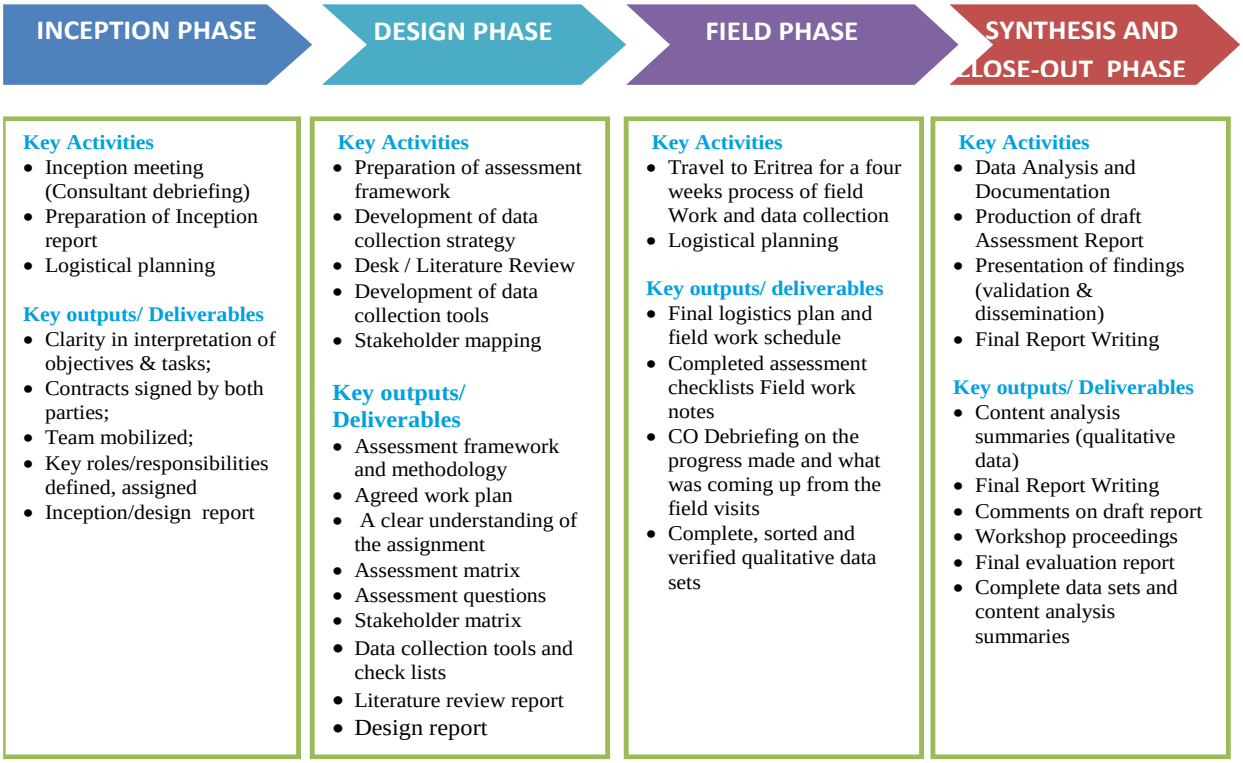
1.4. Scope of the assessment

The scope of the assessment covered the period 2013 – 2015 and assessed the progress made in implementing the 4th country programme and its Country Program Action Plan (CPAP). In addition, the assessment sought to make an in-depth analysis of SPCF Mid-Term Review report in relation to UNFPA's mandates. As to geographical scope, while the assessment was country wide, three of the six Zobas, namely Zoba Anseba, Zoba Maekel and Zoba Debub were selected with the advice and approval of the Ministry of National Development for purposes of field data collection.

1.5. Assessment process

The Fourth Country Programme assessment process included four main phases with specific activities and outputs. Each phase had a distinct focus towards the achievement of specific assessment objectives and overall milestone deliverables as shown in Figure 1 below.

Figure 1 Assessment process



1.6. Methodology

In order to realize the assessment objectives, the assessment adopted a participatory and appreciative assessment design involving various stakeholders at national, Zoba, facility and community levels. To this end, the assessment largely adopted a qualitative approach involving the use of key informant interviews, document review and focus group discussions techniques to data collection.

The assessment adopted purposive sampling approach to select individuals, groups and key informants for purposes of data collection. For the key informants, due consideration was given to their experience, exposure and knowledge in matters related to the programme at various levels. A total of 97 stakeholders were interviewed. Among the implementing partners, the respondents were drawn from Ministry of National Development, Ministry of Health, National Statistics Office, Asmara College of Health Sciences, National Union of Eritrean Women, National Union of Eritrean Youth and Students, Zonal Health Management Teams, Mendefera National Fistula Referral Centre, Zonal Referral Hospitals and Maternity Waiting Homes. In addition, members of Village Health Committees, FGM Committees and Gender Committees were interviewed through Focused Group Discussions. The UN family members interviewed included UNDP, UNICEF and UNFPA.

1.6.1. Assessment criteria and assessment questions

The assignment primarily followed the basic standard evaluation criteria of relevance, effectiveness, efficiency and sustainability as well as additional dimensions of coordination, strategic alignment and added value of UNFPA's programme support as perceived by national counterparts as compared to other UN agencies and other development actors in similar areas as shown Table 1 below.

Table 1: Assessment questions

Assessment Criteria	Assessment Dimension/Questions
Relevance	a. To what extent has the 4th CP aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries? b. Was there an appropriate logical relationship among outputs and outcomes? c. To what extent have the current joint programmes under the 4th CP contributed to the achievement of outputs and outcomes?
Effectiveness	a. What is the progress made in terms of the targets set? b. What are the factors that contribute to the success/failure of the programme? c. Has the programme reached effectively its target population?
Efficiency	a. How adequate and appropriate were the resources (funds, expertise, time etc.) for the achievement of programme outputs and outcomes? b. To what extent were UNFPA resources focused on core activities that were most likely to produce significant results? c. What measures were taken during planning and implementation to ensure value for money?
Sustainability	a. To what extent has UNFPA been able to develop the capacities of its partners and beneficiaries to ensure durability of programme results? b. Are partners empowered to strengthen and replicate program/project results? c. Did programme design include proper exit strategies? d. To what extent does the UNFPA programme benefited from knowledge sharing of the South-South Cooperation?
Coordination	a. To what extent has UNFPA contributed to the overall coordination mechanism of the UN system in Eritrea b. What measures has UNFPA taken to ensure synergies and coordination among different stakeholders?
Strategic Alignment (Corporate)	To what extent is the Country Programme and aligned to the UNFPA corporate mandate as set out in the Strategic Plan?
Added value	a. How is UNFPA's programme of support perceived by national counterparts as compared to other UN agencies and other development actor's work in similar areas?

1.6.2. Methods for data collection

To meet the objectives of the assessment, both primary and secondary data was collected. The data was collected using the following methods:

a) ***Desk/Literature Review:*** This method was particularly instrumental at formative and analysis stages of the assessment. It involved reviewing of secondary information from various sources. These included relevant program documents such as the 4th Country Programme Document, progress reports, SPCF mid-term review report, strategic plans, annual reports, work plans and relevant policy documents.

b) ***Key Informant Interviews:*** This method was used to obtain primary information from a cross-section of purposively selected key persons with relevant knowledge, experience and insight on the subject matter of the assessment. The purpose of this method was to obtain primary information on the key assessment variables using interview guidelines. The key informants included MoH officers of the government of Eritrea, NUEW, NUEYS, UNFPA CO staff, NSO and other UN agencies.

c) ***Focus Group Discussions:*** The focus group discussions mainly community groups and beneficiaries especially at community, health facility and maternity waiting homes.

1.7. Data Analysis and presentation

The assessment adopted largely qualitative method of data analysis. The qualitative information gathered from the key informants, focus group discussions and other secondary sources was being compiled and analyzed according to source and themes. The qualitative data was manually analyzed using content analysis techniques and the information organized, summarized, and categorized according to outcome areas and assessment criteria. The limited quantitative data collected mainly from secondary sources was analysed and presented using descriptive methods such as frequencies, percentages, and graphs.

At the data interpretation stage, the information gathered through the structured interviews, key informant interviews and literature review were collated and triangulated into a comprehensive report presented in the form of narratives, frequencies, graphs, charts and verbatim quotes among others. The findings were validated and disseminated through a stakeholders' workshop.

1.8. Limitations encountered

The biggest limitation to the assessment was the lack of up to date population based data and program results framework with clear baseline data, performance indicators and targets at the SPCF, GoSE/UNFPA Fourth County Programme and CPAP levels. It was therefore difficult to determine the level of program performance, progress and outcomes against the set targets over the period under assessment.

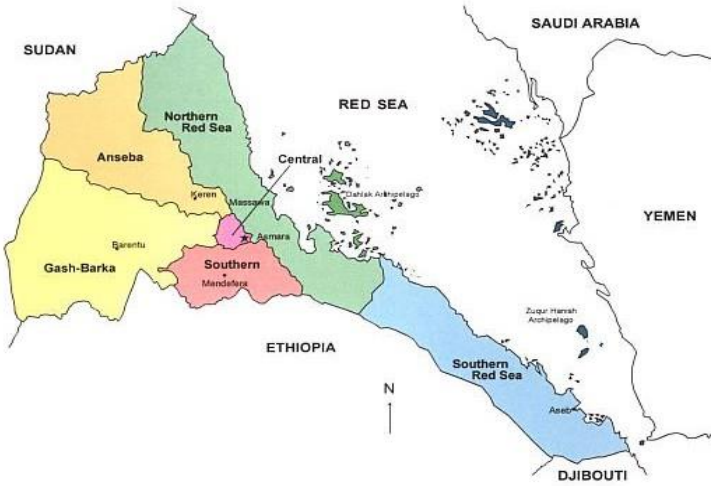
CHAPTER TWO: COUNTRY CONTEXT

2.1. Introduction

Eritrea, due to its strategic position on the Red Sea has fallen victim to many invaders and colonizers. It was under the control of the Ottoman Turks from the middle of the sixteenth century to the second half of the 19th century before they were evicted from their stronghold by Egypt in 1872. The opening of the Suez Canal made Red Sea and the Horn of Africa an interest to the European colonizer and in 1889, Eritrea came under Italian occupation. In 1941 Italy relinquished its hold on the country to the British after defeat by the Allied Forces during the Second World War. The British would then occupy the country for the next 11 years until 1952, when Eritrea was federated with Ethiopia by the United Nations. A decade later Ethiopia abrogated the federal arrangement of the United Nations and annexed Eritrea as its 14th province, an event that triggered a thirty year struggle for independence. In May 1991, the Eritrean People's Liberation Front (EPLF) liberated the country and established a provisional government of Eritrea. A national referendum in which 99.8% voted in favour of independence was conducted under the auspices of the UN and based on the results Eritrea was declared an independent and sovereign state on May 24th, 1993.

2.2. Geography

Figure 2: Map of Eritrea



Eritrea is located at the horn of Africa region and borders Sudan to the Northwest, Ethiopia to the south, Djibouti to the Southeast and the Red Sea to the East. The country has an area of approximately 124,000 square kilometres and with the land rising from below the sea level to 3,000 metres above sea level, is divided into three major physiographic zones: the Western Lowlands, the Central and Northern Highlands, and the Eastern Lowlands (also referred to as the Coastal Plains). Administratively the country is divided into six administrative zones known as Zobas (Maekel/Central, Anseba, Gash-Barka, Debub/Southern, Northern Red Sea and Southern Red Sea), 58 sub-zones, 699 administrative areas and 2,564 villages.

The country experiences different climatic conditions depending on the region: Most of the western lowlands and Coastal plains are associated with hot and dry climatic conditions with temperature between 28°-30° C while the highlands are relatively cool with temperatures ranging between16° and 18° C. Rainfall ranges from less than 200 mm per annum in the Eastern

Lowlands to about 1,000 mm per annum in a small pocket of the Escarpment; the annual rainfall in the Highlands ranges from 450 mm to 600 mm. The southern part of the Western Lowlands receives 600-800 mm per annum, but rainfall decreases substantially as one moves northward. There are two major periods of precipitation in Eritrea. One, from June to September, covers both the Western Lowlands and the Highlands. The second comes between October and March and covers the Eastern Lowlands. The arid and semi-arid conditions experienced in the country makes vulnerable to adverse effects of climate variability, persistent droughts, water stress, rising temperatures and environmental degradation.

2.3 Demography

Eritrea is yet to carry out a national population census however, great efforts have been made by the National Statistics Office (NSO) to collect demographic, health, and socioeconomic information through surveys with two DHS and one EPHSs having been carried out so far. The Ministry of Health estimates the population to be about 4.68 million people (MOH report, 2013) and a fertility rate of 4.8%. While majority of the population (about 65%) live in rural areas, the urban population has over the recent years been characterized by rapid growth partly due to high rural to urban migration and partly as a result of returning refugees from the neighboring countries. The Central Highlands are the most densely populated with several of the major urban centres, including the capital city, Asmara found in this region. A large proportion of the population is composed of the younger age groups, with 47% of the total population being under the age of 15 and only 7% being 65 years and older (EPHS 2010). The country is a multi-ethnic society with nine different ethnic groups speaking nine different languages and professing two major religions, namely, Christianity and Islam.

2.4 Economy

Eritrea's GDP is estimated at USD $ 3.444 billion (World Bank, 2013) with the annual growth rate averaging at 4.72% from 1991 to 2014. The concept of self-reliance and sustainable development is one that Eritrea developed during its liberation struggle and continues to guide the country development efforts to date. The country's aspiration has been to achieve rapid, balanced, home-grown and sustainable economic growth with social equity and justice, anchored on self-reliance principle. The Government of the State of Eritrea (GoSE) has over the years formulated and implemented various socio-economic policies, strategies and national plans all geared towards the attainment of this goal with emphasis on community and individual participation as well as issues of social justice such as just access to education, health, food, and equitable access to services regardless of locality.

The country's economy is largely based on subsistence agriculture and pastoralism. Although arable land accounts for only 12% of land use, 65% of the country's population reside in rural areas and relies on crop and rain-fed agriculture, livestock and fisheries for employment and income. However, due to its arid and semi-arid conditions, the country is vulnerable to adverse effects of climate variability, persistent droughts, water stress, rising temperatures and environmental degradation. Recurring drought has particularly had adverse effects on the socio-economic aspects of the country thereby hampering national development efforts. Vulnerable

communities, groups and households (especially female-headed) are usually the most affected when it comes to drought.

The country also has a substantial mineral deposit which has largely remained unexplored. Minerals found include copper, gold, iron, nickel, silica, sulphur, and potash. Good quality marble and granite also exist in large quantities. The Red Sea also offers opportunities for the fishing industry, expansion of the salt extraction industry, tourism, and possibly extraction of oil and gas. There are adequate supplies of ground water, particularly in the Western Lowlands and in some parts of the Coastal Plains that can be used for both household and industrial purpose.

2.5 National strategies and development challenges

After the war for liberation, Eritrea had to reconstruct entirely its social, economic and physical infrastructure. The government's effort was focused on rebuilding and rehabilitating war damaged and destroyed infrastructures and the formulation of numerous national economic and social development strategies and policies. Among these was the Macro Policy of 1994, which mapped out short, medium, and long-term reconstruction and development programs. Underlying the Macro-Policy were the goals outlined in the National Charter adopted at the EPLF Congress of 1994 of national harmony, political democracy, economic and social development, social justice, cultural revival and regional and international cooperation. The policy focused on building on the strengths of existing human resources, egalitarian social policies, self-reliance and accountable leadership. Subsequent policies, such as the National Economic Policy Framework and Programme (NEPFP) for 1998-2000 and the Development Action Plan for 2001-2005, have built on the objectives of the Macro-Policy, notably accelerating the establishment of a private sector-led, outward-oriented economy with substantial investment in social services and human resources.

Growth in GDP averaged USD 0.73 billion in 1992-2003 and grew up to 1.44 billion and USD 3.25 billion respectively during 2004-2010 and 2011-2014, indicating that average nominal GDP grew by 91.2.% between 1992-2003 and 2004-2010 and by 125.7% between 1992-2003 and 2011-2014 (MDGR, 2015). By 2012 the main contributor to the GDP was public administration, defense and manufacturing sectors. The annual Gross Domestic Product (GDP) growth dropped sharply to an estimated 1-2 per cent for the period 2007/2008, but reversed in 2010, peaking at 8.2 per cent in 2011, before slowing down again in 2012, mainly due to falling mineral prices (UN in Eritrea 2014).

According to UNDP, Human Development Report (2014), Eritrea's Human Development Index (HDI) is 0.381 ranking the country at number 182 out of 187 countries. 65% of the country's population is classified as poor with the incidence of poverty being marginally higher in semi-urban areas and among women. Adult literacy rate was 68.8% in 2012 (UNDP, Eritrea). Unemployment is very high while the salaries and wages are relatively very low forcing most of the young people to immigrate in search of better opportunities outside the country. This is a big challenge because despite the government effort to build a vibrant human resource they lose most of the skilled people since they prefer working in other countries to get better payment. The country also faces multiple hazards that slow progress towards sustainable development, poverty reduction and livelihoods, such as climate variability, droughts, water stress, land degradation,

rising temperatures and deforestation. As a result, vulnerable communities and groups, especially female-headed households, are adversely affected.

Despite the challenges, Eritrea had been on track to meeting three of the eight UN MDGs; reduction of child mortality (MDG 4), reduction of maternal mortality (MDG 5) and combating HIV and AIDS (MDG 6). Eritrea has also made significant steps made towards gender equality (MDG 3) even though there is still room for substantial improvements, particularly with regard to female representation in the workforce and national assembly. The percent of women in decision making position is estimated at 22% at the national level and 37% in the community courts (4th CEDAW Report, 2013; 5th CEDAW Report, 2014; Eritrea Country Report, 2014). Women's representation in the international affairs was 10.1% in 2013 and this indicates that there is a lot to be done to train women in the fields of diplomacy and international relations to bring about major changes in the assignment of women on key posts. Though data is limited, the country is also gaining a solid ground towards environmental sustainability (MDG 7). The country however, has made less progress towards eradication of extreme poverty and hunger (MDG 1) and attainment of universal primary education (MDG 2). Despite the government efforts to increase school enrolment, retention and enrolment of girls and out-of school children in hard to reach areas is still a challenge.

Finally, the scarcity of essential data remains a challenge in terms of planning and tracking progress of national development initiatives. Thus, availability of and access to disaggregated quality and up-to-date data in the various sectors of the economy is critical for evidence based planning, monitoring and evaluation including establishing baselines and targets for development programmes.

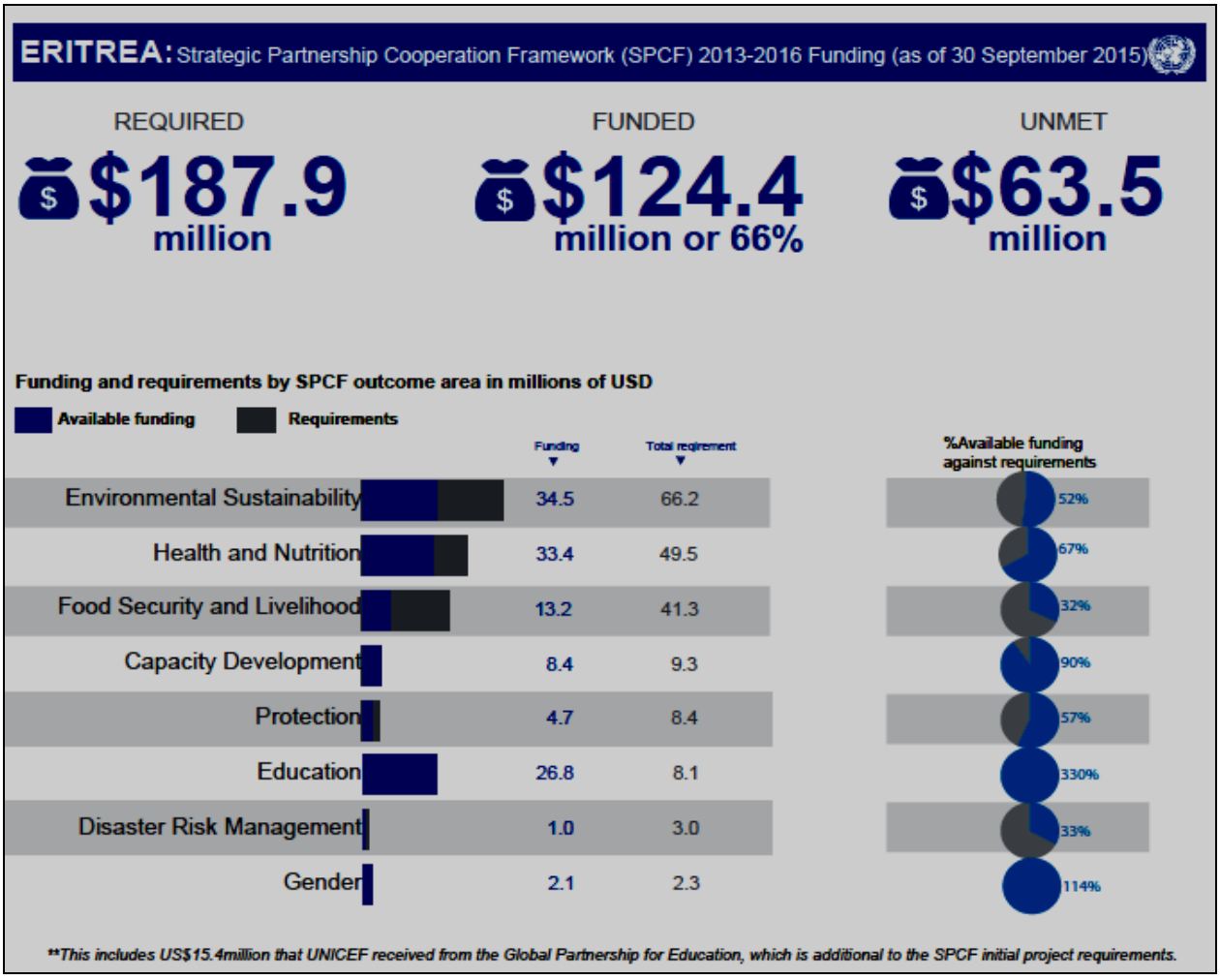
2.6 The role of external assistance

Since 1991, Eritrea has pursued a national development strategy based on self- reliance which has both pragmatic and ideological aspects, born of the long struggle for independence. The Eritrean government defines its relationship with the donor community as one of a 'partnership in development'. While, since independence Eritrea has continued to receive external assistance, the Government has sought to avoid dependency-inducing donor relations. As such external development partners are subject to strict conditions with external assistance channeled through the government in line with nationally-defined priorities, and targeting specific sectors such as food security, infrastructure, health, refugee and ex-combatant reintegration. Management of external assistance for sectoral projects and programmes are centralized at the national level with partners coordination vested in the Ministry of National Development. However, since the war with Ethiopia in 1998-2000 a number of donors withdrew from Eritrea altogether.

Today, through the GoSE/UN Strategic Partnership Cooperation Framework (SPCF), 2013-2016, the Government is working closely with the UN system in Eritrea to complement national efforts to enhance basic social service provision, national capacity development, food security and sustainable livelihoods, environmental sustainability and national resilience, as well as gender equality and the empowerment of women. In addition to the Government's own resources for funding the priority areas, the UN's resources amount to US$187.6 million of which US$50 million were expected to come from core budgets or regular sources and US$138 million were to be jointly mobilized from other sources. However, the funding snapshot for the SPCF as of

September 2014 showed clear needs for more funding, with only US$60.3 million, or 32 per cent, funded and US$127.3 million still unfunded as shown in Figure 3 below.

Figure 3: Strategic Partnership Cooperation Framework (SPCF) 2013-2016 Funding



2.7 Situation analysis

Eritrea has made significant progress towards improving maternal health in the country and became one of the three sub Saharan countries to achieve MDG 5. The Maternal Mortality Rate (MMR) in the country is currently estimated at 352 per 100, 000 live births a significant reduction from 998/100,000 recorded in the 1995 DHS with an average annual decline rate of 6.5% during 1990-2015. This tremendous decline of MMR from the 1990's has made Eritrea to be one of the few countries to achieve MDG 5(a) ahead of the 2015 deadline. However, Eritrea is still far from achieving the global average of 210. With the current decline rate of 6.5%, it will take the country another 20 years to reach the global average.

Overall there is increase in antenatal care attendance with the number of those visiting at least once having increased from 49% in 1995 to 93% in 2013. This could be considered as a contributing factor to the MDG 5(a) achievements (MOH, 2013). In relation to postnatal care, the mothers who get at least one post-natal care constitute 96% (MOH 2013). To improve coverage of postnatal care, the Ministry of Health undertook a "666" program, meaning 6 hours (still in Health Facility), 6 days and 6 weeks postnatal visits regardless of whether the delivery was made at home or in a health facility. Access to Emergency Obstetric care has increased from 32% in 1990 to 97% in 2014. The country however, needs to put more effort in improving quality of emergency obstetric care in order to reduce incidences of maternal death as a result of obstetric complications such as hemorrhage, obstructed labour, infection and eclampsia.

Even with such progress taking place, maternal and child health in the country is still faced with a number of challenges. While reduction in MMR has been remarkable the figure is still high compared to global average of 210/100,000. Skilled birth attendance in health facilities is still very low and has only shown modest increase from 21% in 1995 to 55% in 2013 registering an annual growth rate of 5.3% during 1995-2013 period (MDG report, 2015). Access to and utilization of available skilled birth attendance services is hampered by a number of factors including social and cultural practices, religious beliefs, inadequate skilled health personnel mix, long distances to the nearest health facilities and low production of midwives by the existing training institutions. This means there is still more work that needs to be done in order to register significant increase in skilled birth attendance.

The proportion of health facilities providing at least 3 modern contraceptive methods increased from 51.3 per cent (2007) to 100 per cent in 2010. Contraceptive prevalence rate has been low at 8.4 per cent since 2002 and unmet need for contraception is high at 27.4% and is highest in the age categories 14–19 at 43%. The low contraceptive prevalence rate is mainly attributed to cultural barriers. An assessment of adolescent and reproductive health in Eritrea (Faustina Oware 2004) revealed that 2.5% of adolescent between the ages of 10-14 were sexually active and the figure increased to 4% by the age 15. This implies that without proper sex education and services most of these adolescents would be exposed to early teenage pregnancies, STIs including HIV/AIDS, and other social consequences like dropping out of school and under age marriage. Indeed at 10.4%, teenage pregnancy is quite high. This is attributed to several factors including early marriages, and inadequate youth friendly integrated sexual and reproductive health services. Unwanted pregnancy also continues to be a major threat to women's survival by predisposing mothers and adolescents to unsafe abortion while post abortion sepsis accounts for 11.8% of all obstetric deaths (HMIS, 2013). Overall, the poor trends in and low uptake of

contraceptive prevalence rate, family planning and ASRH services is due to a number of factors including: inadequate information and data to inform accelerated intervention planning, lack of IEC materials, low funding, cultural and religious beliefs. It is noteworthy that UNFPA has not been allowed to conduct a service delivery point study to enable effective programming of Family Planning in Eritrea.

The 2010 EPHS data show that the adult population HIV prevalence is 0.93% and the 2013 ANC sentinel surveillance revealed that the national HIV prevalence among pregnant women aged 15-49 is 0.85%. Data from the World Health Organization (2013) indicate that incidence of HIV/AIDS in Eritrea has decreased from 45 per 100,000 people in 2001 to less than 8 in 2012. Prevalence for both men and women rise with age, peaking among both men and women in their late 30s. Young women are particularly vulnerable to HIV compared to young men. For example, the HIV prevalence among women aged 15-19 years is 0.15, compared to 0.00 for men of the same age group. The assumption is that young women are infected by older men. The prevalence of HIV in the high risk group is higher among commercial sex workers (CSW) at 6%, and that of truck drivers at 2.4% according to surveys conducted in 2011. Urban residents also have a substantially higher risk of HIV infection (1.44) compared to rural residents (0.5).

Female Genital Mutilation/Cutting (FGM/C) has been on declining trend from 89% in 2002 to 83% in 2010 following the proclamation in 2007 to ban this practice and subsequent advocacy initiatives. Additionally, FGM/C prevalence in the age groups under 15 and 5 years have gone down to 33% and 12% respectively.

The government through the MOH remains the major health provider in Eritrea. The number of health facilities has progressively increased from 93 in 1991 to 340 in 2013. The 340 health facilities comprise of 28 hospitals, 56 health centres and 256 health stations and clinics.

The health delivery system is organized into the community based health care level; Health Stations; Community hospitals; regional referral hospitals and national referral hospitals. In addition there are about 41 maternity waiting homes established in the country. In many cases, they function as extensions of health facilities in the remote areas solving some of the major barriers for pregnant women that do not come to health facilities for delivery. According to UNICEF, a total of 129 pregnant women from remote areas benefitted from maternity waiting homes during 2013-2014 period. These efforts have seen increase in access to bEmNOC increased from 32% in 1990 to 97% in 2014 (UNICEF Annual Report, 2014).

As a major concern for the health of both mother and child, teenage pregnancy and therefore the protection of adolescent sexual and reproductive health, remains a major area of concern to the Government. The EPHS 2010 reveals that nearly 11 percent of young women aged 15-19 years had already started childbearing. The health implications of teenage pregnancy are indeed serious. For instance, obstetric fistula contributes to grave obstetric complication. Abortion, though illegal, still takes place and accounted for 11.8% of all obstetric deaths (HMIS 2013). Emergency obstetric care and contraceptive services, therefore, need strengthening to prevent unnecessary deaths.

Gender Equity and Women's Empowerment is a major area in the 4th CP and a cornerstone of Eritrea's Development Agenda. Despite major strides made in bridging gender inequalities, gender based disparities still exist in Eritrea preventing women and girls from accessing education, employment and other opportunities (MoH 2016).

The implementation of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) ratified by the Government of the State of Eritrea in 1995 remains the main pillar of the Gender equality and empowerment program which is delegated to the National Union of Eritrean Women (NUEW). The organization therefore, has the key mandate to serve as interlocutor on women's advancement in the country and this is supported by the UN Joint Program on gender.

The 4th CP placed premium on building capacity in generation of data for evidence based planning and decision making. The Joint Program on Data for Development therefore supports the Government efforts in the development of the national civil and vital registration strategy, and the conduct of the fourth Eritrean Population and Health Survey (EPHS). A major challenge in the data agenda for the country however, remains the lack of a comprehensive policy framework for the National Statistics Office (NSO).

CHAPTER THREE: UN/UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 UN and UNFPA response

The United Nations (UN) has been working closely with the Government of State of Eritrea since Independence in 1993. In the last 22 years, the UN in Eritrea has implemented a number of programmes to meet the country's development needs. The UN's support to Eritrea has focused on capacity development, institutional strengthening, and promotion of pro-poor economic growth and sustainable livelihood. The first United Nations Development Assistance Framework (UNDAF 2002-2006), the second UNDAF (2007-2011) and the current Strategic Partnership Cooperation Framework (SPCF 2013-2016) have therefore all aimed at assisting the Government to realize national development priorities including the Millennium Development Goals (MDGs) as laid out in the United Nations Millennium Declaration of September 2000. In the absence of a national development plan however, the UN has over the years formulated its country programmes in line with national priorities as reflected in various national sector plans, policies and strategies. The current Strategic Partnership Cooperation Framework (SPCF) 2013-2016 addresses five strategic areas in Eritrea's national development agenda. These include basic social services; food security; national capacity development; environment; and gender equity.

Table 2: SPCF Strategic Priority Areas and Outcomes

Strategic Priority Areas	SPCF Outcomes
Basic social services	Outcome 1: Access and utilization of quality and integrated health and nutrition services improved among the general population with particular emphasis on children under five, youth, women and other vulnerable groups
	Outcome 2: Children, including refugees have equitable access to quality basic education in the hard to reach areas in Anseba, Gash-Barka, Southern Red Sea (SRS), Northern Red Sea (NRS) and Debub
	Outcome 3: Strengthened protection and participation of vulnerable children, adolescents, young people, women, and people with special needs, including refugees, from the impact of poverty, harmful practices (e.g. female genital mutilation, early marriage), exploitation and injuries in high prevalence areas
National capacity development	Outcome 4: Selected government institutions have the capacity to effectively and efficiently deliver services to all
	Outcome 5: Strengthened national and sectoral disaster risk management
Food security and sustainable livelihoods	Outcome 6: Poor and vulnerable households have improved access to and utilization of quality food and enhanced livelihood opportunities
Environmental sustainability	Outcome 7: Eritrea is on track towards the achievement of MDG targets for environmental sustainability (MDG 7)
Gender equity & advancement of women in Eritrea	Outcome 8: National institutions have gender responsive sector plans and policies and promote empowerment of women

3.2 UNFPA response through the country programme

Since 1993, UNFPA has helped improve access to quality maternal and newborn health, family planning, HIV and STI prevention services. The Fund has also worked at the policy level to help advance gender equality and reproductive rights. In line with first United Nations Development Assistance Framework (UNDAF) 2002-2006, the second UNFPA country programme (2002-2006) focused on building capacity to provide high-quality basic reproductive health services, emphasizing maternal mortality reduction, fistula treatment and prevention, HIV/AIDS prevention among young people and the elimination of female genital mutilation/ cutting. The programme helped to increase the availability of population-related data for policy formulation and urban planning, contributing to the interim poverty reduction strategy, the national adolescent health policy, and the national sexual and reproductive health policy. In addition, the programme helped to increase reproductive health services, including HIV prevention, in three out of the six administrative regions. A planned population and housing census could not be conducted due to the failure to demarcate the border and the mobilization effort required for national defense. The third country programme, 2007-2011 is aligned with the second UNDAF 2007 – 2011 with a one year extension up to 2012, had three programme components which focused on building institutional and technical capacity to provide quality reproductive health services; availability of quality data for planning, monitoring and evaluation, and gender mainstreaming.

3.3 Current UNFPA country programme and financial structure

The current 4th Country Program 2013-2016 is aligned with the Strategic Partnership Cooperation Framework (SPCF) 2013-2016 and national priorities as reflected in the government's sector plans, policies, and strategies including the National Health Policy; Health Sector Strategic Development plan 2012-2016, the 2013-2016 Roadmap for RH, the 2004 National Gender Policy and the 2012 Gender Action plan. Within the UNFPA system, the Fourth Country Programme contributes to the achievement of the six outcomes of the UNFPA Strategic Plan as well as the four outcomes of the revised Strategic Plan 2014 – 2017. The Programme contributes to achieving six outputs and outcomes of the UNFPA new strategic plan 2014-2017.

To finance the 4th Country Programme 2013-2016, UNFPA committed a total of US $ 18.6 million. The main sources of fund for the implementation of the CP included US $ 6 million from the UNFPA's regular resources (RR) and US $ 12.6 million from other sources. Table 3 below shows the summary of the resource requirement and sources for each of the six expected outcomes.

Table 3: Summary of the resource requirement by the six outcome areas and sources

OUTCOME	OUTPUT	FINANCIAL COMMITMENTS AND ALLOCATION		
		Regular Resources (millions of US $)	Other Resources (millions of UD $)	Total (millions of US $)
Outcome 2: Maternal and new born health	Output: Strengthened capacity at national and community levels to provide emergency obstetric care and manage obstetric complications.	2.4	2.4	**4.8**
Outcome 3: Family planning	Output: Improved provision of family planning services for individuals and couples.	0.5	2.5	**3.0**
Outcome 4: Prevention services for HIV and sexually transmitted infection	Output: Strengthened national capacity to prevent sexually transmitted infections and HIV/AIDS.	0.5	2.5	**3.0**
Outcome 5: Young people's sexual and reproductive health	Output: Improved provision of integrated sexual and reproductive health services and sexuality education for young people	1.4	1.2	**2.6**
Outcome 6: Gender equality and reproductive rights	Output: Strengthened capacity to implement the national gender policy and report on the Convention on the Elimination of All Forms of Discrimination against Women.	0.3	2.0	**2.3**
Outcome 7: Data availability and analysis	Output: Strengthened national capacity to generate data on population dynamics sexual and reproductive health, gender	0.4	2.0	**2.4**
Programme coordination		0.5	-	**0.5**
TOTAL		**6.0**	**12.6**	**18.6**

Source: 4th Country Programme Document 2013-2016

CHAPTER FOUR: ASSESSMENT RESULTS

4.1. Assessment of the country programme design

The Fourth Country Programme 2013-2016 was designed within the Strategic Partnership Cooperation Framework (SPCF) 2013-2016 and UNFPA Strategic Plan 2010-2013 and the revised strategic plan 2014-2017. The Country program design therefore aims to contribute to the realization of national priorities and the initial six outcomes of the UNFPA strategic plan 2010 – 2013 and to the four outcomes of the revised strategic plan 2014 – 2017. In the design, program interventions are to answer specific SPCF, UNFPA Strategic Plan and national priorities which are linked specific program interventions, outputs and outcomes.

The 4th Country Programme Action Plan was however not accompanied with a strong results and performance management framework. This was attributed largely to lack of up-to-date and reliable baseline data at the programme design stage to enable evidence based planning, setting of performance targets and monitoring and evaluation at various levels of the results chain. As a result, both the Country Programme Action Plan (CPAP) and Results and Resource Framework are generally stated with few baselines, targets and measurable outputs set for most of the outcomes. This has not only created inconsistencies in the result chain of both SPCF and CP Result Matrix and operationalization but also undermined the tracking and reporting of results; accountability for results; and ultimately, demonstration of value for money, achievements, outcomes and impacts.

Recommendation

- The design of the next SPCF and CPD/CPAP must be accompanied with a clear performance management, results and M&E frameworks. A high level advocacy to this effect would be in order.
- UNFPA as a major NSO partner can take advantage of the upcoming EPHS to collect complementary data on key outcome areas to provide credible baseline data for planning and targeting in the context of the 5th CPD.

4.2. The 4th Country Programme strategic approach

The 4th Country Programme adopted a three prong approach including a direct partnership approach, joint programming approach and technical assistance.

a) **Direct partnership approach:** The direct partnership approach involves working with strategic partners in Government and civil society as a core strategy for operationalizing the Country Programme with the aim of leveraging and maximizing the use of resources. The key instruments used in the partnership strategy include the MDGs, the ICPD Programme of Action, and SPCF. The implementation of the 4th Country Programme has therefore built on and expanded traditional partnerships to engage a wider network of stakeholders, namely Government, Non-Governmental Organizations, UN Agencies, bilateral and multi-lateral organizations at various levels.

b) Joint programming approach: This involves joint planning and programming with other UN agencies to deliver in specific outputs and outcomes. The areas identified for joint programming with other UN agencies included:

- Reproductive Health and HIV/AIDS;
- Advocacy on prevention of FGM/C and early marriage;
- Young people and adolescent health, including lifesaving skills;
- Data generation, analysis and promoting use of strategic information, knowledge, monitoring and evaluation for evidence informed policies and programmes.

c) Technical assistance: Provision of technical assistance to the implementing partners has constituted one of the key 4th programme delivery approaches. It involves building capacity of implementation partners and providing technical expertise in support of their mandated outcome areas.

To the greatest extent, the program approach in terms of clustering and partnership has worked well despite the relatively restricted space for UNFPA engagement with implementing partners which is largely limited to the national level. However, the joint programming and the results based approaches have not worked optimally resulting in some elements of duplication of efforts and resources among UN partners. The limitations of the joint programmes are discussed in section 4.4.3.

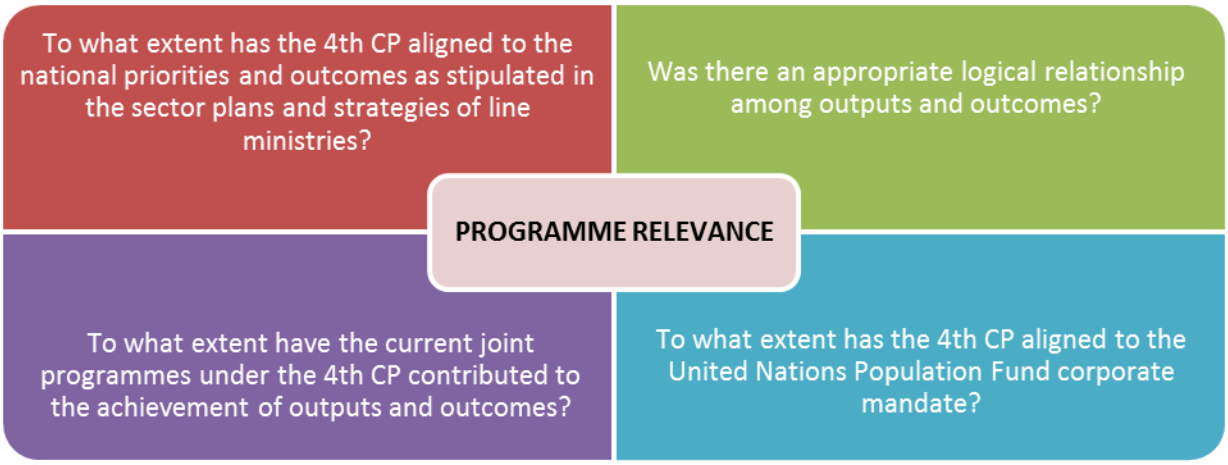
Recommendations

- There is need to review the overall UNFPA business model in the context of the new Delivery as One framework.

4.3. Assessment of the Programme relevance

The assessment sought to assess the extent to which the 4th County Programme is aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries and whether CP has an appropriate logical relationship among outputs and outcomes. The assessment also sought to assess the extent to which the current joint programmes under the 4th CP have contributed to the achievement of outputs and outcomes.

Figure 4: Relevance Assessment Criteria



4.3.1. Programme alignment to the national priorities and outcomes

The assessment found that the strategic relevance of the 4th Country Programme is not in doubt. The Country Programme is responsive to the needs and priorities of the Government of the State of Eritrea and as identified by various stakeholders. The 4th Country Programme was also formulated with participation of UN agencies and non-state actors. The program is aligned with the Eritrea's national policies and development agenda as well as the GoSE/UN Strategic Partnership Cooperation Framework (GoSE-SPCF) and contributes specifically to such strategic priority areas as basic social services; national capacity development; and gender equity and advancement of women.

> The strategic relevance of the 4th Country Programme is not in question. It is responsive to the needs and priorities of the Government of the State of Eritrea as identified by various stakeholders and provided in relevant sector policies and strategies.

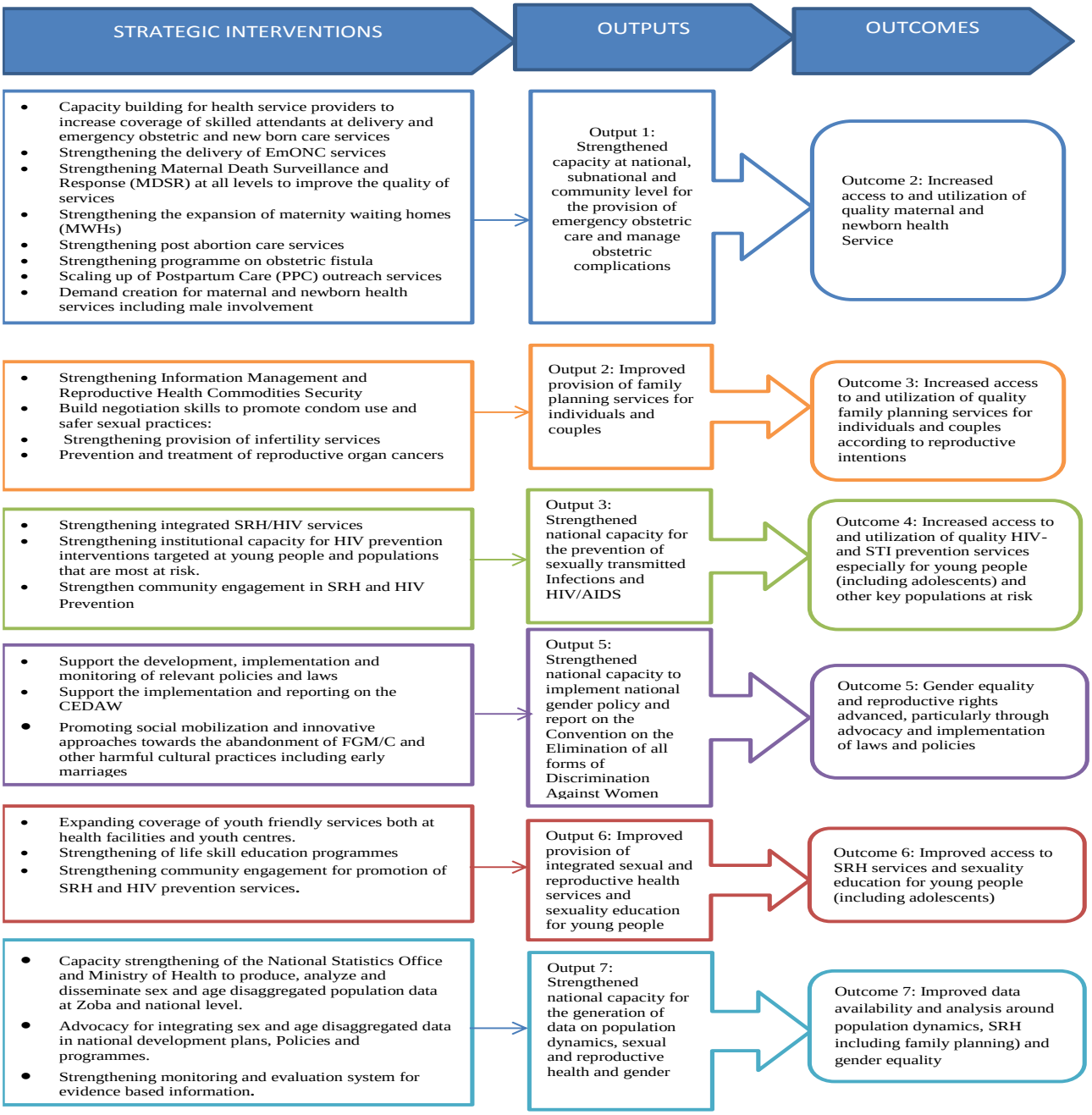
Specifically, the 4th Country Programme is aligned to the following policies and strategies: the National Health Policy; Health Sector Strategic Development plan 2012-2016, the 2013-2016 Roadmap for Reproductive Health, the 2004 National Gender Policy and the 2012 Gender Action Plan. The 4th Country Programme is further aligned with Eritrea's international commitments in the context of global agreements. These include Convention on the Elimination of all of Discrimination against Women (CEDAW), the Millennium Development Goals (MDGs) and the ICPD agenda.

The respondents interviewed attributed the overall strategic relevance of the Programme to the fact that the development of the Country Programme was preceded by an assessment involving all the stakeholders followed by a process of identifying needs and priorities by sectors, ministries and Zobas. The development of the country programme also took into account the results of independent audits, midterm reviews, end term evaluations and the experiences of the previous County Programmes.

4.3.2. Logical relationship among the 4th Country Programme outputs and outcomes

The assessment of the overall programme design reveals a clear logical flow between interventions, outputs and outcomes. In this regard, the 4th Country Programme outcomes are not only aligned with the corporate UNFPA outcomes but also demonstrate clear internal logical relationship among the programme outputs and outcomes as shown in Figure 5 below.

Figure 5: Relationship between strategic interventions, outputs and outcome



4.3.3. The joint programmes' contribution to achievement of the 4th CP outputs and outcomes

The 4th country programme was to be enabled to effectively respond to cross cutting issues of population dynamics, human rights and gender equality through joint programming approach. The areas identified for joint programming included reproductive health and HIV/AIDS; advocacy on prevention of FGM/C and early marriage; young people and adolescent health including lifesaving skills; and data generation, analysis and promoting use of strategic information, knowledge, monitoring and evaluation for evidence informed policies and programmes.

> To strengthen the joint programming approach, there must be deliberate efforts by all the UN partners to move from joint programming to committed joint action and accountability within the 'Delivery as One' (DaO) framework. This is imperative if the UN system in its partnership with the government is to bring about significant and long lasting impact on the quality of life of the people especially Eritrean woman, newborn and young person including adolescents.

The contribution of the joint programmes to achievement of the programme outputs and outcomes has however, not been as optimal as would have been expected with some elements of duplication of efforts and resources among UN partners.

First, even where a joint programme exists, partner UN agencies are still individually involved in duplicative interventions in capacity building and procurement even though a joint intervention approach would have made the best use of available resources. Furthermore, the commitment among joint programme partners to joint reporting approach was put to question. This was found to put additional pressure on the Implementing Partners who are forced to produce different reports to meet the different partner reporting requirements sometime on the same issues. Secondly, some joint programming opportunities were missed at the programme design stage. For example, in health system strengthening, there is no joint program with WHO while this would have reduced UNFPA's level of effort and investment in this respect. This situation may have been caused at the programme design stage by the fact that UNFPA did not have a health system strengthening outcome. This presented missed opportunities in UNFPA's interventions in fistula, anesthetists program, health worker training on SRH, logistics and joint procurement among others.

Thirdly, although the joint programme on Gender Equality, especially the Global FGM/C between UNICEF and UNFPA has done quite well in terms of addressing the FGM/C problem, the challenge remains the unclear terrain between MOH and NUEW largely attributed to absence of a high level national coordination mechanism. This has made final ownership of results difficult to attribute. Fourthly, the joint programme on Data for Development (D4D) has been affected by lack of harmony in the funding mechanism. While NSOs' institutional and technical capacity is weak, the UN partners have not come up with a clear and strategic solution to the problem there by not helping the situation.

Fifthly, the results/performance based approach has not worked effectively due to a number of factors. These include first, the overly centralized programme management and decision making structure; second, weak performance management, monitoring, evaluation and reporting systems at the national and of Implementing Partner levels; third, frequent delays in annual work plan approval; and fourth, limited opportunities for field monitoring by funding partners.

Sixthly, and most importantly the UN business model through the HACT and unharmonised funding and financial reporting mechanism in terms of parallel cum pooled funding mechanisms have precipitated the challenges with the joint programming and results based approaches in the Eritrean context.

Recommendations

- There is need to review the current joint programme approach in the context of the new Delivery as One framework with a view to coming up with a more binding MOUs among the UN partners involved in the implementation of joint programs.
- There is need to review the current quarterly performance based system in terms of its contextual appropriateness with a view to establishing a more appropriate system based on either biannual or annual financial reporting cycle but which is supported by a strong quarterly monitoring, review and progress reporting system.
- At overall strategic level there will be need to align the next 5th Country Programme with the emergent global commitments and policies such as the Sustainable Development Goal (SDG) 3 and the UN Secretary Generals' Global Strategy "*Every Woman, Every Child and Adolescent*" (EWEC).

4.4. Strategic Corporate alignment

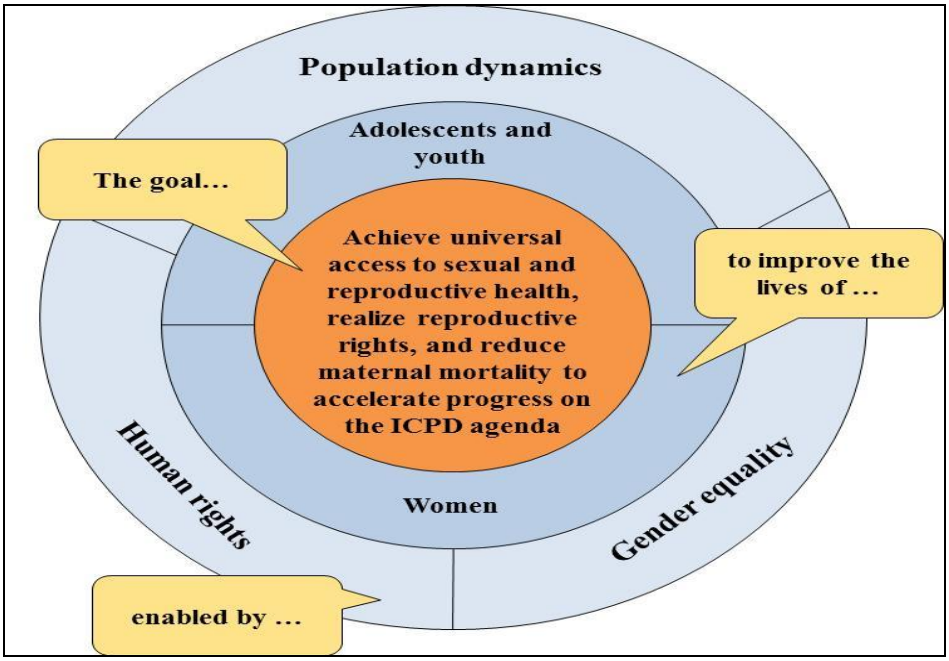
The assessment sought to examine the extent to which the 4th Country Programme is aligned to the UNFPA corporate mandate as set out in the Strategic Plan. Broadly the Programme is appropriately aligned with the United Nations Population Fund (UNFPA) corporate mandate which is to "deliver a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled." The Country Programme therefore provides an adequate country platform for UNFPA's corporate response to the needs of every Eritrean woman, newborn and young person including adolescent to lead healthy sexual and reproductive lives.

> The 4th Country Programme contributes to the realization of the revised Strategic Plan 2014–2017 goal of achieving universal access to sexual and reproductive health, promoting reproductive rights, reducing maternal mortality, and accelerating progress on the ICPD agenda and MDG 5 to improve the lives of women and young people (including adolescent).

At strategic level, the 4th Country Programme contributes to the realization of the revised Strategic Plan 2014–2017 goal of achieving universal access to sexual and reproductive health, promoting reproductive rights, reducing maternal mortality, and accelerating progress on the ICPD agenda and MDG 5 to improve the lives of women and young people including adolescent.

Broadly, the Revised UNFPA Strategic Plan 2014 – 2017 focuses on sexual and reproductive health; adolescents and youth; gender equality and empowerment and population dynamics. The strategic direction of the UNFPA strategic plan 2014-2017 also known as the "bullseye" is summarised in Figure 6 below.

Figure 6: The strategic direction of the UNFPA strategic plan 2014-2017 - The Bull's Eye



Source: UNFPA strategic plan 2014-2017

To achieve the bullseye goal, the revised Strategic Plan has set out four outcomes with 15 outputs. The four outcomes include:

a) Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.
b) Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.
c) Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.
d) Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Table 4 below shows the relationship between the Revised Strategic Plan outcomes and the 4th Country Programme outputs and outcomes.

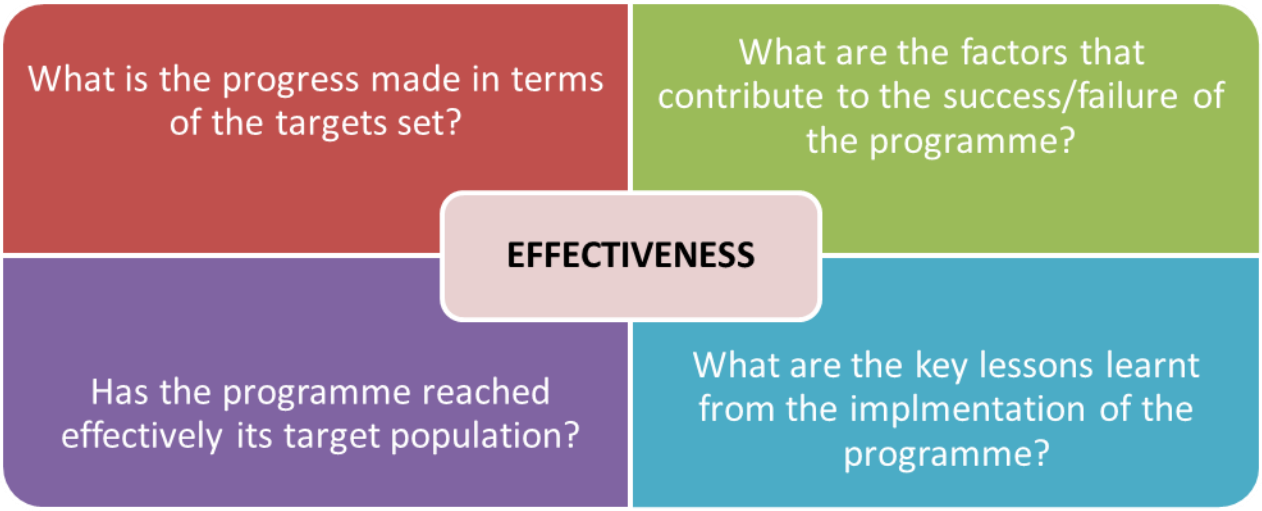
Table 4: Relationship between the Revised Strategic Plan outcomes and the 4th Country Programme outputs and outcomes

UNFPA Strategic Plan 2014-2017	4th Country Programme Outcome	4th Country Programme Outputs
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.	Outcome 2: Increased access to and utilization of quality maternal and newborn health Service	Output: Strengthened capacity at national and community levels to provide emergency obstetric care and manage obstetric complications.
	Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	Output: Improved provision of family planning services for individuals and couples.
	Outcome 4: Increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk	Output: Strengthened national capacity to prevent sexually transmitted infections and HIV/AIDS.
Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.	Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)	Output: Improved provision of integrated sexual and reproductive health services and sexuality education for young people
Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.	Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policies	Output: Strengthened capacity to implement the national gender policy and report on the Convention on the Elimination of All Forms of Discrimination against Women.
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.	Outcome 7: Improved data availability and analysis around population dynamics, SRH including family planning) and gender equality	Output: Strengthened national capacity to generate data on population dynamics sexual and reproductive health, gender

4.5 Assessment of programme performance and effectiveness

In assessing the effectiveness of the 4th Country Programme, the assessment sought to assess the progress made so far in terms of the targets set; the factors that contribute to the success/failure of the programme; whether the programme is effectively reaching its target population; and the lessons learnt.

Figure 7: Effectiveness Assessment Criteria



4.5.1. Overall assessment of progress in achieving set targets

Broadly, the 4th Country Programme 2013-2016 aims to contribute to the achievement of universal access to sexual and reproductive health; promotion of reproductive rights; reduction of maternal mortality; and to accelerate progress on the ICPD agenda and MDG 5 to improve the lives of women and young people (including adolescent). Specifically, the 4th Country Programme aims to achieve the following outcomes:

a) Increased access to and utilization of quality maternal and newborn health Service
b) Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions
c) Increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk
d) Improved access to SRH services and sexuality education for young people (including adolescents)
e) Gender equality and reproductive rights advanced through advocacy and implementation of laws and policies
f) Improved data availability and analysis around population dynamics, SRH including family planning) and gender equality

So far, all the respondents interviewed at the national, Zoba and community levels held the view that the 4th Country Programme has been effective in delivering the planned interventions in addressing maternal and newborn health, family planning, HIV and sexually transmitted infections, youth and adolescents sexual reproductive health and gender equality and empowerment. It is however, important to mention that the lack of a comprehensive results and performance management framework and up-to-date disaggregated population based, SRH, family planning, FGM/C and gender equality data remains a major hindrance to tracking progress and measuring performance of programmes especially at outcome and impact level.

The lack of comprehensive results based and performance management framework and up-to-date disaggregated population, SRH, family planning, FGM/C and gender equality data remains a major hindrance to tracking progress and measuring performance of programmes especially at outcome and impact level.

The assessment of the specific programme interventions around each of the six output and outcome areas is presented below.

4.5.2. Increased access to and utilization of quality maternal and newborn health Service

Outcome 2: Increased access to and utilization of quality maternal and newborn health Services	**Output: Strengthened capacity at national and community levels to provide emergency obstetric care and manage obstetric complications.**

4.5.2.1. Overview

As part of the national effort, the Programme seeks to increase access to and utilization of quality maternal and newborn health service in order to reduce maternal mortality and morbidity. To achieve this, the Programme used a mixed strategy to support the provision of quality maternal and newborn health care services with priority and focus given to the most marginalized and disadvantaged population. The Programme in particular put priority in strengthening the capacity of service providers at national and community levels to provide emergency obstetric care and to manage obstetric complications with focus on the following eight key interventions:

a) Capacity building for health service providers to increase coverage of skilled attendants at delivery and emergency obstetric and new born care services
b) Strengthening EmONC services
c) Strengthening maternal death surveillance and response (MDSR) at all levels to improve quality services
d) Strengthening the expansion of Maternity Waiting Homes (MWHs)
e) Strengthening Post abortion care services
f) Strengthen program on obstetric fistula
g) Scaling up postpartum care outreach services
h) Demand creation for maternal and newborn health services including male involvement.

4.5.2.2. Progress in achieving Outcome 2 targets

> Although tremendous effort has been put in building capacity of health service providers to increase access to and utilization of maternal and newborn services, the coverage still remains low due to a number of factors including inadequate transport facilities, inadequate funding, frequent stock outs and shortage of skilled attendants especially in the remote and hard to reach areas.

The Programme set three broad targets to increase the proportion of health stations providing basic emergency and new-born care from 80% to 100%; establish 4 community hospitals providing Comprehensive EmoNC services from none in 2013; and to clear the backlog of 985 women waiting for obstetric fistula treatment by the end of the programme period. In respect of these targets, the programme has performed extremely well in meeting its target of increasing the proportion of health stations providing basic emergency and new-born care to 100% and surpassing its target of establishing 4 community hospitals providing Comprehensive EmoNC services by 175% one year in advance. The Programme has however, not realized its target of clearing the backlog of women waiting for obstetric fistula due to the shortage of qualified obstetrician/gynecologists with only one handling all the fistula cases in Eritrea. Table 5 below shows the Programme performance in achieving Outcome 2 targets.

Table 5: Progress in achieving Outcome 2 targets

Indicators	Baseline	Target	Achievement	Comment
% of health stations providing basic emergency and new-born care	80%	100%	100%	All facilities provide basic emergency and new-born care services. In cases of complication there is a good referral system that ensures complicated cases are referred to a higher facility
Number of community hospitals providing Comprehensive EmoNC services	0	4	7 (175%)	The seven community hospitals providing comprehensive EmONC services are in Tesseney, Agordat, Nakfa, Ghindae, Adi Keyih, Dekemhare and Afabet.
Number of women treated for obstetric fistula	985	All backlogged cases	1271	There is still backlog of obstetric fistula cases. There is shortage of obstetrician/gynaecologists. There is only one handling all the fistula cases in Eritrea.

Overall, the country has seen improvement in access to emergency obstetric care from 32% in 1990 to 97% in 2014 (UNICEF Report 2014). The number of pregnant women attending antenatal care (1st visits) has also increased by 5.8% from 89,872 in 2013 to 95,125 in 2014 (HMIS), and those making the 4th visit increased by 7.1% from 31,085 to 33,293 over the same period. The number of women who deliver in a health facility also rose by 16.1% from 36, 853 in 2012 to 42,787 in 2014. However, the number of women who received post-partum care at six hours and six days by trained health care was still very low recorded at 7,635 at six hours and 2,292 at six days in 2014.

4.5.2.3. Building Capacity of health service providers to increase coverage of skilled attendants at delivery and emergency obstetric services

The Programme sought to build the capacity of health service providers to increase coverage of skilled attendants at delivery and emergency obstetric services. The following activities have been undertaken to help strengthen capacity at national and community levels to provide emergency obstetric and new born care and manage obstetric complications:

a) **Strengthening human resources for health through basic and post basic training:** At the national level some officers are supported for their master's program through long distance learning. UNFPA has also started supporting Asmara College of Health Sciences in 2016. The college offers degree and diploma courses in nursing with specialty in general nursing, community health nursing, mental health nursing and midwifery. UNFPA support to ACHS aims at increasing the enrolment of midwives; support college infrastructural development; curriculum review and development; improve quality of teaching at ACHS; support a baseline assessment on midwifery and research capacity; strengthen skills lab; and increase international exposure. The long-term partnership with UNFPA would help in increasing the capacity of the college in offering quality training in nursing, midwifery and anesthesia. However, it was noted that there is no college in Eritrea offering specialized nurse midwifery course.

   As a result of shortage of midwifes, it was noted that most of the health stations are manned by associate nurses who are not effectively trained to provide skilled attendance. According to a recent study by ACHS students, 46.5% of deliveries in Asmara are provided by associate nurses who are not qualified enough to offer such services. Thus increasing the quality and coverage of skilled personnel in the nation remains as a major issue. It is worth noting that in order to sustain achievement of MDG 5 and leapfrog ending maternal and newborn deaths, increased investment in pre-service and in-service (post basic) training in midwifery remains critical. At present midwifery aspect of the pre-service nurse training is subsumed within the larger general nursing training and therefore not receiving the due attention it deserves as an important strategy to increasing skilled attendance and ending maternal and newborn deaths in Eritrea.

b) **Building capacity of service providers:** As part of the national capacity building efforts to implement comprehensive midwifery programmes, a total of 15 midwifery staff members were trained in Life Saving Skills (LSS) to support maternal and newborn care, including infant resuscitation. A shorter training session was also offered to 40 Orotta

Maternity Hospital staff. Participants included Associate Nurses, Nurses and Midwives. An additional 19 associate Nurses, Nurses and Midwives stationed in Mendefera also benefited from the LSS training. 100 health workers are trained every year with the support from UNFPA. In Zoba Anseba for example, refresher courses and trainings on LSS are offered at least twice a year, and at least two associate nurses in health facilities must be trained in LSS. The number of health facility workers who received LSS training increased from 74 in 2013 to 158 in 2015 with 74 trained in 2013, 50 in 2014 and 34 in 2015.

4.5.2.4. Strengthening EmONC services

Through a joint programme agreement between the Columbia University (Averting Maternal Death and Disability) and UNFPA Eritrea, a nationwide needs assessment of emergency obstetric care and qualitative study to identify the demand side barrier and gap in quality care was to be undertaken at the national and Zoba level. The assessment aimed to review the road map for maternal and neonatal health in 2015 and revise the referral and gate keeping system for effective delivery of EmONC services. However, the assessment was postponed to year 2016 by MoH. Focused antenatal care training was also conducted in four Zobas and a total of 110 health workers providing services to 22,000 pregnant women were trained. Furthermore, 48 health workers were trained on post-natal care to reach 3,000 women with the services. In addition twenty-six health facilities were equipped with supplies to enable the provision of routine and emergency maternal health services. Six (6) more community hospitals were enabled to become EmONC functional in addition to the previous 9 raising the total number of hospitals giving EmONC services to 15. Four Zobas undertook collaborative meeting for safe motherhood and reviewed their achievements and exchanged their experiences which resulted in sharpening of the plan for safe motherhood.

While the number of the health stations offering EmONC services has increased, it was noted the ability of most of the community hospitals to offer cEmONC was affected by shortage of anesthetists and gynecologists. To reduce this shortage, one Obs/Gyn and nine anaesthetists were employed through UNFPA funding as part of the South-South cooperation. The OB/Gyn has been stationed at the Massawa hospital, while three anesthetists have been deployed to Orotta hospital, two in Mendefera hospital, two in Afabet hospital, one in Teseney hospital and one in Massawa hospital. These experts have been able to assist and improve the quality of life saving services including conducting of caesarian section, obstetric related operation and fistula operations. Support supervision and mentorship of the health workers on maternal and new born health has also been done. However, given the amount of money (estimated at US $ 300,000) consumed by engaging these experts per year, there is need to review this model and its sustainability.

Overall despite a number of challenges such as shortage of skilled attendants in most facilities and inadequate ambulances, the quality of maternal related services has significantly increased.

4.5.2.5. Strengthening maternal death surveillance and response (MDSR) at all levels to improve quality services

A national maternal death surveillance and response system was established. Maternal death surveillance was conducted in two Zobas where 105 health workers attended training expected to improve maternal and perinatal death notification. Training on verbal autopsy was also provided to 254 health workers (150 in Gash Barka, 59 in Anseba and 45 in Maekel) in the years 2013 and 2014. In 2015, an additional 34 health workers received training in MDSR. Due to these trainings, maternal and perinatal death notification has improved at the facility level. Furthermore, the capacity of two members of the National Committee was also strengthened. However, while the system functioning was reported to be working well at the zoba level, it still needs strengthening at the national level. There is also need to strengthen its linkage with the facility data and the health information system.

4.5.2.6. Strengthening the expansion of Maternity Waiting Homes (MWHs)

To solve some of the challenges faced by pregnant women with no access to health facilities in the remote areas, the Ministry of Health with the support of UNFPA has established Maternity Waiting Homes (MWHs) across the zobas. In 2013-2015, through the CERF funding, 39 maternity waiting homes across the nation were supported with food items and supplies serving the pregnant mothers who stayed there. Findings indicate that during the period, a total of 129 pregnant women from remote areas had been beneficiaries of maternity waiting homes by end of 2014. All of them delivered at the health station assisted by skilled health workers and avoided the maternal and child deaths related to delivery complications. So far there are 42 UNFPA supported maternity homes. The Maternity Waiting Homes function as extensions of the host health facilities. The health workers have been oriented on the services to give at the maternity waiting home.

> "Although there is still no assessment done to show the impact of MWHs, it is with no doubt, that the MWHs have helped decrease the MMR and increase delivery rate by health personnel." Medical director Zoba Debub

Broadly, the MWHs have been accepted as the most innovative way to increasing skilled birth attendance. As a result, majority of the maternity waiting homes are established by the communities or local administration with the Ministry of Health providing the MWHs with beds and support health services and UNFPA providing food items, beds and other essential supplies. It was noted that most of mothers come from as far as 35-40 km and most of them are admitted for 3 weeks to two months at the maternity waiting homes. From the discussions held with the health workers supporting the MWHs, it was noted that facility deliveries have increased significantly with the maternal deaths at health facilities also reduced. In some of the health stations visited, it was noted that in the last one year they have not lost any mother due to birth complications. This can be attributed to good referrals that are in existence and the fact that the health promoters at the community level have become proactive in referring pregnant women in good time. It is worth mentioning that the importance of the MWHs was also underscored in the Mid Term Review of the SPCF.

However, it was noted that there are several challenges that face the MWHs. In some cultures, the mothers and the newborn are not to be seen until 12 days after birth. This has been a challenge especially because there are no vehicles to transport the mother home after giving birth. In addition, there is no regular food supply at the MWHs and in some cases; mothers are forced to depend on the goodwill of well-wishers and the local community for their subsistence. This is a challenge especially where a big percentage of the mothers are admitted at the MWHs with their other young children. It was recommended that the MoH with support from UNFPA strengthen the MWHs by providing transport back home after delivery and food support for the mothers. This would increase the number of mothers at the maternity waiting homes, increase facility delivery and improve on the national maternal and newborn health outcomes.

4.5.2.7. Strengthening post abortion care services

In order to strengthen post abortion care services a total of 178 health workers with 123 from Northern Red Sea and 55 from Anseba region have been trained on post-abortion care (PAC) including post-abortion family planning. It was noted that post abortion care services are very weak with only the zoba referral hospitals currently providing post abortion care and counseling for post abortion. There is need to strengthen the capacity of the health workers to offer such services and to increase the family planning uptake since induced abortion becomes a solution to unwanted pregnancies which largely result from inadequate or lack of access to family planning services.

4.5.2.8. Strengthen program on obstetric fistula

UNFPA has been supporting Obstetric Fistula Programme in Eritrea since 2003. Since 2004, specialists from the USA have been making regular annual visits to the Country to carry out fistula repairs with support of UNFPA. Under the Programme, complicated fistula cases are handled in collaboration with the US specialist surgeons while the less complicated are routinely handled by a long serving national surgeon, Dr. Habte who was trained by the visiting surgeons as well. In addition to the carrying out complicated operations, the visiting surgeons also provide on job training (OJT) on treatment of fistula.

According to Dr. Habte, the National Fistula Center at Mendefera Referral hospital which carries out all fistula treatments in Eritrea is well equipped with adequate medical facilities including well equipped operation room, four well furnished rooms with 26 beds for patients and well maintained sanitary facilities. Ministry of Health also continues to provide free treatment at the Center and covers other expenses such as food and transport in some cases. Well wishes also support patients with various items including clothes. As to capacity building 25 health workers in Zoba Debub were trained on diagnosis, management, rehabilitation and reintegration of obstetric fistula patients. 35 community members were also trained to be advocates for the prevention and treatment of fistula. In Gash Barka region orientation was given to 300 people in fistula prevention.

In addition to 1021 fistula patients already treated, 250 (86 in 2013, 110 in 2014 and 54 in 2015 of which 24 were complicated cases) patients had been treated by 2014. The operations success rate is at 80% and the remaining 20% of the patients have to be re-operated because most of the

patients come with very extensive damage. Patients who present with other infections are treated first for those infections and it is only after their recovery that they are taken for the operation. It was noted that after operation, the hospital has to detain the patients for 2-3 months for total healing before discharge. This is to prevent any re-occurrence of the fistula due to resumption of sexual activity. Despite the efforts, there is still backlog of obstetric fistula cases waiting for operation. At the beginning of 2013, there was a backlog of 985 women on wait list for operations. The backlog is largely attributed to the shortage of qualified obstetrician/gynaecologists with only one currently based at the National Referral Centre at Mendefera Zonal Hospital handling all the fistula cases in Eritrea.

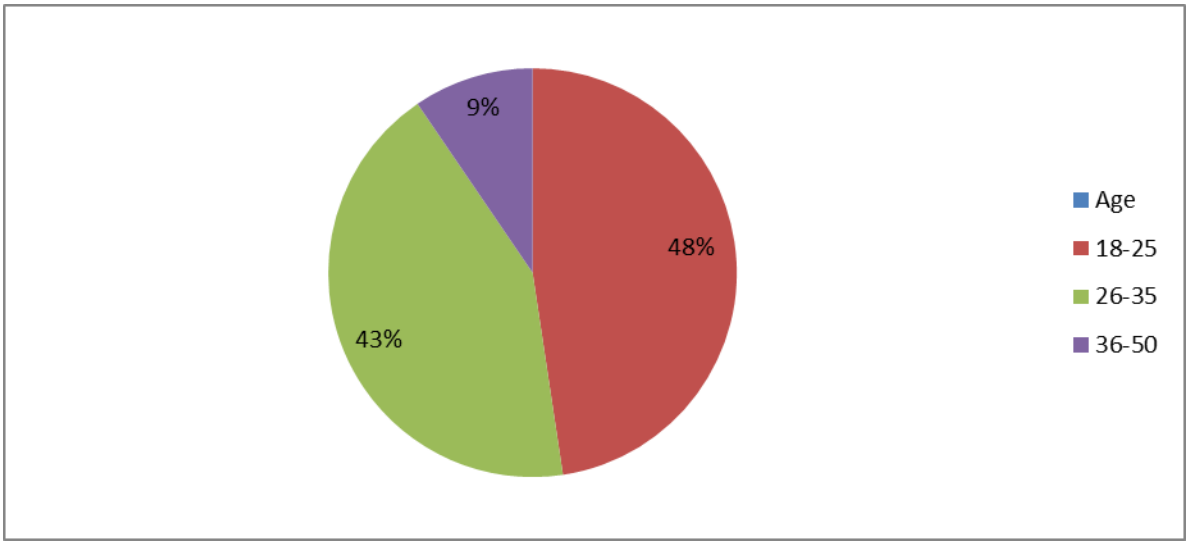
The government with UNFPA support constructed the Fistula Rehabilitation Centre which was officially opened in April, 2013. The center has a capacity of 30 beds and provides accommodation for women who come for treatment prior to and immediately after surgery. The hostel includes physiotherapy facilities as well as sustainable livelihood skills training for women requiring longer-term rehabilitation. The purpose of the Center is to:

- Provide a conducive environment to the survivors of obstetric fistula for the duration of their stay
- Provide information and life skills training to clients
- Accommodate pre and post-operative and follow up patients
- Equip the women with self-sustaining skills to strengthen their capacity to care for themselves in the future and effectively reintegrate into their communities.
- Serve as a maternity waiting home for women coming from remote and difficult to reach areas for admission until post-partum

The Centre also allows for in-depth health education and counselling which enable survivors to become community mobilizers for the prevention of fistula upon their return to their respective communities. To nearly all the fistula patients and survivors interviewed, the Center has given them back their dignity and enhanced their quality of life. One long term fistula survivor has been given a job at the center as she has nowhere to go back to. Apart from the MOH, National Union of Eritrean Women (NUEW) is also supporting rehabilitation and reintegration of Fistula survivors into the communities after discharge. In addition, NUEW in collaboration with the Ministry of Labour are training fistula patients and survivors in handcraft and knitting. The fistula affected mothers are organized as a support group.

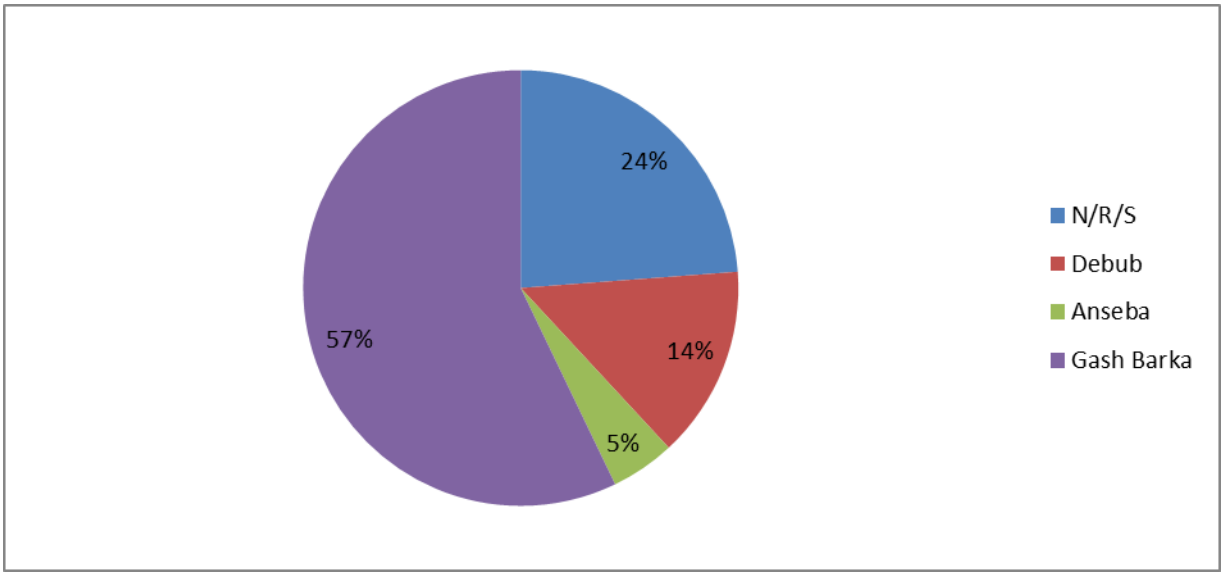
An assessment of the most affected found that most fistula cases occur among women who have undergone type two and type three FGM/C, married underage and undergone sexual violence (rape). There were also a number of patients who said that their fistula occurred within health facility settings either due to either negligence or incompetence among the health workers attending to them. From the 21 Fistula patients interviewed, 91% were aged 35 years and below with 48% aged 18-25 years and 43% aged 26-35 years. Only 9% were aged between 36 and 50 years as shown in Figure 8 below. Most of the fistula patients interviewed, reported that they have been divorced and stigmatized by the community because of their condition.

Figure 8: Age of the fistula patients



Majority of the patients were from Gash Barka (57%) followed by Northern Red Sea (24%), Debub (14%) and Anseba (5%) shown in Figure 9 below. Asked how they got themselves to the hospital, most of the patients said that they referred themselves after getting the messages through the radio especially during the annual fistula repair programme campaigns. Only a few were referred from various health facilities.

Figure 9: Focused Group discussion patient composition



The key challenges that the fistula repair programme faces include:

- Lack of clear mechanism of involving the Ministry of Labour and Social Welfare in the rehabilitation and reintegration of fistula survivors in communities. This is critical because in most cases it is extremely hard for the survivors to be accepted back into their communities and families after years of being ostracized.
- Lack of official record on the fistula situation at both national and Zoba level
- Inadequate human resource especially obstetricians/gynecologists that has result in huge backlogs and long waiting periods sometimes up to three to six months to be operated on. Although small fistulas can be operated on by other surgeons, there is only one experienced obstetrician/gynecologist who is operating at the fistula center.
- There is lack of direct hospital budget for the rehabilitation of the fistula survivors since the main concern for the MOH is the clinical/medical treatment of fistula.
- There is no provision for transport for the patients before and after their treatment. For instance one mothers said that she had to pay 5000 Nakfa (USD 333) to be transported to the fistula center. In order to increase the number of patient at the fistula center it would be very crucial for the MoH, UNFPA and other partners to provide transport support during the fistula campaign period and also subsidize their transport back especially for those coming from very far areas.
- Lack of special consumables for fistula operations such as suture. The visiting surgeons from the US nevertheless often ensure they bring a little more than they need during the campaign to leave behind.
- Shortages of high protein food and medicines for the patients,

4.5.2.9. Scaling up postpartum care outreach services

Outreach services on postpartum care services (post-natal home visits) were conducted for women in all the regions. Health workers were also trained on postpartum care including community based providers. From the Focused Group Discussion held with the health committee in Zoba Maekel, it was evident that there is a clear system of following mothers for postpartum care. However, due to transport challenges (lack of adequate vehicles, fuel and impassable roads) this activity including support supervision could not be carried out as planned by most health facilities especially in the hard to reach areas.

4.5.2.10 Demand creation for maternal and newborn health services including male involvement

Community health workers received training on demand creation for MNH. To help in demand creation on maternal and new-born health services including male involvement, workshops have also been held to provide health workers with sensitization activities on birth preparedness and emergency readiness. In Zoba Maekel safe motherhood promoters from 3 sub zobas (5 health facilities, 15 villages) were trained. It was also noted that the number of health facilities providing bEmONC services has increased, the number of pregnant women attending antenatal care (4^{th} visit) has increased and that the facility delivery had increased in all the Zobas that were assessed. However, low funding and shortage of IEC materials continue to affect health promotion and education activities at the community level.

4.5.2.11 Conclusion and recommendation

Overall, although tremendous effort has been put in building capacity of health service providers to increase access to and utilization of maternal and newborn services, the coverage still remains low especially in the remote and hard to reach areas due to a number of factors including:

- Lack of adequate transport facilities to carryout supervision and outreach services especially in hard to reach area. In most cases, the available ambulances are old and in state of disrepair.
- The shortage of the critical human resources especially midwifes, anesthetists and Obstetrician/gynecologists remains a critical in the provision of quality maternal health care services including treatment of fistula and provision of CEmONC services. This is complicated of high turnover of skilled personnel.
- Lack of a specialized midwifery programme in Eritrea. Consequently most midwifery services are offered by the associate nurses who are not qualified to provide skilled attendance.
- Inadequate funding to support the MWHs, fistula rehabilitation centre, health promotion and outreach activities.
- Lack of baseline data to determine the exact training needs of the health workers
- Frequent stock outs of essential medical supplies due to long procurement procedures and delays in the supply and distribution chain

Recommendations

From the foregoing, there is a strong case for continuing and scaling up efforts to build the capacity of health service providers to increase coverage of skilled attendants at delivery and emergency obstetric and newborn services at various levels. Specifically, there is need to:

- Review the cost effectiveness and sustainability of engaging external experts i.e. Obs/Gyn and anesthetists given the colossal amounts involved in their remuneration and support as expatriates.
- Assess the impact of maternal waiting home and to scale up the development of new maternal waiting homes
- Advocate for the finalization of EmONC needs assessment to provide the basis for expansion of bEmONC facilities and upgrading community hospitals to provide cEmONC;
- Strengthen the health system to sustain the achievement made on maternal and newborn care.
- There is need to develop a national human resources development plan for RMNCAH.
- There is need to strengthen and expand the capacity of ACHS to deliver quality basic and post basic training programs in midwifery including continuing professional development program (CPD)/continuing medical education.
- To advocate for the increased role of Ministry of Labour and Social Welfare in the rehabilitation of fistula survivors.

4.5.3 Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	Output: Improved provision of family planning services for individuals and couples.

4.5.3.1 Overview

The Programme sought to improve provision of family planning services for individuals and couples and by so doing achieve increased access to and utilization of quality family planning services for individuals and couples. The main focus areas of this programme thrust include:

- Strengthening information management and reproductive health commodities security;
- Building negotiation skills to promote condom use and safer sexual practices;
- Addressing sociocultural barriers to family planning;
- Increasing the demand for family planning through community efforts, including efforts to promote male involvement;
- Strengthening provision of services that address infertility;
- Training of community based distributors; and
- Prevention and treatment of reproductive organ cancers

4.5.3.2 Progress in in achieving Outcome 3 targets

The Programme set two targets to achieve, namely to sustain 100% of service delivery points with no stock outs of reproductive health commodity; and to train 4000 community distributors by the end of the Programme. UNFPA has supported the procurement of RH commodities including contraceptives, male and female condoms and the seven life-saving maternal/reproductive health medicines from the WHO priority list. As to training of community distributors, the number of those actually trained during the period was not stated. In this regard, it was difficult to determine the actual Programme performance in relation to the training of 4000 community distributors. Table 6 below shows the Programme performance in achieving Outcome 3 targets.

Table 6: Progress in achieving Outcome 3 targets

Indicators	Baseline	Target	Achievement	Comment
% of service delivery points with no stock outs of reproductive health commodity	100%	100%		Stock out for injectable was reported in 2013 and 2014 with 6 months stock outs reported in 2015.
Number of community distributors trained	0	4,000		The ESMG was tasked with training the condom distributors. The exact number of distributors trained was however not stated.

4.5.3.3 Strengthening Information Management and Reproductive Health Commodities Security

The Programme sought to strengthen the health system information management and reproductive health commodities security as a strategy for increasing access to and utilization of quality family planning services for individuals and couples. The activities included advocacy on FP at the community levels involving the local leaders, training of community health/extension workers and others for promotion of FP. According to MOH report 2014, there were approximately 10,286 users of modern family planning method in the country. 100% of service delivery points (SDPs) at the national level had seven life-saving maternal/reproductive health medicines from the WHO priority list. Over the same period, no stock-outs in FP methods and Reproductive Health drugs were observed in more than 60% of the SDPs. The human and institutional capacity development effort towards averting stock-outs of modern contraceptives and essential life-saving maternal/RH medicines at SDP is continuous process in the MoH and has been included as a part of the in-service training packages for health workers as well as the LSS training. Apart from holding constant dialogue with the MOH to ensure maintenance of no stock-out level for RH commodities, Eritrea has also implemented key demand generation activities at community level as a way of expanding the contraceptive method mix (making broad range of methods available in more SDPs and with expanded national coverage.

It should however be noted that although the 2014 report indicated that there were no stock-outs in FP methods and Reproductive Health drugs, the Zobas reported frequent stock outs in some RH commodities such as injectables every year since 2013 to 2015. The stock outs are largely attributed to red tape, slow port clearance of the commodities upon their arrival and delays in requesting and reporting of the commodities from Zoba to the national level. While the injectable is the most preferred family planning method, due to frequent stock out of the commodity in public facilities, most women depend on expensive commodities/services from the private pharmacies. It was therefore pointed out although the demand for FP services is steadily increasing the frequent stock out of the preferred method is affecting the uptake of FP. To solve this problem, respondents recommended that the supplies of the FP commodities be done twice a year.

In order to enhance the capacity of Logistics Management Information System, the MoH was equipped with the necessary data processing equipment and the Revised Pharmaceutical and Medical supply catalogue and Stock Record Cards were in place. To this end, 50 computers with accessories and 100 toners were procured and distributed through the UNFPA procurement office. The existing system had also been upgraded to MySQL and was in the process of being operationalized. Moreover, 4 LMIS staffs and 120 operators were trained on database while there were plans to train 150 officers on stock management.

A tool for LMIS advocacy had been completed and pharmaceutical and medical supplies catalogues, forms and stock record cards produced. In addition, 1000 copies of the national catalogue on essential drugs and medical equipment for use in Health Facilities were printed and disseminated. In 2015 pharmaceutical logistics staffs and health workers were trained on how to use the newly developed tools and procurement/supply management in all the Zobas and health facilities. Connectivity (network) has been created to link all SCS data base workstations.

However it was noted that there are system based communication issues due to power connectivity challenges. Similarly late reporting was reported in areas where there is no connectivity. Nevertheless, it was noted that the Zobas have their own systems most of which have installed solar power. For stock management there is a form in place to record the expiry dates of the drugs with stock management reporting done on quarterly basis.

4.5.3.4 Build negotiation skills to promote condom use and safer sexual practices

With the support from UNFPA, the Ministry of Health and ESMG has implemented key activities to promote contraceptive including condom use and safer sexual practices. To this end, training of health workers and community health workers in FP including condom negotiation was done in 2015. Likewise training of community health/extension workers for the promotion of FP and post abortion family planning was done in 2013. In addition, advocacy on FP at the community level involving local leaders was done.

ESMG also regularly carries out feasibility studies, gap surveys and distribution surveys to understand distribution and usage trends. Outlets are registered and classified into high/low risk and traditional/non-traditional. The male condom uptake has been good over the years with the condom distribution trend significantly rising from the 3 million per year in 1997 to the current 25 million per year. However, uptake of female condoms has remained very low. This could be attributed to misconceptions about female condoms and women's reluctance to use the condom because of reported uncomfortable sound it produces during intercourse. The need for intensified awareness creation on, and promotion of the female condom is therefore imperative. Shortage of funds has however, seriously challenged the ESMG ability to conduct market research for evidence-based planning and advocacy and to support IEC materials development and BCC activities.

4.5.3.5 Strengthening provision of infertility services

In order to strengthen provision of infertility service, one doctor and two lab technicians received training in Sudan on infertility management and a study tour in Khartoum was conducted by a five person delegation. The main objective was to visit the Fertility Centre providing training to the Eritrean Obstetrician Gynaecologists and lab technicians and other relevant health institution and service sites related to reproductive and maternal health. The mission visited three Fertility Centres, health institutions, facilities that provide RH services and a fistula centre. During these visits there were rich discussions and sharing of experiences from which the team benefited.

4.5.3.6 Promoting male involvement in family planning:

The religious and traditional leaders, community health workers have been engaged as change agents in family planning. In addition, sensitization and mentoring programs have been carried out to facilitate involvement of men in RH issues. From the discussion held with different respondents it was noted that the men are encouraged to accompany their wives during ANC visit, during delivery and for postpartum care. However, the male involvement is still low and the village health committee with the support from the health facilities and Ministry of Health are encouraging more males to support maternal and reproductive health issues.

4.5.3.7 Prevention and treatment of reproductive organ cancers

No activity was implemented with respect to prevention and treatment of reproductive organ cancers.

4.5.3.8 Conclusion and recommendations

The overall public investment in, and uptake of family planning services by individuals and couples in Eritrea remains extremely low with contraceptive prevalence rate estimated at 8.4% while the subject matter of family planning remains a deep political, cultural and religious issue. Eritrea being a fairly conservative religious society, child bearing is considered a divine responsibility and a gift from God which must not be interfered with. At individual levels however, the demand for FP services is gradually rising due to increasing literacy levels among women. As a result unmet need for contraception is now estimated at a high of 27.4% for women of reproductive age (15-49 years) and 43% among the age categories of 14 to 19 years. Unwanted and teenage pregnancies also continue to be a major threat to women's survival by predisposing women and adolescents to unsafe abortion with post abortion sepsis accounting for 11.8% of all obstetric deaths in Eritrea. With about 4% of adolescent between the ages of 10 and 15 years being sexually active, without proper sex education (including the use of contraceptives), most of these adolescents are also likely to be exposed to early teenage pregnancies, STIs including HIV/AIDS, and other social consequences like dropping out of school and under age marriage.

Recommendations

The assessment therefore recommends:

- The need for increased funding for scaling up family planning campaign activities including prevention and treatment of reproductive organ cancers and infertility.
- The need to intensify advocacy efforts to improve provision and utilization of family planning services for individuals and couples.
- The need to strengthen the national and zoba capacity for RH commodities supply chain management and security.
- The need to support BCC and IEC materials development to support health promotion and education activities especially at the community and health facility levels.
- The need for continuous advocacy and policy dialogue to establish a budget line for the procurement of modern contraceptives by the government.

4.5.4 Increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk

Outcome 4: Increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk	Output: Strengthened national capacity to prevent sexually transmitted infections and HIV/AIDS.

4.5.4.1 Overview

The Programme sought to strengthen national capacity to prevent sexually transmitted infections and HIV/AIDS and by so doing, to achieve increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk. This programme outcome was to be achieved through the following key activities:

- Supporting the provision of integrated services;
- Strengthening HIV prevention services targeted at young people and populations that are most at risk; and
- Strengthening community engagement in SRH and HIV prevention.

4.5.4.2 Progress in achieving Outcome 4 Targets

The Programme set two targets to achieve, namely to ensure that at least 60% of health facilities are providing integrated sexual and reproductive health and HIV services from none in 2013; and to ensure availability of a strategy on comprehensive condom distribution. The overall assessment found that these targets have been largely realized with 68% (234) of the 344 health facilities already providing integrated sexual and reproductive health and HIV services by the time of the assessment. A comprehensive condom distribution strategy and action plan was also developed even though the country is yet to fully implement the UNFPA 10-step strategic approach to Comprehensive Condom Programming (CCP). A national condom Technical working group (NCTWG) with membership from the MoH, the UN agencies and the civil society has been established to oversee the implementation of the CCP strategy. In addition, two officers from the Ministry of Health (CDC) together with an officer from UNFPA were trained on CCP in Johannesburg, South Africa.

Table 7: Progress in achieving Outcome 4 targets

Indicators	Baseline	Target	Achievement	Comment
Proportion of health facilities that provide integrated SRH and HIV services	0	60% health facilities	234 (68%)	The target surpassed
Availability of a strategy on comprehensive condom distribution	0	Draft strategy	Strategy developed and action plan drafted	The Country has not yet fully implemented the UNFPA 10-step strategic approach to Comprehensive Condom Programming (CCP)

4.5.4.3 Supporting the provision of integrated SRH/HIV services

While at the community level services are integrated, this integration especially in the case HIV and SRH (including STI prevention) is not yet supported by clear integration strategies and policies at the national level. It was nevertheless reported that UNFPA has provided technical support for the development of a policy and action plan on integration of SRH and HIV. The STI (including syphilis) testing equipment and kits have been procured and all pregnant mothers are routinely tested for HIV/syphilis at the facilities during their ANC visits. Overall, the assessment established that 90% of the health facilities are providing sexual and reproductive health and HIV integrated services. The results of assessment conducted on SRH/HIV integration were however, yet to be released.

4.5.4.4 Strengthening institutional capacity for HIV prevention interventions targeted at young people and population that are most at risk

Efforts towards strengthening national capacity to prevent sexually transmitted infections and HIV/AIDS have been particularly focused on the most-at-risk population. In 2013, 20 peer facilitators and coordinators were trained in the prevention of HIV/AIDS/STIs and condom use. The MOH then conducted a survey on mapping sex workers in the country and use of condoms (including female condoms). Training was provided to 200 commercial sex workers through the use of peer facilitators. By the end of 2014 the following had been achieved:

- 674 Most-at-risk population (CSW, Truck drivers) and police were reached through intensive training programmes and sensitization on HIV and condom use.
- The capacity of Health Providers was strengthened in cPMTCT services including provision of contraceptives, syphilis testing, medical male circumcision and basic counselling and Comprehensive Condom Programming (CCP). (150 in cPMTCT, 60 in syphilis testing, 30 in male circumcision and 17 in basic counselling and CCP)
- 200 copies of Infant Male Circumcision Training Manual, 300 brochures and 3000 health facility report format were produced.

In 2015 Zoba health providers were trained in comprehensive PMTCT services including provision of contraceptive options for women living with HIV and AIDS. In Zoba Anseba the contraceptive training for women living with HIV was carried out by BIDHO - the association of people living with HIV. Additionally the health workers were trained on condom use to equip them with knowledge and skills in condom use as a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment. Technical support on medical male circumcision has been provided at the health facilities and health workers have been trained on it. There are plans to ensure that there is medical voluntary male circumcision (MVMC) at all Zobas with technical support from national Clinical Services Division.

It was noted that previous partnerships and support programs involving NUEYS, ESMG, the military and others with its wider network of condom distribution contributed not only in preventing HIV/AIDS but also STDs and unwanted pregnancies. However, the current confinement of condom distribution to health facilities is likely to undermine easy access to condoms by young people.

4.5.4.5 Strengthening community engagement in SRH and HIV prevention

A campaign was conducted targeting local and religious leaders at all levels to address cultural issues that promote early marriage, early sexual debut, gender based violence and FGM in different Zobas. For example, in Zoba Maekel 46 sub-zoba administrators were sensitized and FGM day commemorated. Sensitization on FGM was done in 16 villages and the Zoba Reproductive Health Coordinator appeared three times on radio to advocate on the same. The National Union of Eritrean Women also carries out country wide sensitization and campaign on FGM, early marriage, the issue of virginity and women's rights (equity and equality) through their radio station and local branches across the country. Finally health workers have been trained as an initiative to promote medical male circumcision.

4.5.4.6 Conclusion and recommendations

The Programme has to a large extent met its planned targets with respect to provision of integrated HIV/SRH services at facility and community levels, strengthening of community engagement in SRH and HIV and prevention of HIV prevention services targeting young people and populations that are most at risk. A number of challenges however, still persist including insufficient funding for the development of IEC materials; training manuals for service providers in comprehensive integrated services including PMTCT; promotion of voluntary medical male circumcision; and implementation of the comprehensive condom programming. Accountability for results in co-funded integrated SRH/HIV activities with the Global Fund also remains a challenge. In addition the focus on the youth and adolescents is not as robust as compared to other key populations such as commercial sex workers and truck drivers. Furthermore, UNFPA funding is only for gap filling in the HIV programme thus reducing the potential impact of UNFPA's contribution to the overall HIV response.

Recommendations

The assessment therefore recommends:

- The need for scale up of the training and capacity building of health service providers in SRH/HIV integration, cPMTCT and voluntary medical male circumcision at various levels
- The need for increased funding for continuous SRH/HIV integration campaigns including awareness creation, testing, treatment, counseling, promotion of female condom use and BCC campaign to stop FGM and other harmful cultural practices especially targeting the youth and adolescents.
- The need to develop guidelines on accountability for results in delivery of integrated SRH/HIV services including STI services in co-funded interventions
- The need to increase support for development of training manuals for service providers in comprehensive integrated services, IEC materials in support of health promotion and education activities especially at the community and health facility levels.
- The need to continue support to fast track implementation of the CCP strategy and action plan
- The need to strengthen the National Condom Technical working group

4.5.5 Improved access to SRH services and sexuality education for young people including adolescents

Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)	Output: Improved provision of integrated sexual and reproductive health services and sexuality education for young people

4.5.5.1 Overview

The Programme sought to improve provision of integrated sexual and reproductive health services and sexuality education for young people and by so doing achieve improved access to SRH services and sexuality education for young people (including adolescents). The main focus of this programme thrust includes:

- Expanding coverage of youth friendly services both at health facilities and youth centres
- Expanding health education programming for youth on HIV, Sexual and reproductive health, and safe and responsible sexual behavior
- Strengthening of community engagement for promotion of SRH and HIV prevention

4.5.5.2 Progress in achieving Outcome 6 Targets

The programme set two targets to achieve; to develop a comprehensive youth policy that addresses the needs of rural and urban youth; and to increase the number of facilities with integrated youth friendly services from 5 to 13 by the end of the Programme period as shown in Table 8 below. The overall assessment found that while a Draft Strategic plan and service standard have been developed, only 3 (37.5%) of the targeted 8 additional health facilities with integrated youth friendly services have been established. This was attributed to shortage of funds to equip all the targeted facilities as planned. It should also be noted that during 2013 and 2014 period, the UNFPA Country Office did not have a programme with any youth-led organization. This was mainly due to the limited partnership scope allowed by the government at the time with UNFPA partnership limited to only the Ministry of Health, National Union of Eritrean Women and the National Statics office. The partnership with NUEYS to implement Outcome 6 thus only became effective in January 2015. During 2013 and 2014 period therefore, the only activities carried involved the production of bed sheets and baby carriers with health related messages printed on them targeting young mothers and the procurement of furniture and data processing equipment to be used within the to be established corners.

Table 8: Progress in achieving Outcome 6 targets

Indicators	Baseline	Target	Achievement	Comment
Availability of comprehensive policy on young people	0	Draft Strategic plan developed	Draft Strategic plan and service standard available	The target achieved.
Number of facilities with integrated youth friendly services	5	13	3	Shortage of funds has not allowed all the targeted facilities to be equipped as planned.

4.5.5.3 Expanding coverage of youth friendly services both at health facilities and youth centres

An assessment has been conducted of the existing youth friendly services to determine gaps, lessons learnt, and areas that require strengthening. Three health facilities established integrated youth friendly services out of the targeted additional 8 facilities. To strengthen youth friendly services at health facilities, 3 laptop computers with accessories, 10 flash disks, office tables and chairs were procured.

As to youth centres, no additional youth friendly centres were established in 2015. Originally, there was a plan to furnish three clinics/VCTs of the NUEYS but due to shortage of funds only one Flat screen set was purchased for a selected centre in Asmara. In 2015, 10 data collectors and 2 supervisors were hired and dispatched to Anseba region to conduct registration of all commercial condom outlets, this was done in order to improve and update the customer list. In Zoba Anseba 929 condom outlets were registered to facilitate condom distribution showing a 22% of increase of condom outlets that were registered by 2014. To improve condom management information system, there were plans to enter data on 3590 condom outlets into excel database.

4.5.5.4 Expanding health education programming for youth on HIV, Sexual and reproductive health, and safe and responsible sexual behavior

During the year 2013, bed sheets and baby carriers with health related messages printed on them were produced targeting young mothers. Each item had one of the following health messages printed on them:

- Get tested for HIV
- Be sure to attend a clinic or hospital for the birth of your baby
- Be sure to get yourself and your child vaccinated
- Be sure to breastfeed exclusively for six months
- No circumcision for young girls
- Seek advice from a doctor for the benefit of your health
- Overcome peer pressure wisely
- Abortion causes infertility

As a result of earlier efforts to expand health education programming for youth on HIV, Sexual and reproductive health, and safe and responsible sexual behavior, in 2014, the MOH reported that 200 adolescents had been reached with sexual reproductive health services; 623 numbers of unsafe abortions were averted; and that 4,552 unintended pregnancies were averted.

In 2015 after National Union of Eritrean Youth and Students (NUEYS) were brought into the Programme Implementation partnership, a number of activities were carried out as follows:

- As a part of the public campaign on responsible use and disposal of condoms, two youth talks in Tigrigna and Tigre languages took place in December 2015. Correspondingly two (2) video dramas were produced and broadcasted. Both the talk and the drama shows were on the topic of responsible use of condom.
- 28 peer groups having 20 members making the total of 560 peers were established. Each group was provided with training on ASRH. These groups have already started sensitizing the society. Teaching materials were also provided to each group to be used during their regular activities of sensitization.
- 18 debating competitions for selected student leaders were conducted in 18 schools where around 50-60 students participated in each event. Similarly 10 debating competition on RH was, conducted for youth out of school in NUEYS Zoba offices where around 50 youth have participated.
- Discussion guide for adolescent and safe motherhood (4000 copies) were produced
- Youth to youth education through peer education was also conducted for 20 health workers and stakeholders
- 2524 influential Community leaders, 850 Youth and 200 girls were sensitized on RH through seminars and debates.
- Additionally, the 200 girls were provided with sanitary towels, gender education (32 hours) and tutorial classes (288 hours).

4.5.5.5 Strengthening of community engagement for promotion of SRH and HIV prevention

Campaigns focusing on the role of education especially as pertains to the girl child were conducted. These were mainly aimed at parents and were held in the form of seminars. In each school, there were about 400 participants. Thirty- eight (38) sensitization sessions on ASRH were also held for influential people such as religious leaders and the police in all the Zobas. Twenty community based agents were trained to enhance skills to provide accurate information and promotion of SRH and HIV prevention services. As part of these activities, sanitary towels were also provided every month for all the direct beneficiaries. Psychology books and other related books were procured to support skills development of community based agents in order to provide accurate information and promotion of SRH and HIV prevention services.

According to NUEYS, HIV/AIDS, FGM/C promotion has been done through the relevant youth clubs. In addition, peer educators have enabled individuals and groups to access HIV/AIDs awareness and counseling. Youth sensitization happens through general knowledge competition, debates, panel discussions broadcasted by the media, mobile video shows, hotline counseling, VCTs, experience sharing, house to house campaigns (especially on FGM) in selected villages and interview with experts. There are hotline services run by 21 volunteers at NUEYS. Every week, a relevant topic is selected from the calls and then discussed on radio and also selected as topic for an article in the newspaper. The Media and Culture Department also prepares the youth magazine (Men'esey: Shebab etc.) and radio shows in eight languages. Development of RH training manual for youth is in the processes of being developed.

4.5.5.6 Conclusion and recommendations

The implementation of Outcome 6 was delayed by two years (2013-2014) only starting in earnest in January 2015. Further NUEYS partnership with Ministry of Education to support school based programme activities is yet to be approved. The role of ESMG has also been affected by shortage of funds to support its market research, advertising and product development activities. Despite these challenges, the Outcome 6 Implementing Partner, NUEYS has made exceptional efforts in executing the planned activities.

Recommendations

The assessment therefore recommends:

- The need for continuation and scale up of Outcome 6 on youth and adolescent SRH/HIV interventions.
- The need for continuous advocacy to push the youth and adolescents agenda in decision making and for expeditious approval of MoE partnership with NUEYS to support SRH and HIV promotion in schools and colleges.
- The need for advocacy for increased funding for youth and adolescents SRH/HIV programs.
- The need for ESMG to review its business strategy in order to develop a new business model towards self-reliance and financial sustainability.

4.5.6 Gender equality and reproductive rights advanced through advocacy and implementation of laws and policies

Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policies	Output: Strengthened capacity to implement the national gender policy and report on the Convention on the Elimination of All Forms of Discrimination against Women.

4.5.6.1 Overview

The Programme sought to strengthen capacity to implement the national gender policy and report on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in order to advance gender equality and empowerment and reproductive rights. The Delivery of Outcome 5 is designed as a Joint Programme on Gender Equity and Advancement of Eritrean Women. It brings together UNFPA, UNICEF, UNHCR, UNAIDS and UNDP with the National Union of Eritrean Women (NUEW) as the Implementing Partners and UNFPA as the lead UN agency. The Joint Programme focuses on:

- Strengthening gender management system among governmental, non-governmental, and the private sector
- Strengthening institutional capacities for gender analysis and mainstreaming,
- Increasing the level of awareness among the general public and authorities in order to enable integration of gender concerns in leadership and decision and
- Strengthening the implementation, update and reporting of international and regional human rights instrument.

Broadly, Outcome 5 of the Country Programme is aligned with the national and SPCF priorities of promoting equal opportunities for all; increasing the capacity of women, men, girls and boys of all backgrounds to participate in the national development process; enabling national institutions to have gender-responsive sectoral plans and policies; and enhancing capacity to implement the national gender policy; and enhancing capacity to implement and report on the Convention on the Elimination of All Forms of Discrimination against Women. This programme outcome was to be achieved through the following key activities:

- Supporting the development, implementation and monitoring of relevant policies and laws
- Supporting the implementation and reporting on the CEDAW
- Promoting social mobilization and innovative approaches towards the abandonment of FGM/C and other harmful cultural practices including early marriages

4.5.6.2 Progress in achieving Outcome 5 targets

The Programme set three targets to achieve, namely to increase the number of national laws and international agreements on gender equality implemented from 1 to 3; increase the number of institutions with gender mainstreamed in their policies from 5 to 12; and to increase the number of villages that pledge to abandon female genital mutilation from 4 to 10 by the end of the Programme period as shown in Table 9 below. With respect to the first target of increasing the number of national laws and international agreements on gender equality implemented from 1 to 3, CEDAW and anti-FGM law (Proclamation No. 158/2007) haven been implemented. On the target of increasing the number of institutions with gender mainstreamed in their policies, the Programme has so far increased the number by 2 (40%) from 5 to 7 of the targeted 12. In relation to increasing the number of villages that pledge to abandon female genital mutilation from 4 to 10, the Program outperformed the target by increasing the number from 4 to 26 villages making public declaration of abandonment of FGM/C, representing a percentage increase of 266.7%. The performance would have been much higher if all the 67 villages that met the criteria to be declared FGM free had publicly made the declaration.

Table 9: Progress in achieving Outcome 5 targets

Indicators	Baseline	Target	Achievement	Comment
Number of national laws and international agreements on gender equality implemented	1	3	1 (33%)	The 5th CEDAW report has been developed and translated into the local language and widely disseminated to the communities through seminars
Number of institutions with gender mainstreamed in their policies	5	12	7 (40%)	Gender focal persons exist in some line ministries and organizations such as such as MOE, MOA, MOLHW, MOTI and NUEYS. Gender mainstreaming strategies of MOE & Agriculture have been reviewed
Number of villages that pledge to abandon female genital mutilation	4	10	26 (226.7%)	A UNICEF Mapping Exercise conducted in 2014, reported that of the 112 villages chosen, 67 villages (58.8%) met the criteria to be declared FGM free while the remaining 45 villages required further community mobilization

4.5.6.3 Support the development, implementation and monitoring of relevant policies and laws

NUEW is mandated to spearhead the development, implementation and monitoring of relevant policies and laws related gender equality and empowerment in general in Eritrea**.** Overall, the Programme has supported NUEW to develop capacity in areas of gender analysis, development and mainstreaming and integrated gender, SRHR and environmental sustainability programming. Additionally the programme supported the development and publication of the National Gender Action Plan (NGAP) 2015-2019. The Action Plan focuses on the following:

a) Mainstreaming gender in policies, strategies, action plan, programs and projects in all public and private sectors of the socio-economic and political spheres by closing the gap and empowering women and men who have been disadvantaged.
b) Promoting equal opportunities and increase capabilities of women and men in having access to and control over resources that would lead to poverty reduction in a sustainable way.
c) Increasing the visibility of women in forms that recognize their contribution in the productive, reproductive and community activities in relation to those done by men.
d) Producing, maintaining and disseminating gender sensitive information, sex disaggregated data and gender sensitive assessment indicators in forms that will be used in planning, implementation and monitoring and evaluation of progress made at all levels and in all sectors.
e) Developing capacity of all key actors in various sectors to enable gender planning, analysis and monitoring for effective implementation of the NGAP and other gender related policies and programs in Eritrea.
f) Developing, planning and lobbying for gender sensitive budget that enables allocation or re-allocation of resources to gender responsive programs and projects.

Sector policy review was conducted in two ministries, namely Ministry of Transport and Communications and Ministry of Information to identify gaps and formulate gender mainstreaming strategies and action plans. Gender focal persons have also been appointed in Ministries of Education, Agriculture, Labour and Human Welfare, Information, Transport and Communication and Trade and Industry (MOTI). Other activities undertaken include advocacy and awareness on women's empowerment, gender equality and reproductive rights (RR) to transform discriminatory social norms; and Implementation of legislation and policy through gender responsive programmes on SRH and RR (including GBV and FGM/C) related legislation and/or policy. However, the agenda of gender mainstreaming into institutional policies is not moving as it was originally planned. Support to enhance the capacity of the judiciary, national human rights institutions, law professionals, and civil society watchdog organizations to protect reproductive rights is also weak.

4.5.6.4 Support the implementation and reporting on the CEDAW

The Government continues to implement the provisions of CEDAW as well as other national development policies and international Conventions to which Eritrea is a signatory. NUEW is mandated to oversee the implementation of CEDAW activities including CEDAW reporting and participation in various international event related women and gender empowerment. NUEW

also runs campaigns to create awareness on legal provisions and articles related to gender, SRHR, FGM/C and other harmful cultural practices. All the sub-zobas have been involved in this campaign. Periodic CEDAW reports are prepared and reported through Universal Periodic Reports (UPR). The 3rd CEDAW report was prepared in 2012 and at the time of the assessment the 4th and 5th CEDAW reports had been prepared, submitted to CEDAW secretariat, and defended. NUEW had also embarked on the development of the 6th CEDAW. The 5th CEDAW report has been translated into the local language and widely disseminated to the communities through seminars. According the 5th report, despite the general improvement, the sex disaggregated data documentation is still weak in some private and government sectors. The report also emphasized the need for championing reproductive right including:

- Policies/strategies for maternal health and family planning
- Right to access SRH information and services
- SRH service provision for married and unmarried adolescents
- Campaign against gender based violence and harmful traditional practices including female genital mutilation/cutting

NUEW also submitted the Beijing +20 Report a flagship report on the achievements towards gender equality in Eritrea for the last 20 years.

4.5.6.5 Promoting social mobilization and innovative approaches towards the abandonment of FGM/C and other harmful cultural practices including early marriages

The practice of FGM/C in Eritrea has deep and entrenched cultural roots that are difficult to uproot. FGM/C is a practice that not only violates the rights of women but also exposes their health to great risks. To eradicate the vice, many institutions including MOH, MOE, NUEYS, and NUEW with the support of the UN in Eritrea have combined efforts to campaign against the practice. The efforts on FGM/C aim at raising awareness, advocacy with opinion leaders and having communities declare their support for abandonment of FGM/C. As a result, significant achievements have been realized over the recent years.

UNFPA provided technical assistance and resources in programme design, planning and implementation of interventions that support the abandonment of FGM/C and other harmful cultural practices including early marriages and gender based violence (GBV) through advocacy, training of community and legal service agents, community-based activities to raise awareness and dialogue.

Through the support of UNFPA to reduce FGM/C, sensitization campaigns and community dialogues have been held in a number of villages in all Zobas. Focus has been given to community initiated collective and public declarations to abandon FGM. A UNICEF Mapping Exercise conducted in 2014, reported that of the 112 villages chosen, 67 villages (58.8%) met the criteria to be declared FGM free while the remaining 45 villages required further community mobilization. Only 26 villages were able to make a public declaration of abandonment of FGM/C. In refugee camps, individual declaration statements to abandon FGM have been signed with former FGM circumcisers being given support to change their means of livelihood and avoid the practice of FGM. 900 Zoba Government officials were also trained on the

implementation of anti-FGM law (Proclamation No. 158/2007) and other harmful practices such as early marriage. The following activities were also undertaken between the years 2013 and 2014:

- Training of 885(218 males and 667 females) government and community leaders in gender empowerment and leadership
- Training of 1419 (387 males and 1032 females) participants in awareness raising and legal enforcement focusing on FGM/C, early marriage and violence against women;
- Implementation of media based campaigns focusing on male involvement in the promotion of gender equality and campaign against violence against women
- Training of 460 (310 females and 150 males- administrators, religious leaders, representative of NUEWs, parliamentarians, representatives from MOE and MOH, Ex-circumcisers, Block leaders and students) on an integrated approach to gender issues, HIV/AIDS and FGM/C.
- An agreement on mutual collaboration in the education and health sectors between Sudanese Women's General Union and NUEW was signed in the Women's International Symposium on peace and economic empowerment held in 2014. The symposium also promoted the South to South cooperation on gender and women empowerment
- Curriculum on gender study was developed. This curriculum intends to introduce a gender perspective by establishing a Gender Management System in all ministries, departments and private sectors.

In addition, NUEW is actively working to create awareness on the legal age of marriage which is linked with campaign to promote girls education. NUEW strongly believes that all girls should complete at least college education before marriage.

4.5.6.6 Conclusion and recommendations

Overall, significant achievements have been realized over the recent years in strengthening capacity to implement the national gender policy and international commitments including CEDAW, and in advancing gender equality, women's empowerment and reproductive health rights. Through Joint Programming approach, Eritrea has increased both the substance and scope of work on gender equality and empowerment to include advocacy and awareness on women's empowerment, reproductive rights and implementation of legislation and policy through gender responsive programmes on SRH and reproductive rights including GBV and FGM/C. Coordination mechanisms for gender mainstreaming within government and UN has also improved overtime. However, not much has been achieved in mainstreaming gender in policies, government planning and budgeting processes and in building the capacity of the judiciary, national human rights institutions, law professionals, and civil society watchdog organizations to protect and enforce reproductive rights and gender related laws. Not all villages are also willing to come out and make public declaration on abandonment of the practice of female genital mutilation/cutting (FGM/C).

Despite the achievements advancing gender equality and reproductive rights and implementation of gender related strategies, laws and policies still face a number of challenges. These include:

- Limited stakeholder follow-ups after trainings
- Inadequate funding and lack of gender sensitive planning and budgeting tools to enable government allocation or re-allocation of resources to gender responsive programs and interventions.
- Inadequate institutional capacity including human resource capacity to implement, monitor and evaluate policies, strategies and action plans.
- Lack of comprehensive M&E system and framework including effective systems for gender sensitive information management, sex disaggregated data and gender sensitive assessment indicators in forms that are useful for planning and monitoring and evaluation of progress made at all levels and in all sectors.
- Deep rooted cultural norms on the practice of FGM/C and early marriages
- High illiteracy levels and poor socio-economic status among majority of women
- Delays in disbursement of committed funds by development partners due to delays in government approval of annual work plans and implementing partners' submission of quarterly progress and financial reports.

Recommendations

The assessment therefore recommends

- The need for a comprehensive capacity needs assessment of NUEW at national, zoba and community levels as basis for strengthening the capacity of NUEW as the national mandated institution for the implementation of national and international gender related strategies and policies
- The need to continue and scale up Outcome 5 interventions including national and community level campaign to advance gender equality and reproductive rights including SRHR, FGM/C and harmful traditional practices.
- The need to scale up gender mainstreaming initiatives into policies, government planning and budgeting processes
- The need to develop a national strategy for building capacity of the judiciary, national human rights institutions, law professionals, and civil society watchdog organizations to protect and enforce reproductive rights and gender related laws.
- The need to advocate for the establishment of a national women development fund to support women's economic empowerment initiatives.
- The need for NUEW to develop an institutional development and sustainability strategy
- The need to develop a national gender and development M&E Framework
- The need to develop gender sensitive planning and budgeting guidelines for public and private sectors.

4.5.7 Improved data availability and analysis around population dynamics, SRH including family planning) and gender equality

Outcome 7: Improved data availability and analysis around population dynamics, SRH including family planning) and gender equality	Output: Strengthened national capacity to generate data on population dynamics sexual and reproductive health, gender

4.5.7.1 Overview

The Programme sought to strengthen national capacity to generate data on population dynamics sexual and reproductive health and gender and by so doing achieve improved data availability and analysis around population dynamics, SRH including family planning) and gender equality. The delivery of Outcome 7 is a designed as a Joint Programme on Data for Development (D4D). It brings together UNFPA, UNICEF and UNDP with the Ministry of National Development, National Statistics Office as the Implementing Partners with UNFPA as the managing UN agency. The Joint Programme is aligned with the National and SPCF priority to strengthen regional and national capacity for development efficiency and effectiveness in Eritrea with specific focus on improving capacity and systems within the National Statistics Office, sectoral ministries and regions for effective development planning and management. The Programme aims to build capacity to conduct surveys; advocate for a civil and vital registration system; support the establishment of databases and their integration into policy and programme formulation; and improve the availability of quality gender disaggregated data for evidence-based planning and programming. The main programme activities focus on the following:

- Finalization of the 2010 Eritrea Population and Health Survey(EPHS +2010) and preparation for the fourth round of EPHS
- Human resource development
- Preparation for the establishment of Civil Registration and Vital Statistics of Eritrea
- Monitoring and evaluation capacity development

4.5.7.2 Progress in achieving Outcome 7 targets

The Programme set three targets to achieve, namely to implement the fourth Eritrea Population and Health Survey (EPHS) by end of 2015; develop National Civil and Vital Registration Strategy; and to establish 1 national and 6 regional (Zoba) gender sensitive databases as shown in Table 10 below. Overall, the fourth Eritrea Population and Health Survey (EPHS) was behind schedule to be implemented in 2016 while a five year National Civil and Vital Registration strategic Plan was developed in 2015. Most of the planned CRVS activities in 2015 were however, not implemented because of inadequate staff and other competing priorities such as food security survey. Plans to establish one national and 6 regional gender responsive database had not also taken off by the time of the assessment.

Table 10: Progress in achieving Outcome 7 targets

Indicators	Baseline	Target	Achievement	Comment
Implementation of the fourth demographic and health survey	3rd demographic and health survey;	4th demographic and health survey conducted		The 4th demographic health survey is to be implemented in 2016
National civil and vital registration strategy is in place	0	1	1	A five year comprehensive strategic plan was developed in 2015 with the help of an external consultant. However most of the planned CRVS activities were not implemented in 2015 because of inadequate staff and other competing priorities.
Number of national and regional gender-responsive databases	0	1 national and 6 gender responsive database at the Zoba	No database has been established	0%

4.5.7.3 Finalization of the 2010 Eritrea Population and Health Survey (EPHS +2010) and preparation for the fourth round of EPHS

The Eritrean Population and Health Survey (EPHS) 2010 was finalized in 2013 and the report disseminated widely among all stakeholders as planned. Technical assistance was provided by the Fafo-Applied Institute of International Studies (Fafo AIS) based in Oslo, Norway. The assistance was offered in two phase. The first phase was in Asmara from 12th -15th of August 2013 while the second phase was in Norway from August 20th to 20th September 2013. The EPHS 2010 currently serves as a key reference source for the country and its partners for programming and policy advocacy. The country also developed an integrated DevInfo database with an aim to improve data utilization among sectors. The database packaged data generated from the Demographic Health Survey (DHS) 2002 and EPHS 2010. This data was also used to generate user-friendly fact sheets that are expected to be useful in program planning and evidence-based policy advocacy. The fact sheets and national and regional trend data will be updated upon finalization of the fourth EPHS in 2016.

Although the conduct of the fourth EPHS was delayed, majority of the preparatory activities had been implemented. Originally, the household listing and mapping as well as the field work for the pre-test and main survey were planned to be carried out using hard copy questionnaires. However, it was later agreed with development partner that computer (Tablets) assisted data collection be used instead. Consequently the budget that was originally allocated for household listing and mapping field work was reprogrammed and used to buy tablets for this purpose. The following activities have already been implemented

- Design, finalization and translation of questionnaires
- Development of Interviewers and Instructors manual
- Procurement of satellite images
- Updating of the sample frame

Procurement of tablets was to be done through the Red Sea Trading Corporation and delivery made before the end of January 2016 while procurement of Laboratory kits and consumables for HIV and Hep Band C and Micro- Nutrient testing was on-going at the time of the assessment.

4.5.7.4 Institutional and human resource development

The programme significantly contributed to institutional and human resource capacity of the National Statistics Office and regional administrative offices to collect, analyse and disseminate various socio-economic disaggregated data. While developing the EPHS 2010, 30 staff from the Ministry of Health and National Statics Office received training on report writing and data analysis. Two senior experts from NSO (Data Processing Expert and Demographer) participated in a workshop on "REDATAM" organized by UNFPA office in Johannesburg, South Africa. The training was held from August 13th -23rd 2013. UNFPA's Country office also contributed to the training of 32 National Statistics Office (NSO) staff in conducting in-depth analysis of EPHS data and on the establishment, maintenance and use of a web-based IMIS. The NSO has also provided training to representatives from the line ministries on DevInfo program related to national database development.

In addition, training on survey methodology, with special emphasis on questionnaire and sample design was offered to relevant experts from Zobas and sector ministries with the exception of Ministry of Information and the Ministry of Labor and Human Welfare. A total of 28 experts from the Zobas (12) and relevant sector ministries (16) participated in the training workshop. The participants were mainly those in charge of planning; design and development; and implementation of survey undertakings in their respective zobas and sector ministries.

The NSO in collaboration with its partners further organized a ten days training workshop on the application of advanced GIS tools for relevant experts from the NSO and Zoba administration offices. The workshop was held from 9th to 19th November of 2015 with a total of 16 experts participating in the training. Majority of the trainees had prior knowledge and experience on the basic GIS tools and had been involved in GIS related activities in their respective organizations. The main aim of the training was to enhance the skills of the participants on the advanced and widely applicable GIS tools. The training covered the following three main courses:

- Designing of Maps with ArcGIS
- ArcGIS 3: Performing Analysis
- Building Geo-database.

The following activities are planned to be undertaken in 2016:

- Training of 3 NSO staff at Master's level in GIS, demography, and IT through distance learning with relevant institutions abroad
- Conducting two weeks training on database development, management and maintenance as well as networking. Training will be offered by relevant external experts
- Conducting two weeks training on use module of DevInfo package for the development of indicators database for zoba experts. The training to be offered by senior experts from NSO and MoH
- Purchase of latest version of GIS package and training
- Salary for qualified accountant to be hired for the EPHS 2016 project finance management at NSO.

4.5.7.5 Preparation for the establishment of Civil Registration and Vital Statistics Eritrea

The road map for a functional National Civil and Vital Registration System (NCVRS) has been established and rapid assessment on the situation was done in 2014. A shortage of critical staff and particularly in the field of demography however remains a major impediment to the implementation of the system. The NCVRS, once implemented is expected to provide disaggregated data for national planning and policy formulation.

The NSO organized a two day awareness raising and advocacy workshop for high-level national and sub-national government officials on CVRS on 14-15 of August, 2014 at NSO conference hall. The workshop which was attended by total of 36 higher level officials and relevant experts from regional administration office and sector ministries as well as staff from UNFPA and UNICEF, covered relevant topics on CVRS. The workshop was facilitated by an experienced expert and consultant on CVRS from Ghana.

A five day Training of Trainers (TOT) workshop in CRVS methods and procedures was conducted with a total of 33 technical experts in charge of CVRS in each of their respective regions and sector ministries participating in the training. The training was provided by the same expert from Ghana who delivered the awareness raising and advocacy workshop. In October 2014, a three day training workshop on Result Based Monitoring and evaluation was offered to 34 experts from regional administration office and sector ministries.

The Programme also assisted NSO with the help of an external consultant to develop a five year comprehensive strategic plan for CRVS as planned in 2015. The Strategic Plan's main objective is to strengthen the existing CVRS in Eritrea. As part of the development process, data pertaining to the existing CRVS in Eritrea was collected by visiting relevant sector ministries (MND, MoND, MoH, MLHW, MoE and MoJ) and zoba Maekel administration office using a checklist developed for this purpose. A half day dissemination workshop was then held with participants comprising of higher level government officials from the Zobas and relevant sector ministries. Based on the comments during the workshop, the draft strategic plan was finalized and submitted to the Ministry of National Development for approval.

Most of the planned CRVS activities in 2015 were however not implemented because of inadequate staff and other competing priorities such as food security survey. The following activities have been planned for the year 2016 in relation to CRVS:

- Establish an inter-ministerial standing on CRVS
- Establish a coordinating agency at national level on CRVS
- Undertake study tours to at least two countries with an effective CRVS system
- Start drafting an appropriate law that will govern the CRVS system
- Lobby for the enactment of the draft laws on CRVS
- Undertake a comprehensive assessment of CRVS system that conforms with the strategic plan
- Standardize all the tools for registration of vital events
- Compile a comprehensive standard manual on civil registration
- Develop a CRVS related database
- Conduct capacity building workshops on the standard registration tools, manual and database to relevant experts from the zoba
- Purchase of equipment for the implementation of CRVS activities (office, zoba office,), NSO (Desktop computers, laptops, printers and accessories)

4.5.7.6 Monitoring and evaluation capacity development

All of the activities related to the development of monitoring and evaluation network in the country that were to be implemented in 2013 were postponed to 2014 when 36 high level officials and experts were trained on M&E database. During the same period, a three days training workshop on Result-Based Monitoring and Evaluation (RBM&E) was offered to 34 experts from regional administration offices and sector ministries by a senior expert from UNICEF-Eritrea country office. The training workshop was held with an aim to strengthening the capacity of sectoral departments to demonstrate results, track the progress of the interventions and to monitor and evaluate their own progress. However, there has been little progress in establishing nationally functioning M&E system, master level training and national level M&E workshop while NSO participation in Regional survey design workshop was postponed.

Although Eritrea has a robust community based system that collects routine data using various agents in the communities, the system is not for example linked to the health management information systems and other sub systems which is either facility or programme based. The data collected at community level such as nutrition, EPI, RH, malaria, TB etc. are therefore vertically channeled to the relevant national programme without being entered into HMIS at the facility level. Practically, there is lack of a coordinated and integrated approach to the collection, analysis and dissemination of data from community sources. This together with lack of system linkages between the community, facility and programme based information systems and health management information systems leads to under reporting from the community. It is therefore crucial that information at community-level is gathered in a coordinated and integrated manner and NSO in its plans to establish national and regional databases including the CRVS should consider. Integration should also be strengthened through cross-sector information management, especially in context of HMIS and CRVS.

4.5.7.7 Conclusion and recommendations

Despite the programme efforts to strengthen national capacity to generate and ensure availability of data on population dynamics, SRH including family planning and gender, many challenges remain. During the 2015 period for example, the implementation of the approved 2015 AWP did begin until the 4th quarter of the year. This was mainly because the implementing agency, NSO was engaged in conducting national food security and assessment study during the first three quarters of the year. The staff attrition rate has also been very high which has taken away from NSO the most critical higher and middle level experts in whom a lot of mentoring, capacity building and training had been invested. Furthermore, Eritrea does not have a training programme for statisticians and demographers while those sent for studies abroad do not return making recruitment of new staff difficult. Overall, National Statistics Office's lack of institutional capacity and functional autonomy together with lack of an enabling national statistics policy and law have combined to affect the IP's overall effectiveness in delivering on its mandate especially in generating disaggregated socio-economic, population, SRH, family planning and gender data in support of evidenced based planning and decision making in Eritrea.

Recommendations

The assessment therefore recommends:

- The need for a comprehensive capacity needs assessment of NSO as basis for developing NSO's institutional capacity development strategy
- The need to advocate for the development of national statistics policy and legislation
- The need to advocate for the establishment of NSO as a semi-autonomous statutory body
- The need to develop NSO staff development and retention policy
- The need to strengthen NSO technical capacity to conduct population based surveys and lead and oversee the generation and management of a broad spectrum of national data and statistical needs including civil, social, demographic, population, economic, health and gender information to support evidence-based decision making, policy formulation, development planning and programming.
- The need to continue and scale up Outcome 7 interventions on data for development.
- The need to establish and strengthen integrated community based information systems functionally linked with the Health Management Information System (HMIS) and CRVS

4.5.8 Effectiveness in reaching target population

The Programme delivery through well-structured and organized implementing partners with delivery nodes reaching up-to the household level has ensured that the programme services and benefits effectively reach the targeted population. This is reflected in outcomes recorded for example in reducing maternal mortality and the campaign against FGM/C at various levels. The various committees including gender committee, FGM committee and health committees established at the zoba, sub-zoba and community level has also made programme related decision making relevant to the local needs and realities. At the community level, the committees are organized up to the household level. For example, each village health committee is responsible for 5 groups each of which is responsible for 38 'gujiletat' and each gujiletat has a responsibility to follow up 18-25 households.

4.5.9 Drivers of success of the 4th Country Programme

The relative success of the fourth country programme so far is attributable to a number of factors including:

- The Government's commitment to supporting UNFPA and other joint partners work in Eritrea through the Strategic Partnership Cooperation Framework 2013-2016 and the Fourth Country Programme 2013-2016 and Country Program Action Plan (CPAP). These have provided enabling policy environment for the Programme implementation with almost guaranteed political support at the highest level.
- The government's commitment to equitable national development and improvement of physical infrastructure and health facilities across the country driven by the spirit of self-reliance;
- The government's commitment to accountable and transparent leadership and partnership arrangements
- GoSE has workforce including health workers, health promoters and local committees who are astoundingly committed to national service with integrity from the village to the national levels.
- The Country Programme has put in place a national infrastructure to address RMNCAH, gender equality and data for development issues by working with the national government including MOH, MoND/NSO and Zobas, NUEW, NUEYS and communities up to the household levels is a key driver of success.
- UNFPA has been able to mobilize high level political goodwill and support from the zoba, national to the international levels. This has had the effect of opening other funding opportunities for the country and the programme.
- The Country programme approach and strategies are hinged on an inclusive participatory model with a robust joint partner, multi-stakeholder and multi-sectoral engagement framework. This has created a unique a sense of stakeholder ownership and drive to make the programme succeed in every other way.
- The partnership approach has enabled the Country Programme to leverage and maximize the use of resources for maximum output.
- UNFPA CO has demonstrated unrivalled commitment and enthusiasm to reach the unreached throughout the country.
- UNFPA and joint programme partners have established an enabling technical assistance and institutional capacity building framework that is expected to support the programme outcomes beyond the limits of programme timeline.
- The Country Programme design recognizes the community as the foundation of the health and development system and therefore provides a robust community engagement framework for generation of demand and delivery of RMNCAH and gender empowerment services
- The Country Programme is committed to organizing frontline workforce and local committees into performance improvement teams.

4.5.10 Factors affecting the Implementation of the 4th Country Programme

The effective implementation of the Fourth Country Programme has been affected by a number of factors including:

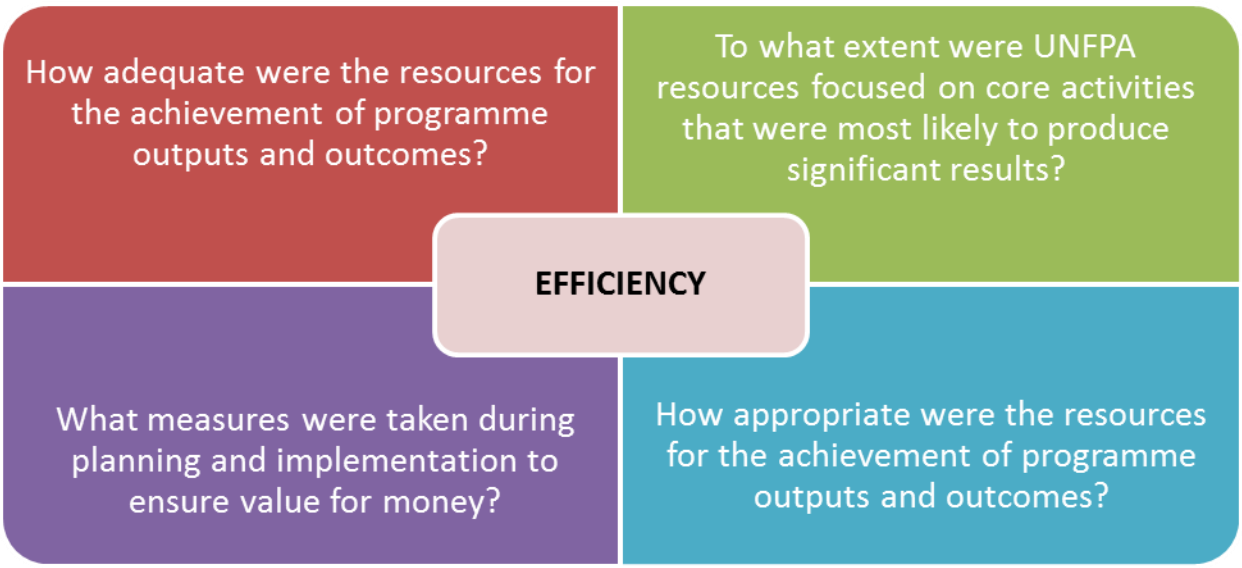
- Delays in signing Annual Work Plans affect the implementation of the first quarter activities with knock on effect on the implementation of rest of the quarters' activities, which consequently, delays the reporting from relevant stakeholders and quarterly disbursement of funds.
- Shortage of human and financial resources has affected the effective implementation of most of the programme activities.
- Late entry of the National Union of Eritrean Youth Students (NUEYS) and Asmara College of Health Sciences into the implementation partnership delayed the implementation of training and youth and adolescent-specific services
- Lack of direct involvement of the Eritrean Social Marketing Group (ESMG) in the planning and execution of the programme activities, more specifically, those which deal with HIV and STI prevention and ASRH.
- Irregular or lack of quarterly and annual programme review meetings, limited field monitoring missions and exchange of experiences in the implementation of the programme at various levels. Travel restriction has also tended to limit the frequency of UNFPA's and joint programme partners' field monitoring missions.
- Limited institutional capacity across a number of IPs such as NSO leading to, in some cases, slow programme implementation, late preparation and submission of required reports.
- Limited latitude for partnership with a few implementing partners approved by the government i.e. Ministry of Health, National Union of Eritrean Women, the National Statics Office and National Union of Eritrean Youth and Students. Furthermore, the current partner coordination, communication and reporting system does not allow development partners to directly engage with the Zoba level government implementing partners.
- Slow communication between different levels of the delivery chain i.e. between UNFPA and Ministry of National Development; and between UNFPA, Ministry of National Development and the implementing ministries, departments and Zobas
- Weak performance management, monitoring and evaluation system at the national level and among the Implementing Partners. The weak performance management system at the national level and among the Implementing Partners has also tended to affect the operationalization of the Programme's results based M&E approach.
- Lack of up-to-date and reliable baseline data to enable evidence based planning, setting of performance targets and monitoring and evaluation at various levels of the results chain that has affected the tracking and reporting of results; and demonstration of value for money, achievements, outcomes and impacts.
- Limited bilateral and multilateral donor base in Eritrea and inadequate support by the UNFPA Regional Office in helping the Country Office to mobilize resources for the country programme.
- Inefficient banking and slow cash transfer system that eats significantly into valuable programme time due to delays in transfer of money from the national to zobas.

- Inadequate commitment among some joint programme partners to joint resource mobilization and reporting resulting in some elements of duplication of efforts and resources among partners and pressure on the Implementing Partners who are forced to produce different reports to meet the different partners' reporting requirements.
- The failure of the UN Joint Partners to implement the Joint Resource Mobilization Strategy and some joint programme partners to either honour their financial commitments or delay in disbursing committed funds to the implementing partners. Not all joint partners are committed to working through the Harmonized Approach to Cash Transfer (HACT) modalities.
- Lack of internal audit systems leading reliance on annual audits carried out by UNFPA.
- Low absorptive capacity leading to frequent requests for re-programming or return of unspent resources.

4.6 Assessment of the Programme efficiency

In assessing the programme efficiency, the assessment sought to examine whether the resources were adequate and appropriately applied for the achievement of programme outputs and outcomes and the extent to which UNFPA resources focused on core activities that were most likely to produce significant results. The assessment also sought to assess the implementation measures taken to ensure value for money.

Figure 10: Efficiency Assessment Criteria



4.6.1. Mobilization and adequacy of resources to achieve programme outputs and outcomes

To finance the Fourth Country Programme 2013-2016, UNFPA committed a total of USD 18.6 million. The main sources of fund for the implementation of the CP included USD 6 million (33.3%) from the UNFPA's regular resources (RR) and USD 12.6 million (67.7%) from other sources. As shown in the table below, from the onset UNFPA made efforts to commit and focus resources on core activities that were most likely to produce significant results i.e. increased access to RMNCAH services; promotion of reproductive rights; reduction of maternal mortality; accelerated progress on the ICPD agenda and MDG 5; strengthened national capacity to generate data on population dynamics, sexual and reproductive health and gender; and improved women and young people' (including adolescents) lives.

To meet its 4th country programme financial commitments, the Country Office was to develop a Resource Mobilization Strategy to raise the USD 18.6 million from both regular and other sources including the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS); the global Joint Programme on Abandonment of FGM/C; the Maternal Health Trust Fund (MHTF) and the Central Emergency Response Fund (CERF).

Assessment

Although significant efforts have been made by the Country Office to mobilize resources, huge gaps still remain. While by the end of 2015, UNFPA Country Office had raised and allocated 75.95% (US$ 4,557,223.70) of its expected US$ 6 million regular resources, it had raised only 18.37% (US$ 2,314,809.50) of the expected US$ 12.6 million of other resources leaving a huge gap of 81.63% (US$ 10,285,190.50). Overall, by the end of 2015, UNFPA had only raised 36.95% (US$ 6,872,033.20) of the required US$ 18.6 million leaving a resource gap of 63.05% (US$ 11,727,966.80). However, given the fact 2016 is the final year of the Country Programme, it is highly unlikely that the Country Office would be able to fill the resource gap.

As reflected in the 63% resource gap, the resources are highly inadequate for the achievement of programme outputs and outcomes. As a result, none of the six outcome areas received the required funds as committed. In fact four out of six outcomes were allocated less than 40% of the funds committed for their full implementation. While Outcome 3 on family planning received the lowest allocation at 8%, Outcome 2 on maternal health received the highest allocation at 65.75% closely followed by Outcome 5 on gender which received allocation of 62.99% of the committed resources. Outcome 4 on HIV/STI received 14.28%, Outcome 6 on youth and adolescent SRH (15.91%) and Outcome 7 on data for development (32.23%). Table 11 below shows the percentage of resources committed allocated for the implementation of the six outcome areas.

Table 11: Resources committed and allocated by each of the six outcomes

Description of the outcome	Regular Resources (millions of US $)	Other Resources (millions of UD $)	Total Committed (millions of US $)	% of committed resources raised/ allocated	Rating
Outcome 2: Increased access to and utilization of quality maternal and newborn health Service	2.4	2.4	**4.8**	65.75%	High
Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	0.5	2.5	**3.0**	8%	Very low
Outcome 4: Increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk	0.5	2.5	**3.0**	14.28%	Very low
Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policies	1.4	1.2	**2.6**	62.99%	high
Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)	0.3	2.0	**2.3**	15.91%	Very low
Outcome 7: Improved data availability and analysis around population dynamics, SRH including family planning) and gender equality	0.4	2.0	**2.4**	32.23%	Low
Program Coordination and support	0.5	-	**0.5**		
Total	**6.0**	**12.6**	**18.6**	36.95%	Low

The poor mobilization of other resources can be attributed to a number of factors including first, the limited bilateral and multilateral donor base in Eritrea. Secondly, unlike other UN agencies such UNICEF, it appeared that the UNFPA Regional Office seldom play a significant role in helping the Country Office to mobilize resources for the Country Programme. Thirdly, although it was anticipated that significant resources would be raised through the Joint UN Resources Mobilization Strategy, this had not happened by the time the assessment was taking place. Fourthly, due to weak performance management, monitoring and evaluation systems and outdated data bases, the Country Office experiences special difficulties in demonstrating value

for money, achievements and impact of the funded programmes. Fifthly, the frequent delays in submission of progress and financial reports by implementing have consistently resulted in either delays in disbursement, re-programming or non-utilization of available resources which end up being returned to the donors.

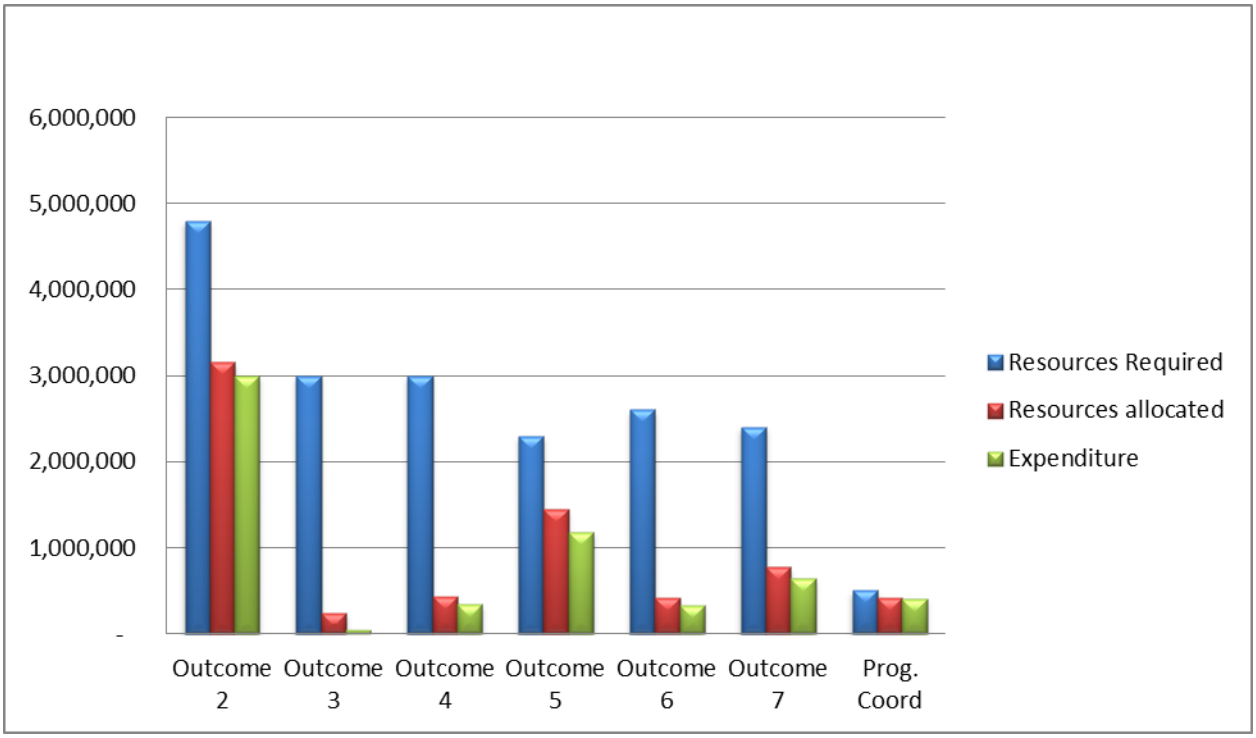
Recommendations

- There is need to review the Joint UN and UNFPA Country Programme resource mobilization and programme financing strategy in order to come up with a more realistic resource mobilization plan for the Country Programme.
- The Country Office may need to adopt an incremental approach to planning of programme interventions based what may be potentially available from regular sources in order to avoid over commitment of resources from other sources which are typically difficult to raise in the context of Eritrea. The scope of interventions can always be expanded as resources increasingly become available from other sources.

4.6.2. Efficiency in utilization of resources to produce significant results

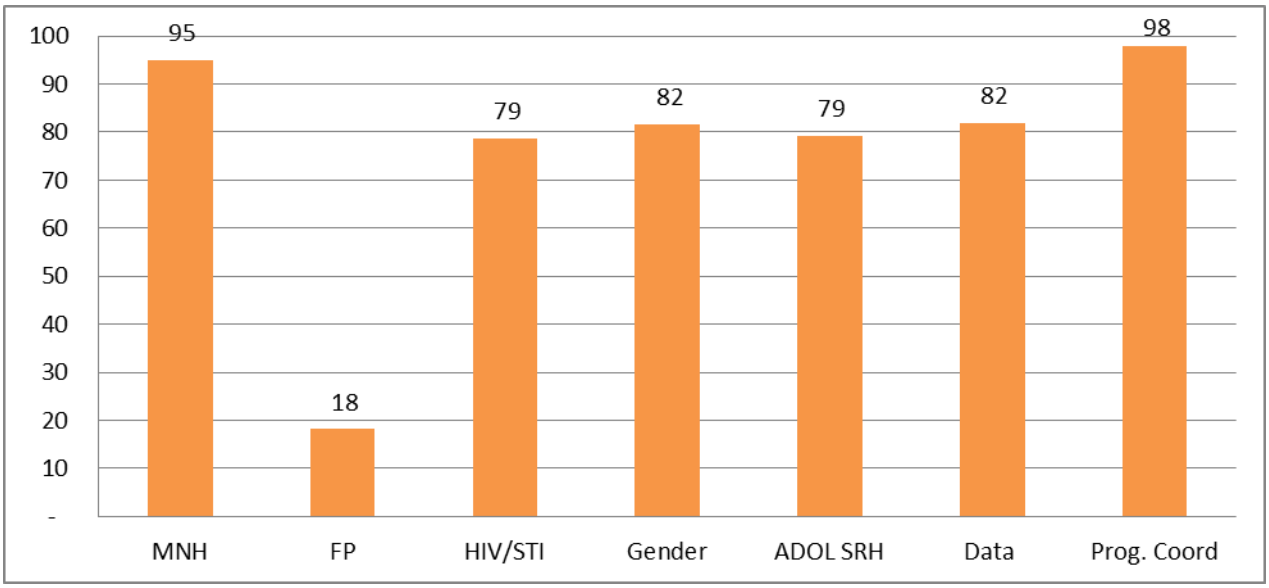
By the end of 2015, UNFPA had raised a total of US$ 6,872,033.20 of the required US $ 18.6 million. Of the available US $ 6,872,033.20, a total of 86.2% (US$ 5,924,098.50) had been absorbed by various implementing partners. Figure 11 below presents the total resources required, allocated and expended by outcome areas.

Figure 11: Total resource required, allocated and used per outcome



Specifically, the absorption rate varied by the outcome areas with the highest absorption rate recorded in Programme Coordination and Support (98%) and maternal health (95%) followed by gender (82%), Data for Development (82%), HIV/STI (79%) and youth and adolescent SRH (79%). The lowest absorption rate was recorded in family planning (18%) which also attracted the least funding and fund allocation. The low absorption rate is largely attributed to the spiral effect from delays in approval of annual work plans and submission of quarterly reports by implementing partners resulting in delayed disbursement and implementation of planned programme activities. Particularly, due to delays in work plan approvals, at best only two quarters of the annual work plans are often effectively implemented by most implementing partners in any given financial year. In effect, implementing partners more often than not either request for reprogramming or return unutilized funds. Figure 12 below shows the absorption rate by programme outcome/intervention areas.

Figure 12: Absorption rate by programme outcome/intervention areas



Assessment

Overall, although only 36.95% (US$ 6.8 million) of the committed US$ 18.6 million funds were raised representing just a third of the required resources to effectively implement the programme, most of the implementing partners have not fully and efficiently utilized or applied the available resources to achieve programme outputs and outcomes. This can be explained by a combination of contextual, structural, systemic and operational factors. First, the fact that some joint partners either do not honour their financial commitments or delay in disbursing committed funds to the implementing partners has contributed to marginal programme performance with respect to ensuring efficient programme implementation. Secondly, not all joint partners are committed to working through the Harmonized Approach to Cash Transfer (HACT) modalities. The HACT was meant to reduce transaction costs and lessen the burden that the multiplicity of UN procedures and rules impose on the implementing partners. Thirdly, frequent delays in work plan approvals and submission of quarterly reports have tended to have net effect on disbursements, procurements and implementation and progression of planned activities from one quarter to the

next. The ripple effects of these include delays in donor reporting, low absorption of available resources and difficulties in raising funds from other sources. Other factors that have affected the programme efficiency include weak banking system and slow cash transfer from headquarters to Zoba implementing partners accounts; inadequate financial management and reporting capacity among the implementing partners and lack of internal audit systems leading reliance on annual audits carried out by UNFPA.

Recommendations

- There is need to revisit the UNFPA business model in the context of the prevailing contextual and systemic realities of development in Eritrea
- There is need for continuous high level advocacy with Ministry of National Development and Ministry of Finance to establish enabling mechanism to enable direct cash transfers to the Zoba level government implementing partners to reduce the time taken for disbursed funds to reach the executing partners. This can be by way of opening specially designated Zoba Project Accounts to enable faster project cash transfer.
- There is need for the UN partners to review the current quarterly results/performance based system and operational modalities of the Harmonized Approach to Cash Transfer (HACT) with a view to strengthening the system to reduce programme transaction costs.
- There is need to review and modify the quarterly financial reporting and disbursement systems to a biannual reporting cycle but supported with a strong quarterly monitoring, review and progress reporting system.
- There is need for an efficiency and effectiveness (EE) review of the implementing partners to identify areas for capacity strengthening in the context of the 5th Country Programme design.
- There is need to establish a central annual work plan and reporting clearing house at the MoND to expedite the process of annual work plan and partner programme reports approval.

4.6.3. Implementation measures to ensure value for money

The Fourth Country Programme and its Country Programme Action Plan (CPAP) set out the framework to ensure efficient programme implementation and value for money. The government through the Ministry of National Development (MoND) has the primary responsibility to:

a) Oversee the national execution of the Programme on behalf of the GoSE;
b) Cooperate with UNFPA in monitoring for all programmatic activities supported by cash transfers; and
c) Facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA.

The role of the UNFPA is to ensure mobilization and timely financial disbursements to enable the implementing partners to undertake agreed activities. Specifically, UNFPA Country Office in partnership with GoSE and other joint UN partners has the responsibility to:

a) Carefully select implementing partners based on their ability to deliver high quality programme;
b) Mobilize and leverage additional resources to implement the programme;

c) Allocate programme resources for staff providing technical and programme expertise as well as associated support to implement the programme;
d) Continuously monitor the performance of its partners and periodically adjust implementation arrangements, as necessary in the event of an emergency; and
e) In consultation with the Government, reprogramme activities to better respond to emerging issues, especially life-saving measures.

At the UN system level, programme implementation is supported and monitored within the Strategic Partnership Cooperation Framework (2013-2016). Joint programmes and joint programming are undertaken across outcome areas as appropriate.

The implementing partners (IPs) on their part have the responsibility of ensuring effective and efficient implementation, management and reporting of the programme activities in accordance with the aims and objectives specified in the Country Programme Document(CPD), the Country Programme Action Plan (CPAP), the Country Programme Results and Resources Framework (RRF) and Annual Work Plans (AWPs). Specifically, the implementing partners are to ensure prudent financial management and that the programme is managed efficiently with timely reports produced in accordance with agreed partnership agreements and annual work plans. Table 12 below shows the 4th Country Programme Implementing Partners against the outcomes and outputs for which they are responsible.

Table 12: The 4th Country Programme Implementing Partners by outcomes and outputs

Implementing partner	Outcome
Ministry of Health	**Outcome 2:** Increased access to and utilization of quality maternal and newborn health Service
	Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions
	Outcome 4: Increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk
NUEYS in collaboration with Ministry of Health	**Outcome 6:** Improved access to SRH services and sexuality education for young people (including adolescents)
The National Union of Eritrean Women in collaboration with Ministry of Health (Joint Program with UNDP and UNICEF)	**Outcome 5:** Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policies
The Ministry of National Development's National Statistical Office in collaboration with the Ministry of Health (Joint Program with UNDP and UNICEF)	**Outcome 7:** Improved data availability and analysis around population dynamics, SRH including family planning) and gender equality

At the Zoba level, the 4th Country Programme is executed through local Ministry of Health, NUEW and NUEYS structures that run through to sub zoba, health facility, village and household levels. Indeed, assessment observed a very vibrant zonal delivery system supported by strong stakeholder coordination structures, review mechanism and support supervision systems. For example, typically health sector stakeholder meetings are held quarterly and bi-annually at Sub-zoba and Zoba Level respectively.

At the community level, there are monthly village health committee meetings which bring together all community based stakeholders including religious leaders, local administration, NUEW, NUEYS, MoH, Ministry of Labor and Social Welfare, Gender Committees, Ant-FGM committees, health facilities, schools among others. The Committees are divided into 5 groups with subgroups and teams for each of them exercising responsibility for 18-25 households. These committees have seen substantial improvement in most of the Programme Outcomes including maternal health, prevention of HIV and sexually transmitted infections, young people's sexual and reproductive health and sexuality education, FGM, and gender empowerment and reproductive health rights.

Assessment

The overall assessment reveals that the program execution through the Ministry of Health, NUEW and NUEYS has worked very well through their respective structures that run from the national level to the household level despite their varying capacity challenges. These implementing partners have also effectively leveraged on other funding partners and income streams to support the delivery of their respective outcomes. A number of factors have affected the overall efficiency of the program execution beyond the national level. These include first, the centralization of the program decision making structure at the national level with little opportunities for UNFPA and other UN joint partners' direct engagement with zonal level implementing partners and to carry out field program monitoring missions.

Overall, the program execution through the Ministry of Health, NUEW and NUEYS has worked well through their respective structures that run from the national to the households. The centralization of the program decision making structure at the national level has nevertheless affected the overall efficiency of the program execution beyond the national level.

Secondly, while the Programme anticipated to build on and to expand the existing partnerships to engage a wider network of stakeholders i.e. with Government, Non-governmental organizations, UN Agencies, bi and multi-lateral organizations, this has not worked very well due to limited opportunities for networking beyond the existing government approved implementing partners.

Thirdly, GoSE has also not adequately facilitated periodic programme coordination and review meetings as would be expected. When the meetings take place, they tend to be ad hoc and not aligned to the Programme performance management framework. While the partner UN agencies involved in the Programme implementation periodically hold internal meetings to compare notes on the programme, these have little effect without the convening power of the Ministry of

National Development (M&E). This has not only affected accountability for results by various partners but also encouraged duplication of resources and efforts among partners even where there are joint programmes.

Fourthly, although it was anticipated that a human resource capacity assessment would be undertaken to assess the human resource requirements for the implementation of the 4th Country Programme, this was limited to the UNFPA Country Office with a number of vacant positions being filled at the Country Office during the Programme period. Since this did not extend to the implementing partners especially the NSO, NUEW and NUEYS, there is no clear human resource capacity development strategy aligned to their respective technical, operational and programme management capacity and technical assistance needs.

Recommendations

- There is need to conduct programme coordination and management capacity needs assessment in order to identify the Ministry of National Development M&E capacity strengthening needs as the national coordinator of the UN partnership in Eritrea.
- There is need for institutional and human resource capacity needs assessment among the implementing partners to provide the basis for developing capacity development plan for the 5th Country Programme.
- The UNFPA Country Office staff establishment should be rationalized or aligned with the technical, operational, programme and service delivery support needs of the implementing partners.
- There is need to negotiate with GoSE for an enabling framework for UNFPA and Joint Programme partners engagement with Zonal Implementing Partners including periodic field monitoring missions.

4.6.4. Results based monitoring and evaluation to ensure value for money

The 4th Country Programme emphasizes results based monitoring and evaluation approach involving UNFPA, GoSE and implementing partners. To this end, GoSE as the main implementing partner agreed to cooperate with UNFPA in monitoring of all programme activities while the Implementing Partners agreed to use a programme monitoring and financial control tools that allow data sharing and analysis. To ensure effectiveness of the programme monitoring and evaluation system, UNFPA committed to continue strengthening the capacity of implementing partners in result-based management through training and technical advisory support. Specifically, implementing partner agreed to the following:

- Periodic review and monitoring of implementing partners programmatic activities following UNFPA's standards and guidance;
- Periodic review of implementing partners financial records by UNFPA or its representatives, following UNFPA's standards and guidance; and
- Special or scheduled audits. UNFPA, in collaboration with other United Nations agencies (where so desired) and in consultation with the Ministry of National Development would establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity need strengthening.

Assessment

Overall, lack of M&E framework and inability of the UN to conduct independent or even joint monitoring missions has undermined the tracking of the programme implementation and performance to ensure value for money. Broadly assessment of the programme monitoring and evaluation measures to ensure value for money reveals a number of challenges. First, the Country Programme and CPAP were not accompanied by a detailed Result and Resources Framework to enable better tracking and reporting of results.

Secondly, there are inconsistencies in the result chain of the Country Programme's Result Matrix and operationalization as a result lack of clearly defined baselines, performance indicators and performance targets. Where such are defined, there is lack of up to date reliable data to support assessment of performance and progress. The scarcity of essential data therefore remains a challenge in terms of conducting successful planning, monitoring and evaluation activities including establishing baselines and setting targets of programmes. Thus, availability of and access to disaggregated, quality and up-to-date data in the various country program sectors for evidence based planning, programming, decision making, tracking and ensuring accountability for results remains very critical.

Thirdly, the UN Coordination Desk at the Ministry of National Development lacks capacity to effectively facilitate and oversee all the M&E activities of the Programme in all the six Zobas. The 4th Country Programme agreement with GoSE allows UNFPA to continuously monitor the performance of its partners and periodically adjust implementation arrangements, as necessary in the event of an emergency. Fourthly, travel restrictions have tended to limit the frequency of UNFPA's and joint partners' field monitoring missions in their efforts to carry out their mandated monitoring functions. Furthermore, the centralized coordination, communication and reporting system does not allow development partners to directly engage with the Zoba level government implementing partners. Fifthly, there is weak performance management system at the national level and among the Implementing Partners that tends to affect the operationalization of the results based M&E approach adopted by the Programme.

Recommendations

- There is need to develop a national M&E and performance management framework for development assistance programmes.
- There is need to review the appropriateness of the current results/performance based reporting system with a view to establishing a context specific system supported a strong progress tracking, monitoring and review system.
- There is need to develop an annual calendar of events outlining key dates and program events including quarterly and annual review meetings, field monitoring missions etc. agreed by all partners at the beginning of every financial year.
- There is need for key implementing partners e.g. NUEW and NUEYS to establish or strengthen their M&E systems. UNFPA can support such systems with UN Volunteers.
- As a key stakeholder in the conduct of EPHS 2016, UNFPA should take advantage of the EPHS process to develop complementary data collections for specific intervention areas

which may not be covered in the EPHS tools to gather vital baseline data for planning, monitoring, indicator development and target setting in the context of the 5th CPD.

4.7. Programme Coordination

The assessment sought to assess the extent to which UNFPA has contributed to the overall coordination mechanism of the UN system in Eritrea and the measures UNFPA has taken to ensure synergies and coordination among different stakeholders.

4.7.1. UNFPA's contribution to the overall coordination mechanism of the UN system in Eritrea

UNFPA Country Office continues to play a key role in making the UN system in Eritrea become a more effective partner to the Government. The UNFPA voice is also prominent in supporting joint programming as well as the adoption and operationalization of the Harmonized Cash Transfer (HACT) system and Delivery as One (DaO) approach in Eritrea. To this end, the assessment team observed that UNFPA's voice and contribution is highly valued and respected both within the UN system and by the Government of the State of Eritrea. At operational level UNFPA Country Office has made every effort to ensure effective and coherent planning, implementation and monitoring of the Country Programme and to foster collaboration, synergies, joint planning and coordination within the SPCF.

4.7.2. The measures UNFPA has taken to ensure synergies and coordination among different stakeholders

Under the Strategic Partnership Cooperation Framework, the Ministry of National Development is vested with the overall responsibility of programme coordination. To support the MND M&E in its coordination function, UNFPA Country Office has put together a committed multidisciplinary team with each team member designated to oversee and coordinate the implementing partners. This is aimed at easing communication with implementing partners and to ensure effective follow up of deliverables. The team also provides integrated programme, technical and operations support to the implementing partners thereby helping advance the UNFPA corporate goals in the country. The Country Office within its means also continues to support MND M&E in its efforts to provide effective programme oversight, coordination, implementation and monitoring of the Implementing Partners' activities. The role of UNFPA Regional Office in these efforts has been to provide quality assurance and human resources management.

> The UNFPA Country Office has made tremendous contributions to the development and nurturing of viable partnerships with the Government, Civil Society Organizations and UN Joint Partners for effective delivery of the Country Programme.

Overall, UNFPA Country Office has made tremendous contributions to the development and nurturing of viable partnerships with the Government, Civil Society Organizations and UN Joint Partners for effective delivery of the Country Programme. This it has achieved by cultivating good working relationships and open communication channels with all stakeholders including the Government at both national and zonal levels, implementing partners and UN partners. This is partly responsible for the cordial relationship that the UNFPA Country Office continues to enjoy with the Government which has in turn catalyzed better UN relations with the Government in Eritrea.

> The assessment team observed that UNFPA's voice and contribution is highly valued and respected both within the UN system and by the Government of the State of Eritrea.

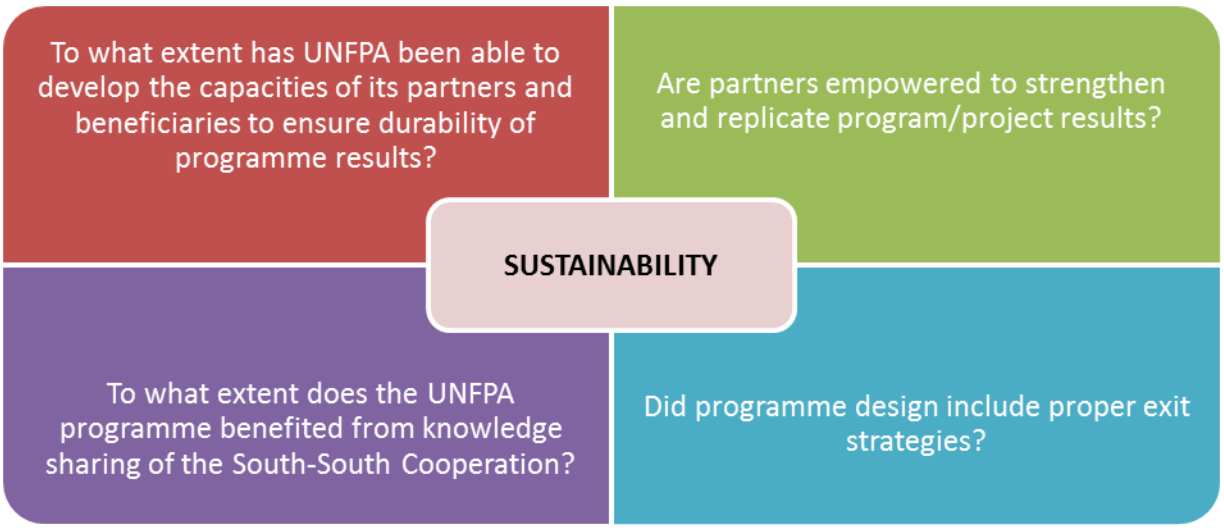
Recommendations

- There is need to strengthen the MND M&E desk capacity for effective country program.
- There is need to establish an Inter-Agency Coordination Committee chaired by MoND to ensure continuous partner coordination at both national and zoba levels.

4.8. Sustainability

Programme sustainability is about maintaining and institutionalizing the programme outcomes beyond the programme period. Broadly, the assessment of the programme sustainability focused on first, the extent to which UNFPA has developed the capacities of its partners and beneficiaries to ensure durability of programme results; second, whether partners have been empowered to strengthen and replicate program/project results; third, the extent to which UNFPA programme has benefited from knowledge sharing of the South-South Cooperation; and fourth, whether the Programme design include proper exit strategies.

Figure 13: Sustainability Assessment Criteria



4.8.1. Strengthening partners and beneficiaries capacities to ensure durability of programme results and replicate program/project results

To ensure sustainability of the programme outcomes, the 4th Country Programme's capacity building approach and strategy was to enable implementing partners namely, MOH, NSO, NUEYS and NUEW to evolve institutional and technical capacity at various levels in the hope that their services and programme benefits would continue and endure beyond the limits of the program period. Besides, the Programme has supported the development and enactment of laws and policies to institutionalize various interventions in SRH, FGM/C and gender equality and empowerment. Furthermore, the Programme has invested supporting infrastructure development and equipping implementing partners with the necessary materials and equipment.

Nevertheless while the program has contributed to the institutionalization of the program outcomes through these interventions, most of the implementing partners do not have clear sustainability including results replication strategies of their own. It would therefore appear as if much of institutional and programme sustainability challenges remain the concern of development partners rather than those of the implementing partners. The programme sustainability has also been affected by a combination of contextual, structural, systemic and operational factors including inadequate allocation development budget and alternative financing options that have contributed to some level of dependency worked to affect the overall 4th Country Programme effectiveness and efficiency as hitherto discussed. To ensure sustainability of the programme, both the government and the UN system in Eritrea need to demonstrate strong and clear commitment to addressing these issues.

4.8.2. Benefits of South-South Cooperation

One particular area of upstream work in UNFPA plans was to increase implementing partners involvement in South-South and triangular cooperation. Ideally, the evolving global landscape should create new opportunities to link country with other country programmes that have relevant lessons and experiences to share. UNFPA Country office therefore has an important role to play in helping implementing partners to link up and share experiences and knowledge with counterparts from other counties within the South-South Cooperation framework.

Furthermore, in line with the Framework of Operational Guidelines on United Nations support to South-South and triangular cooperation (SSC/17/3), the primary role of UNFPA is to act as a knowledge broker that can bridge knowledge gaps by linking demand and supply of expertise, experience, and technology. In Eritrea as part of the South-South and triangular cooperation, UNFPA Country Office facilitated the signing of an agreement on mutual collaboration in the education and health sectors between Sudanese Women's General Union and NUEW during the NUEW's Women's International Symposium on peace and economic empowerment held in 2014. The Country Office has also supported the recruitment and deployment of specialist obstetrician gynaecologists and anaesthetists as part of the South-South cooperation.

It is however notable that the nature of support requested of UNFPA from implementing partners has shifted, with many now looking to UNFPA to bring in cutting-edge expertise to help build capacity, mentor and engage in high-level technical debates. This nevertheless requires UNFPA

to shift from direct provision of support to playing a brokering role by building relationships at regional levels with academic institutions and civil society partners to promote meaningful country engagement in South-South and triangular cooperation initiatives.

4.8.3. Inclusion of exit strategies in programme design

Broadly, the UNFPA country programme design is built on the principle of continuity and long term partnership engagement with the Government of Eritrea. Consequently, the Country Programme design focuses on building on the lessons learnt from the previous country programmes while incrementally addressing emerging challenges. However, at the implementing partner level, the respective IP partnership agreements provide for appropriate exit strategies which are tied to the programme timeframe and availability of resources to implement the agreed programme interventions. Nevertheless, the extent to which the exit strategies prepare the implementing partners for post programme funding realities remains a major issue since all the implementing partners neither have institutional nor programme sustainability strategies of their own.

4.9. Added value

On the question of how UNFPA's programme is perceived by national counterparts as compared to other UN agencies and other development actors in similar areas, the assessment found a very positive perception of UNFPA's work. To this end, the Government of the State of Eritrea together with all the implementing partners and beneficiaries expressed strong appreciation of the UNFPA's continued support towards strengthening national policy environment and national capacity to deliver quality sexual and reproductive health services, young peoples and adolescents sexual reproductive health, gender equality and reproductive health rights and generation of data for development. More importantly, UNFPA's holistic, sensitive and flexible approach to country programming and system strengthening as compared to other development partners has been appreciated as of great value to ensuring system effectiveness. As a result, UNFPA's work and support through the 4th Country Programme is held in high standing despite some systemic challenges experienced especially with respect to delays in fund disbursement and transfers, which require a review of the overall UN and UNFPA's country business model in Eritrea.

4.10. Lessons Learnt

The implementation of the 4th Country Programme has brought forth a number of lessons that present key learning points for the future.

1. For the joint programming approach to work, all the partners must be committed to the principles of delivering as one with a common resource mobilization strategy, cash transfer and reporting system to avoid fragmentation and duplication of efforts and high transaction costs.
2. Maximization of available but limited sources of funds depends on the ability of implementing partners to demonstrate results, report on a timely basis and acknowledge and share credit for success with funding partners
3. For greater success of the UN Country programmes, adaptability of UN business models and policies to specific country context is absolutely necessary.
4. For effective and efficient implementation of the country programme, an enabling partner coordination mechanism accompanied with inbuilt flexibility to allow partner engagement with implementing partners at sub-national level is imperative.
5. To ensure effective tracking and monitoring of annual work plans there must be an agreed calendar of events..
6. The 4th country programme has realized tremendous achievements at the output level but to demonstrate achievements at outcome and impact level, there must be a commitment to generation of quality data and to establishing enabling results and performance based management system supported by an integrated information management system at national, sub national and community levels.
7. A well-articulated results and resources framework (RRF) with clear baselines, targets and indicators of achievement must be in place to enable effective tracking of activities and results and assessment of performance at different levels.
8. Sustainability of the Country Programme outcomes is dependent to a great extent on the implementing partners' commitment to developing and implementing programme and institutional sustainability plans.
9. Consistent and continuing high level advocacy and dialogue with political leadership is critical for building confidence and sustaining trust between government and development partners.
10. Establishing an effective national and programme level M&E, accountability and performance management system is critical for successful implementation of the Country Programme.
11. Community ownership through well-structured and organized community managed structures is critical for programme sustainability at the community level.
12. Demonstrated commitment to good governance practices, accountability and well defined and structured partnership arrangements is critical for the effective, efficient and sustainable implementation of the Country Programme.

CHAPTER FIVE: CONCLUSION AND OVERALL RECOMMENDATIONS

5.1 Conclusion

The 4th Country Programme is assessed as very relevant and responsive to the national priorities. It is well aligned to national policies and strategies including Eritrea's international commitments and has significantly contributed to strengthening of national capacity and policy environment for provision of quality maternal and newborn, adolescent sexual and reproductive health services as well as promotion of gender equality and reproductive health rights.

Overall, the programme has made significant progress in achieving its targets in strengthening national capacity for the provision of emergency obstetric care, management of obstetric complications and provision of integrated sexual and reproductive health services. The programme has also made commendable progress in achieving its targets in the prevention of sexually transmitted infections and HIV and AIDS, provision of sexuality education for young people and implementation of national gender policies and laws including CEDAW reporting. Little progress has nevertheless been realized in improving the provision of family planning services, declaration of FGM/C villages and generation of data on population dynamics, sexual and reproductive health and gender.

The efficiency with which the programme has been executed is so far below par. This is characterized by low funding levels leading to huge gaps between committed and available resources for achievement of the programme outputs and outcomes. Furthermore, despite the resource gaps, most of the implementing partners have not been able to fully absorb and efficiently utilize the available resources. This may be attributed to habitual delays in approval of work plans, delays in disbursement and onward transfer of funds to zoba level implementing partners and bureaucratic national procurement procedures. Addressing these may require new financial policies and national procurement procedures.

To a large extent, the overall effectiveness and efficiency of the Programme has been affected by a combination of systemic, operational and contextual factors including weak performance management and M&E systems among implementing partners; inadequate human resource capacity; and centralized programme decision making structure resulting in limited opportunities for regular programme review, field monitoring and direct partner engagement with zonal structures.

5.2 Overall recommendations

Since most of the factors that have affected the overall programme performance are contextual and systemic in nature and given the fact that the programme context has not fundamentally changed, there is need for continuous high level dialogue with the Government for more enabling partnership framework that allows regular programme review, inter-agency coordination meetings, field monitoring missions and direct cash transfers to zoba level implementing partners within agreed parameters. UNFPA also needs to review its business model in Eritrea to allow more policy adaptability and adjustment of operational modalities to suit the country context. The key recommendations are presented in Table 13 below

Table 13: Key assessment recommendations

Strategic Focus	Key recommendations
Strengthening the UNFPA/UN System country programme delivery	1. There is need to review the UNFPA business model with a view to adapting its performance based policies, procedures and operational modalities to suit the unique development partnership context in Eritrea. 2. The UNFPA Country Office technical assistance should be reviewed and aligned with the technical and programmatic needs of the implementing partners. 3. There is need for the UN partners to review the Harmonized Approach to Cash Transfer (HACT) operational modalities with a view to strengthening the joint programming approach. This should include review of the current quarterly performance based financial reporting and disbursement system which is largely inappropriate in the context of an over centralized programme decision making system which tends to delay approval of both annual and quarterly works plans and reports. 4. There is need for continuous high level dialogue with Ministry of National Development to institute a more enabling framework for UN partners' engagement with the zonal level implementing partners. This should include provision for direct cash transfers to zonal level implementing partner's designated project accounts.
Strengthening GoSE programme facilitation and coordination	1. There is need to assess the institutional and technical capacity of the Ministry of National Development M&E and UN desk to effectively support and oversee the coordination and execution of the UN partnership programmes in Eritrea. 2. There is need for MoND to hold regular joint coordination meeting at the national level and to facilitate UNFPA and Programme joint partners to make regular field monitoring missions. This should be based on a joint n MoND and UN partners' annual calendar of activities outlining key events including dates of quarterly and annual review meetings and field monitoring missions. 3. There is need for a national statistics policy and legislation to guide and support data for development functions and operations in Eritrea 4. There is need to develop a national M&E and performance management framework and policy to guide planning, monitoring and evaluation of SPCF and UN country programmes.
Strengthening Implementing Partners' capacity to deliver desired outcomes	1. There is need for each implementing partner to establish M&E, performance management and internal audit mechanisms. UNFPA can support such desks with UN Volunteers. 2. There is need to assess the institutional, technical and human resource capacity of each implementing partner to effectively implement and achieve the 5th Country Programme outcomes. 3. There is need for the implementing partners to develop their programme and institutional sustainability strategies
The design and approach of the 5th Country Programme	1. In designing the 5th country programme, continuity, scale up and acceleration of implementation efforts is recommended taking into account the gaps and lessons learnt from the implementation of the 4th Country Programme and the new global commitments such as the Sustainable Development Goal (SDG) 3 and the Global Strategy "*Every Woman, Every Child and Adolescent*" (EWEC). 2. UNFPA in consultation with MoND should explore alternative means of generating complementary data on key outcome areas to provide credible data for planning and designing an effective 5th Country Programme and CPAP M&E and results framework including setting of baselines, targets and performance indicators. 3. There is need to review the country programme resource mobilization and financing strategy to come up with a more realistic resource commitments and mobilization plan for the 5th Country Programme.

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Implementing Partners Audit Reports (2013, 2014)

Minutes of Joint Programmes, Working Groups, etc

Field Monitoring Reports

Final country programme evaluation report of the 3rd Country programme

Country Office Annual Reports (COARs) to the UNFPA Executive Director

Handbook to "How to Design and Conduct a Country Programme Evaluation at UNFPA"

ANNEXES

ANNEX 1: LIST OF RESPONDENTS

NAME	ORGANIZATION
Mr. Dan Odallo	UNFPA
Ms. Tsehai Afewerki	UNFPA
Ms. Yordanos Mehari	UNFPA
Mr. Kahase Taddese	UNFPA
Ms. Yodit Ghebrai	UNFPA
Mr. Afewerki Tesfay	MND
Mr. Nemariam Yohannes	MND
Dr. Luka Okumu	UNDP
Ms. Rose Ssebatindira	UNDP
Ms. Pelucy Ntambirweki	UNICEF
Dr. Andeberhan Tesfazion	MoH
Mr. Ainom Berhane	NSO
Mr. Hagos Ahmed	NSO
Dr. Berhana Haile	MoH
Mr. Ephrem Zebai	MoH
Mr. Michael Berhe	MoH
Sister Nighisti Tesfamichael	CDC
Mr. Mulugeta Alemu	Pharmaceutical Department
Dr. Ghidey Ghebreyohannes	ACHS
Ms. Senait Mehari	NUEW
Mr. Asmerom Goitom	NUEW
Mr. Mebrahtu Zewde	NUEW
Ms. Yehdega Andehaimanot	NUEW
Mr. Yoseif Ghirmatsion	NUEYS
Mr. Ghenet Abraha	ESMG
Ms. Fiori Tesfu	NUEYS
Ms. Saad Romodan	ESMG
Ms. Halima Mahmoud	ESMG
Mr. Tesfabrhan Emnetu	ESMG
Mr. Isaac Mehari	ESMG
Mr. Habtemariam Tukue	ESMG
Dr. Kesete Berhan Solomon	MoH-Anseba
Dr. Habte Haile Melokot	Fistula Surgeon
Dr. Amaniel Mehreteab	Debub-Medical Director
Mr. Yohannes Geshu	MoH-Anseba
Mr. Tsnat Tewolde	MoH-Anseba
Mr. Tekle Tesfamariam	MoH-Anseba

Mr. Tesfalem Mesgina	MoH-Anseba
Mr. Tesfamichael Haile	MoH-Anseba
Mr. Tsegay Tekeste	MoH-Anseba
Mr. Yemane Haile	MoH-Debub
Ms. Meaza Keleta	MoH-Debub
Ms. Dehab Solomon	MoH-Maekel
Mr. Huruy Weldemichael	MoH-Maekel
Sister Yergalem Issak	Nurse fistula centre
Ms. Tirhas Nerayo	NUEW-Anseba
Ms. Tirhas	NUEW-Debub
Ms. Hugush Beraki	NUEW-Debub
Ms. Saliha Ahmed	NUEW-Debub
Mr. Asmerom Zerai	NUEW-Debub
Ms. Akberet Gebremedhin	NUEW-Maekel
Ms. Elsa Gebreyohannes	NUEW-Maekel
Ms. Alem Belai	NUEW-Maekel
Ms. Fatima Alidim	Patient Fistula Centre
Ms. Jimea Ali	Patient Fistula Centre
Ms. Amina Adris	Patient Fistula Centre
Ms. Rigeat Yeseab	Patient Fistula Centre
Ms. Fatima Faiz	Patient Fistula Centre
Ms. Asma Ibrahim	Patient Fistula Centre
Ms. Jimati Ahmed	Patient Fistula Centre
Ms. Amina Musa	Patient Fistula Centre
Ms. Halima Mohammed	Patient Fistula Centre
Ms. Kacushu Esa	Patient Fistula Centre
Ms. Amina Osman	Patient Fistula Centre
Ms. Seida Salih	Patient Fistula Centre
Ms. Halima Mohammed	Patient Fistula Centre
Ms. Adreanet W/Tnsae	Patient Fistula Centre
Ms. Kedija Osman	Patient Fistula Centre
Ms. Asha Kewur	Patient Fistula Centre
Ms. Saliha Hussein	Patient Fistula Centre
Ms. Selam Gabu	Patient Fistula Centre
Ms. Natsnet	Patient Fistula Centre
Ms. Embaba Beyene	Patient Fistula Centre
Ms. Abnehet Hammed	Patient Fistula Centre
Mr. Daniel Fessehaye	Safe Motherhood Promoter, Chairman
Mr. Amaniel Tekleab	Health Committee / Health Promoters
Mr. Habteab Berhe	Administrator of Tseazega
Mr. Andom Nerayo	Development Committee
Ms. Meaza Tewolde	Safe Motherhood Promoter
Ms. Yordanos Hagos	Safe Motherhood Promoter
Ms. Askalu Zerbabiel	Safe Motherhood Promoter
Ms. Shua Sium	Safe Motherhood Promoter

Ms. Selamawit Gebremeskel	Safe Motherhood Promoter
Mr. Yebio Tesfamichael	Safe Motherhood Promoter
Ms. Semaynesh Gebrai	Safe Motherhood Promoter
Ms. Weyni Kidane	Safe Motherhood Promoter
Ms. Letense Gebrehiwot	Safe Motherhood Promoter
Ms. Rig'at Gebrehiwot	Safe Motherhood Promoter
Ms. Akberet Kibreab	Safe Motherhood Promoter
Ms. Abeba Tesfamariam	Safe Motherhood Promoter
Ms. Freweyni Semere	Safe Motherhood Promoter
Ms. Dahab Alem	Safe Motherhood Promoter
Mr. Mogos Abraha	Chair Health Committee
Mr. Teklehaimanot Kibreab	Health Committee
Mr. Yibrah Fessehaye	Health Committee
Mr. Mekonnen Tewolde	Health Committee
Ms. Tsigewoyni Teklenkiel	Former TBAs / promoters
Ms. Rishan Haileab	Former TBAs / promoters

ANNEX 2: ASSESSMENT INSTRUMENTS

ASSESSMENT OF UNFPA 4TH COUNTRY PROGRAMME (CP)

CHECKLIST FOR MOH

Activity	Yes/no	Target		Level of achievements	Comments
		Baseline 2013/14	Target 2015/16		
Outcome 2: Increased access to and utilization of quality maternal and newborn health Service					
Output 1: Strengthened capacity at national, subnational and community level for the provision of emergency obstetric care and manage obstetric complications					
Capacity building for health service providers to increase coverage of skilled attendants at delivery and emergency obstetric and new born care services.					
Supporting lifesaving skills training for midwives, nurses, doctors and other relevant Health Care Workers (HCW);					
Support for supervision and mentorship to ensure quality MNH services;					
Supporting human resources in the Ministry of Health for effective programme					
Delivery as an interim measure while the government is building its own capacity (2 gynecologists and 12 anesthetists and finance one MNH programme manager (NPPP) who will also address obstetric fistula);					
Supporting training of programme staff in the Ministry of Health to					

manage and Monitor the implementation of SRH programmes.					
Strengthening the delivery of EmONC services.					
Provision of technical support for conducting an EmONC needs assessment to provide the basis for expansion of bEmONC facilities and upgrading community hospitals to provide cEmONC;					
Percentage of health stations providing basic emergency obstetric and newborn care					
Supporting upgrading of selected community hospitals to cEmONC facilities by providing medical equipment, SRH commodities and supplies;					
Support for instituting quality improvement procedures/systems/protocols, infection prevention as well as supervision and quality improvement related to maternal health.					
Strengthening Maternal Death Surveillance and Response (MDSR) at all levels to improve the quality of services					
Provision of technical support to the national committee to collect, analyze and produce a national report;					
Supporting the development of tools and training of health providers for verbal autopsy					
Support for mentorship and supervision at facility level.					
Strengthening the expansion of maternity waiting homes (MWHs)					

Technical support to conduct an evaluation of the management and impact of MWH;					
Supporting orientation of health workers in existing and new MWHs on services to provide for women accommodated in the MWH;					
Support procurement of equipment for new maternity waiting homes and maintenance of existing MWH.					
Strengthening post abortion care services					
Technical support to conduct a facility-based study on trends in abortion incidence;					
Procurement of MVA kits for facilities;					
Supporting training of health workers in post-abortion care including post abortion family planning.					
Strengthening programme on obstetric fistula					
technical support for development of a national strategy and guidelines for fistula services;					
supporting training of health workers in diagnosis and management of obstetric fistula patients;					
in collaboration with NUEYS, NUEW and traditional leaders support rehabilitation and re-integration of obstetric fistula patients;					
Supporting training of fistula survivors as community advocates for					

prevention and treatment.					
Number of women treated for obstetric fistula					
Scaling up of Postpartum Care (PPC) outreach services					
supporting training of community based providers in PPC;					
support will also be provided to improve transportation and communication for PPC outreach through procurement of bicycle, motorcycles and cell phones;					
Supporting heath workers to conduct supervision for quality assurance.					
Demand creation for maternal and newborn health services including male involvement.					
Provision of technical support for a Knowledge, Attitude, Practice and Behaviour (KAPB), including socio-cultural barriers to accessing care, study;					
Provision of technical support for the revision of the community health workers manual in SRH/MNH issues including FP, condom negotiation and distribution;					
supporting the training of community health workers and change agents in SRH/MNH;					
Support sensitization activities on birth preparedness and emergency readiness;					
Supporting training of community health workers, leaders and change agents to engage the community in					

behaviour change dialogue;					
Supporting development of IEC materials and data collection tools for community health workers to include family planning.					
Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions					
Output 2. Improved provision of family planning services for individuals and couples.					
Strengthening Information Management and Reproductive Health Commodities Security:					
Upgrading the existing stock control system (SCS) data base MS Access 2003 to Access 2007 and/ORACLE to make it web based;					
Creating connectivity (network) link with all SCS data base workstations;					
Upgrade CHANNEL to link to SCS master database to import and collect all RHC logistics data electronically;					
Conduct LMIS survey;					
Advanced IT maintenance support training for the database administers of CCM and CHANNEL;					
Development of LMIS advocacy tool (s) and promote its use at various levels to improve commitment at national and zoba level;					
Training of pharmaceutical logistics staff on how to use and implement the newly developed stock catalogue and health workers on procurement supply management;					

Percentage of service delivery points with no stock outs of reproductive health commodities					
Supporting procurement of RH commodities including contraceptives and male and female condoms.					
Build negotiation skills to promote condom use and safer sexual practices:					
Supporting training of health workers and community health workers in FP including condom negotiation;					
Development of IEC materials and data collection tools for community health workers to include FP;					
Supporting training of community distributors.					
Number of community based distributors trained					
Strengthening provision of infertility services.					
Provision of technical support for development of a strategic plan and guidelines for infertility management including quality assurance and supervision;					
Training of the OBGYN, midwives and laboratory technicians on diagnosis and management of infertility management.					
Promoting male involvement in family planning:					
Engaging religious and traditional leaders, community health workers and change agents in family planning;					
Supporting sensitization and mentoring programs to facilitate					

involvement of men in MNH/RH issues.					
Prevention and treatment of reproductive organ cancers					
Provision of technical support for development of a strategic plan, policies, procedures and guidelines for reproductive organ cancers (breast, cervical and prostate);					
Provide support for training of health workers in cancer prevention/screening;					
Procurement of equipment for screening and referring suspected cases;					
Support the establishment of a national cancer diagnosis and treatment centre in Asmara and three satellite centres in three strategically located towns in the country.					
Outcome 4: Increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk					
Output 3: Strengthened national capacity for the prevention of sexually transmitted Infections and HIV/AIDS					
Strengthening integrated SRH/HIV services.					
Provide technical support for the development of a policy on integration of SRH and HIV;					
Technical support for development of a strategy and action plan					
Support outreach activities for vulnerable and most at risk population groups;					
Supporting establishment of a well-functioning referral system;					

Supporting procurement of STI (including syphilis) testing equipment and kits.					
Proportion of health facilities that provide sexual and reproductive health and HIV integrated services					
Strengthening institutional capacity for HIV prevention interventions targeted at young people and populations that are most at risk.					
Supporting the revision of training manuals for service providers in comprehensive integrated services including PMTCT;					
Supporting training of health service providers in comprehensive PMTCT services including provision of contraceptive options for women living with HIV and AIDS;					
Support training of service providers in comprehensive condom programming to equip them with knowledge and skills in condom use as a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment;					
Supporting interventions for the promotion of female condoms as a dual protection device;					
Technical support for training of health providers in male circumcision.					
Strengthen community engagement in SRH and HIV Prevention					
Technical support for development of					

a Comprehensive Condom Programming Strategy and implementation Plan to provide a framework for implementation of interventions aimed at dual protection;					
Availability of a strategy on comprehensive condom programming					
Supporting campaigns targeting leaders at all levels to address cultural issues that promote early marriage, early sexual debut and gender based violence including FGM;					
Support initiatives to promote medical male circumcision.					

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

CHECKLIST NSO

Activity	Yes/no	Target		Level of achievements	Comments
		Baseline 2013/14	Target 2015/16		
Outcome 7: Improved data availability and analysis around population dynamics, SRH including family planning) and gender equality					
Output 7: Strengthened national capacity for the generation of data on population dynamics, sexual and reproductive health and gender					
Capacity strengthening of the National Statistics Office and Ministry of Health to produce, analyze and disseminate sex and age disaggregated population data at Zoba and national level.					
Training of human resources (data collectors and statisticians) in data generation and analysis; provision of technical support for conducting the fourth EPHS;					
Provision of technical support for establishment of a civil and vital registration system;					
National civil and vital registration strategy in place					
Procurement of equipment, supplies and software for data collection, processing and analysis and safekeeping of various data sets;					
Supporting establishment of national and zoba level databases to improve data collection and reporting.					
Advocacy for integrating sex and age disaggregated data in national development plans, Policies and programmes					
Supporting dissemination of sex and age disaggregated data;					

Support development of survey and thematic reports;					
The fourth Demographic and Health Survey conducted					
Supporting training of policy makers and planners in integrating population issues into sectoral and national plans and policies					
Strengthening monitoring and evaluation system for evidence based information.					
Supporting monitoring and evaluation activities that facilitate a functional national M&E system, IMIS and other systems;					
Supporting the establishment and regular updating of population, gender and reproductive health database					
Establishment of national and regional gender responsive databases					
National 6 zoba (administrative unit) level database					

ASSESSMENT OF UNFPA 4TH COUNTRY PROGRAMME (CP)

CHECKLIST FOR UNFPA

Outcome 2: Increased access to and utilization of quality maternal and newborn health Service								
Output 1: Strengthened capacity at national, subnational and community level for the provision of emergency obstetric care and manage obstetric complications								
ACTIVITY	**Baseline**	**Target 2013**	**Target 2014**	**Target 2015**	**Target 2016**	**Level of achievement**	**Challenges**	**Recommendation for the future**
Capacity building for health service providers to increase coverage of skilled attendants at delivery and emergency obstetric and new born care services.								
Supporting lifesaving skills training for midwives, nurses, doctors and other relevant Health Care Workers (HCW);								
Support for supervision and mentorship to ensure quality MNH services;								
Supporting human resources in the Ministry of Health for effective programme								
Delivery as an interim measure while the government is building its own capacity (2 gynecologists and 12 anesthetists and finance one MNH programme manager (NPPP) who will also address obstetric fistula);								
Supporting training of programme staff in the Ministry of Health to manage and Monitor the implementation of SRH programmes.								
Strengthening the delivery of EmONC services.								

Provision of technical support for conducting an EmONC needs assessment to provide the basis for expansion of bEmONC facilities and upgrading community hospitals to provide cEmONC;								
Percentage of health stations providing basic emergency obstetric and newborn care								
Supporting upgrading of selected community hospitals to cEmONC facilities by providing medical equipment, SRH commodities and supplies;								
Support for instituting quality improvement procedures/systems/protocols, infection prevention as well as supervision and quality improvement related to maternal health.								
Strengthening Maternal Death Surveillance and Response (MDSR) at all levels to improve the quality of services								
Provision of technical support to the national committee to collect, analyze and produce a national report;								
Supporting the development of tools and training of health providers for verbal autopsy								
Support for mentorship and supervision at facility level.								
Strengthening the expansion of maternity waiting homes (MWHs)								
Technical support to conduct an evaluation of the management and impact of MWH;								

Supporting orientation of health workers in existing and new MWHs on services to provide for women accommodated in the MWH;								
Support procurement of equipment for new maternity waiting homes and maintenance of existing MWH.								
Strengthening post abortion care services								
Technical support to conduct a facility-based study on trends in abortion incidence;								
Procurement of MVA kits for facilities;								
Supporting training of health workers in post-abortion care including post abortion family planning.								
Strengthening programme on obstetric fistula								
technical support for development of a national strategy and guidelines for fistula services;								
supporting training of health workers in diagnosis and management of obstetric fistula patients;								
in collaboration with NUEYS, NUEW and traditional leaders support rehabilitation and re-integration of obstetric fistula patients;								
Supporting training of fistula survivors as community advocates for prevention and treatment.								
Number of women treated for obstetric fistula								
Scaling up of Postpartum Care (PPC) outreach services								
supporting training of community								

based providers in PPC;								
support will also be provided to improve transportation and communication for PPC outreach through procurement of bicycle, motorcycles and cell phones;								
Supporting heath workers to conduct supervision for quality assurance.								
Demand creation for maternal and newborn health services including male involvement.								
Provision of technical support for a Knowledge, Attitude, Practice and Behaviour (KAPB), including socio-cultural barriers to accessing care, study;								
Provision of technical support for the revision of the community health workers manual in SRH/MNH issues including FP, condom negotiation and distribution;								
supporting the training of community health workers and change agents in SRH/MNH;								
Support sensitization activities on birth preparedness and emergency readiness;								
Supporting training of community health workers, leaders and change agents to engage the community in behaviour change dialogue;								
Supporting development of IEC materials and data collection tools for community health workers to include family planning.								

Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions								
Output 2. Improved provision of family planning services for individuals and couples.								
ACTIVITY	**Baseline**	**Target 2013**	**Target 2014**	**Target 2015**	**Target 2016**	**Level of achievement**	**Challenges**	**Recommendation for the future**
Strengthening Information Management and Reproductive Health Commodities Security:								
Upgrading the existing stock control system (SCS) data base MS Access 2003 to Access 2007 and/ORACLE to make it web based;								
Creating connectivity (network) link with all SCS data base workstations;								
Upgrade CHANNEL to link to SCS master database to import and collect all RHC logistics data electronically;								
Conduct LMIS survey;								
Advanced IT maintenance support training for the database administers of CCM and CHANNEL;								
Development of LMIS advocacy tool (s) and promote its use at various levels to improve commitment at national and zoba level;								
Training of pharmaceutical logistics staff on how to use and implement the newly developed stock catalogue and health workers on procurement supply management;								
Percentage of service delivery points with no stock outs of reproductive health commodities								

Supporting procurement of RH commodities including contraceptives and male and female condoms.								
Build negotiation skills to promote condom use and safer sexual practices:								
Supporting training of health workers and community health workers in FP including condom negotiation;								
Development of IEC materials and data collection tools for community health workers to include FP;								
Supporting training of community distributors.								
Number of community based distributors trained								
Strengthening provision of infertility services.								
Provision of technical support for development of a strategic plan and guidelines for infertility management including quality assurance and supervision;								
Training of the OBGYN, midwives and laboratory technicians on diagnosis and management of infertility management.								
Promoting male involvement in family planning:								
Engaging religious and traditional leaders, community health workers and change agents in family planning;								
Supporting sensitization and mentoring programs to facilitate involvement of men in MNH/RH issues.								
Prevention and treatment of reproductive organ cancers								

Provision of technical support for development of a strategic plan, policies, procedures and guidelines for reproductive organ cancers (breast, cervical and prostate);								
Provide support for training of health workers in cancer prevention/screening;								
Procurement of equipment for screening and referring suspected cases;								
Support the establishment of a national cancer diagnosis and treatment centre in Asmara and three satellite centres in three strategically located towns in the country.								

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

NUEW CHECKLIST

Activity	Yes/no	Target		Level of achievements	Comments
		Baseline 2013/14	Target 2015/16		
Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policies					
Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policies					
Support the development, implementation and monitoring of relevant policies and laws					
Support for long term training of NUEW staff in gender related studies;					
Support for short term training of staff in areas of gender analysis, development and mainstreaming;					
Provision of technical support for the development of sectoral gender policies; and					
Supporting the integration of gender, SRHR and environmental sustainability.					
How many institutions have gender mainstreamed in their policies					
Support the implementation and reporting on the CEDAW					
Provision of technical and financial support for development of the 4h & 5th CEDAW reports					
Supporting NGOs to create awareness on articles related to gender, SRHR, FGM/C and other harmful cultural					

practices					
How many national legislation for gender equality and international agreements implemented					
Promoting social mobilization and innovative approaches towards the abandonment of FGM/C and other harmful cultural practices including early marriages					
Supporting NGOs to create awareness on harmful traditional practices including FGM/C;					
Supporting NGOs to provide continuous education on the decree against FGM/C and its enforcement;					
Support awareness creation on the legal age of and risks of early marriage;					
Supporting the engagement of religious and traditional leaders towards the elimination of harmful traditional practices.					
How many villages have declared the abandonment of female genital mutilation					

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

CHECKLIST NUEYS

Activity	Yes/no	Target		Level of achievements	Comments
		Baseline 2013/14	Target 2015/16		
Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)					
Output 6: Improved provision of integrated sexual and reproductive health services and sexuality education for young people					
Expanding coverage of youth friendly services both at health facilities and youth centres.					
Provision of technical support to adapt the WHO standards for youth friendly services;					
Provision of technical support to conduct an assessment of the existing youth friendly services to determine gaps, lessons learnt and areas that require strengthening;					
Establishment of additional youth friendly centres in selected Zobas;					
Supporting establishment of youth friendly corners within selected health facilities.					
Strengthening of life skill education programmes					
Technical support for development and dissemination of culturally sensitive and appropriate materials on SRH, HIV prevention;					
Supporting youth to youth edutainment activities using youth networks and clubs by enhancing the knowledge and skills of peer group educators to provide accurate information and					

promotion of SRH and HIV prevention service.					
Strengthening community engagement for promotion of SRH and HIV prevention services					
Supporting skills development of community based agents including para-librarians in provision of accurate information and promotion of SRH and HIV prevention services;					
Supporting NGOs to disseminate key targeted messages on SRH and HIV prevention.					
Do you have a comprehensive young people policy					

UNFPA 4TH COUNTRY PROGRAM ASSESSMENT

FINANCIAL PERFORMANCE ASSESSMENT

Strategic Plan Outcome Area	Implementing Partners (IPs)	Year	Budget allocation	Source of funding	Expenditure	Funding Gap	Absorption Rate	Comment
Maternal and new born health		2013						
		2014						
		2015						
Family planning		2013						
		2014						
		2015						
Prevention services for HIV and sexually transmitted infections		2013						
		2014						
		2015						
Young people's sexual and reproductive health and sexuality education		2013						
		2014						
		2015						
Gender equality and reproductive rights		2013						
		2014						
		2015						
Data availability and analysis		2013						
		2014						
		2015						
Programme coordination and assistance		2013						
		2014						
		2015						
Total								

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

Questionnaire for UNFPA

Name:

Organization:

Position:

Assessment of the 4th Country Programme (CP) and the progress made so far

Relevance

1. In your opinion would you say 4th CP is aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
    a. Yes
    b. No
2. If yes how is the CP aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
3. If not what your suggestion on how the CP program should be aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries

Effectiveness

4. Would you say there is progress made in terms of the targets set? Explain your answer
    a. Yes
    b. no
5. In your opinion what are the factors that have contributed to the success/failure of the 4th CP?
6. Would you say the 4th CP has effectively reached its target population (please explain)
    a. Yes
    b. No

Coordination

7. To what extent has UNFPA contributed to the overall coordination mechanism of the UN system in Eritrea?
8. What measures has UNFPA taken to ensure synergies and coordination among different stakeholders?
9. How is the 4th CP coordinated by the UN system in the Eritrean context?
10. What challenges do you face in the coordination and overall management of 4th CP?
11. What recommendation would you give to strengthen the coordination and overall management of the 4th country programme
12. What recommendation would you give to strengthen the stakeholder coordination

Strategic Alignment (Corporate)

13. To what extent is the Country Programme and CPAP aligned to the UNFPA corporate mandate as set out in the Strategic Plan?

Added value

14. How is UNFPA's programme support perceived by national counterparts as compared to other UN agencies and other actors' work in similar areas?

Assessment of UNFPA's contribution to the achievement of expected outputs and outcomes in line with the national priorities of Eritrea

15. Please describe the program you are following
16. In the program you are following would you say the program has achieved the set outputs and outcomes
    a. Yes
    b. No
17. Which outputs/outcomes have been achieved so far?
18. Which outputs/outcomes would you say have not been achieved?
19. What are the main challenges faced by the program you are following?
20. What improvements would you suggest for the program?
21. What are some of the lessons learnt from the implementation of the 4TH CP?
22. What would say are the challenges for the 4th CP?
23. What improvements should be put in place to strengthen the UNFPA country programme?
24. What would you recommend for the next programme ?

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

Questionnaire for UN Agencies

Name:

Organization:

Position:

Assessment of the 4th Country Programme (CP) and the progress made

Overview on your understanding of the UNFPA 4th CP

Relevance

25. In your opinion would you say the 4th CP aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
    a. Yes
    b. No
26. If yes how is the 4th CP aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
27. If not what your suggestion on how the CP program should be aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries

Effectiveness

28. Would you say there is progress made in terms of the targets set? Explain your answer
    a. Yes

b. no

29. In your opinion what are the factors that contribute to the success/failure of the 4th CP?
30. Would you say the 4th CP has effectively reached its target population? Explain
    a. Yes
    b. No

Coordination

31. To what extent has UNFPA contributed to the overall coordination mechanism of the UN system in Eritrea?
32. What measures has UNFPA taken to ensure synergies and coordination among different stakeholders?
33. What recommendation would you give to strengthen the coordination and overall management of the UNFPA 4th country programme
34. What recommendation would you give to strengthen the stakeholder coordination

Added value

35. How is UNFPA's programme of support perceived by national counterparts as compared to other UN agencies and other development actors' work in similar areas?

Assessment of CP

1. Do you a joint program with UNFPA
    a. yes
    b. no
2. If yes describe the programme
3. What achievements would you say have been made in the implementation of the programme?
4. What challenges would say are facing the program?
5. Suggest areas of improvement in the programme.
6. What are some of the lessons learnt from the implementation of the 4TH CP?
7. What would say are the challenges for the 4th CP?
8. What improvements should be put in place to strengthen the UNFPA country programme?
9. What would you recommend for the next programme ?

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

Public health/Community and family health

Name:

Position:

Duration in position:

Relevance

36. In your opinion would you say 4th CP is aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
    a. Yes
    b. No
37. If yes how is the CP aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
38. If not what your suggestion on how the CP program should be aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries

Effectiveness

39. Would you say there is progress made in terms of the targets set in (maternal and new born health, family planning, HIV, SRH and data generation)? Explain your answer
    a. Yes
    b. no
40. In your opinion what are the factors that have contributed to the success/failure of the 4th CP?
41. Would you say the 4th CP has effectively reached its target population (please explain)
    a. Yes
    b. No

Scalability

42. To what extent has UNFPA been able to develop the capacities of its partners and beneficiaries to ensure durability of programme results?
43. To what extent has the programme empowered you to strengthen and replicate the set targets?
44. Would say the progarmme design has set in place proper exit strategies?

Coordination

45. What measures has UNFPA taken to ensure synergies and coordination among different stakeholders?
46. How is the 4th CP coordinated by the UN system in the Eritrean context?
47. What challenges do you face in the coordination and overall management of 4th CP?
48. What improvements would you recommend to strengthen the coordination and overall management of the 4th country programme

Assessment of UNFPA's contribution to the achievement of expected outputs and outcomes in line with the national priorities of Eritrea

49. How has the UNFPA 4th CP strengthened capacity to provide emergency obstetric care and manage obstetric complications at national and community levels?
50. What improvements have been realized in the provision of family planning services for individuals and couples since the rolling out of the 4th CP in Eritrea?
51. How has the 4th CP strengthened the capacity to prevent sexually transmitted infections and HIV/AIDS at national level?
52. What improvements have been realized in the provision of integrated sexual and reproductive health services and sexuality education for young people since the rolling out of the 4th CP in Eritrea?
53. How has 4th CP strengthened the national capacity to generate data on sexual and reproductive health?
54. What are some of the lessons learnt in the implementation of the 4TH CP?
55. What would say are the challenges for the 4th CP?
56. What improvements should be put in place to strengthen the UNFPA country programme?
57. What would you recommend for the next programme?

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)
Questionnaire for director general CDC

Name:
Position:
Duration in position:

Assessment of the 4th Country Programme (CP) and the progress made so far

Relevance

1. In your opinion would you say 4th CP is aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
    a. Yes
    b. No
2. If yes how is the CP aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
3. If not what your suggestion on how the CP program should be aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries

Effectiveness

4. Would you say there is progress made in terms of the targets set in (maternal and new born health, family planning, HIV, SRH and data generation)? Explain your answer
    a. Yes
    b. no
5. In your opinion what are the factors that have contributed to the success/failure of the 4th CP?
6. Would you say the 4th CP has effectively reached its target population (please explain)
    a. Yes
    b. No

Scalability

7. To what extent has UNFPA been able to develop the capacities of its partners and beneficiaries to ensure durability of programme results?
8. To what extent has the programme empowered you to strengthen and replicate the set targets?
9. Would say the progarmme design has set in place proper exit strategies?

Coordination

10. What measures has UNFPA taken to ensure synergies and coordination among different stakeholders?
11. How is the 4th CP coordinated by the UN system in the Eritrean context?
12. What challenges do you face in the coordination and overall management of 4th CP?
13. What improvements would you recommend to strengthen the coordination and overall management of the 4th country programme

Assessment of UNFPA's contribution to the achievement of expected outputs and outcomes in line with the national priorities of Eritrea

14. How has the 4th CP strengthened the capacity to prevent sexually transmitted infections and HIV/AIDS at national level?
15. What improvements have been realized in the provision of integrated sexual and reproductive health services and sexuality education for young people since the rolling out of the 4th CP in Eritrea?
16. How has 4th CP strengthened the national capacity to generate data on sexual and reproductive health?
17. What are some of the lessons learnt in the implementation of the 4TH CP?
18. What would say are the challenges for the 4th CP?
19. What improvements should be put in place to strengthen the UNFPA country programme?
20. What would you recommend for the next programme ?

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

Questionnaire for NSO

Name:

Department:

Position:

Duration in position:

Assessment of the 4th Country Programme (CP) and the progress made so far

Relevance

1. In your opinion would you say 4th CP is aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?

a. Yes
b. No

2. If yes how is the CP aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
3. If not what your suggestion on how the CP program should be aligned with the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries

Effectiveness

4. Would you say there is progress made in terms of the targets set for your ministry? Explain your answer
    a. Yes
    b. no
5. In your opinion what are the factors that have contributed to the success/failure of the 4th CP?
6. Would you say the 4th CP has effectively reached its target population (please explain)
    a. Yes
    b. No

Scalability

7. Would you say that UNFPA has been able to develop the capacities of its partners and beneficiaries to ensure durability of programme results? Please explain
8. To what extent has the programme empowered you to strengthen and replicate the set targets?
9. Would you say the progarmme design has set in place proper exit strategies?

Coordination

10. Comment on how the stakeholders coordinated by the UNFPA?
11. What are some of the challenges faced in the coordination and overall management of 4th CP?
12. What improvements would you recommend to strengthen the coordination and overall management of the 4th country programme?

Assessment of UNFPA's contribution to the achievement of expected outputs and outcomes in line with the national priorities of Eritrea

13. To what extent has UNFPA strengthened the National Statistics Office and Ministry of Health to produce, analyse and disseminate sex and age disaggregated population data at Zoba and national level.
14. How has UNFPA supported Advocacy for integrating sex and age disaggregated data in national development plans, Policies and programmes?
15. To what extent has UNFPA Strengthening monitoring and evaluation system for evidence based information?
16. What would you say are the major changes that you have seen in terms of producing data, analysis, segregation and dissemination since the 4th CP was implemented (at national and Zoba level)?
17. What are the major challenges facing the HMIS at the national and Zoba level?
18. What are some of the lessons learnt from the implementation of the 4TH CP?
19. What would say are the challenges for the 4th CP?

20. What improvements should be put in place to strengthen the UNFPA country programme?
21. What would you recommend for the next programme?

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

Interview Guide for NUEW

Name:

Position:

Duration in position:

1. What the core Mandates for NUEW?
2. Comment on the form of partnership/collaboration NUEW have with UNFPA?
3. How has UNFPA supported you to develop, implement and monitor of gender related policies and laws?(T)
4. In your opinion what would you say are some of the challenges facing the implementation of gender related policies in country?
5. Would you say that the communities are receptive on gender related issues?
6. To what extent has UNFPA supported the implementation and reporting on the CEDAW (Convention on the Elimination of all Forms of Discrimination against Women?
7. What are some new of the approaches that you are using to end FGM and other harmful cultural practices
8. How have you been involved to strengthen the Fistula programme?
9. Comment on GBV?
10. How are the men involved in the promotion of gender equality?
11. In your opinion would you say that you have achieved the set target?
    a. Yes
    b. No
12. If No what would you say are contributing factors that hinders you from achieving the set target?
13. What financing arrangement do you have with the UNFPA
14. Would you say what the funds allocated to you by UNFPA are adequate?
    a) Yes
    b) No
15. If no what are the financing gap?
16. What are some of the lessons learnt in the implementation of the 4TH CP?
17. What would say are the challenges for the 4^{th} CP?
18. What improvements should be put in place to strengthen the UNFPA country programme?
19. What would you recommend for the next programme

ASSESSMENT OF THE UNFPA 4TH COUNTRY PROGRAMME (CP)

Questionnaire for NUEYS

Name:

Position:

Duration in position:

1. What is the core mandate for NUEYS?
2. Comment on the form of partnership/collaboration NUEYS have with UNFPA?
3. In your opinion would you say the coverage of youth friendly services both at health facilities and youth centres has increased since the year 2013?
    a. Yes
    b. No
4. If yes what extent has UNFPA contributed to the increase in coverage of these youth friendly centers?
5. How has the UNFPA programme enhanced the knowledge and skills for youth/Students on HIV, SRH and safe and responsible sexual behavior?
6. What do you think should be done differently to improve awareness on sexually transmitted diseases/HIV among the youth?
7. How are the young people participating in the promotion and prevention of SRH/HIV initiaves at Zoba/National level?
8. In your opinion would you say that you have achieved the set target?
    a. Yes
    b. No
9. If No what would you say are contributing factors that hinders you from achieving the target?
10. Who are the main funders of your project?
11. Would you say what the funds allocated to you by UNFPA are adequate?
    c) Yes
    d) No
12. If no what the finacing gap?
13. What are some of the lessons learnt in the implementation of the 4TH CP?
14. What would say are the challenges for the 4^{th} CP?
15. What improvements should be put in place to strengthen the UNFPA country programme?
16. What would you recommend for the next programme ?

TERMS OF REFERENCE

Government of the State of Eritrea/United Nations Population Fund 4th Country Programme 2013- 2016 Assessment

1. Introduction

The Strategic Partnership Cooperation Framework (SPCF 2013-2016) is a development framework between the Government of the State of Eritrea (GoSE) and the United Nations system in Eritrea, which was developed to address five strategic areas in Eritrea's development agenda. The five areas are: 1) Basic Social Services; 2) Food Security; 3) National Capacity Development; 4) Environment and; 5) Gender Equity. These were articulated under six outputs as will be seen later.

In line with this, the GoSE and the United Nations Population Fund (UNFPA) developed the 4th Country Programme focusing on three out of the five strategic priority areas stipulated in the SPCF. These are: 1. Basic Social Services; 2. National Capacity Development; and 3. Gender Equity and Advancement of Women. In the absence of a national development plan, UNFPA formulated its programmes and projects that are aligned with the national priorities as reflected in the government's sector plans, policies and strategies.

The 4th Country Program was designed to end in tandem with the SPCF, and therefore, barring any unforeseen circumstances, Eritrea CO will embark on the development of a 5th Country Program which will start in January 2017. In line with the 2013 UNFPA Evaluation Policy, the country office is required to table an evaluation of the 4th country program in support of any further proposals to continue work in Eritrea. To this end, the CO has decided to conduct a Country Programme Assessment (CPA) to be used as an evaluative evidence for the development of the 5th Country Programme. This is in line with policy requirements for on-going country program evaluation cycle, as well as UNDG guidelines in the conduct of Country Programs.

2. Context

Eritrea has an area of about 124,000 square kilometers. The population of Eritrea was estimated to be 4.068 million in 2013 (HMIS 2013, MOH) with a total fertility rate of 4.8. Population and Housing Census has not been conducted in the country, however, three DHSs have been carried out so far. The GDP per capita (2011 PPP $) is 1,180[1] and Eritrea's Human Development Index (HDI) is 0.381, giving the country a rank of 182[2] out of 187 countries. About 65 per cent of the population is classified as poor. The incidence of poverty is slightly higher in semi-urban areas and among women.

The Government is committed to achieving the Millennium Development Goals and implementing other international conventions and agreements, including the Programme of Action of the International Conference on Population and Development (ICPD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action. The commitment of the GoSE and concerted efforts of various partners led to the achievement of the three health-related MDGs (MDGs 4, 5 and 6) before the deadline of 2015.

[1] UNDP, Human Development Report, 2014 report
[2] Ibid

Maternal Mortality Rate (MMR) was reduced from an estimated 998 per 100,000 live births in 1995 to 380/100,000 in 2013 (WHO, 2014). However, challenges still remain. Although the causes are not documented, abortion continues to be a major threat to women's survival in Eritrea. Post abortion sepsis accounts for 11.8 per cent of all obstetric deaths, according to Ministry of Health figures of 2013 (HMIS 2013), while skilled birth attendance is remains at a paltry 34% (EPHS 2010) while modern contraceptive prevalence is only 8.4% (EPHS 2010).

The national HIV prevalence is 0.93 per cent. The HIV prevalence among those aged 15-19 years is: women 0.15, men 0.00 and among 20-24 years, women 0.23, men 0.00. The assumption is that young women are infected by older men. The prevalence of HIV in the high risk group is higher among commercial sex workers (CSW) at 6%, and that of truck drivers is 2.4% according to surveys conducted in 2011.

Young people aged 10-24 make up 22 per cent of the total population, and are among those most vulnerable to poverty and reproductive ill health. They are at risk of sexually transmitted infections, HIV/AIDS, early pregnancy and obstetric fistula. Teenage pregnancy is high at 10.4 per cent. Though there is a declining trend in the practice of FGM/C over the years, it continues to be a challenge, especially in some areas of the country where it is associated with religion.

The scarcity of essential data has been a challenge in terms of conducting successful planning, monitoring and evaluation activities including establishing baselines and setting targets of development programmes. Thus, availability of and access to disaggregated and quality and up-to-date data in the various sectors for evidence based planning and programming is very critical.

The current CPD has been prepared without a national development plan and was guided largely by the sector strategies and policies.

The 4th CP has been contributing to the achievement of the six outcomes of the UNFPA strategic plan 2010 – 2013 and later to the four outcomes of the revised strategic plan 2014 – 2017, where the broad focus of intervention are i) Sexual and reproductive health; ii) Adolescents and youth; iii)Gender equality and empowerment and iv) Population dynamics.

The Specific outputs for which the 4th CP has been expected to contribute include:

a. Strengthened capacity at national and community levels to provide emergency obstetric care and manage obstetric complications
b. Improved provision of family planning services for individuals and couples
c. Strengthened national capacity to prevent sexually transmitted infections and HIV/AIDS
d. Improved provision of integrated sexual and reproductive health services and sexuality education for young people
e. Strengthened capacity to implement the national gender policy and report on the Convention on the Elimination of All Forms of Discrimination against Women
f. Strengthened national capacity to generate data on population dynamics, sexual and reproductive health, and gender

To this end, UNFPA committed a total of 18.6million over the period of four years (2013-2016). With the limited donor base in the country, the main source of fund for the implementation of the CP has been from the organisation's regular resources (RR) while some funds have been mobilized from the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS), the global Joint Programme on Abandonment of FGM/C, Maternal Health Trust Fund (MHTF) and the Central Emergency Response Fund (CERF).

3. OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objective of this exercise is to assess the contribution of the 4th CP towards achieving the stated results and to produce the evidence necessary for the preparation of the next country programme (5th CP) for Eritrea.

The specific objectives of the evaluation for the UNFPA 4th country programme for Eritrea are:

- To provide an independent assessment of the progress made so far and UNFPA's contribution to the achievement of expected outputs and outcomes in line with the national priorities of Eritrea
- To identify gaps and draw lessons from the current cooperation and come up with recommendations and action points
- To be an evaluative evidence for the development of the 5th CP

The evaluation will cover the period 2013 – 2016 within each programme component stipulated in the 4th country programme document. The assessment will benefit from the already concluded mid-term review of the SPCF, which was done by an independent group of local consultants. The 4th CP assessment is expected to highlight issues that have not been addressed in the MTR report and make an in-depth analysis of findings. This is the evaluative evidence that the process requires.

4. Evaluation criteria and evaluation questions

The assessment questions will include but not limited to:

4.1 Relevance

1. To what extent has the 4th CP aligned to the national priorities and outcomes as stipulated in the sector plans and strategies of line ministries?
2. Was there an appropriate logical relationship among outputs and outcomes?
3. To what extent have the current joint programmes under the 4th CP contributed to the achievement of outputs and outcomes?

4.2 Effectiveness

1. What is the progress made in terms of the targets set?
2. What are the factors that contribute to the success/failure of the programme?
3. Has the programme reached effectively its target population?

4.3 Efficiency

1. How adequate and appropriate were the resources (funds, expertise, time etc) for the achievement of programme outputs and outcomes?
2. To what extent were UNFPA resources focused on core activities that were most likely to produce significant results?
3. What measures were taken during planning and implementation to ensure value for money?

4.4 Sustainability

1. To what extent has UNFPA been able to develop the capacities of its partners and beneficiaries to ensure durability of programme results?
2. Are partners empowered to strengthen and replicate program/project results?
3. Did programme design include proper exit strategies?
4. To what extent does the UNFPA programme benefited from knowledge sharing of the South-South Cooperation?

In addition to the above standard assessment criteria, the programme will also be assessed in terms of the following three criteria

4.5 Coordination

1. To what extent has UNFPA contributed to the overall coordination mechanism of the UN system in Eritrea
2. What measures has UNFPA taken to ensure synergies and coordination among different stakeholders?

4.6 Strategic Alignment (Corporate Dimension):

1. To what extent is the Country Programme and CPAP aligned to the UNFPA corporate mandate as set out in the Strategic Plan?

4.7 Added Value

2. How does UNFPA's programme of support perceived by national counterparts as compared to other UN agencies and other development actors work in similar areas?

N.B. *The above assessment questions are only indicative. They may be changed during the assessment design face in consultation with the programme team and the regional M&E advisor.*

5. Methodology and Approach

a) Data Collection

The assessment will use multiple-method approach to collect both qualitative and quantitative data through desk review; Key informant interviews with stakeholders,

beneficiaries, UN agencies and other development partners; consultation meetings with UNFPA staff and field visits as appropriate.

b) Validation Mechanism

Validity of data will be ensured by triangulation method of data sources and data collection methods. Moreover, the assessment team will regularly consult with the CO programme staff.

c) Stakeholders Participation

The assessment team will perform stakeholders mapping to identify direct and indirect partners of UNFPA.

6. Evaluation Process

The assessment process will include the following phases and steps: The main steps will unfold in three phases, each of them including several steps as follow

6.1 Design phase

This phase will include:

- A desk review of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined;
- A stakeholder mapping – The assessment team will prepare a mapping of stakeholders relevant to the assessment. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- An analysis of the country performance matrix that compares intended results against the actual results of the programme;
- The finalization of the list of assessment questions;
- The development of a data collection and analysis strategy as well as a concrete work plan for the field phase.

At the end of the design phase, the assessment team will produce a **design report**, displaying the results of the above-listed steps and tasks.

6.2 Field phase

After the design phase, the assessment team will undertake a two-week in-country mission to collect and analyze the data required in order to answer the assessment questions final list consolidated at the design phase.

At the end of the field phase, the assessment team will provide the CO with a debriefing presentation on the preliminary results of the assessment, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

6.3 Synthesis phase

During this phase, the assessment team will continue the analytical work initiated during the field phase and prepare a first draft of the final assessment report, taking into account comments made by the CO at the debriefing meeting.

This **first draft final report** (to be available by Dec 30th 2015) will be submitted to the programme team and regional office M&E advisor and RO Eritrea Programme focal person for comments (in writing). Comments made by the team and consolidated by the CO M&E focal person will then allow the assessment team to prepare a **second draft of the final evaluation report**.

This **second draft final report** (around mid-January 2016) will form the basis for an **in-country dissemination seminar**, which should be attended by the CO as well as all the key programme stakeholders (including key national counterparts).

The **final report** will be drafted shortly after the seminar, taking into account comments made by the participants.

7.0 Expected Outputs

The assessment team is expected to deliver the following major outputs in English:

- The design report;
- The debriefing presentation at the end of the field phase;
- Draft assessment report
- The final assessment report (maximum 70 pages plus annexes)

The specific deliverables (all draft and final documents in English) will be as follows:

- A design report including (as a minimum): a) a stakeholder map ; b) the assessment matrix (including the final list of evaluation questions and indicators) ; c) the overall assessment design and methodology, with a detailed description of the data collection plan for the field phase;
- A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;
- A draft final assessment report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group);
- A PowerPoint presentation of the results of the assessment for the dissemination seminar to be held in Asmara, Eritrea.
- A final report, based on comments expressed during the dissemination seminar.

All deliverables will be drafted in English

The fees for the consultancy will be based on the UN regulations using the following payment terms:

a. 20% - initial payment upon approval of the design report;
b. 30% - second payment after acceptance of delivery of a comprehensive draft report
c. 50 % payable on receipt of a final report, which must be preceded by a stakeholders meeting with participation/facilitation of the consultants and Regional Office comments

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

8. Indicative Time Frame

Time	Activity/output/outcome
November 17-21	Consultation with ESARO/HQ on the proposed evaluation and agreement on scope, and plan of action
November 23-27	Selection of an M&E officer from the region and recommendation of consultant by ESARO
November 23 - 27	Selection/contracting of evaluation consultant(s)
December 1-19	Desk review and in-country evaluation exercise
December 19-30	Report writing and validating of the Evaluation Report
January 1-15	CO retreat and drafting of 5th Country Program (taking into consideration both the CCA and draft new cooperation framework with GoSE
January 15-30	Writing up draft 5th CP based on the CPA and CCA
February 1	Submitting draft 5th CP to ESARO, feedback and finalization of the CP

9. Composition of the Assessment Team

The assessment team will consist of

- An international consultant who will have an overall responsibility of conducting the exercise and providing guidance and leadership, and in coordinating the draft and final report. The consultant should have a good knowledge of UNFPA's mandates and the national development context. At the synthesis phase, she/he will be responsible for putting together the first comprehensive draft of the assessment report, based on inputs from other assessment team members.
- The M&E focal person and the programme officers who will provide support during all phases of the exercise;

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

10. Qualifications of the evaluation team

The required qualification of the consultant includes;

a. Master Degree in Demography, Reproductive Health, Population and Development management, Public Health or any social science related field; a PhD will be an added advantage
b. Significant experience in conducting evaluation in the area of development for the United Nations Agencies and others international organizations
c. At least ten years' experience evaluating national programmes
d. Analytical and writing skills, and excellent oral communication and interpersonal skills and the ability to work in team

11. Management of the Assessment

The management of the CP assessment will be under the overall leadership of the Representative who will be working with the **assessment team, the M&E focal person and the Programme Officers.** The Representative will support the Assessment team in designing the evaluation; will provide on-going feedback for quality assurance during the preparation of the design report and the final report. The M&E focal person will be supported by the ESARO M&E adviser.

The main functions of the assessment team will be:

1. To discuss the terms of reference;
2. To provide the assessment team with relevant information and documentation on the programme;
3. To facilitate the access of the assessment team to key informants during the field phase;
4. To assist in feedback of the findings, conclusions and recommendations from the assessment into future programme design and implementation.

12. Bibliography and Resources

The following documents will, among others be shared with the consultants:

1. GoSE/UNFPA 4t^{h} Country Programme Document
2. GoSE/UN SPCF 2013- 2016 Mid Term Review
3. Revised UNFPA Strategic Plan (2012-2013)
4. UNFPA Strategic Plan (2014-2017)

5. Strategic Partnership Cooperation Framework (2013-2016) Eritrea
6. Indicative National Development Plan
7. Annual Work Plans for Implementing Partners (2013, 2014, 2015)
8. Quarterly and Annual Progress and Financial Reports from Implementing Partners (2013, 2014,2015)
9. Audit Reports for all Implementing Partners (2013, 2014)
10. Minutes of Joint Programmes, Working Groups, etc
11. Field Monitoring Reports
12. Final country programme evaluation report of the 3rd Country programme
13. Country Office Annual Reports (COARs) to the UNFPA Executive Director
14. Handbook to "How to Design and Conduct a Country Programme Evaluation at UNFPA"

13. Annexes

- Ethical Code of Conduct for UNEG/UNFPA Evaluations
- List of Atlas projects for the period under evaluation
- Information on main stakeholders by areas of intervention
- Evaluation Quality Assessment template and explanatory note