

ERITREA CO Country Programme Performance Summary

A. Country Information			
Country name: ERITREA			
Category per decision 2013/31:	Current programme period: 2013-2016	Cycle of assistance: 4TH	
B. Country Programme Outputs Achievement			
Output 1: Strengthened capacity at national, subnational and community level for the provision of emergency obstetric care and manage obstetric complications			
Indicators	Baseline	Target	End-line data
• Percentage of health stations providing basic emergency obstetric and newborn care	80%	100%	68% ¹
• Number of community hospitals providing comprehensive emergency obstetric and newborn care	0	4	7
• Number of women treated for obstetric fistula	985	<i>All backlogged cases</i>	1243
Key Achievements			
In sexual and reproductive health, the programme contributed to: (a) an increase in skilled birth attendance from 34 to 55 per cent and b) an increase in access to Emergency Obstetric care from 32% in 1990 to 97% in 2014			
Output 2: Improved provision of family planning services for individual and couples			
Indicators	Baseline	Target	End-line data
• Percentage of service delivery points with no stock outs of reproductive health commodities	100%	100%	100%
• Number of community based distributors trained	0	4000	0
Output 3: Strengthened national capacity for the prevention of sexually transmitted infection and HIV/AIDS			
Indicators	Baseline	Target	End-line data
• Proportion of health facilities that provide sexual and reproductive health and HIV integrated services	0	15%	97%
• Availability of a strategy on comprehensive condom programming	0	1	<i>Strategy finalized but not fully implemented</i>
Output 4: Improved provision of integrated sexual and reproductive health services and sexuality education for young people			
Indicators	Baseline	Target	End-line data
• Number of facilities with integrated youth friendly services	5	7	10

¹ The definition of basic EmONC has been changed by the MOH

**Output 5: Improved provision of family planning services for individual and couple
Strengthened national capacity to implement national gender policy and report on the
Convention on the Elimination of all forms of Discrimination Against Women**

Indicators	Baseline	Target	End-line data
• Number of national legislation for gender equality and international agreements implemented	<i>1</i>	<i>3</i>	<i>3</i>
• Number of institutions with gender mainstreamed in their policies	<i>5</i>	<i>12</i>	<i>7</i>
• Number of villages that declare the abandonment of female genital mutilation	<i>4</i>	<i>10</i>	<i>26</i>

Output 6: Strengthened national capacity for the generation of data on population dynamics, sexual and reproductive health and gender.

Indicators	Baseline	Target	End-line data
• The fourth Demographic and Health Survey conducted	<i>Third DHS</i>	<i>Fourth DHS</i>	<i>In Progress</i>
• National civil and vital registration strategy in place	<i>No</i>	<i>Yes</i>	<i>Five- year Strategic Plan developed.</i>

C. National Progress on Strategic Plan Outcomes ²	Start value	Year	End value	Year	Comments
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					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	<i>100%</i>	<i>2013</i>	<i>100%</i>	<i>2015</i>	
Contraceptive prevalence rate (total)	<i>8.4%</i>	<i>2010</i>	<i>8.4%</i>	<i>2015</i>	
Proportion of demand for contraception satisfied (total)	<i>N/A</i>		<i>N/A</i>		
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	<i>100%</i>	<i>2013</i>	<i>100%</i>	<i>2015</i>	
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	<i>34%</i>	<i>2010</i>	<i>55%</i>	<i>2013</i>	<i>MOH LQAS study</i>
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	<i>N/A</i>		<i>N/A</i>		
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	<i>1.3 (women) and 7.6 (men) EPHS 2010</i>	<i>2010</i>	<i>No data</i>	<i>2013</i>	<i>Results of the 4th round DHS are expected by the end of 2016</i>

² The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	N/A		No Data available		<i>The MOH budget is integrated for all health services (reports show that an increase in budget has been done) of and not disaggregated by programmes</i>
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Summary of National Progress

The country has been recognized as one of the few countries globally to achieve Millennium Development Goal 5(a). Maternal mortality ratio reduced from 1700 deaths per 100,000 live births in 1990 to an estimated 380 in 2013. This reduction is particularly attributable to the increased access of basic emergency obstetric care in all 258 health facilities nationally. The national HIV/AIDS prevalence rate has been reduced to 0.85 per cent through the concerted efforts of stakeholders. Free antiretroviral drugs are increasingly available.

UNFPA's Contributions

UNFPA contributed technical and financial resources supporting in availing RH supplies and drugs (contraceptives, lifesaving maternal health drugs, ambulances, etc.); financing the positions of internationally recruited health personnel, fully supporting the fistula programme through the establishment of a national fistula centre and bringing experts to perform complicated cases and provide on the job training, supporting the establishment and strengthening of maternity waiting homes adjacent to remote rural health facilities making it possible for pregnant mothers to stay near the health facility before and after delivery; supporting the overall capacity building of health providers in the area of emergency obstetric care (life skills, post abortion, post-partum, family planning, integration of SRH/HIV, fistula treatment).

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

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)		2010	No Data Available		
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2013	Yes	2015	

Summary of National Progress

Teenage pregnancy is a major health concern in the country and several policy and programmatic strides have been taken to address it. The Ministries of Health and Education and the National Union of Eritrean Youth and Students have made efforts to avail sexuality education for in- and out-of-school youth, albeit with limited number of trained teachers in life skills. Despite these efforts, 20 per cent of women are affected by early sexual debut, having had their first sexual inter-course by the age of 15. Teenage childbearing is as high as 14 per cent in the Debub (Southern) region. Where pregnancies are unwanted, young people have resorted to unsafe abortion, which accounts for over 50 per cent of all reported 2014 maternal deaths.

UNFPA's Contributions

The establishment of three dedicated youth centres and youth friendly corners in three health facilities and comprehensive sexuality education through peer's educators were the main contributions. It has to be noted that the cooperation with the youth led organizations was only approved in early 2015.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	Yes	2013	Yes	2015	
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	N/A				
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	51%	2010	No data available		Results of the 4 th round DHS are expected by the end of 2016

Summary of National Progress

Eritrea has a strong policy and legal framework to promote gender equality. However, gender disparities still exist and affect the rights of women and girls to live free from violence. The prevalence of female genital mutilation is still high at 83 per cent nationally because of the traditional belief of chastity before marriage and in some cases, male preference for circumcised women. Child marriage is another factor that contributes to teenage pregnancy because of the expectation that childbearing will begin soon after marriage. Almost 13 per cent of women aged 20-24 were first married before the age of 15.

UNFPA's Contributions

In gender, UNFPA collaborated with the National Union of Eritrean Women to advocate for and to realize the implementation of gender mainstreaming and roll-out of women empowerment activities. The joint programme contributed to three outcomes: (a) the revision of the national Gender Action Plan 2014-2018; (b) gender mainstreaming with a focus on gender-sensitive planning in five sectoral ministries; and (c) public declaration of abandonment of female genital mutilation by 21 communities through community mobilization resulting in the establishment of 2,657 village anti female genital mutilation committees. The country programme assessment report recommends renewed effort in the implementation of the national anti-female genital mutilation proclamation and to strengthen monitoring and evaluation of international protection instruments and their recommendations in relation to sexual and reproductive health and rights, including gender-based violence. Child marriage was not addressed sufficiently in the fourth country programme and will become a critical thematic intervention area in the fifth country programme.

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

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	No		No		
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2010	Yes	2015	The 4 th round DHS is expected by the end of 2016
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2013	Yes	2015	Mid-term review of the Health Sector Strategic Development Plan 2013-2016 conducted.

Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	N/A		N/A		<i>The Government has developed a National Indicative Development Plan 2014-2018 without the support from the UN</i>
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Summary of National Progress

Over and above of the mandate of the National Statistics Office to collect and generate data, this responsibility is challenged by the lack of a comprehensive legal framework to have the full policy mandate on national data generation and quality assurance as well as a lack of requisite manpower to produce quality disaggregated data and information. Consequently, development partners find it hard to access to reliable data for evidence-based planning and monitoring of strategies and programmes. Another critical challenge is the non-existence of a functioning civil registration and vital statistics system, from which quality population based data, could be obtained to address the census gap.

UNFPA's Contributions

In population and development, UNFPA contributed to the development of the civil registration and vital statistics strategy and successfully advocated for the conduct of the fourth Demographic and Health Survey in 2016. The programmatic gaps identified are the need for increased efforts to promote the endorsement of a National Statistical Policy and the roll-out of a community-based statistical system through the establishment of a Civil Registration and Vital Statistics system.

D. Country Programme Resources						
SP Outcome	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Choose only those relevant to your CP						
Increased availability and use of integrated sexual and reproductive health services	3,400,000.00	2,874,848.00	7,400,000.00	1,035,500.29	10,800,000.00	3,910,348.29
Youth policies and programmes, and increased availability of comprehensive sexuality education	1,400,000.00	231,896.00	1,200,000.00	95,963.00	2,600,000.00	327,859.00
Advanced gender equality, women's and girls' empowerment, and reproductive rights	300,000.00	353,105.00	2,000,000.00	1,878,138.00	2,300,000.00	2,231,243.00
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	400,000.00	302,820.00	2,000,000.00	330,675.00	2,400,000.00	633,495.00
Programme coordination and assistance	500,000.00	357,381.00	0.00	0.00	500,000.00	357,381.00
Total	6,000,000.00	4,120,050.00	12,600,000.00	3,340,276.29	18,600,000.00	7,460,326.29*

• N.B.: expenditures are only up to end of 2015