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UNITED NATIONS POPULATION FUND

Country programme for Eritrea

Proposed UNFPA assistance:	$18.6 million: $7.5 million from regular resources and $11.1 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2007-2011)
Cycle of assistance:	Third
Category per decision 2005/13:	A

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.9	4.5	8.4
Population and development	2.2	4.0	6.2
Gender	0.9	2.6	3.5
Programme coordination and assistance	0.5	-	0.5
Total	7.5	11.1	18.6

I. Situation analysis

1. In 2005, the estimated population of Eritrea was 3.6 million, nearly 55 per cent of whom were women. The life expectancy at birth is 55.4 years for females and 51.5 years for males. The total fertility rate declined from 6.1 children per woman in 1995 to 4.8 children per woman in 2002. Since 1995, the contraceptive prevalence rate for modern methods has been steady at 5.8 per cent.

2. Per capita income is less than $200. About 65 per cent of the population is classified as poor, with 39 per cent of the poor classified as extremely poor. The incidence of poverty is slightly higher in peri-urban areas and among women. Female employees earn less than half of what males earn. Females head about 30 per cent of all households; such households have fewer assets, including land and livestock, than those headed by males.

3. A number of health indicators have improved since 1995, due to government efforts to improve health, education, roads, the transportation infrastructure and service delivery. The maternal mortality ratio has decreased since 1995, when it was 998 deaths per 100,000 live births. Nevertheless, maternal mortality remains high (630 deaths per 100,000 live births in 2000), primarily due to abortions. In 2002, unsafe abortions accounted for 46 per cent of all obstetric deaths and 5 per cent of all deaths. Skilled attendants are present at only 28.3 per cent of births, and obstetric fistula is a significant maternal health problem. The lack of skilled human resources is a major constraint to reducing maternal mortality. The infant mortality rate, estimated at 72 deaths per 1,000 live births in 1995, declined to 48 per 1,000 in 2002.

4. The national prevalence rate for HIV/AIDS was 2.4 per cent in 2003 and in 2005. This rate masks considerable variations by region, rural/urban area, gender, age and occupation. HIV/AIDS prevalence is highest in the 25-29 year age group (3.8 per cent) and as high as 7.4 per cent in one urban centre. The prevalence rate decreased among women aged 15 to 24, from 2.1 per cent in 2003 to 1.8 per cent in 2005. The prevalence rate among commercial sex workers declined from 35 per cent in 1999 to 8.5 per cent in 2005. Free antiretroviral drugs are increasingly available.

5. Young people aged 10-24 make up 32 per cent of the total population, and are among the most vulnerable to poverty and reproductive ill health. They are at risk for sexually transmitted infections, HIV/AIDS, early pregnancy and obstetric fistula. Teenage pregnancy is high, despite having declined from 18.8 per cent in 1995 to 11 per cent in 2002.

6. Twenty-two per cent of the elected members of parliament are women. The adult literacy rate is 59 per cent for males and 44 per cent for females. The primary school enrolment rate is 70 per cent for males, compared to 57 per cent for females. Enrolment rates decrease at the secondary school level and are 34 per cent for boys and 22 per cent for girls. Women and girls suffer from harmful traditional practices such as female genital cutting, early marriage and gender-based violence. In 2002, the prevalence of female genital cutting was 89 per cent, down from 95 per cent in 1995.

7. The Government is committed to achieving the Millennium Development Goals and to implementing other international conventions and agreements, including the Programme of Action of the International Conference on Population and Development, the Convention on the Elimination of All Forms of Discrimination against Women and the Beijing Platform for Action.

II. Past cooperation and lessons learned

8. The second 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 (including the military and national conscripts) and the elimination of female genital 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 defence.

9. The second country programme helped to scale up efforts to provide universal access to reproductive health information and services. It supported: (a) gender-responsive programming through several joint agency initiatives; (b) technical and institutional capacity-building for emergency obstetric care; (c) reproductive health programme assessments; and (d) women's empowerment through gender budgeting. The programme also supported data-related activities, including the living standards measurement survey, national reporting on the Millennium Development Goals and the urban population census.

10. Lessons learned include the need for supervision and appropriate staff deployment so that skills training in basic emergency care can be translated into routine clinical practice. Another lesson concerns the positive impact of increased collaboration (including joint monitoring) between divisions in the Ministry of Health on reproductive health programming, including fistula prevention and management. The lack of human resources is a major constraint to scaling up initiatives for basic midwifery training, which is critical to establishing adequate levels of skilled birth attendance. The country programme action plan will incorporate these lessons in order to improve the accessibility and quality of reproductive health services.

11. Factors that facilitated programme implementation included: (a) partnerships to improve service coverage; (b) the flexibility to respond to emerging concerns such as obstetric fistula; (c) government commitment; and (d) the linkages between the reproductive health and the population and development programme components. The challenges encountered included: (a) inadequate disaggregated data; (b) a shortage of skilled human resources; (c) inadequate coordination among implementing partners; (d) weak monitoring and evaluation; and (e) inadequate documentation of lessons learned.

III. Proposed programme

12. The proposed country programme is a component of the United Nations Development Assistance Framework, 2007-2011. It is designed to support national priorities as identified in the poverty reduction strategy and in the progress report on the Millennium Development Goals. The goal of the programme is to contribute to the achievement of rapid, balanced and sustainable economic growth with social equity that translates into improved standards of life for all citizens – by promoting reproductive health and rights, gender equality and women's empowerment, and by integrating population issues into development processes.

13. The country programme will increase joint programming with United Nations organizations and with multilateral and bilateral partners in order to scale up national programmes, including: (a) HIV prevention; (b) implementation of the national road map for maternal health; (c) data for development efforts; (d) disaster preparedness and response; and (e) women's empowerment.

14. The country programme will employ the following strategies: (a) strengthening systems; (b) building partnerships; (c) increasing knowledge bases; and (d) supporting advocacy and policy dialogues. The programme consists of three components: (a) reproductive health; (b) population and development; and (c) gender.

Reproductive health component

15. The outcome of this component is: increased availability of, access to and utilization of high-quality, gender-sensitive and integrated reproductive health information and services.

16. Output 1: Strengthened technical and institutional capacity to provide high-quality, integrated reproductive health care. This output will be achieved by: (a) supporting systems development; (b) repositioning family planning and strengthening linkages between components of the reproductive health programme, particularly HIV, services for young people and child health. The programme will strengthen reproductive health commodity security and related national coordination mechanisms. It will also support the development and implementation of the national road map for maternal and newborn health, including family planning, skilled attendance at birth, emergency obstetric care, the referral system, and the prevention and management of obstetric fistula.

17. Output 2: Increased availability of information and enhanced skills to influence the reproductive health behaviour and practices of communities. This output will be achieved through: (a) behaviour change communication efforts aimed at preventing unwanted pregnancy and HIV/AIDS; (b) interventions focusing on vulnerable groups and young people, including married adolescents; (c) curriculum support to the education sector; and (d) partnerships with faith-based organizations and the media aimed at mobilizing support for accurate, gender-sensitive, and socially and culturally acceptable reproductive health information and services.

18. Output 3: HIV prevention efforts are scaled up, mitigating stigma and discrimination of those infected and affected. This will be achieved by: (a) integrating reproductive health and HIV interventions in partnership with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the Joint United Nations Programme on HIV/AIDS (UNAIDS), for women, men, young people in and out of school, and commercial sex workers; (b) building the capacity of national non-governmental, faith-based and community-based organizations to develop and deliver information in a coordinated manner; (c) condom programming; and (d) access to voluntary counselling and testing services by vulnerable groups, including refugees and internally displaced persons. The programme will also provide commercial sex workers with alternative working choices.

Population and development component

19. The outcome of this component is: high-quality disaggregated data is available, accessible and utilized in formulating policies, national development plans and programmes.

20. Output 1: Strengthened capacity of the National Statistical Office and sectoral ministries to generate, analyse and disseminate population and socio-economic data. This will be achieved by: (a) providing assistance to promulgate a national statistical act; (b) supporting the development of an integrated management information system; (c) training and support for generating, analysing and disseminating disaggregated data, focusing on gender and vulnerability; and (d) conducting and supporting the third demographic and health survey, nutritional surveillance, maternal mortality estimates, a population and housing census and the biannual Millennium Development Goal reports.

Gender component

21. The outcome of this component is: enhanced institutional mechanisms and sociocultural practices that promote gender equality, equity and women's empowerment and protect the rights of women and girls.

22. Output 1: Supportive policies, legislation and other legal frameworks are in place and enforced. This will be achieved by: (a)

disseminating the national gender policy; and (b) enhancing the technical and institutional capacity of sectoral ministries, the police, lawyers and the judiciary to review, revise and implement legal frameworks, policies and laws to protect the reproductive rights of women and girls.

23. Output 2: Strengthened institutional capacities for gender analysis and mainstreaming in the development sectors. This will be achieved through: (a) technical and institutional capacity-building of the National Union of Eritrean Women, the National Union of Eritrean Youth and Students, and line ministries; and (b) systems development to support gender research, analysis, budgeting, monitoring and evaluation that will guide policy dialogue and programming. The programme will provide planning officials with training in gender mainstreaming.

24. Output 3: Positive sociocultural values, norms and practices in support of women's and girls' reproductive rights and empowerment are reinforced. This will be achieved by: (a) providing leadership training for community leaders and policymakers; (b) strengthening the community court system; (c) mobilizing the community in favour of reproductive rights and against harmful traditional practices; and (d) enhancing the capacity of non-governmental organizations (NGOs) as well as faith-based and community organizations to address early marriage and gender-based violence, including female genital cutting and rape.

Programme management, monitoring and evaluation

25. The Ministry of National Development will coordinate the monitoring and evaluation of the United Nations Development Assistance Framework (of which the country programme is an integral part), using a results-based approach, national information systems and a joint monitoring plan that will include baseline, midterm and endline surveys. Government entities, NGOs, faith-based organizations and other civil society organizations will implement the country programme, within national development frameworks. The Ministry of Health will manage the reproductive health component; the National Statistical Office will manage the population and development component; and the National Union of Eritrean Women will manage the gender component. The country office will develop a resource mobilization plan and mobilize non-core resources.

26. The UNFPA country office consists of a representative, an assistant representative, a national programme officer, a junior professional officer and several support staff. UNFPA will station two project staff in the headquarters of the Ministry of Health and one at the regional level in the Ministry of Health. UNFPA will recruit three national programme officers, a chief technical adviser and one United Nations volunteer to support the expansion of the programme. UNFPA headquarters, the UNFPA Country Technical Services Team in Addis Ababa, Ethiopia, and national and international consultants will provide technical support. UNFPA will also strengthen the capacities of local institutions to support programme implementation.

RESULTS AND RESOURCES FRAMEWORK FOR ERITREA

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
National priority: strengthening the capacity to plan, monitor and evaluate development policies and programmes at national, regional and local levels **UNDAF outcome**: planning, monitoring and evaluation capacities are improved at national, regional and local levels to address shortfalls in attaining the Millennium Development Goal targets				
Population and development	Outcome**:** High-quality disaggregated data is available, accessible and utilized in formulating policies, national development plans and programmes Outcome indicator: • Sectoral development plans that use data disaggregated by gender, age and vulnerability Baseline: education-sector development plan Target: 12 sectoral ministries have sector plan documents	Output 1**:** Strengthened capacity of the National Statistical Office and sectoral ministries to generate, analyse and disseminate population and socio-economic data Output indicator: • A functional, integrated management information system is available Target: Functional, integrated management information services (gender-responsive, age-disaggregated database available at the National Statistical Office) Target: Gender-responsive, age-disaggregated national database (Source: annual reports)	Ministry of National Development; Ministry of Health; National Statistical Office UNDP; World Bank; UNICEF	$6.2 million ($2.2 million from regular resources and $4 million from other resources)
National priority: strengthening the capacity of the Government at national and provincial levels to deliver services to all equitably **UNDAF outcome**: by 2011, equitable access to and utilization of quality basic social services are increased by 30% per service, with a special emphasis on vulnerable groups, including internally displaced persons, expellees, returnees and other war- and drought-affected persons				
Reproductive health	Outcome**:** Increased availability of, access to and utilization of high-quality, gender-sensitive and integrated reproductive health information and services Outcome indicators: • Percentage of births attended by skilled birth attendants Baseline: 28.3% Target: 40% • HIV prevalence among young people aged 15-24 years, by sex Baseline: female 2.4%; male 0.75% Target: female 1%; male 0.25%	Output 1**:** Strengthened technical and institutional capacity to provide high-quality, integrated reproductive health care Output indicator: • Proportion of health stations providing basic emergency obstetric care Baseline: health stations 23% Target: 46% (Source: health management information systems; Ministry of Health annual reports) Output 2**:** Increased availability of information and enhanced skills to influence the reproductive health behaviour and practices of communities Output indicators: • Proportion of men and women who know at least two benefits of modern contraceptives Target: 50% (Source: 2007 demographic and health survey; Ministry of Health annual reports) • Proportion of facilities with trained health personnel • Proportion of community leaders involved in advocacy and behaviour change communication	Ministry of Health; Ministry of Education World Health Organization; World Bank; UNICEF National Union of Eritrean Youth and Students; National Union of Eritrean Women; faith-based organizations	$8.4 million ($3.9 million from regular resources and $4.5 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health (cont'd)	• Proportion of service delivery points with stock outs of reproductive health commodities Target: all health facilities	Output 3: HIV prevention efforts are scaled up, mitigating stigma and discrimination of those infected and affected Output indicator: • Proportion of sites providing comprehensive prevention of mother-to-child transmission services Baseline: 39 Target: 50 (Source: Ministry of Health annual report)	UNAIDS; United Nations World Food Programme	
National priority: achieve equal opportunities, rights, benefits and obligations in all areas of life **UNDAF outcome**: at least 12 key national institutions at all levels have capacities and policies for gender-responsive planning, analysis and monitoring and have implemented such policies				
Gender	Outcome**:** Enhanced institutional mechanisms and sociocultural practices that promote gender equality, equity and women's empowerment and protect the rights of women and girls Outcome indicators: • Proportion of women in decision-making positions Baseline: ministers 17%; director-generals 20%; high court judges 12 Target: 30% (Source: National Union of Eritrean Women reports) • Prevalence of female genital cutting among girls under 15 years of age Baseline: 73% Target: 50% (Source: 2007 and 2011 demographic and health surveys; Ministry of Health reports)	Output 1**:** Supportive policies, legislation and other legal frameworks are in place and enforced Output indicators: • Proportion of gender-related articles in the penal and civil codes that are reviewed in line with international instruments (the Convention on the Elimination of All Forms of Discrimination against Women and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa**)** and implemented Baseline: 50% Target: 100% (Source: penal and civil code documents) • Number of institutions mainstreaming the national gender action plan in their sectoral plans Target: 12 key national institutions (Source: National Union of Eritrean Women report and annual reports from the institutions) • The female genital cutting law enacted and implemented Baseline: draft law Target: enacted law (Source: the proclamation document and the report of the National Union of Eritrean Women) Output 2: Strengthened institutional capacities for gender analysis and mainstreaming in the development sectors Output indicators: • Number of institutions able to undertake gender analysis and mainstreaming Target: 12 key national institutions (Source: report of the National Union of Eritrean Women and annual reports from the institutions) • Number of institutions mainstreaming gender in their plans and programmes Target: 12 key national institutions (Source: report of the National Union of Eritrean Women and annual reports from the institutions) Output 3: Positive sociocultural values, norms and practices in support of women's and girls' reproductive rights and empowerment are reinforced Output indicators: • Number of community courts supporting legislation promoting the rights of women and girls Target: All functioning community courts (Source: annual reviews of the community courts) • Number of gender-based violence cases reported Target: All new cases (Source: annual reviews of community courts)	Ministry of Education; Ministry of Health National Union of Eritrean Women; National Union of Eritrean Youth and Students; Faith-based organizations World Health Organization; UNICEF; UNAIDS World Food Programme	$3.5 million ($0.9 million from regular resources and $2.6 million from other resources) Total for programme coordination and assistance: $0.5 million from regular resources