



ASSESSMENT OF THE GOVERNMENT OF THE STATE OF ERITREA (GoSE) - UNFPA FIFTH COUNTRY PROGRAMME (2017-2021)



JULY 2020

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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
CO	Country Office
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
CSE	Comprehensive sexuality Education
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
EWEC	Every Woman, Every Child and Adolescent
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GIS	Geographical Information System
GoSE	Government of the State of Eritrea
HACT	Harmonized Approach to Cash Transfer
HIV	Human Immune-Deficiency Virus
HMIS	Health Information Management System
HTP	Harmful Traditional Practices
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
JP	Joint Programme
LMIS	Logistics and Management Information System
LSS	Lifesaving Skills
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MDSR	Maternal Death Surveillance Response
MMR	Maternal Mortality Rate
MNH	Maternal & Newborn Health
MOE	Ministry of Education
MoH	Ministry of Health
MOLSW	Ministry of Labour and Social Welfare
MoND	Ministry of National Development
MOU	Memorandum Of Understanding
MPDSR	Maternal and Perinatal Death Surveillance Report
MWH	Maternity Waiting Home

NSO	National Statistic Office
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
OCHA	Office of the Coordination of the Humanitarian Affairs
PMTCT	Prevention of Mother-To-Child Transmission
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Health
RH	Reproductive Health
RR	Regular Resources
SDGs	Sustainable Development Goals
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
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 5th country programme (CP) in assistance to the Government of the State of Eritrea. The 5th Country Programme 2017-2021 was formulated within the Strategic Partnership Cooperation Framework II 2017-2021 which addresses five strategic priority areas of Eritrea's national development agenda. These include basic social services; environmental sustainability, resilience and disaster risk management; public sector capacity development; and inclusive growth, food security and sustainable livelihoods. The 5th Country Programme responds to three of the five priority areas namely basic social services, public sector capacity development; and inclusive growth, food security and sustainable livelihoods. The Country Programme also contributes to the achievement of the four outcomes of the UNFPA revised Strategic Plan 2018–2021. 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 SDG-3 and 5 to improve the lives of women and young people (including adolescent).

To finance the 5th Country Programme 2017-2021, UNFPA committed a total of US \$ 16.3 million. The main sources of fund for the implementation of the CP included US \$ 5.8 million from the UNFPA's regular resources (RR) and US \$ 10.5 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 UNFPA Supplies; the Global Joint Programme on Abandonment of FGM; and the Central Emergency Response Fund (CERF) were considered to be as other resources.

To deliver the outcomes, the 5th 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. OBJECTIVES AND SCOPE

The broad objective of the assessment was to assess the progress made in the implementation of the 5th Country Programme and to make appropriate recommendations to inform the design of the 6th Country programme for Eritrea. The specific objectives of the evaluation for the UNFPA 5th country programme for Eritrea were to:

1. Provide an update 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. Produce an evaluative evidence for the development of the 6th Country Programme.

The scope of the evaluation covered the period 2017 –2019 and evaluated the progress made in implementing the 5th country programme.

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 was done in house by adapting a qualitative approach involving analysis of existing documents, assessments and strategic documents developed during the course of the CP period. 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 5th 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 has 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 has been partly executed by the identified partners, the Ministry of Health, NUEW and NUEYS who have worked well through their respective structures that run from the national level to the household levels till mid of 2018.

The peace deal agreement in July 2018 with Ethiopia, after a two-decade stalemate has brought positive attitude changes but has also brought a shift into the programming process by government since a more wider regional perspective was identified as priority for the coming years. This decision has stalled the work of UNFPA in three major outcome areas namely: adolescent and young people, gender equity and women empowerment and population dynamics.

In the area of Sexual Reproductive Health, UNFPA in support of GoSE's continuous efforts has significantly contributed towards the achievement of the SDG-3 target building on the achievements of MDG 5(a) and MDG 6. The programme has performed very well in meeting its targets by achieving: maintaining the proportion of health stations providing basic emergency and new-born care at 100%; increased the number of community hospitals providing Comprehensive EmONC services from 7 by end of 2015 to 9 by 2019; and slight increase in skilled birth attendance coverage from 55% in 2016 to 71% by end of 2019 among others.

In the area of Adolescent and Young People SRH, the program performance was modest due to the halt of support and delay with implementation with the NUEYS after mid of 2018. Despite this, UNFPA has supported the assessment of YFC and the establishment of new ones adjacent to health facilities, development of a draft Strategic plan and service standard, strengthened youth friendly centres and reached about 2000 adolescent girls and boys with sexual reproductive health services, as well as strengthened hotline service of the NUEYS.

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 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.

The efficiency with which the programme has been executed is characterized by both low funding and low absorption capacity. By the end of 2019, UNFPA had raised a total of US\$ 5,367,403.00 of the committed US \$ 16.3 million which accounts only 33%. Of the available US \$5,367,403.00, a total of 81.4% (US\$ 4,372,302.00) had been absorbed by various implementing partners. 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 5th 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 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. UNFPA's holistic, sensitive and flexible approach to country programming and system strengthening is particularly appreciated as of great value to ensuring system effectiveness.

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 four outcome areas except for family planning services and generation of data on population dynamics. Since most of the factors that have affected the overall programme performance are contextual and systemic in nature, 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 to allocate more implementing partners to advance the priorities identified and support in the achievement of the three transformative results of UNFPA.
4. There is need for a national statistics policy and legislation to guide and support data for development functions and operations in Eritrea
5. 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 6th Country Programme

1. In designing the 6th 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 5th 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 6th Country Programme, 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 6th Country Programme

CHAPTER ONE: INTRODUCTION

1.1 INTRODUCTION

The UNFPA 5th Country Programme 2017 – 2021 is formulated within the Strategic Partnership Cooperation Framework-II 2017-2021, which addresses five strategic areas in Eritrea's national development agenda, namely basic social services; environmental sustainability, resilience and disaster risk management; public sector capacity development; and inclusive growth, food security and sustainable livelihoods. The 5th Country Programme responds to three of the five priority areas namely basic social services, public sector capacity development; and inclusive growth, food security and sustainable livelihoods. The Country Programme also contributes to the achievement of the four outcomes of the UNFPA Strategic Plan 2018-2021. The UNFPA Strategic Plan 2018-2021 broadly focuses on sexual and reproductive health; adolescents and youth; gender equality and women empowerment and population dynamics. The specific outputs for which the Fifth Country Programme is expected to contribute include:

- a) Women and young people have access to high-quality comprehensive maternal and neonatal health services, including fistula treatment
- b) Ministry of Health, National Union of Eritrean Women and the National Union of Eritrean Youth and Students have the capacity to create demand for and ensure availability of modern contraceptives.
- c) Adolescents and youth have access to high-quality sexual and reproductive health information and youth-friendly health services, including gender-sensitive HIV prevention.
- d) Communities and national institutions are better coordinated to effectively prevent, monitor and report on harmful practices against women.
- e) National Statistics Office produces and disseminates high-quality disaggregated data that allows for in-depth analysis on population dynamics and sexual and reproductive health, and their linkages to poverty eradication and sustainable development

To implement the 5th Country Programme, UNFPA committed a total of USD \$ 16.3 million over the period of five years (2017-2021). 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 UNFPA Supplies; the Global Joint Programme on Abandonment of FGM; and the Central Emergency Response Fund (CERF).

1.2 RATIONALE

As part of best practice in programme management, the UNFPA Country Office is required in line with the UNFPA Evaluation Policy of 2019 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 6th 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 is 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

The broad objective of the assessment was to assess the progress made in the implementation of the 5th Country Programme and to make appropriate recommendations to inform the design of the 6th Country programme for Eritrea. The specific objectives of the evaluation for the UNFPA 5th country programme for Eritrea were to:

1. Provide an update 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 6th Country Programme.

1.4 SCOPE

The scope of the assessment covered the period 2017-2021 and assessed the progress made in implementing the 5th country programme.

1.5 ASSESSMENT PROCESS AND METHODOLOGY

The assessment was conducted using secondary data from official government reports, and other reports including program documents such as the 5th Country Programme Document, progress reports, SPCF mid-term review report, strategic plans, annual reports, work plans and relevant policy documents. The assessment was conducted by the UNFPA Eritrea Country office with the technical support from ESARO, Monitoring and evaluation office. In order to realize the assessment objectives, the assessment adopted document review.

1.5.1 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 as shown in Table 1 below.

TABLE 1: ASSESSMENT DIMENSIONS

Assessment Criteria	Assessment Dimension
Relevance	<ol style="list-style-type: none">a. To what extent has the 5th 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 5th CP contributed to the achievement of outputs and outcomes?
Effectiveness	<ol style="list-style-type: none">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 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?

1.5.2 Methods for data collection:

To meet the objectives of the assessment, secondary data was collected. The data collection involved reviewing of secondary information from various sources. These included relevant program documents such as the 5th Country Programme Document, progress reports, SPCF mid-term review report, strategic plans, annual reports, work plans and relevant policy documents.

1.6 DATA ANALYSIS AND PRESENTATION

The assessment adopted largely qualitative method of data analysis. The qualitative information gathered from the secondary sources was being compiled and analyzed according to source and themes. The limited quantitative data collected mainly from secondary sources was analyzed and presented using descriptive methods such as frequencies, percentages, and graphs.

1.7 LIMITATIONS

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 5th County Programme 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

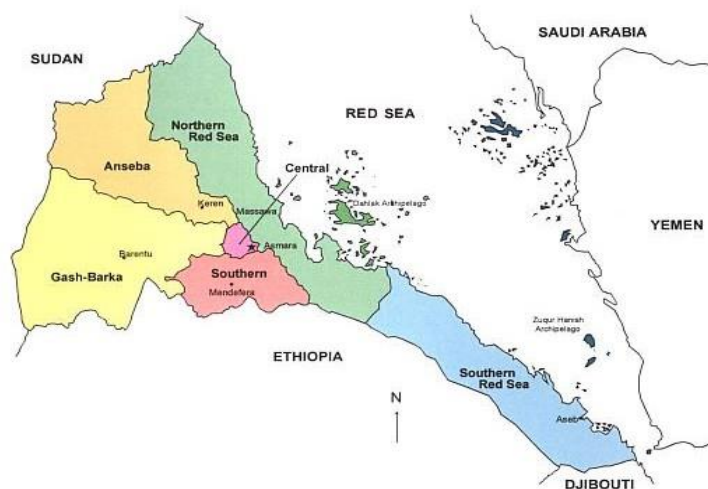
Eritrea, due to its strategic position on the Red Sea has fallen victim to many invaders and colonizers. It was under the control of the Ottoman Turks from the middle of the sixteenth century to the second half of the 19th century before they were evicted from their stronghold by Egypt in 1872. The opening 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 favor 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

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 kilometers and with the land rising from below the sea level to 3,000 meters 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 between 16° and 18° C. Rainfall ranges from less than 200 mm per annum in the Eastern

FIGURE 1: MAP OF ERITREA



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 EPHS having been carried out so far. The Ministry of National Development estimates the population to be about 3.49 million people 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 centers, 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 (Eritrean People's Liberation Front) 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.

According to UNDP, Human Development Report (2019), Eritrea's Human Development Index (HDI) is 0.434 ranking the country at number 182 out of 189 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.

Eritrea has made significant steps made towards SDGs 5, 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. 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.

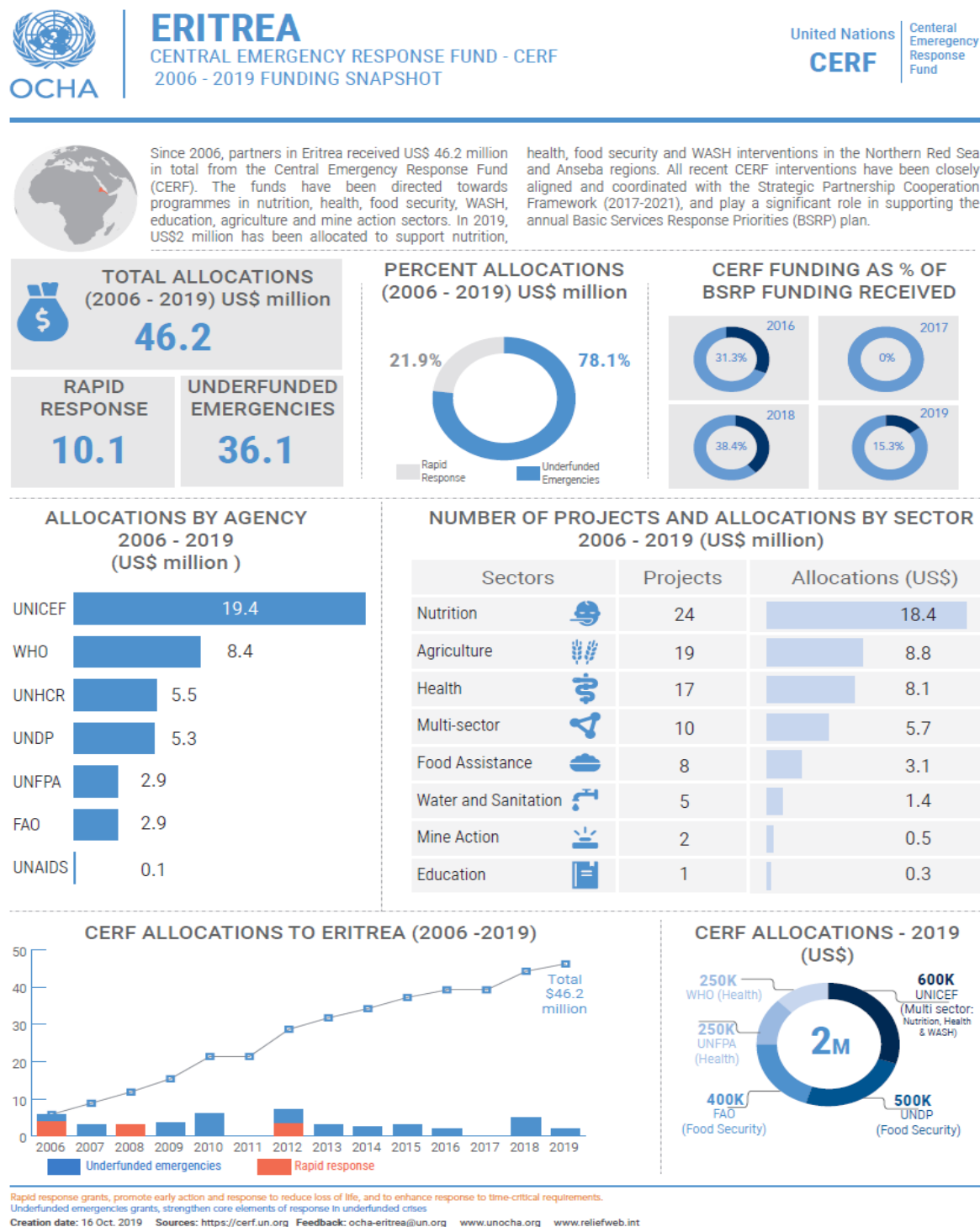
Finally, the scarcity of essential data remains a challenge in terms of planning and tracking progress of national development initiatives. Thus, availability of and access to disaggregated quality and up-to-date data in the various sectors of the economy is critical for evidence based planning, monitoring 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) 2017-2021, 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 2 below.

Figure 2: Strategic Partnership Cooperation Framework (SPCF) 2017-2021 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. Eritrea is now committed towards the achievement of the SDG target; however, Eritrea is still far from achieving the global average of 70. 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 95% in 2017. 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). Access to Emergency Obstetric care has increased from 32% in 1990 to 97% in 2017. 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 labor, 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 to 71% in 2019 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.

Table 2: Summary of LQAS 2013, LQAS 2017 and LQAS 2019 findings on Antenatal Care and Delivery in Health Facilities

Maternity Services	LQAS 2013	LQAS 2017	LQAS 2019
Proportion of mothers of children 0-11 months who attended at least 1 ANC visits during last pregnancy	93	96	98
Proportion of mothers of children 0-11 months who attended at least 4 ANC visits during last pregnancy	61	61	64
Proportion of mothers of children 0-11 months who visited for prenatal care during the first trimester of pregnancy	30	30	28
Proportion of mothers of children 0-11 months who delivered at Health Facilities	55	62	71

The proportion of health facilities providing at least 3 modern contraceptive methods was maintained at 100 per cent from 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 2017 ANC sentinel surveillance revealed that the national HIV prevalence among pregnant women aged 15-49 is 0.76%. 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. In 2014, both UNICEF and UNFPA conducted a mapping exercise in selected communities to assess the situation of FGM and the survey revealed that the practice is tremendously dropping and the prevalence for the age groups of under 15 and 5 is 18.2% and 6.9% 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 344 in 2017. The 344 health facilities comprise of 30 hospitals, 54 health centers and 260 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 MOH reports, a total of 4599 pregnant women from remote areas benefitted from maternity waiting homes during 2017 – 2018 period. These efforts have seen increase in access to bEmNOC increased from 32% in 1990 to 97% in 2019.

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 1.9% of all obstetric deaths (HMIS 2017). 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 5th 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.

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 5th 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 26 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 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) 2017-2021 addresses five strategic areas in Eritrea's national development agenda. These include basic social services; Environmental sustainability, resilience and disaster risk management; Public sector capacity development; and Inclusive growth, food security and sustainable livelihoods.

Table 3: SPCF Strategic Priority Areas and Outcomes

Strategic Priority Areas	SPCF Outcomes
Basic social services	Outcome 1: Health and Nutrition: By 2021, children under five, youth, women and other vulnerable groups including refugees, have improved access to and utilization of quality, integrated health and nutrition services for the achievement of universal health coverage (UHC) to safeguard healthy lives and promote well-being for all.
	Outcome 2: Water, Sanitation and Hygiene (WASH): By 2021, all people, including refugees, benefit from available and sustainable water, sanitation and hygiene services
	Outcome 3: Water, Sanitation and Hygiene (WASH): By 2021, all people, including refugees, benefit from available and sustainable water, sanitation and hygiene services
Environmental sustainability, resilience and disaster risk management	Outcome 4: Environment, Resilience and DRM: By 2021, environmental and natural resources management is gender responsive and sustainable, negating the impacts of ecosystem degradation, climate change, and strengthening community resilience to disaster.
Public sector capacity development	Outcome 5: Capacity Development: By 2021, the population, including vulnerable groups, benefits from evidence-based planning and policy; accountable public institutions
Inclusive growth, food security and sustainable livelihoods	Outcome 6: Food Security and Livelihoods: By 2021, smallholder households have improved access to, and utilisation of quality food and enhanced livelihood opportunities.

	Outcome 7: Gender and Youth Empowerment: By 2021, women, men, children and youth, including vulnerable groups and refugees, have improved gender equitable opportunities to participate in economic, political, cultural and social development.
	Outcome 8: Social Protection: By 2021, vulnerable children, adolescents, young people with special needs, including refugees, are better protected and have the capacity to participate fully in economic, social and political development. omen

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. The fourth country programme 2013 – 2016, is aligned with the first Strategic Partnership Cooperation framework (SPCF) 2013 – 2016 had four components

3.3 CURRENT UNFPA COUNTRY PROGRAMME AND FINANCIAL STRUCTURE

The current 5th Country Program 2017-2021 is aligned with the Strategic Partnership Cooperation Framework (SPCF) 2017-2021 and national priorities as reflected in the government's sector plans, policies, and strategies including the National Health Policy; Health Sector Strategic Development plan 2017-2021, the Strategic Plan for the Implementation of Reproductive, Maternal, newborn, child, adolescent health, nutrition and healthy aging program 2017-2021, the 2004 National Gender Policy and the revised 2015 Gender Action Plan. Within the UNFPA system, the 5th Country Programme contributes to the achievement of the four outcomes of the UNFPA Strategic Plan of both the 2014-2017 and the revised one of 2018-2021.

To finance the 5th Country Programme 2017-2021, UNFPA committed a total of US \$ 16.3 million. The main sources of fund for the implementation of the CP included US \$ 5.8 million from the UNFPA's regular resources (RR) and US \$ 10.5 million from other sources. Table 3 below shows the summary of the resource requirement and sources for each of the four expected outcomes.

Table 4: Summary of the resource requirement by the four 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 1: Sexual Reproductive health services	Output: Women and young people have access to high-quality comprehensive maternal and neonatal health services, including fistula treatment	3.3	5.7	9.0
	Output: Ministry of Health, National Union of Eritrean Women and the National Union of Eritrean Youth and Students have the capacity to create demand for and ensure availability of modern contraceptives			
Outcome 2: Adolescent and youth	Output: Adolescents and youth have access to high-quality sexual and reproductive health information and youth-friendly health services, including gender-sensitive HIV prevention.	0.4	1.5	1.9
Outcome 3: Gender Equality and Women Empowerment	Output: Communities and national institutions are better coordinated to effectively prevent, monitor and report on harmful practices against women	0.6	1.8	2.4
Outcome 4: population Dynamics	Output: National Statistics Office produces and disseminates high-quality disaggregated data that allows for in-depth analysis on population dynamics and sexual and reproductive health, and their linkages to poverty eradication and sustainable development	0.7	1.5	2.2
Programme coordination		0.8	-	0.8
TOTAL		5.8	10.5	16.3

Source: 5th Country Programme Document 2017-2021

CHAPTER FOUR: RESULTS

4.1 COUNTRY PROGRAMME DESIGN

The 5th Country Programme 2017-2021 was designed within the Strategic Partnership Cooperation Framework (SPCF) 2017-2021 and UNFPA Strategic Plan 2014-2017 and the revised strategic plan 2018-2021. The Country program design therefore aims to contribute to the realization of national priorities and the initial four outcomes of the UNFPA strategic plan 2018 – 2021 and to the four outcomes of the revised strategic plan 2018 – 2021. 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 5th 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, the Results and Resource Framework is 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 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 6th CPD.

4.2 THE 5TH COUNTRY PROGRAMME STRATEGIC APPROACH

The 5th 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 SDGs, the ICPD Programme of Action, and SPCF. The implementation of the 5th Country Programme has therefore built on expanded traditional partnerships to engage a wider network of stakeholders, namely Government, Non-Governmental Organizations (Civil Society 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 gender equality including 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 5th 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.

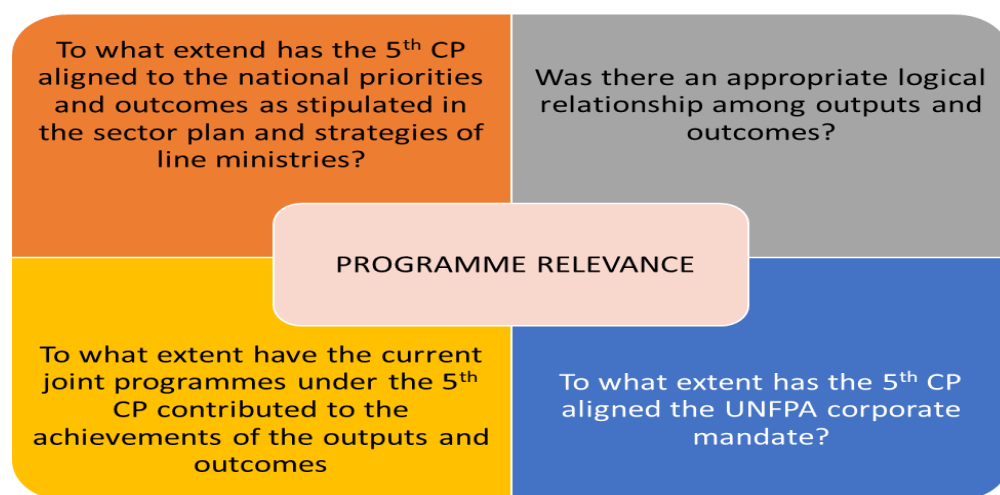
Recommendations

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

4.3 PROGRAMME RELEVANCE

The 5th 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 5th CP have contributed to the achievement of outputs and outcomes.

Figure 3: Programme Relevance Criteria



4.3.1 Programme alignment to the national priorities and outcomes

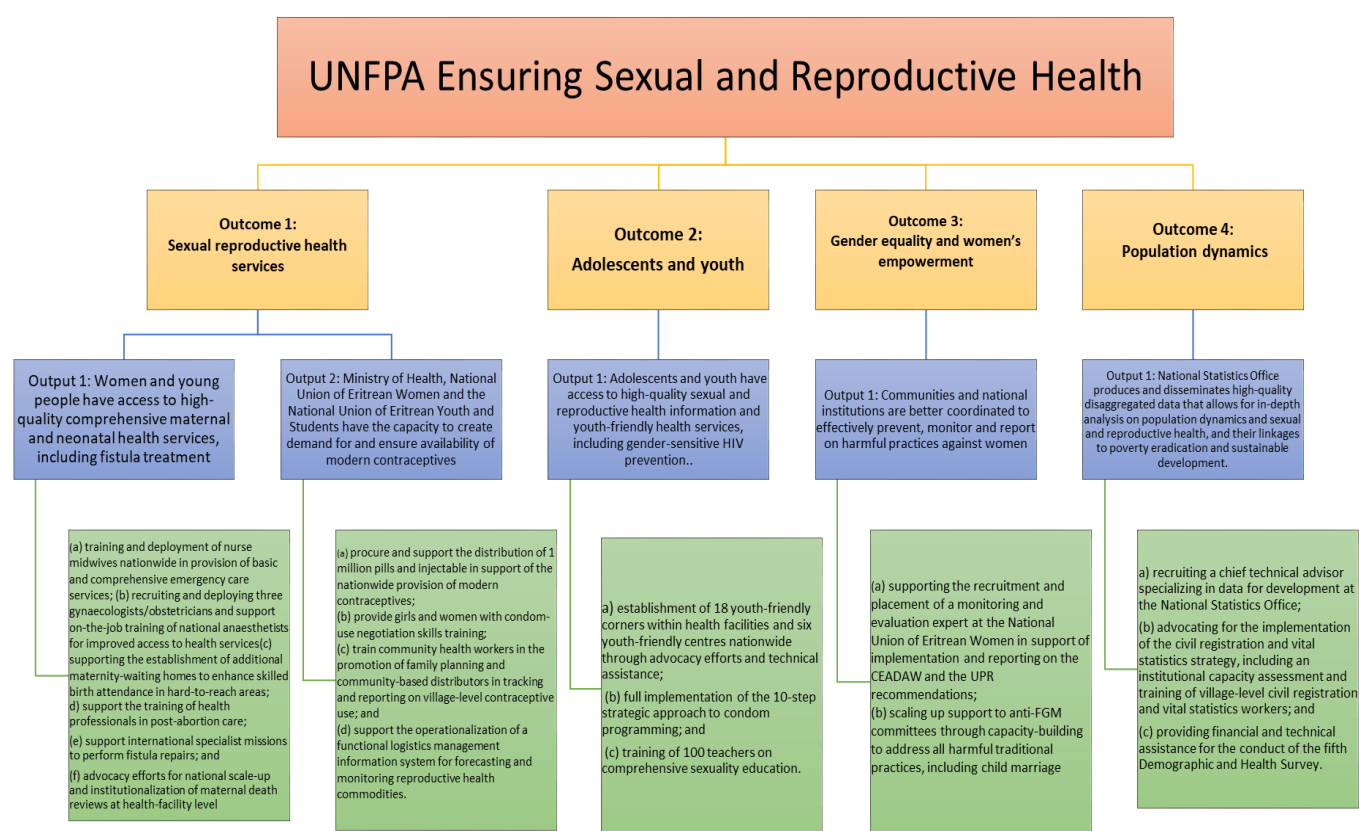
The strategic relevance of the 5th Country Programme is not in doubt. The Country Programme is responsive to the needs and priorities of the Government of the State of Eritrea and by various stakeholders. The 5th Country Programme was also formulated with participation of UN agencies and GoSE. The program 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.

Specifically, the 5th Country Programme is aligned to the following policies and strategies: The National Health Policy; Health Sector Strategic Development plan 2017-2021, the Strategic Plan for the Implementation of reproductive, Maternal, newborn, child, adolescent health, nutrition and healthy aging program 2017-2021, the 2004 National Gender Policy and the revised 2015 Gender Action Plan. The 5th 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 Sustainable Development Goals (SDGs) and the ICPD agenda.

4.3.2 Logical relationship among the 5th Country Programme outputs and outcomes

The overall programme design reveals a clear logical flow between interventions, outputs and outcomes. In this regard, the 5th 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 4: RELATIONSHIP BETWEEN STRATEGIC INTERVENTIONS, OUTPUTS AND OUTCOME



4.3.3 The joint programmes' contribution to the achievement of the 5th CP outputs and outcomes

The 5th 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; 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.

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 partner Such as:

- Where a joint programme exists, partner UN agencies are still individually involved thus joint programming has been languished, especially in duplicative interventions in capacity building and procurement even though a joint intervention approach would have made the best use of available resources.
- 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.

- 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 creation of the coordination mechanism in 2018 through the leadership of MOH, MOLSW and NUEW has helped in pushing the agenda and register promising achievements. However, the lack of harmony in the joint programme of the overall gender program has affected the implementation.
- The joint programme on Data for Development (D4D) has been affected by lack of harmony in the funding mechanism.
- 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. Most importantly the UN business model through the HACT and un-harmonised 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 and commitment among the UN partners involved in the implementation of joint programs. In most cases the separate UN agencies want to outshine the other agencies in joint programme.
- 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.

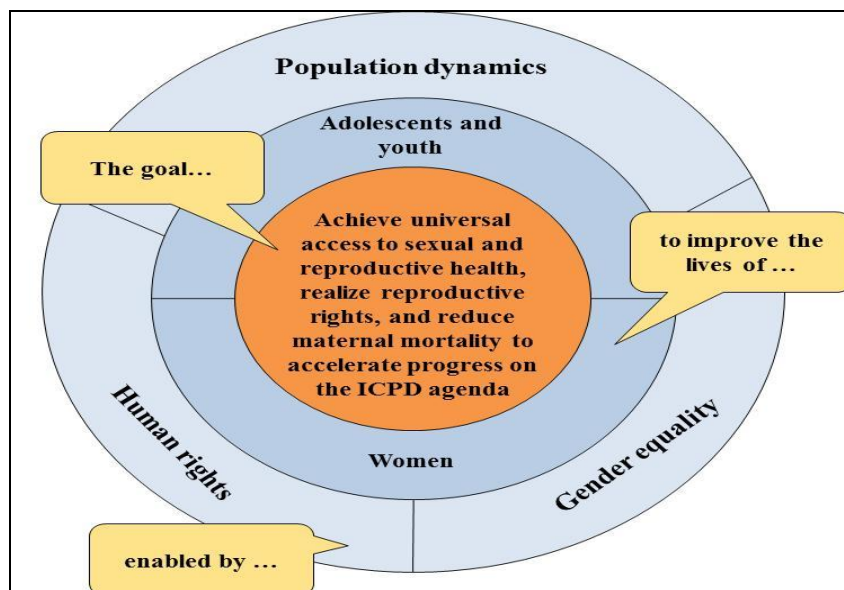
4.4 STRATEGIC CORPORATE ALIGNMENT

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.

At strategic level, the 5th Country Programme contributes to the realization of the revised Strategic Plan 2018 - 2021 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 2018– 2021 focuses on sexual and reproductive health; adolescents and youth; gender equality and empowerment and population dynamics. The

strategic direction of the UNFPA strategic plan 2018-2021 also known as the “bulls’eye” is summarised in Figure 5 below.

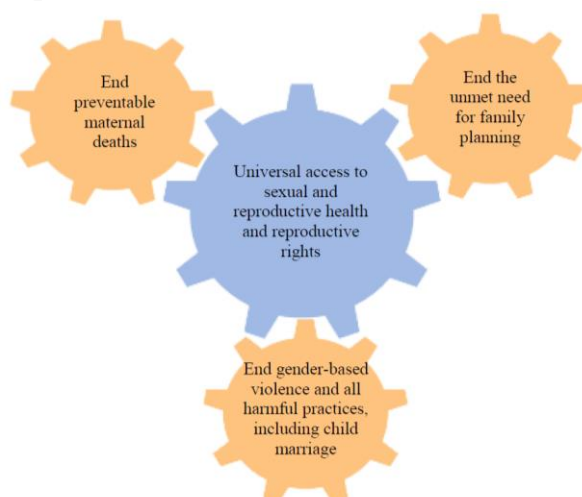
FIGURE 5: THE STRATEGIC DIRECTION OF THE UNFPA STRATEGIC PLAN 2018-2021 - THE BULL’S EYE



Source: UNFPA strategic plan 2018-2021

UNFPA embraces the vision set forth in the 2030 Agenda. UNFPA has organized its work around three transformative and people-centered results in the period leading up to 2030. These include: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including child marriage.

Figure 6. Universal and people-centered transformative results



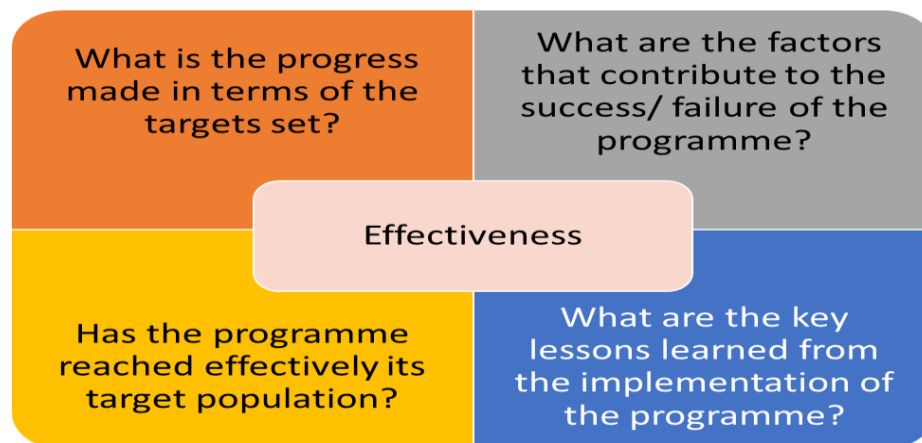
To achieve the bullseye goal, the revised Strategic Plan has set out four outcomes with five outputs. The four outcomes include:

- 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.

4.5 PROGRAMME PERFORMANCE AND EFFECTIVENESS

In the 5th Country Programme the criteria used to measure the progress made so far in terms of the targets set were: 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 CRITERIA



4.5.1. Progress in achieving set targets

Broadly, the 5th Country Programme 2017-2021 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 SDGs to improve the lives of women and young people (including adolescent). Specifically, the 5th Country Programme aims to achieve the following outcomes:

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

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.

The 5th 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 adolescent's 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 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 1: Increased access to and utilization of quality maternal and newborn health Services

Output 1: Women and young people have access to high-quality comprehensive maternal and neonatal health services, including fistula treatment.

Output 2: Ministry of Health, National Union of Eritrean Women and the National Union of Eritrean Youth and Students have the capacity to create demand for and ensure availability of modern contraceptives

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 and the capacity to create demand for and ensure availability of modern contraceptives.

To achieve these, 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:

- Training and deployment of nurse midwives nationwide in provision of basic and comprehensive emergency care services;
- Recruiting and deploying three gynecologists/obstetricians and support on-the-job training of national anesthetists for improved access to health services;
- Supporting the establishment of additional maternity-waiting homes to enhance skilled birth attendance in hard-to-reach areas;
- Support the training of health professionals in post-abortion care;
- Support international specialist missions to perform fistula repairs; and
- Advocacy efforts for national scale-up and institutionalization of maternal death reviews at health-facility level.
- Procure and support the distribution of pills and injectable in support of the nationwide provision of modern contraceptives;
- Provide girls and women with condom-use negotiation skills training;
- Train community health workers in the promotion of family planning and community-based distributors in tracking and reporting on village-level contraceptive use; and
- Support the operationalization of a functional logistics management information system for forecasting and monitoring reproductive health commodities

4.5.2.2. *Progress in achieving Outcome 1 targets*

Table 5: Progress in achieving Outcome 1 targets

Indicators	Baseline	Target	Achievement	Comment
% of birth attended by skilled personal	55%	70%	71% ¹	

¹2019 MoH Report/SRH Division based on LQAS 2019.

Contraceptive prevalence rate for modern methods,	8.4	15	-	
Unmet need for family planning	27.4	13.7	-	

The Programme set targets to increase the Percentage of health facilities providing basic emergency obstetric and newborn care (seven signal functions) from 68% to 100%; number of community hospitals providing comprehensive emergency obstetric and newborn care from 7 to 12; number of nurses with advanced training in midwifery from 1397 to 2919 and number of visits by international specialists to conduct obstetric fistula treatment from 3 to 10.

The Program as of 2019 however stands at 70% for basic emergency obstetric and newborn; 9 community hospitals providing comprehensive emergency obstetric and newborn care; 1750 nurses with advanced training in midwifery, and 5 visits by international specialists to conduct obstetric fistula treatment.

Outcome 1: Sexual reproductive health services

Output 1: Women and young people have access to high-quality comprehensive maternal and neonatal health services, including fistula treatment.

TABLE 6: INDICATORS OF OUTCOME 1 - OUTPUT 1

Indicator #	Description	Baseline	2019	Cycle Target
1.1.1	Percentage of health facilities providing basic emergency obstetric and newborn care (seven signal functions)	68	70	100
1.1.2	Number of community hospitals providing comprehensive emergency obstetric and newborn care	7	9	12
1.1.3	Number of nurses with advanced training in midwifery	1,397	1750	2,919
1.1.4	Number of visits by international specialists to conduct obstetric fistula treatment	3	5	10

- *Placement of international technical assistance in place like anesthetists and obstetrician gynecologists.*

Currently there are four anesthetists and four Ob/Gyn placed in different zobas of the country, one of the Ob/Gyn was recruited to support the fistula programme since end of 2018 and is placed in the Regional Hospital (Mendefera) of the Southern Region where the fistula center is. Three of the Ob/Gyn have been recruited by end of 2019 and are placed in three of the Regional

Referral Hospitals (Anseba-Keren, Gash Barka-Barentu and Northern Red Sea-Ghinda). From their regular reports received on a monthly basis it is noted that the skilled birth attendance and the number of deliveries in health facilities is improving. Capacity building of service providers conducted in various areas like Lifesaving skills (LSS), integrated FGM/SRH services, FP/SRH; training of general practitioners trained in CS; provision of drugs, supplies, equipment and commodities procured and delivered on time are also part of the support.

Overall, the country has seen improvement in access to emergency obstetric care from 32% in 1990 to 58% in 2019 (HMIS Report 2019). The number of pregnant women attending antenatal care (1st visits) has also increased by 4% from 54% in 2016 to 58% in 2019 (HMIS), and those making the 4th visit increased by 5 % over the same period. The number of women who deliver in a health facility also reached 62%.

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:**

UNFPA has supported the Asmara College of Health Sciences in 2016 and 2017. 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; conduct of post abortion assessment; strengthen skills lab; and increase international exposure.

The long-term partnership with UNFPA would have helped in increasing the capacity of the college in offering quality training in nursing, midwifery and anaesthesia. However, the support was stopped in 2018 due to government decision as a result of change in priority.

As a result of shortage of midwives, 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 156 midwifery staff members were trained in Life Saving Skills (LSS) to support maternal and newborn care, including infant resuscitation, 9 doctors trained in CS, 71 health workers in basic emergency obstetric care (bEmONC) and family planning. Another 108 were trained in FGM. Participants included Doctors, Nurses, Midwives, Associate Nurses, as well as community health workers.

4.5.2.4. Strengthening EmONC services

A nationwide needs assessment of emergency obstetric care and qualitative study to identify the demand side barrier and gap in quality care was conducted in 2017 at the national and Zoba level. The following documents developed, reviewed, updated and are being in use.

- Clinical save motherhood protocol
- Obstetric job aid manual
- Obstetric fistula strategic plan
- RMNCAH strategic plan 2017-2021
- RMNCAH policy guideline 2017-2021
- FP facilitators and participant's manual for health care providers and community distributors
- FP wall chart, counseling cards, flip chart and home take brochures.
- The second health sector strategic plan (HSSDP 2) and
- National health policy 2019

In addition, health facilities were equipped with supplies to enable the provision of routine and emergency maternal health services.

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 were affected by shortage of anesthetists and gynecologists. To reduce this shortage, four Ob/Gyns and four anesthetists are employed since the start of the programme cycle through UNFPA funding. The Ob/Gyns have been stationed at the Mendefera, Gindae, Keren and Barentu referral hospitals, while four anesthetists have been deployed to Orotta, Mendefera, Teseney and Nakfa hospitals.

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 consumed by engaging these experts per year, the model and its sustainability is worth assessing.

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 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. It developed the standard and Community case definitions for maternal and perinatal death, suspected maternal or perinatal death, probable maternal or perinatal deaths, confirmed maternal or perinatal deaths. Mechanisms of assigning Unique Code for the identification of each maternal & perinatal death is designed, and list of codes for 293 health faculties is generated (to be included in the Maternal and Perinatal Death Surveillance Report (MPDSR guideline). Moreover, eight MPDSR tools were developed and framework for reporting & feedback channel for immediate, daily and weekly reporting of maternal & perinatal deaths through the IDSR system was established. A national technical working group on MPDSR was also established.

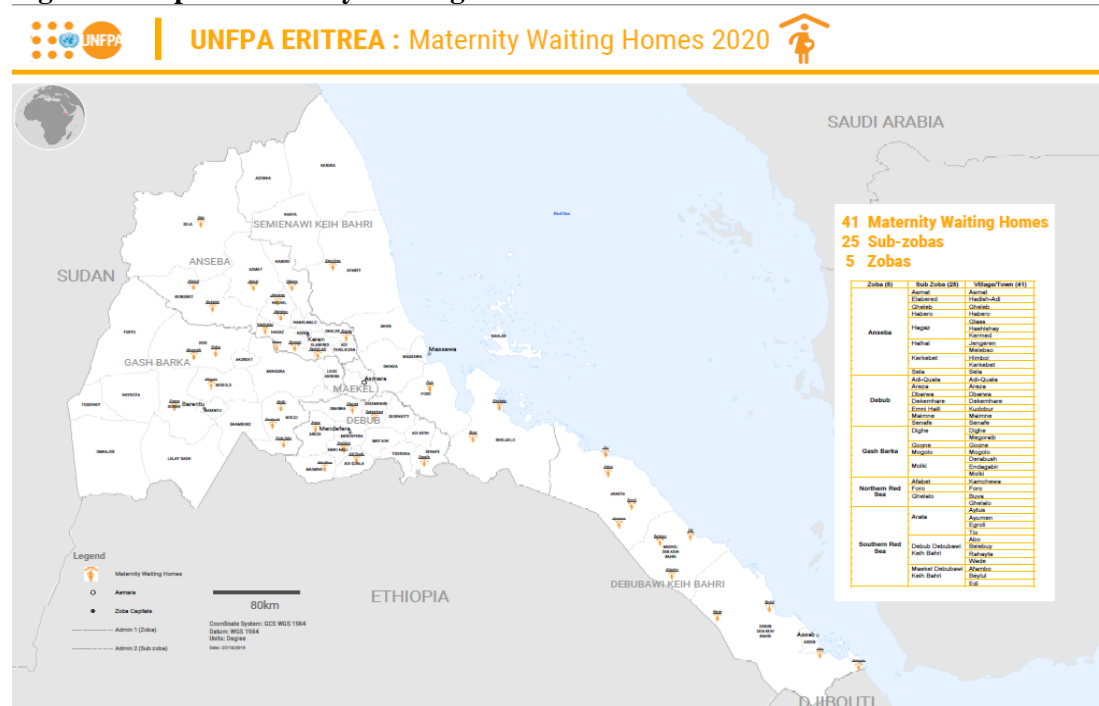
Due to the development of national maternal death surveillance and response system the maternal and perinatal death notification has improved at the facility level. However, while the system functioning was reported to be working well at the zoba level, it still needs strengthening at the national level. 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 2016-2019, through the CERF funding, 41 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 11,714 pregnant women from remote areas had been beneficiaries of maternity waiting homes by end of 2019. 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 41 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.

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. The support to the MWHs, has increased facility based deliveries significantly with the maternal deaths at health facilities also reduced. The contribution of the MWH to facility based delivery in 2017, 2018 and 2019 was 3%, 7.2% and 7.5% respectively. Furthermore, it has increased the number facility based delivery in place where there are maternity waiting homes.

Figure 8. Map of Maternity Waiting Homes distribution in Eritrea.



Maternity waiting homes assessment was conducted by the Ministry of Health in 2017. It indicated that the maternity homes were crucial in decreasing maternal and neonatal mortality.

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*

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.

Awareness creation activities, improvements in knowledge of young adults on SRH, together with easy access to contraceptive methods are required to reduce abortion related mortality and

morbidity. Such action would have a positive effect in reducing unwanted pregnancies, illegal abortions and prevention against sexually transmitted diseases, including HIV.

Furthermore, easy access to post abortion care services, together with information, education, counselling and the provision of contraceptive methods would save lives and prevent similar abortion complications in the future. The National Union of Eritrean Youth and students and the National Union of Eritrean Women are active in raising the knowledge and awareness of young adults, especially girls, to take responsibility regarding their own health and education. HIV prevalence in Eritrea has been reduced, indicating improvement of knowledge and skills on SRH issues by Adolescents and Youth. The MOH is active in the development and distribution of information and education tools and UNFPA provides necessary support by ensuring availability of uninterrupted supply of contraceptive methods, including condoms.

4.5.2.8. *Strengthen program on obstetric fistula*

UNFPA has been supporting Obstetric Fistula Programme in Eritrea since 2003. Fistula repair operations started in Massawa in 2004, then in Dekemhare and finally in Mendefera since 2006. Since 2004 Specialist Fistula Surgeons from Stanford University, under the leadership of Dr. Mark Morgan, have been visiting Eritrea regularly, twice per year, to conduct difficult fistula repairs. The National counterpart was Dr. Habte Hailemeleket. UNFPA recruited gynecologist (fistula specialist) is assigned at Mendefera referral hospital since 2018 where the national fistula center is situated.

As part of the campaign to eliminate Obstetric Fistula, the MOH advertised through the radio for clients to report for free fistula repair operation. Expenses related to food and lodging during their stay in hospital were provided free of charge. Transport fees were also refunded in cash. By 2018, about 1,500 repair operations (about 100 repairs per year) were conducted. After 15 years of continuous fistula repair operations, a clear picture is likely to emerge on the incidence of obstetric fistula in Eritrea by conducting a needs assessment, especially in the high risk Zobas of Debub and Gash Barka.

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

By 2019, about 1,500 repair operations (about 100 repairs per year) were conducted. After 15 years of continuous fistula repair operations, a clear picture is likely to emerge on the incidence of obstetric fistula in Eritrea by conducting a needs assessment, especially in the high risk Zobas of Debub and Gash Barka.

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.

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). Nearly all the fistula patients and survivors admit, 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.

In 2019, the fistula specialist sensitized 110 ACHS diploma nursing students on the causes prevention care and operative management of obstetric fistula. Furthermore, the center also conducted staff capacity building and mentorship program for 14 health workers in Mendefera referral hospital.

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.
- 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. 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,
- 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. 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.

According to both the LQAS 2017 (MOH, 2017 (a)) as well as the Malaria Indicator Survey 2017 (MOH, 2017 (c)), and EPI Coverage Survey 2017 (MOH, 2017 (d)) virtually all women (96%) attended Antenatal care visits during their most recent pregnancy. This has shown significant improvement from 48% in 1995 to 70% in 2002 to 90% in 2010, to 93% in 2013 and to 96% in 2017. Moreover, 66.9% and 60.4% of the mothers received ANC service four or more times as obtained by the children and mothers immunization coverage surveys, respectively. With close to 100 percent coverage, as expected there was little variation by different categories in sex, age, residence, educational status and wealth index for at least one antenatal coverage. The LQAS 2017 (MOH, 2017 (a)) revealed that the ANC coverage was above 95% in all zones except in Southern Red Sea, which was 86%.

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. The number of health facilities providing bEmONC services has increased, the number of pregnant women attending antenatal care (4th 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.
- The shortage of human resources especially midwives, anesthetists and Obstetrician/gynecologists remains critical in the provision of quality maternal health

care services including treatment of fistula and provision of cEmONC services. This is more complicated due to 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 center, health promotion and outreach activities.
- Lack of baseline data to determine the exact training needs of the health workers
- Shortage 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.
- Strengthen the health system to sustain the achievement made on maternal and newborn care.
- In order 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, strong advocacy is required to regain the partnership UNFPA used to have
- To advocate for the increased role of Ministry of Labour and Social Welfare in the rehabilitation of fistula survivors, and partnership with UNFPA.

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

Outcome 1: Increased availability and use of 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

Output: 2 Ministry of Health and NUEYS and NUEW have the capacity to create demand for and ensure availability of modern contraceptives.

4.5.3.1 Overview

According to the Eritrean Population Health Survey (EPHS) (2010) the total fertility rate in Eritrea is 4.8 children per woman. The same source narrates that fertility declined substantially

between 1995 and 2002 from 6.1 children per woman to 4.8 children and has remained almost constant since 2002.

Family planning uptake is low (contraceptive prevalence rate is 8% for all methods and 4.7% for modern methods), placing the country in the very low CPR position on the S-curve.

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 achieving Outcome 1, output 2 targets

The Programme set four targets to achieve, namely:

- (a) procure and support the distribution of 1 million pills and 100,000 injectable in support of the nationwide provision of modern contraceptives;
- (b) provide 10,000 girls and women with condom-use negotiation skills training;
- (c) train 2,500 community health workers in the promotion of family planning and 2,500 community-based distributors in tracking and reporting on village-level contraceptive use; and
- (d) support the operationalization of a functional logistics management information system for forecasting and monitoring reproductive health commodities

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.

The Programme performance in relation to service delivery points with no stock-outs of reproductive health commodities has maintained its achievements. The target set on the Logistics Management Information System (LMIS) for forecasting and monitoring reproductive health commodities has been achieved. The rest two targets are on good performance track. The table below shows the Programme performance in achieving Output- 2 targets.

TABLE 7. PROGRESS IN ACHIEVING OUTCOME1 - OUTPUT 2 TARGETS

INDICATOR #	DESCRIPTION	BASELINE	2019	CYCLE TARGET
1.2.1	Percentage of service delivery points with no stock-outs of reproductive health commodities	100	100	100

1.2.2	Number of trained community-based distributors who are tracking and reporting on village-level contraceptive use.	0	1500	2500
1.2.3	Number of trained community health workers who actively promote family planning	0	1500	2500
1.2.4	Existence of a functional Logistics Management Information System for forecasting and monitoring reproductive health commodities	No	Yes	Yes

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 which has now increased to 39,092 in 2019. 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. 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 injectable every year since 2017 to 2019. 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.

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. UNFPA Supplies remains the sole source of contraceptives for the government in Eritrea accounting for 100% of the country's needs. Commodities procured through the UNFPA Supplies fund amount to \$ 881,105.10 as detailed per year 231,908.50 (2017); \$ 140,696.60 (2018) and \$ 508,500 (2019). This support guaranteed availability of contraceptives for the country and ensured no stock outs were reported

at all levels. Last mile distribution – To address proper distribution of all contraceptive up to the lower level facility, strengthening the logistic management information system (LMIS) was one of the major achievements. Moreover, 374 MoH staff were trained on LMIS database, in operations, the use of supply chain management tool and stock control management.

However, it was noted that there is 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, 222 tourism service providers were trained on condom use and negotiation skills and proper use and disposal was conducted in 2017. Likewise training of community health/extension workers for the promotion of FP and post abortion family planning was done 2017 through 2019. 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. UNFPA has procured 8.6 million male latex condoms in 2017. And over 11 million condoms have been distributed in the current program cycle with UNFPA's support.

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 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. It is worth mentioning that 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.

4.5.3.6 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

Therefore, it is recommended:

- The need for increased funding for scaling up family planning campaign activities
- 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.

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 2: Increased priority on adolescents especially on very young adolescent girls in national development policies and programs, particularly increased availability of comprehensive e sexuality education and sexual and reproductive health

Output 1: Adolescents and youth have access to high-quality sexual and reproductive health information and youth-friendly health services, including gender-sensitive HIV prevention.

4.5.4.1 Overview

In Eritrea, great progress has been made in the implementation of the HIV/AIDS interventions, through a well-coordinated multi-sectoral response, including the adoption and implementation of the Elimination of Mother to Child Transmission (eMTCT) initiative, scaling up of antiretroviral therapy (ART), improved and increased condom distribution, better access to services by key populations at higher risk (KPHR), and by ensuring equitable availability of HIV/AIDS, and STI services.

These efforts have contributed to a substantial decline in HIV prevalence from 1.1 % in 2005 to 0.6% in 2019. Overall incidence rate has declined from 0.43% per 1000 population from 2005 to 0.11% in 2019. AIDS related deaths have equally declined from 1400 deaths in 2005 to 310 in 2019. HIV positivity among pregnant women and people voluntarily coming for HIV

counselling and testing (HCT) had declined from 2.5% to 0.21%, and from 4.34% to 0.37% from 2003 to 2019 respectively.

In 2019, prevalence among female sex workers (FSW) was estimated at 14.8%. During the same period, prevalence among long distance truck drivers (LDTD) was estimated at 4.3%, while that of prison inmates was 1.4%. Moreover, mother to child transmission (MTCT) rate was estimated at 1.8% (2019). From these data, one can understand that the HIV epidemic in Eritrea has shifted from a generalized to a concentrated one.

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:

- Establishment of 14 youth-friendly corners within health facilities and six youth-friendly centers nationwide through advocacy efforts and technical assistance;
- Full implementation of the 10-step strategic approach to condom programming; and
- Training of 100 teachers on comprehensive sexuality education

4.5.4.2 Progress in achieving Outcome 2 Targets

The Programme set three targets to achieve, namely; to establish 14 youth friendly corners with in health facilities with integrated youth-friendly services, to distribute 20 million male condoms, and to train 100 teachers with comprehensive sexuality education.

So far, three new youth friendly corners are established within health facilities in Adiquala, Ghindae and Barentu, and another two youth friendly centers owned by the NUEYS were strengthened. The NUEYS hotline service was also supported by UNFPA. UNFPA's initiative to partner with the Ministry of Education is not yet materialized. Thus, the plan to train school teachers on CSE was routed to adolescents and youth. Thus, UNFPA in collaboration with the NUEYS conducted a number of trainings including TOT, related to SRH and CSE in five zobas. In 2016, 28 peer facilitators (with total members of 560), and in 2017 alone 33 peer groups comprising 790 (including NUEYS staff) members were established. The peer education programmer is believed to be more effective than the teachers training as teens are more responsive to their peers.

Furthermore, UNFPA supported 200 academically low performing adolescent girls from eight junior schools in zoba Maekel. The support included tutorial classes and training in the elimination of harmful traditional practices (HTP). As a result, their academic performance significantly improved and the girls endeavored to change their communities' attitude in their respective villages. This programme significantly increased their chances to stay in school and avoid underage marriage.

On condom programming, activist related to condom procurement and distribution have been implemented. During this program cycle, UNFPA procured over 8.6 million male latex condoms and supported the distribution of 11.5 million condoms. A comprehensive condom programming strategy and action plan is being updated. 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 civil societies has been established to oversee the implementation of the CCP strategy and other condom related technical issues. In addition, two programme managers on HIV, from the MOH attended the ESA region HIV knowledge sharing meeting in 2019, and another two also joined International Conference on AIDS and STI in Africa (ICASA-2019) in Kigali with the support of UNFPA. The MOH has also developed the sixth, five years' National Strategic Plan on HIV/AIDS and STI (NASP-V, 2017- 2021) where UNFPA actively participated. NASP-VI is also under development funded by the Global fund and the MOH.

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 of HIV and SRH (including STI prevention) is not yet supported by clear integration strategies and policies at the national level. All pregnant mothers are routinely tested for HIV/syphilis at the facilities during their ANC visits. Currently, over 90% of the health facilities are providing sexual and reproductive health and HIV integrated services.

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 2016 and 2017, 61 peer facilitators/coordinators altogether were trained in the prevention of HIV/AIDS/STIs and condom use.

The MOH continuously conducts surveys on most at risk population such as Sex Workers, Truck drivers and inmates on the use of condoms (including female condoms). 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). In 2017, with UNFPA support, the ESMG conducted condom mapping and outlet registration in two Zobas and registered 2029 condom out lets.

Assessment has been conducted on NUEYS owned 36 youth friendly services in five zobas. This was to determine the general status of the center, identify gaps, and areas that require strengthening. All the assessed 36 youth friendly centers were found to be not up to the standards to fully deliver services such as VCT, recreation and training, as they either lack equipment or infrastructure.

Health providers are continuously trained by the MoH 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. 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.

Partnerships and support programs involving MoH, NUEYS, ESMG, and others on condom distribution contributed not only in preventing HIV/AIDS but also STDs and unwanted pregnancies.

In 2017 and 2018 international youth day commemorations were conducted under their respective themes. Different messages were produced and disseminated during the events. Different activities such as TV and radio programs, debating cycling and athletic competitions were also conducted. It is believed about 500,000 people has been reached throughout the country.

During this programme period, 10 people from the MOH, NUEYS and the MoLSW participated on international forums related to youth and HIV with UNFPA's support.

4.5.4.5 Strengthening community engagement in SRH and HIV prevention

In 2017 alone, over 35,000 people were reached through SRH, HIV including STI message through different means such as the bimonthly youth magazine, radio and TV programs, peer group discussions and seminars. Campaigns were 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.

The National Union of Eritrean Women also carries out country wide sensitization and campaign on FGM, early marriage and women's rights (equity and equality) through their radio program and local branches across the country.

4.5.4.6 Conclusion and recommendations

The Programme has 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 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; and implementation of the comprehensive condom programming. 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 following are therefore recommended:

- 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 uses and BCC campaign to stop FGM and other harmful cultural practices especially targeting the youth and adolescents.

- 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 update the CCP strategy and action plan and its implementation
- The need to strengthen the National Condom Technical working group
- The need to strength the promotion of female condoms.
- The need to strengthening the existing, and establish (expand) new youth friendly centers both at health facilities and youth centers
- 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
- 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.

4.5.5 Strengthened systems to address GVB and harmful practices.

Outcome 3: Advanced Gender equality and women's and girls' empowerment and reproductive rights including for the most vulnerable marginalized women, adolescent and youth.	Output: Communities and national institutions are better coordinated to effectively, monitor and report on harmful practices against women including child marriage.
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4.5.5.1 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 3 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 Partner 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 3 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

4.5.5.2 Progress in achieving Outcome 3 targets

The Programme set four targets to achieve, namely: number of cases prosecuted in court against female genital mutilation (Target: 300); number of villages that publicly declare abandonment of female genital mutilation with target of 1,000; number of service delivery points with at least one provider with the skills to identify, treat and refer cases of gender-based violence (target: 3000; and Existence of a National Action Plan against child marriage and female genital mutilation.

TABLE 8. PROGRESS IN ACHIEVING OUTCOME 3 TARGETS.

Indicator #	Description	Baseline	Target	Achievement
1.	Number of cases prosecuted in court against female genital mutilation	144	300	482
2.	Number of villages that publicly declare abandonment of female genital mutilation	277	1000	348
3.	Number of service delivery points with at least one provider with the skills to identify, treat and refer cases of gender-based violence	0	300	-
4.	Existence of a National Action Plan against child marriage and female genital mutilation	0	1	1

The programme covered different strategies and achievements which can be described as follows:

- Support in the development and reporting of the CEDAW report. The country has submitted its CEDAW reports as per the time line and defended its 6th report in February 2020.
- Community mobilization towards the abolishment of harmful practices, specially FGM and early marriage;
- Empower young girls and boys in their understanding of gender equality through awareness raising campaigns, support NUEW and key line Ministries in the implementation of laws and policies that enhance gender equality in education, health, finance, agriculture, justice sector, support granting of micro-loan projects for small female lead businesses, household poultry, farming and vegetable gardening etc..
- Revision of the National Gender Strategic Plan

4.5.5.3 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. 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.

4.5.5.4 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 events related to 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. According the 6th 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

The 6th CEDAW Report highlights:

- FGM-C practice has declined from 95% in 1995 to an average of 6.9% for under-five years and 18.2% for under-15 years. There are some areas, however, which have relatively high prevalence. Inter-sector focus to those localities is given by all relevant ministries, NUEW and the community at large.
- In 2019 a clinical guideline has been developed to aid in the management of victims of GBV so as to decentralize access to medical service. According to the report of the Office of the Attorney General, about 136 in 2017 cases of rape were reported, as the indicated below.
- In 2017, a study on Menstrual Hygiene Management (MHM) in Eritrean Middle Schools was conducted in collaboration with UNICEF.
- Furthermore, in each middle and secondary school a female teacher is assigned to guide female students in need of support with menstruation during their stay in school.
- The total number of schools in 1991 was 132 and in 2016/2017 academic year reached 1987 schools (524 preprimaries, 970 elementary, 371 middle and 108 secondary and most of the educational provisions are in the rural areas.
- In 2019, the National Steering Committee (NSC) through its national technical committee developed a five years' strategic plan 2020-2024 with the main objective of eliminating harmful practice. The technical committee has also developed a training manual on the matter. In addition to this, impact assessment on the level of awareness and knowledge of the community was conducted. The assessment indicated that the level of awareness created is significant.
- The legal age of marriage is 18 years for both sexes. Some deterrent measures are taken by village administration to the family who opt to marry their children outside the legal age. In 2019, 44 under age marriage schedules were cancelled through the efforts of the NUEW and village administrations.
- The result of the local elections held in 2019 at village and locality levels compared with the previous 2015 data showed commendable results in the gender representation. At Village level it has increased by 51.8% (from 37% to 56.2%); at locality level it has increased by 0.8% (from 37% to 37.8%) and the increase in the gender representation of elected Community Court Judges was 33.5% (from 37% to 49.4%).
- The number of female appointees in the judiciary and the executive is increasing. The highest level of courts in Eritrea, the Final Appellate Court is composed of five Judges, two (40%) of which are women; 12.5% in the High Court; 14% in the Regional Courts and 35.8% in public prosecutor's office is held by women.
- In the land allocation program conducted in 2017, in Debub region 65,721 (constituting 51.2% of total), in Gash-Barka Region 18,549 (constituting 39.6% of total) and in Maekel region 15,314 (constituting 54.9% of total) was allotted to women farmers.

4.5.5.5 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.

- 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.

UNFPA in cooperation with UNICEF are also beneficiaries of the global JP on the Elimination of FGM. With this support, the country has strived big achievement in the reduction of FGM specially in young girls aged below 15 and below 5. The collective efforts of the Government of the State of Eritrea (GoSE) and UNICEF/UNFPA Phases I and II Joint Programme to end FGM/C have significantly contributed to reducing the prevalence of FGM/C; strengthening positive social norms, behavior change, while reinforcing the child protection system.

To tackle harmful traditional practices and violations of child rights, in 2018 three government institutions – the MoH, MoLSW, National Union of Eritrean Women, and UNICEF & UNFPA – reinforced the coordination mechanisms by forming a national steering committee and national technical committee to provide policy and technical guidance on harmful traditional practices. The two new committees facilitated the integration of already existing committees on child rights (CRCs) and HTP committees at the sub-national and village levels. These coordinated efforts represent a real breakthrough and an opportunity to strengthen the protective environment for children and women. The current focus is on strengthening and building capacity of the CRCs.

Since FGM/C was outlawed in 2007 in Eritrea, the joint programme has reached communities, law enforcement authorities and other government agencies with key messages on legislative provisions that have created an enabling environment for implementation of the legal provisions. The Eritrea Community Mapping of FGM/C in 2014 was conducted in 348 villages sampled from all six regions. The subsequent community awareness on legal provisions reached over 95 per cent of the sampled populations. Through the trainings conducted for law enforcement officers with the support from the global programme, law enforcement around FGM/C has improved as reflected in the number of perpetrators brought to justice. At the end of 2017, 2018 and 2019 about 250, 19 and 213 cases respectively had been brought to justice.

Eritrean National Strategic Plan to Ensure Children and Women Rights, Abandon Female Genital Mutilation, Underage Marriage and Other Harmful Traditional Practices (2020 – 2024)

The social norms approach adopted in implementing the UNICEF UNFPA Joint Programme (JP) and the technical support offered to the implementing partners was instrumental in changing the attitudes of partners and local communities. The intensive and sustained community mobilization, with key messages focusing on FGM/C as violations of the basic rights of girls and women, and its illegal and inhumane nature, resulted in positive behaviour change. Using community dialogue approach, a community mapping system was conducted in 2014. The mapping exercise assessed the readiness of communities to abandon FGM/C against an “index of readiness for public declaration of FGM/C abandonment”. This assessment which was conducted in 348 villages has led to 71 villages to date who have already confirmed and declared themselves free from FGM/C. Additionally, data collected from the community mapping exercise showed a significant reduction in FGM/C for girls under 5 from 12.4 per cent to 6.9 per cent, and for girls under 15 from 33 to 18.8 per cent, when compared to the EPHS 2010.

Trainings and orientations on FGM/C law, gender equality, community mobilization, evidence-based programming, monitoring and reporting on abuse and violence against children, specifically on FGM/C and child marriage, were conducted for 120 law enforcement officers, 333 child wellbeing committee members, 365 health workers and 200 adolescent girls. In 2018, A ToT on social norms change was organized for 10 technical staff of the implementing partners- MoH, MOLSW and NUEW resulting a greater understanding on social norms approach to tackle harmful traditional practices. Above 400 trained social workers, health workers increased their knowledge to conduct child protection work at the community level. UNICEF and UNFPA, work closely with government partners in all six regions of Eritrea to prevent and urge communities to end female genital mutilation. The partnership with the government engages with local communities to promote dialogue and information to parents and caregivers, and community elders and youth, about the harmful health consequences of female genital mutilation. Additionally, community mapping and orientation on data collection methods was conducted to strengthen capacity of implementing partners such as the MoH, MOLSW and NUEW. This resulted in the mainstreaming and integration of FGM/C in the reproductive health programmes of the MoH. This strengthened capacity has led to an increase in MOLSW and NUEW staff who travelled to remote regions, thus reaching out to more than 100 communities.

Annually, four public policy statements at the national level and 24 at the zonal level have been made by influential leaders and policy makers on many occasions including the annual FGM/C

Zero Tolerance Day celebrated every year on 6 February, to criminalize all forms of violence against women and children. This has encouraged many communities to abandon harmful traditional practices such as FGM/C and child marriage. The FGM/C programme is used as an entry point to strengthen the advancement of gender equality in Eritrea, an initiative led by the NUEW. Former circumcisers and religious leaders have been engaged via radio, print media and community meetings, to sensitize the public on FGM/C and gender norms, and to delink FGM/C from religion. IEC materials were developed in local languages and have been used to support mobilization of existing community networks (anti FGM/C Committees and Child Wellbeing Committees) to strengthen behaviours that lead to the abandonment of FGM/C. Senior government officials and religious leaders come together and pledge to work together to end female genital mutilation in the country by 2030. Former circumcisers and religious leaders have been engaged via radio, print media and community meetings, to sensitize the public on FGM/C and gender norms, and to delink FGM/C from religion.

Development of the Strategic Plan to Ensure Children and Women Rights, Abandon Female Genital Mutilation, Underage Marriage and Other Harmful Traditional Practice 2020 – 2024

4.5.5.6 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. UNFPA does not have any signed AWP with the national gender mandated institution, the NUEW since 2019.

Recommendations

- 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-3 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.

4.5.6 Evidence based analysis on population dynamics (Data for development)

Outcome 4: Strengthening national policies and international development agendas through integration of evidence based analysis on population dynamics and their link to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Output: national statistics office produces and disseminates quality disaggregated data that allows for in-depth analysis on population dynamics and sexual and reproductive health, and their linkages to poverty eradication and sustainable developments.

4.5.6.1 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).

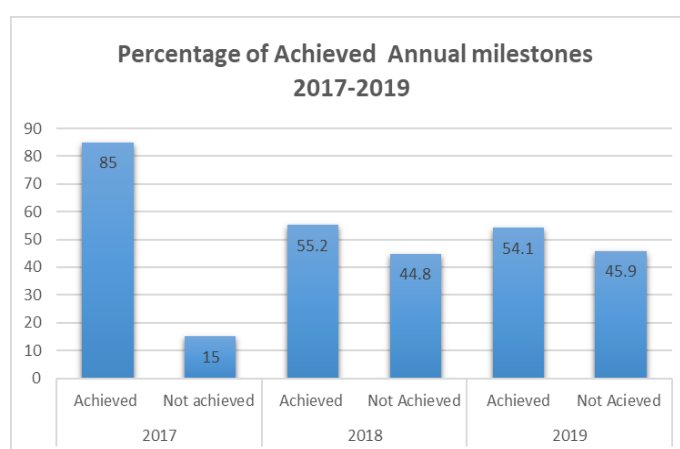
The delivery of Outcome 4 is designed as a Joint Programme on Data for Development (D4D). It brings together UNFPA, UNICEF and UNDP with the Ministry of National Development, National Statistics Office as the Implementing Partner and UNFPA as the managing UN agency. The Joint Programme is aligned with 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:

- 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

During the different years (2017-2019) the UNFPA Country Office (CO) envisaged to achieve set outcomes and outputs as identified at the beginning of the year. However, due to main reasons and the working environment, overall achievement of the designed outputs and milestones stands at an average of 64.76 as depicted below. The main reason for the low achievement being the stoppage of four out of five annual work plans after the peace deal reached with Ethiopia where the government requested that needed more time to revise its priorities and informed the UN system in Eritrea that work plans with the National Union of Eritrean Women (NUEW), the National Union of Eritrean Youth & Students (NUEYS), the National Statistics Office (NSO) and the College of Health Sciences (ACHS). Thus, from mid-2018 the CO was closely working only with one implementing partner, i.e. the Ministry of Health.

Figure 9. Percentage of Achieved milestone 2017-2019



4.5.6.2 Progress in achieving Outcome 4 targets

The Programme set three targets to achieve, namely to conduct fourth Demographic and Health Survey, develop national civil and vital registration system and deployed 2,564 trained Civil Registration and Vital Statistics clerks. Overall, as part of the preparatory activities for conducting the fourth round EPHS, the National Statistics Office with its partners carried out pre-test training and fieldwork in two phases during the fourth quarter of 2016. The objective of the first phase was mainly to test the CSPro program developed for automatic data collection using TABLETS and covered four clusters in the central region using the Tigrigna version of the

questionnaire only. The Second phase was expanded to include questionnaires of all local languages and biomarker data collection.

Training on the survey for the main fieldwork staff was scheduled to take place between 2nd November and 2nd December, 2016 and was planned to be followed by the fieldwork starting 6th of December 2016. However, due to lack of sufficient field staff planned to be recruited from the different local languages, the training and start of the fieldwork could not take place. The programme was then postponed to 2017. So far, none of the activities planned under this output was implemented.

TABLE 9: PROGRESS IN ACHIEVING OUTCOME 4 TARGETS

Indicators	Baseline	Target	Achievement	Comment
Implementation of the fourth demographic and health survey	3 rd demographic and health survey;	4 th demographic and health survey conducted		The 4 th demographic health survey is to be implemented in 2021
National civil and vital registration strategy is in place	0	1	1	A five-year comprehensive strategic plan was developed in 2015
Number of national and regional gender-responsive databases	0	1 national and 6 gender responsive database at the Zoba	The government have established	

4.5.6.3 Preparation for the fourth round of EPHS

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.

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

4.5.6.4 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.

Training of three 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
- Participation of one NSO staff in population conference.
- Four people from different government agencies attended ICPD@25 in Nairobi.

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

The following activities were 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 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 (Desktop computers, laptops, printers and accessories) for the implementation of CRVS activities to the main office and zoba offices).

All the above activities are still pending, one of the challenges being the lack of annual work plan signed with the NSO.

In 2019, Five high level officials from NSO and relevant experts from regional administration office were funded by UNFPA and UNICEF to attend a regional conference on CRVS. Following this, the National Statistics Office prepared a draft CRVS costed plan for the development of CRVS.

4.5.6.6 Capacity development for monitoring and evaluation

Although Eritrea has a robust community based system that collects routine data using various agents in the communities, the system is not linked to the health management information

systems (HMIS) 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 should consider in its plans to establish national and regional databases including CRVS. Integration should also be strengthened through cross-sectoral information management, especially in the context of HMIS and CRVS.

4.5.6.7 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 current program period for example, the implementation of the approved 2018 AWP was not implemented due to the governments change of priority.

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

It is therefore recommended:

- 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

4.5.7 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' (groups) and each gujiletat has a responsibility to follow up 18-25 households.

4.5.8 Drivers of success of the 5th Country Programme

The relative success of the 5th 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 2017-2021 and the 5th Country Programme 2017-2021. 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.

- 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.

4.5.9 Factors affecting the Implementation of the 5th Country Programme

The effective implementation of the 5th Country Programme has been affected by a number of factors including:

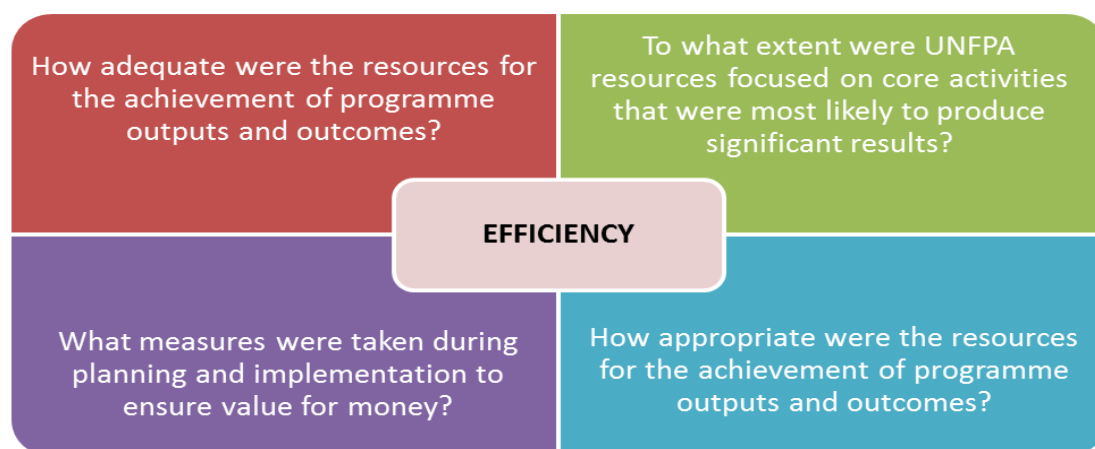
- Delays in signing Annual Work Plans affect the implementation of the first quarter activities with knock on effect on the implementation of rest of the quarters' activities, which consequently, delays the reporting from relevant stakeholders and quarterly disbursement of funds.
- Shortage of human and financial resources has affected the effective implementation of most of the programme activities.
- 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 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 Fifth Country Programme 2017-2021, UNFPA committed a total of USD 16.3 million. The main sources of fund for the implementation of the CP included USD 5.8 million

(35.6%) from the UNFPA's regular resources (RR) and USD 10.5 million (64.4%) 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; 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 5th Country Programme financial commitments, the Country Office developed a Resource Mobilization Strategy to raise the USD 16.3 million from both regular and other sources including the Global Programme to Enhance Reproductive Health Commodity Security (UNFPA Supplies); the global Joint Programme on Abandonment of FGM/C; 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 2019, UNFPA Country Office had raised and allocated 56% (US\$ 3,264,559.00) of its expected US\$ 5.6 million regular resources, it had raised only 20% (US\$ 2,102,804.00) of the expected US\$ 10.5 million of other resources leaving a huge gap of 80% (US\$ 8,397,196.00). Overall, by the end of 2019, UNFPA had only raised 33% (US\$ 5,367,403.00) of the required US\$ 16.3 million leaving a resource gap of 67% (US\$ 10,932,527.00). However, given the fact 2021 is the final year of the Country Programme, there is high likelihood that the Country Office can mobilize more resources to minimize the resource gap.

As reflected in the 67% resource gap, the resources are highly inadequate for the achievement of programme outputs and outcomes. As a result, none of the four outcome areas received the required funds as committed. In fact, three out of the four outcomes were allocated less than 15% of the funds committed for their full implementation. While Outcome 4 on population dynamics received the lowest allocation at 3%, Outcome 1 on sexual reproductive health received the highest allocation at 69%. This huge gap resulted due to the shift of government priorities by mid of 2018 after Eritrea signed a peace agreement with its long foe and neighbor Ethiopia. The government in fact halted all operations and support given to the national unions and an indefinite postponed to data exercises like the planned 5th EPHS and CRVS assessments (most of our IPs). Table 10 below shows the percentage of resources committed and allocated for the implementation of the four outcome areas.

TABLE 10: RESOURCES COMMITTED AND ALLOCATED BY EACH OF THE FOUR 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 1 : Sexual Reproductive Health Services	3.3	5.7	9.0	69 %	High
Outcome 2 : Adolescent and Youth	0.4	1.5	1.9	5%	Very low
Outcome 3 : Gender Equality and Women's empowerment	0.6	1.8	2.4	13%	Very low
Outcome 4: Population Dynamics	0.7	1.5	2.2	3%	Very low
Program Coordination and support	0.8	-	0.8		
Total	5.8	10.5	16.3	33%	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 as UNICEF, it appeared that the UNFPA Regional Office seldom plays 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 since during this cycle, the UNCT decided not to have a Joint Resource Mobilization Strategy. 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 getting approvals for the annual work plans, submission of progress and financial reports by implementing partners and the stoppage of working with partners other than the Ministry of health after 2018 have resulted in either delays in disbursement, re-programming or non-utilization of available resources which end up being returned to the donors.

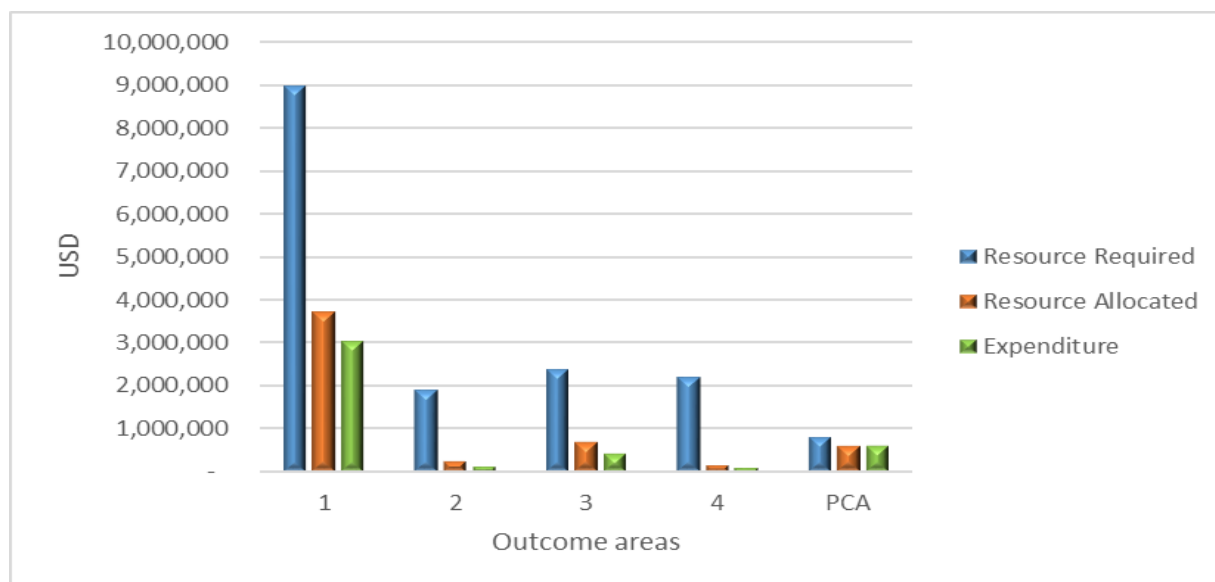
Recommendations

- 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 on 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

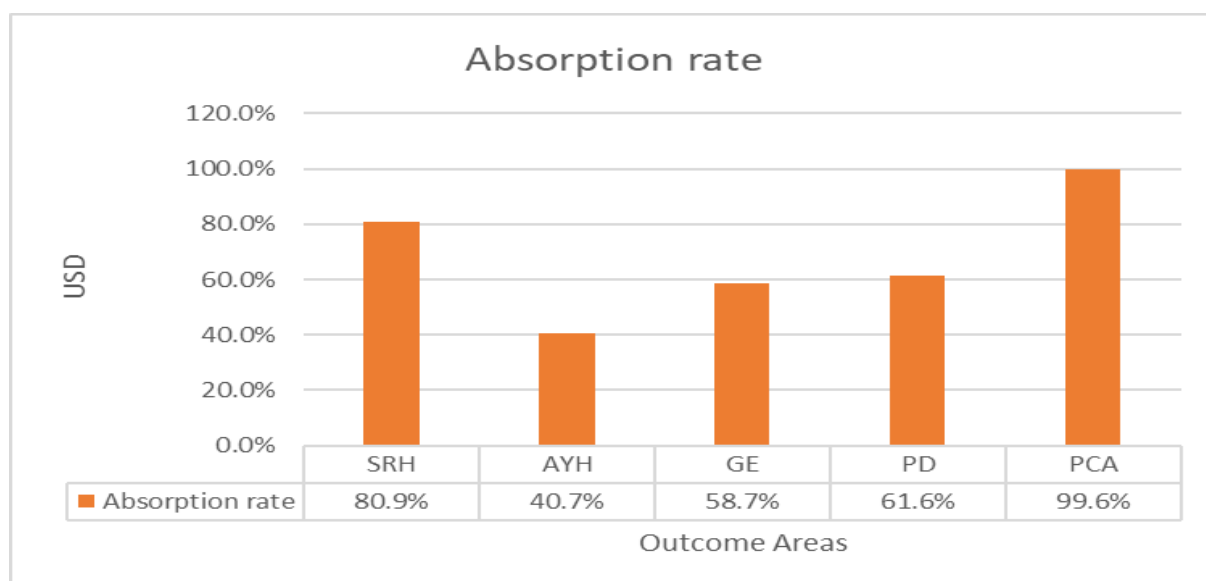
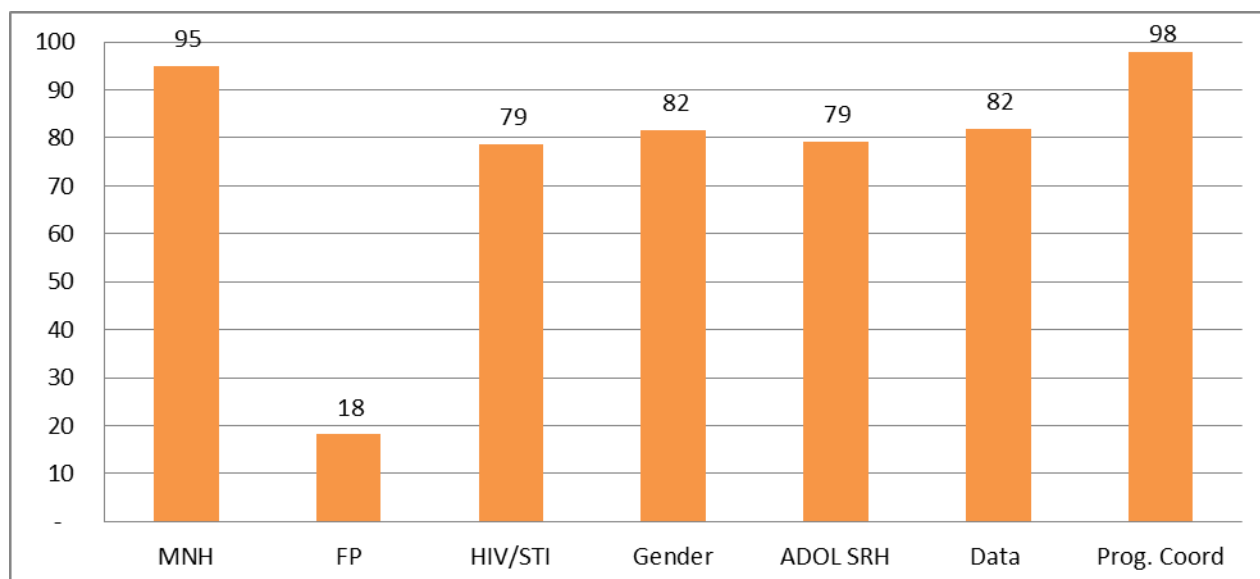
By the end of 2019, UNFPA had raised a total of US\$ 5,367,403.00 of the required US \$ 16.3 million. Of the available US \$ 5,367,403.00, a total of 81.4% (US\$ 4,372,302.00) had been absorbed by various implementing partners. Figure 11 below presents the total resources required, allocated and expended 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 (99.6%) and maternal health (80.9%). The lowest absorption rate was recorded in adolescent and youth (40.7%) 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 and halt of major programme areas like the gender and adolescent after mid of 2018 due to change in priorities by government. 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 33% (US\$ 5.4 million) of the committed US\$ 16.3 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 did not honor the concept of the joint programming and chose to use the parallel fund mechanism which 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. Fourth, the priorities change by government after mid 2018 halting implementation and working with some essential partners like the NUEW, NUEYS, Asmara College of Health Sciences and delaying indefinitely the conduct of basic assessments like the EPHS and the CRVS implemented by the National Statics office. 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, the introduction of new transfer modalities, where funds in 2019 had to be transferred to the coordinating ministry which in turn will transfer to the main IP (and then the slow cash transfer from headquarters to Zoba implementing partners accounts); inadequate financial management and reporting capacity among the implementing partners.

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 Fifth Country Programme 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 (which is not the case in Eritrea);
- 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, re-program 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 (2017 - 2021). 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 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 11 below shows the 5th Country Programme Implementing Partners against the outcomes and outputs for which they are responsible.

TABLE 11: THE 5TH COUNTRY PROGRAMME IMPLEMENTING PARTNERS BY OUTCOMES AND OUTPUTS

Implementing partner	Outcome
Ministry of Health (MOH)	Outcome 1: Sexual Reproductive Health Services
The National Union of Eritrean Youth and students (NUEYS) in collaboration with MOH.	Outcome 2: Adolescent and Youth
The National Union of Eritrean Women (NUEW) in collaboration with MOH (Joint Program with UNDP and UNICEF)	Outcome 3: Gender equality and women's empowerment
The Ministry of National Development's National Statistical Office (NSO) in	Outcome 4: Population Dynamics

collaboration with the MOH
(Joint Program with UNDP and
UNICEF)

At the Zoba level, the 5th 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. There is 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 (MoLSW), 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, harmful traditional practices and gender empowerment and reproductive health rights.

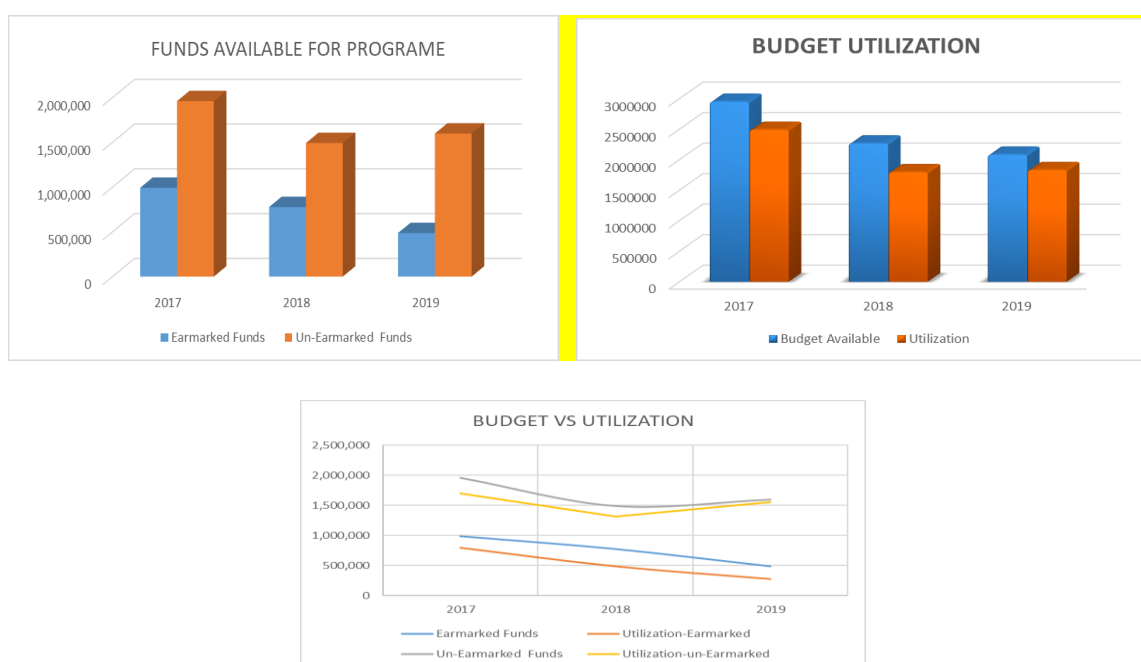
Assessment

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.

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 and on the contrary UNFPA lost its traditional partners like the NUEW, NUEYS, NSO and ACHS due to change in priority and working modality by government by mid-2018, after the peace accord reached with neighboring Ethiopia.

The overall budget utilization status during the three year is as follows as shown in Figure 13:

FIGURE 13: BUDGET AVAILABLE AND UTILIZATION



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 5th 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 5th 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.

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 was 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 5th 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. Furthermore, the centralized coordination, communication and reporting system does not allow development partners to directly engage with the Zoba level government implementing partners. Fourthly, 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 the 5th EPHS, 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 6th CPD.

4.7 PROGRAMME COORDINATION

UNFPA has contributed to the overall coordination mechanism of the UN system in Eritrea in order 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. Thus 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.

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. Thus, 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.

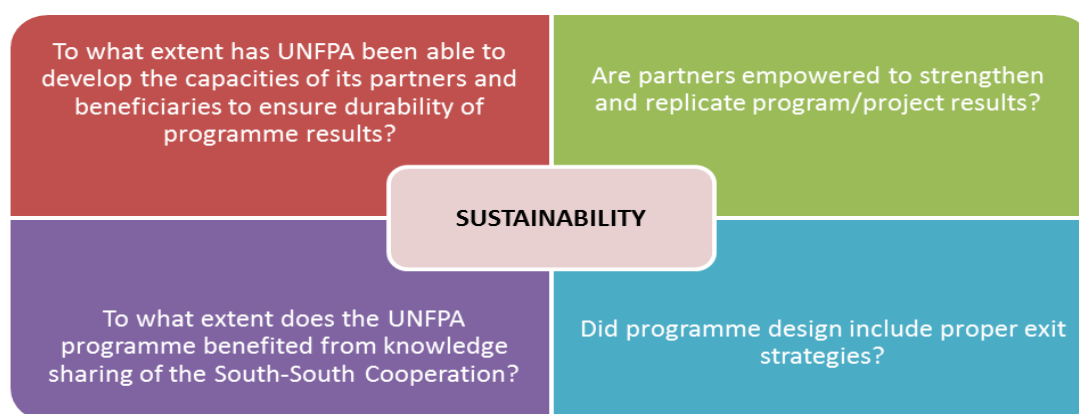
Recommendations

- 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 programme sustainability focused on the extent to which UNFPA has developed the capacities of its partners and beneficiaries to ensure durability of programme results, and whether partners have been empowered to strengthen and replicate program/project results

FIGURE 14: SUSTAINABILITY ASSESSMENT CRITERIA



4.8.1 Strengthening partners and beneficiary's capacities to ensure durability of programme results and replicate program/project results

To ensure sustainability of the programme outcomes, the 5th 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 of development budget and alternative financing options that have contributed to some level of dependency worked to affect the overall 5th Country Programme effectiveness and efficiency. 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 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 provides 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

The Government of the State of Eritrea together with all the implementing partners and beneficiaries maintain strong appreciation of the UNFPA's continued support towards strengthening national capacity in all UNFPA mandates. Thus, UNFPA's work and support through the 5th 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 5th 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 5th Country Programme 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 5th 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 commendable 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 progress in achieving its targets in the provision of sexuality education for young people and implementation of national gender policies and laws including CEDAW reporting, and declaration of FGM free villages. Little progress has nevertheless been realized in improving the provision of family planning services, and generation of data on population dynamics.

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 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, direct cash transfers to zoba level implementing partners within agreed parameters and have working relationship with more implementing partners. 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 12 below

TABLE 12: KEY ASSESSMENT RECOMMENDATIONS

Strategic Focus	Key recommendations
Strengthening the UNFPA/UN System country programme delivery	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 6th 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	<ol style="list-style-type: none"> 1. In designing the 6th 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 5th 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).

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| | <ol style="list-style-type: none">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 6th Country Programme and 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 6th Country Programme. |
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