

## Country Programme Performance Summary for Eritrea

This format is mandatory to be submitted to the Executive Board (EB) alongside the Country Programme Documents (CPDs). The summary format should factor in all evaluative evidence, such as the latest country programme evaluation, and will be posted together with other mandatory documents for access by the Executive Board.

<b>A. Country Information</b>		
Country name: Eritrea		
Category per decision 2013/31: Red	Current programme period:2017-2021	Cycle of assistance: Fifth

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>			
<b>Output 1:</b> Women and young people have access to high-quality comprehensive maternal and neonatal health services, including fistula treatment			
Indicators	Baseline	Target	End-line data (2019)
• <i>Percentage of health facilities providing basic emergency obstetric and newborn care (seven signal functions)</i>	68	100	70
• <i>Number of community hospitals providing comprehensive emergency obstetric and newborn care</i>	7	12	9
• <i>Number of nurses with advanced training in midwifery</i>	1,397	2,919	1750
• <i>Number of visits by international specialists to conduct obstetric fistula treatment</i>	3	10	5

**Key Achievements** (*input also from the last CP evaluation*)

- *Placement of international technical assistance in zobas across the country, including 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 who is placed at 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. 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.

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 (1<sup>st</sup> 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%.

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

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.

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.

- *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.

- *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 facilities 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.

- *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.

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.

- *Strengthening post abortion care 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.

- *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. 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. By 2020, about 1,780 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 Dehub 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

It was 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. 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.

- *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.

<p>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%.</p> <ul style="list-style-type: none"> <li><i>Demand creation for maternal and newborn health services including male involvement</i></li> </ul> <p>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 (4<sup>th</sup> 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.</p>				
<p><b>Output 1.2:</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</p>				
Indicators		Baseline	Target	End-line data (2019)
• <i>Percentage of service delivery points with no stock-outs of reproductive health commodities</i>		100	100	100
• <i>Number of trained community-based distributors who are tracking and reporting on village-level contraceptive use.</i>		0	2500	1500
• <i>Number of trained community health workers who actively promote family planning</i>		0	2500	1500
• <i>Existence of a functional Logistics Management Information System for forecasting and monitoring reproductive health commodities</i>		No	Yes	Yes
<p><b>Key Achievements:</b></p> <ul style="list-style-type: none"> <li><i>Strengthening Information Management and Reproductive Health Commodities Security</i></li> </ul> <p>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</p>				

	<p>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.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• <i>Build negotiation skills to promote condom use and safer sexual practices</i>                  The Ministry of Health and the Eritrean social marketing group (ESMG) have 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.</li> </ul> <p>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 Comprehensive Condom Programming Strategy 2020 – 2024 has been developed and made ready to be used.</p> <ul style="list-style-type: none"> <li>• <i>Promoting male involvement in family planning:</i>                  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.</li> </ul> <p><b>Output 2.1:</b> Adolescents and youth have access to high-quality sexual and reproductive health information and youth-friendly health services, including gender-sensitive HIV prevention.</p>
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Indicators	Ba seli ne	Target		End-line data
<ul style="list-style-type: none"> <li>• <i>Number of schools with trained teachers providing comprehensive sexuality education</i></li> </ul>	0	100		0
<ul style="list-style-type: none"> <li>• <i>Number of facilities with integrated youth-friendly services</i></li> </ul>	10	24		12
<ul style="list-style-type: none"> <li>• <i>Number of male condoms distributed</i></li> </ul>	2.8 M	20 M		-
<p><b>Key Achievements</b> (input also from the last CP evaluation)</p> <p>The Programme was able to support the establishment of three new youth friendly corners 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.</p> <p>The plan to train school teachers on CSE did not materialize, but the funding 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.</p> <p>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.</p> <p>On condom programming, condom procurement and distribution was effectively done and during this program cycle, UNFPA procured over 8.6 million male latex condoms and 10,000 female condoms and supported the distribution of 11.5 million condoms. A comprehensive condom programming strategy and action plan has been finalized. 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.</p> <p>MOH has also developed the sixth, five years' National Strategic Plan on HIV/AIDS and STI (NASP-VI, 2022 - 2026).</p> <ul style="list-style-type: none"> <li>• <i>Strengthening institutional capacity for HIV prevention interventions targeted at young people and population that are most at risk</i></li> </ul> <p>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.</p>				

	<p>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.</p> <p>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. 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.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• <i>Strengthening community engagement in SRH and HIV prevention</i></li> </ul> <p>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.</p> <p>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.</p>			
	<p><b>Output 4</b> Communities and national institutions are better coordinated to effectively prevent, monitor and report on harmful practices against women including child marriage</p>			
Indicators	Baseline	Target		End-line data
<i>Number of cases prosecuted in court against female genital mutilation</i>	144	300		482
<i>Number of villages that publicly declare abandonment of female genital mutilation</i>	277	1,000		348
<i>Number of service delivery points with at least one provider with the skills to identify, treat and refer cases of gender-based violence</i>	0	300		N.D
<i>Existence of a National Action Plan against child marriage and female genital mutilation</i>	0	1		1

**Key Achievements** (*input also from the last CP evaluation*)

- *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.

- *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 3<sup>rd</sup> CEDAW report was prepared in 2012 and at the time of the assessment the 4<sup>th</sup> and 5<sup>th</sup> CEDAW reports had been prepared, submitted to CEDAW secretariat, and defended. NUEW had also embarked on the development of the 6<sup>th</sup> CEDAW. According the 6<sup>th</sup> 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 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.

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

	<p>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.</p> <p>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 &amp; 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.</p> <p>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.</p> <p>Eritrean National Strategic Plan to Ensure Children and Women Rights, Abandon Female Genital Mutilation, Underage Marriage and Other Harmful Traditional Practices (2020 – 2024) has been developed and is being implemented.</p>			
	<p><b>Output 4.1:</b> 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</p>			
<p><b>Indicators</b></p>	<p><b>Baseline</b></p>	<p><b>Target</b></p>		<p><b>End-line data</b></p>
<p>• <i>Fifth Demographic and Health Survey Report available</i></p>	<p><i>No</i></p>	<p><i>Yes</i></p>		<p><i>No</i></p>
<p>• <i>National civil and vital registration system in place</i></p>	<p><i>No</i></p>	<p><i>Yes</i></p>		<p><i>No</i></p>
<p>• <i>Number of trained Civil Registration and Vital Statistics clerks trained and deployed</i></p>	<p><i>0</i></p>	<p><i>2, 564</i></p>		<p><i>N/D</i></p>

<p><b><u>Key Achievements</u></b></p> <p>Although the conduct of the fourth EPHS was delayed, the 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 and later on supported with electronic equipment (Tablets) to assist in the data collection. The following were put in place: Design, finalization and translation of questionnaires; Development of Interviewers and Instructors manual; Procurement of satellite images and Updating of the sample frame.</p> <p>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.</p> <p>Participation in a regional conference on CRVS by high level government officials which led to the preparation of a draft CRVS costed plan for the development of CRVS.</p>						
<b>C. National Progress on Strategic Plan Outcomes</b>		<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
<b>Outcome 1: Increased access to and utilization of quality maternal and newborn health Services</b>						
% of birth attended by skilled personal	55%	2014	71%	2019		
Contraceptive prevalence rate for modern methods	8%	1995	8.4%	2015		
Unmet need for family planning	27.4%	1995	13.7%	2019	MOH LQAS of 2019	
<b>Outcome 2: Increased access to and utilization of quality maternal and newborn health Services</b>						
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	N/D	N/D	N/D	N/D		
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	-	-	-	-	-	
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	47%	2010	80%	-	-	
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	Yes	2015	ND	-	-	
<b><u>Summary of National Progress</u></b>						
<p><b><u>UNFPA's Contributions</u></b> <i>Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.</i></p>						

<b>Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programs, particularly increased availability of comprehensive sexuality education and sexual and reproductive health</b>					
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)					
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	<i>Yes</i>	<i>2016</i>	<i>Yes</i>	<i>2019</i>	
<b><u>Summary of National Progress</u></b>					
<b><u>UNFPA's Contributions</u></b>					
<b><u>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</u></b>					
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>		
• <i>Percentage of services delivery points with no stock-outs of reproductive health commodities</i>	<i>100</i>	<i>100</i>	<i>100</i>		
• <i>Number of trained community-based distributors who are tracking and reporting on village-level contraceptive use.</i>	<i>0</i>	<i>2,500</i>	<i>350</i>		
• <i>Number of trained community health workers who actively promote family planning</i>	<i>0</i>	<i>2, 500</i>	<i>300</i>		
• <i>Existence of a functional Logistics Management Information System for forecasting and monitoring reproductive health commodities.</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>		
<b><u>Key Achievements</u></b> (input also from the last CP evaluation)					
<b>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	<i>Yes</i>	<i>2002</i>	<i>Yes</i>	<i>2015</i>	
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	<i>No</i>	<i>N/D</i>	<i>No</i>	<i>N/D</i>	
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	<i>No</i>	<i>N/D</i>	<i>No</i>	<i>N/D</i>	
<b><u>Summary of National Progress</u></b>					
<b><u>UNFPA's Contributions</u></b>					
<b>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</b>					

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	<i>No</i>	<i>N/D</i>	<i>No</i>	<i>2022</i>	-
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	<i>Yes</i>	<i>2010</i>	<i>N/D</i>	<i>N/D</i>	-
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	<i>Yes</i>	<i>2017</i>	<i>Yes</i>	<i>2019</i>	-
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	<i>No</i>	<i>N/D</i>	<i>No</i>	<i>N/D</i>	-
<b><u>Summary of National Progress</u></b>					
<b><u>UNFPA's Contributions</u></b>					

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b>	<b>Regular Resource (Planned and Final Expenditure)</b>		<b>Others (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
<b>Choose only those relevant to your CP</b>						
Increased availability and use of integrated sexual and reproductive health services	<i>3,3</i>	<i>N/D</i>	<i>5,7</i>	<i>N/D</i>	<i>9,0</i>	<i>N/D</i>
Youth policies and programs, and increased availability of comprehensive sexuality education	<i>0,4</i>	<i>N/D</i>	<i>1,5</i>	<i>N/D</i>	<i>1,9</i>	<i>N/D</i>
Advanced gender equality, women's and girls' empowerment, and reproductive rights	<i>0,6</i>	<i>N/D</i>	<i>1,8</i>	<i>N/D</i>	<i>2,4</i>	<i>N/D</i>
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	<i>0,7</i>	<i>N/D</i>	<i>1,5</i>	<i>N/D</i>	<i>2,2</i>	<i>N/D</i>
Programme coordination and assistance	<i>0,8</i>	<i>N/D</i>	<i>N/D</i>	<i>N/D</i>	<i>0,8</i>	<i>N/D</i>
<b>Total</b>	<i>5,8</i>	<i>N/D</i>	<i>10,5</i>	<i>N/D</i>	<i>16,3</i>	<i>N/D</i>