

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR ERITREA

First regular session 2022

Comments by the European Union	UNFPA country and regional office response
<p>Overall: An ambitious plan for a country affected by multiple crises and emerging from a long war. We agree the emphasis on adolescents and young women.</p>	<p>We thank the European Union for their review and valuable feedback on the Eritrea draft country programme. Below are brief responses to the comments.</p>
<p>The programme document frames obstetric fistula as a risk factor for adolescent girls that results from a lack of access to reproductive health information and services. This seems oddly disconnected from the maternal health improvements especially at a systems level that are also needed to increase attendance at a health facility for delivery, quality of care that ensures prompt referral when needed, and overall, influencing around decisions to ‘delay, space, limit’ pregnancies. Fistula is the result of systems failures and we suggest it is important to frame it that way.</p>	<p>Paragraph 3 of the CPD highlights the challenges impacting maternal health in Eritrea, including the issue of prolonged and obstructed labour and gaps in the management of obstetric complications, within the context of the skilled health workforce as well as health infrastructure, equipment and supplies constraints. The reference to obstetric fistula as a risk factor for adolescent girls, linked to gaps in access to reproductive health information and services, is also a reality of the Eritrean context, and seeks to further underscore key challenges faced by adolescent girls. Therefore, the problems of obstetric fistula are not only resulting from a lack of access to reproductive health services and systemic challenges, but also occur as a result of deep-rooted cultural traditions and beliefs, such as early marriage and preference of delivering at home, both of which can be a risk for obstructed labour and fistula as well. The programme theories of change identified these underlying root causes, which are also addressed under the gender and social norms outputs at large.</p>
<p>Programme proposals are ambitious which is to be applauded. While welcome, the risks are significant and it might be useful for the county programme to identify a narrower set of priorities in case the full programme is over ambitious in the era of covid-19. Gender-based rights, access to family planning and SRHR services and saving lives at birth seem most important in the Eritrea context but it is obviously for the country office to select.</p>	<p>We take note of the point regarding the ambition levels of the programme. Indeed, the areas highlighted by the European Union, including gender-based rights, access to family planning and SRHR services, are priorities being addressed by the programme. However, recognizing the integrated nature of the programme areas and the centrality of key issues, such as population data, within the Eritrean context, a holistic approach is critical to addressing these issues. The new country programme will therefore apply this integrated and holistic approach. Additionally, COVID-19 and related challenges have</p>

	<p>been taken into account as key elements of the risk analysis that informed development of the programme. UNFPA will regularly monitor those risks that may impact programme implementation, and will take corrective actions, as appropriate.</p>
<p>Detail about implementation strategies is a little vague; it would be helpful to understand the success factors from the previous programme period.</p>	<p>UNFPA has conducted a full country programme evaluation of the current country programme. The conclusions from that evaluation and lessons learned some of which are captured in paragraph 9 of the draft CPD, informed the strategies employed in the new programme. Some key successes to be built upon include strengthening national capacity and the policy environment for the provision of quality maternal and newborn, adolescent sexual and reproductive health services, including through the national infrastructure, to address RMNCAH; strengthening the capacity of national institutions to implement the national gender policy and international commitments; and promotion of gender equality and data for development issues through organized community outreach structures and local committees,. Given the word limit, the Country Office was constrained in elaborating on all the success factors of the previous programme in the CPD narrative.</p>
<p>The interface between the SRS - MNH continuum of services with nutrition in the Eritrea context is especially important, we suggest.</p>	<p>One of the key interventions highlighted in paragraph 18 (c) is the strengthening and expansion of maternity waiting homes in remote rural areas, as a strategy for improving skilled birth attendance and postnatal care. This will also address the effects of nutrition on MNH services. UNFPA will build on collaboration with other agencies, including WHO and UNICEF, to ensure that the linkages between the SRH-MNH continuum of services with nutrition is strengthened.</p>