



ERITREA

U.S. Agency for International Development (USAID)
Population, Health, and Nutrition Briefing Sheet

Country Profile

Eritrea is a country of roughly 3.5 million that borders the Red Sea, Ethiopia, and Sudan. As Africa's newest nation, Eritrea has made vast strides in nation-building since it became an independent state in 1993; however, Eritrea is still in transition in two important ways. From a development perspective, it is just beginning to build the foundations for sustainable development. Its new government is rebuilding the economy and infrastructure, and developing new institutions. From a political standpoint, Eritrea does not yet have a popularly-elected, constitutionally-based government; indeed, the current Government of the State of Eritrea (GSE) considers itself a transitional government.

USAID Strategy

Founded as an "Investment Partnership" with the GSE, the USAID/Eritrea capacity-building program has a high probability of being successful and sustainable over the long run. It responds to the principles and goals embodied in the Greater Horn of Africa Initiative, especially those of African leadership and ownership. USAID's respect for Eritrean ownership has made the U.S. government one of Eritrea's primary development partners.

In the health sector, USAID is contributing to the inputs needed to build the capacity of the Ministry of Health (MOH) so that it can deliver better services and improve the health of Eritreans by increasing their use of health services. The mission is also planning to promote the development of a decentralized health system. Decentralization is viewed as the most cost-effective and sustainable way to improve the health of the majority of Eritreans and is consistent with the GSE's participatory, self-reliant approach.

Major Program Areas

Improving Health Service Delivery Capacity. USAID/Eritrea is the Eritrean MOH's lead partner in enhancing the Ministry's capacity to provide sustainable integrated primary health care (PHC) services. In conjunction with other donors, the mission supports renovating health facilities, improving outreach services, and building capacity in the areas of micronutrients;

reproductive health; information, education, and communication (IEC); decentralized planning; and health management information systems. USAID/Eritrea also supported the development of the National Primary Health Care Policy Guidelines, National Drug Policy and Treatment Guidelines, and improved training curricula for health service professionals.

Promotion of Child Survival. USAID/Eritrea is a lead player working with the MOH to develop strategies to improve child health. These strategies include expanding immunization, vitamin A distribution, and salt iodization programs, and developing policies and protocols for the integrated management of childhood illnesses. A new addition to the child survival strategy is the mission's support for malaria control vector surveys.

Promotion of Reproductive Health. USAID/Eritrea is promoting improved family planning, HIV/AIDS prevention, and maternal health. These efforts include IEC activities that target women, men, and youth; social marketing of condoms; assistance to improve commodity distribution; and training for service providers in the public and private sectors, including traditional birth attendants (TBAs) and rural drug vendors. The mission has initiated safe motherhood activities and advocacy activities to sensitize the public on the female circumcision issue.

Results

- The percent of children 12–23 months of age who are fully vaccinated has increased from 41 percent in 1995 to 55 percent in 1997, according to UNICEF. USAID investments in UNICEF's national expanded immunization program enabled the MOH to increase the number of outreach sites offering immunization services from 81 sites in 1996 to 93 in 1997.
- In the remote Bada Region of the Northern Red Sea Zone, USAID has supported the training of TBAs who then serve as child health advocates. Full immunization coverage increased from 10 percent of children in 1996 to 35 percent in 1997, and the proportion of TBA-assisted deliveries increased from 40 to 65 percent.



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- The number of service delivery points, where at least one PHC service is provided, increased by 18 percent between 1996 and 1997. A USAID/Eritrea grant to UNICEF provided significant resources to build new facilities. USAID's SEATS Project helped furnish and equip 46 newly-constructed or renovated health facilities.
- The proportion of targeted family planning service delivery sites offering a full range of modern contraceptive products rose from 5 percent in 1996 to 32 percent in 1997, far exceeding the target set by the mission and the MOH. USAID/Eritrea supported the procurement of the majority of contraceptives required nationwide in 1997, and is embarking on a condom social marketing program designed to help prevent and control the spread of HIV/AIDS.
- Forty-six percent of targeted health facilities reported a significant increase in family planning clients in 1997, exceeding the mission/MOH target by nearly 100 percent.

Success Stories

As a result of the USAID-supported initiation of salt iodization in the major salt works in Assab and Massawa, nearly 95 percent of all salt produced in Eritrea is now iodized. The availability of iodized salt has increased markedly; approximately 30 percent of retail outlets in the USAID/MOH target zones are selling domestically produced salt, up from zero in 1995. Addressing the high incidence of iodine deficiency disease, this program is also having a broader regional impact because Eritrean salt is marketed in neighboring countries.

MOH capacity to manage and plan for PHC services has also been improved through USAID support. Using the "Strengthening Health Management" approach, guidelines for decentralized planning were developed and used in all six zones to produce annual health plans and budgets in 1997. Six zonal and sub-zonal management teams were also trained in participatory planning and in the use of data for decision-making. All zonal staff who participated in zonal planning developed regional health profiles and used this information throughout the planning process, thus meeting the mission/MOH target. Zonal medical officers considered the zonal planning to be one of their most important 1997 achievements.

Continuing Challenges

Eritrea remains a challenging donor environment for several reasons. First, the GSE is continuing to modify its development plans in major ways and urging USAID to be more responsive to its needs. Second, increasing restrictions on resident international NGOs led to the phase-out of remaining international NGOs under a January 1998 announcement. As a result of this action, the GSE ministries are absorbing many NGO activities or reorganizing their management structure. It is unclear whether any non resident international NGOs will be allowed to continue to assist in Eritrea, but the departure of NGOs clearly reduces traditional USAID operational and financing options.

The major PHC challenge in Eritrea remains ensuring that human resources and support systems keep pace with the physical expansion of PHC services to maintain high service quality levels. The challenges to increasing contraceptive prevalence include overcoming cultural barriers to family planning, moving beyond family planning as population control, creating awareness of the benefits of family planning to maternal and child health, and improving knowledge and awareness regarding contraception safety and efficacy.



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