

## Data Sheet

<b>USAID Mission:</b>	Eritrea
<b>Program Title:</b>	Health and HIV/AIDS
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	661-004
<b>Proposed FY 2004 Obligation:</b>	\$5,050,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2005 Obligation:</b>	\$5,605,000 CSH
<b>Year of Initial Obligation:</b>	2003
<b>Year of Final Obligation:</b>	2008

**Summary:** USAID's health objective seeks to improve demand for, quality of, and resource allocation to priority primary health and HIV/AIDS prevention services. USAID funds training of health workers, technical assistance to strengthen Ministry of Health resource management systems, and the provision of equipment, supplies, and health education materials for primary health care and HIV/AIDS prevention. Building on experience, the new health objective will increase the emphasis on improved health practices, community involvement, resource allocation, and HIV/AIDS prevention.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Reduce maternal and child mortality (\$2,250,000 CSH). USAID will provide technical assistance and training to the Ministry of Health to improve the quality of integrated management of childhood illness, prenatal care, and emergency obstetric care in health facilities. USAID will help to complete training at the health station level and begin training to extend these services from health facilities to the community level. Technical assistance and training will also be provided to strengthen health communications, the health information system, the pharmaceutical logistics system, financial management, and malaria surveillance. Principal contractors/grantees: University Research Corporation (prime), Abt Associates, Inc. (sub).

Prevent the spread of HIV/AIDS (\$2,300,000 CSH). USAID will support training and technical assistance to expand and improve voluntary counseling and testing services, behavior change communications, HIV surveillance, and condom marketing for HIV prevention. These activities will help to strengthen voluntary counseling and testing in preparation for demobilization of combatants. USAID will provide training and technical assistance to personnel from five Eritrean ministries, four faith-based organizations, and six non-governmental organizations implementing Eritrea's multi-sectoral HIV prevention program. Principal contractors/grantees: Family Health International (prime), Population Services International (prime).

Improve reproductive health services (\$500,000 CSH). USAID will support training and technical assistance for health care providers in family planning service provision, supervisory skills, and management. This technical support will improve family planning services provided at Ministry of Health clinics and also upgrade inventory and information systems for essential medicines and supplies, including contraceptives. Principal contractors and grantees: University Research Corporation (prime), and Abt Associates (sub).

#### FY 2005 Program:

Reduce maternal and child mortality (\$2,800,000 CSH). USAID will conduct training to upgrade the quality of maternal and child health services, extend these services from health facilities to the community level, and provide technical assistance and training for managers on the use of health statistics and resource data in program management. Principal contractors/grantees: Implementers are the same as in 2004.

Prevent the spread of HIV/AIDS (\$2,300,000 CSH). USAID anticipates strengthening the voluntary counseling and testing program as well as behavior change communications and condom distribution. Principal contractors/grantees: Implementers are the same as in 2004.

Improve reproductive health services (\$505,000 CSH). USAID will continue to support training and technical assistance for health care providers in service provision to improve family planning services at Ministry of Health clinics and to improve inventory systems for essential medicines, including contraceptives. Implementers are the same as in 2004.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

**Performance and Results:** Under the prior strategy, child survival and the use of primary health services increased significantly since 1995. These results are at least in part attributable to sustained USAID involvement in the sector. According to the 1995 and 2002 Eritrea Demographic and Health Surveys, the infant mortality rate has been reduced from 72 deaths per 1,000 live births in 1995 to 48 per 1,000 in 2002. Under-five child mortality fell from 136 deaths per 1,000 live births to 93 during the same period. Coverage of children 12-23 months old with both DPT-3 and polio-3 immunizations increased from 42% to 79%. An assessment of integrated management of childhood illnesses (IMCI) care conducted in 2003 demonstrated that correct diagnosis of pneumonia, dehydration, and other conditions had improved since the baseline assessment in 2000 as a result of USAID-supported IMCI training. Use of antenatal care increased from 49% in 1995 to 70% in 2002, and birth deliveries by trained health personnel rose from 21% percent in 1995 to 28% in 2002. However, modern contraceptive prevalence remained unchanged at 5.1%. The 2002 Demographic and Health Survey showed the importance of better birth spacing for reducing infant mortality: the lowest infant mortality rates are found when intervals between births are at least three years.

Continued USAID involvement in this sector will mean that, by FY 2008, the percent of children 12-23 months old who receive the DPT-3 immunization by their first birthday will increase to 82%, percentage of births attended by trained health personnel will increase to 37%, the percentage of households in target areas that own two or more insecticide-treated nets will increase to 90%, and other key health indicators will continue to improve. The goals are to reduce infant mortality to 43 per 1,000, reduce under-five child mortality to 84 per 1,000 and maintain the prevalence of HIV/AIDS below 5% among Eritreans aged 15-24 years.

## US Financing in Thousands of Dollars

Eritrea

661-004 Health and HIV/AIDS	<b>CSH</b>
<b>Through September 30, 2002</b>	
Obligations	0
Expenditures	0
Unliquidated	0
<b>Fiscal Year 2003</b>	
Obligations	5,600
Expenditures	172
<b>Through September 30, 2003</b>	
Obligations	5,600
Expenditures	172
Unliquidated	5,428
<b>Prior Year Unobligated Funds</b>	
Obligations	0
<b>Planned Fiscal Year 2004 NOA</b>	
Obligations	5,050
<b>Total Planned Fiscal Year 2004</b>	
Obligations	5,050
<b>Proposed Fiscal Year 2005 NOA</b>	
Obligations	5,605
Future Obligations	12,949
Est. Total Cost	29,204