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Eritrea

UN DEVELOPMENT ASSISTANCE
FRAMEWORK

2007 - 2011

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Foreword

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Glossary

ACORD	Agency for Co-operation of Research in Development
AIDS	Acquired Immunity Deficiency Syndrome
ADB	African Development Bank
ANC	Antenatal Care?
ART	Anti-retroviral Therapy
AWP	Annual Work Plan
BIDHO	NGO for people living with HIV/AIDS
CAP	Consolidated Appeal Process
CCA	Common Country Assessment
CBO	Community-based Organisation
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CP	Country Programme
CPD	Country Programme Document (of UN agencies)
CSA	Civil service Administration
CSEC	Commercially Sexually Exploited Children
CSO	Civil Service Organisation
DHS	Demographic Health Survey
DP	Development Partner
EDHS	Eritrea Demographic and Health Survey
EEBC	Eritrea-Ethiopia Boundary Commission
EPRP	Emergency Preparedness and Response Plan
EPI	Expanded Programme on Immunisation
ESDP	Education Sector Development Program
EU	European Union
Ex Com	Executive Committee
FAO	Food and Agriculture Organisation of the UN
FFW	Food-for-work
FGM/C	Female Genital Mutilation/Cutting
FHH	Female-headed Household
FP	Family Planning
FRHAE	Family Reproduction Health Association of Eritrea
GDP	Gross Domestic Production
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GSE	Government of the State of Eritrea
Habitat	UN Centre for Human Settlements
HAMSET	HIV/AIDS, Malaria, Sexually transmitted diseases and Tuberculosis
HDI	Human Development Index
HH	Household
HIV	Human Immuno-deficiency Virus (virus that causes AIDS)
HMIS	Health Management Information System
HRD	Human Resource Development
HTP	Harmful Traditional Practice
I-PRSP	Interim Poverty Reduction Strategy Paper
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IMCI	Integrated Management of Childhood Illnesses
IMEP	Integrated Monitoring and Evaluation Plan
IMR	Infant Mortality Rate

ITN	Insecticide Treated Nets
JICA	Japanese International Cooperation Agency
KAPB	Knowledge Attitude Practice and Behaviour
LIS	Landmine Impact Survey
M&E	Monitoring and Evaluation
MCH	Mother and Child Health
MDG	Millennium Development Goal
MDGR	Millennium Development Goals Report
MEM	Ministry of energy and Mines
MLWE	Ministry of Land, Water and Environment
MOLHW	Ministry of Labour and Human Welfare
MMR	Maternal Mortality Rate
MND	Ministry of National Development
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOEM	Ministry of Energy and Mines
MOF	Ministry of Finance
MOFish	Ministry of Fisheries
MOH	Ministry of Health
MOI	Ministry of Information
MOJ	Ministry of Justice
MOLG	Ministry of Local Government
MOLHW	Ministry of Labour and Human Welfare
MOLWE	Ministry of Land, Water and Environment, Water Resources Department
MOPW	Ministry of Public Works
MOTC	Ministry of Transportation and Communication
MOT	Ministry of Tourism
MOTI	Ministry of Trade and Industry
MSY	Maximum Sustainable Yield
NER	Net Enrolment Rate
NFSS	National Food Security System
NGAP	National Gender Action Plan
NGO	Non-governmental Organisation
NORAD	Norwegian Agency for Development Assistance
NSI	National Standards Institute
NSO	National Statistics Office
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
NWSEAP	National Water Supply Emergency Action Plan
OCHA	Office for the Coordination of Humanitarian Affairs
OR	Other Resources
OR(E)	Other Resources (Emergency)
ORA	Office of Refugee Affairs
OVC	Orphans and Vulnerable Children
PAC	Post Abortion Care
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
RC	Resident Coordinator (of the UN System)
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security

RR	Regular Resources
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
SWAP	Sector Wide Approach to Programming
TB	Tuberculosis
TOR	Terms of Reference
TT2+	Tetanus toxoid (vaccine)
TWG	Technical Working Group
U5MR	Under Five Mortality Rate
UNAIDS	Joint UN Programme on HIV/AIDS
UNCDF	UN Capital Development Programme, affiliated with UNDP
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNDG	UN Development Group
UNDP	UN Development Programme
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children's Fund
UNIDO	UN Industrial Development Organisation
UNIFEM	UN Development Fund for Women
UNTG	UN Team Group
WFP	World Food Programme
UXOs	Unexploded Ordnances
VAM	Vulnerability Assessment Measure
VCT	Voluntary Counselling and Testing
WASH	Water, Sanitation and Hygiene
WES	Water, Environment and Sanitation
WB	World Bank
WRD	Water Resources Department
Zoba	Meaning "region" in Tigrigna

Executive Summary

The United Nations Development Assistance Framework (UNDAF) for Eritrea aims at realizing the national priorities and contributing to the achievement of the Millennium Development Goals as stated in the Millennium Declaration.

In an effort to pursue these goals, the UN agencies will undertake joint programmes, common monitoring and evaluation and ensure transparent and accountable use of resources. The empowerment of local authorities and communities shall be encouraged and equal rights for women, men and children will be promoted, while giving special emphasis to the most vulnerable groups of society.

The development situation

The population of Eritrea is 3.66 million¹, and two thirds of the population lives in rural and semi-rural areas; population growth is 2.7%². Eritrea's economy was moving towards sustainable development, but was halted by a border war with Ethiopia in 1998. Following the ruling on the delimitation of the border between the two countries by the Commission in April 2002, little progress has been achieved to undertake demarcation of the border. The border stalemate, "the state of no-war no-peace", has been the most important factor affecting the socio-economic development of the country, with financial and human resources diverted to defense. The other factor affecting economic development is the recurrent drought that lasted almost five years. The combined result of the two has reduced food production and investment in development, and these resulted in increasing poverty and vulnerability.

Although Eritrea missed the early target of achieving the MDGs dealing with gender equality at the primary school level by 2005, the current trends demonstrate that it is on track to achieve them by 2015³. Eritrea is also on track on MDGs targets regarding child health, maternal mortality, HIV/AIDS, malaria and other major diseases, and access to safe water. However, it remains off-track with respect to the eradication of extreme poverty and achievement of universal primary education; two critical goals towards human and economic development. Lack of adequate data on environmental sustainability has not permitted a clear assessment of progress in this area.

Immediately after independence in 1993 and up to 1997, Eritrea formulated and implemented socio-economic policies and strategies, which led to a notable rise in economic growth, averaging 7.4%, and other marked improvements throughout key sectors. However, the border war (1998-2000) and the ongoing border demarcation stalemate, compounded by recurring droughts, have reversed positive post-independence achievements. Since the end of the border war, the average growth in annual Gross Domestic Product (GDP), a key factor of poverty reduction, has been low, averaging 1% (1998 – 2004)⁴ thereby intensifying the vulnerability of Eritrea's 3.66 million population. Internally displaced persons (IDPs) and expellees by and from Ethiopia and returnees, as well as the urban poor, the disabled, pastoralists, female-headed households, orphan and high-risk HIV/AIDS groups have been particularly hard hit. In early 2005, 19,000 of the 60,000 IDPs were resettled.

¹ National Demographic Health Survey, 2002, p.10

² Eritrea Interim-Poverty Reduction Strategy Paper, April 2004

³ Millennium Development Goals Report, 2005 (unpublished), p.4

⁴ Ministry of National Development

Government development strategies and priorities

Eritrea's development objective is to attain rapid, widely shared, sectorally and regionally balanced economic growth with macroeconomic stability and a steady and sustainable reduction in poverty. The cornerstones of the national development strategy are: investment in human resources, technology and economic infrastructure that enhance productivity, export expansion and investment in high potential growth sectors where Eritrea has a comparative advantage.

To address the development challenges Eritrea faces, the Government has taken important measures towards improving socio-economic development in the past 5 years. The measures, among others, include: the Interim Poverty Reduction Strategy Paper (I-PRSP), the Food Security Strategy (FSS), Education Sector Development Programme, the National Water Supply Emergency Action Plan and the 2003-2008 National Gender Action Plan (NGAP) and National Health Policy.

Eritrea's medium term goals are:

- *Achieve macroeconomic stability and growth*
- *Attract private sector investment and expand exports*
- *Ensure Food Security*

The I-PRSP's long-term goal is to "achieve rapid, balanced and sustainable economic growth with social equity that translates into improved standard of life of all its citizens". This long-term objective is to be realised by:

- Creating favourable conditions to achieve high and sustainable economic growth;
- Investing in productive sectors with concentration in areas where Eritrea has a comparative advantage and on priority infrastructure services;
- Investing in human resources development with priority to education and health sectors, HIV/AIDS prevention, treatment and care; and development of social protection and social safety nets for the most vulnerable;
- Ensuring participation of the population in the political, economic and social processes of nation building; and
- Establishing a responsive and efficient public services administration.

Complimentary components that go with the above include:

- Restoring economic growth while maintaining macroeconomic stability
- Raising the incomes of the poor segments of the population
- Enhancing human resource endowments by providing basic essential services and widening the security nets to benefit the most vulnerable

UN Response

After the completion of the 2005 CCA, the UNCT jointly with the Government of the State of Eritrea conducted a three-day Strategic Planning Retreat in October 2005 to set out collective priority areas of the UN system to respond the challenges of the national priorities through the UN Development Assistance Framework (UNDAF). At the retreat, the national priorities and the UN system's mandates, capacity, comparative advantages, resource mobilization prospects and achievable results were considered. Based on national priorities and the UN system's comparative advantages, both the

Government and the UN system agreed that the UN should focus on five strategic areas, namely: basic social services; capacity development; food security; emergency/recovery and gender.

The five UNDAF Outcomes agreed at the retreat, cover the following outcome areas:

- Equitable access and utilization of quality basic social services with special emphasis on vulnerable groups;
- Planning, implementation, monitoring and evaluation capacities are improved at national, regional and local levels to address shortfalls towards attainment of MDG targets and implementation of the MD;
- Access to adequate and quality food at all times with emphasis on vulnerable groups;
- Reintegration and security of livelihoods and access to basic social services for IDPs, expellees, returnees and other war-and-drought-affected people;
- Gender equality of opportunities, rights, benefits and obligations in all areas of life.

UNDAF Coordination and Thematic Monitoring Mechanism

Building on existing implementation and coordination mechanisms will be adopted for coordinating, monitoring and evaluating UNDAF implementation:

UNDAF Steering Committee will be responsible for reviewing annually the UNDAF performance based on the M&E Plan as well as provide policy guidance on the basis of written suggestions of the Thematic Groups.

Theme Groups will provide the main forum for coordinating activities in their respective areas. Key among their activities will be joint or coordinated planning, monitoring and reviews. Overseeing the preparation of joint programme documents and subsequent monitoring and review of joint programme activities will be part of the work of the thematic groups. The Theme Groups will report to and receive guidance from the UNDAF Steering Committee.

Monitoring and Evaluation

Monitoring and evaluation will assess the relevance, performance and success of various programs in order to ensure that assistance produces sustainable results and contributes to the realisation of the national priorities, MD and MDGs for Eritrea. The M&E will take place at various levels and will be coordinated by the UNDAF M&E Task Force. The M&E Task Force will guide its activities and report directly to the UNDAF Steering Committee.

1. Introduction

The Second UN Development Assistance Framework (UNDAF), covers the period 2007-2011 and focuses on what the UN System response would be to national priorities and needs in a collective, coherent and integrated manner. The UNDAF is jointly developed by the UN Country Team (UNCT) in Eritrea and the Government of the State of Eritrea (GSE) from the analysis of the 2005 Common Country Assessment (CCA) in an UNDAF prioritisation (strategic planning) retreat. During the retreat, the national development goals and priorities, the Interim Poverty Reduction Strategy Paper (I-PRSP) and other national planning documents, the Millennium Declaration (MD) and the Millennium Development Goals (MDGs) and targets, and the UN System's mandates, comparative advantages and resource mobilisation prospects were considered. The aim of the retreat was to agree on strategic priority areas for UN System support to national priorities and these would be the basis for the new UNDAF. Considering the factors mentioned, it was agreed that the UN system would focus on: Basic Social Services, Capacity Development, Food Security, Emergency/Recovery, and Gender.

Following the strategic planning retreat, five thematic groups were established, each for one of the focus areas. The thematic groups elaborated and developed the UNDAF outcomes as well as identified a number of supporting Country Programme (CP) outcomes (see Table 2 "At a Glance: Eritrea UNDAF 2007-2011", in Section 2 on Results). Similarly, CP outputs were also developed under each CP outcome. This hierarchy of results is presented in Annex I, the UNDAF Results Matrix. In the UNDAF Results Matrix, for each outcome and output, the participating UN agencies and partners were identified; the respective roles of all partners elaborated, and indicative resource mobilisation targets were also worked out. In the process, opportunities for joint programmes/projects and other collaborative programming were also identified.

The UNDAF Monitoring and Evaluation (M&E) Framework was developed and is appended as Annex II. The M&E Framework, which is a variation of the logical framework model, sets indicators for each outcome and, whenever possible, for each output. Baselines are provided for each outcome/output, as well as sources of verification and risks and assumptions. The M&E matrix is the basis for regular monitoring of the UNDAF implementation and for the planned periodic reviews and evaluations.

In addition to contributions of the UN resident agencies and programmes (FAO, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO, OCHA, UNAIDS, UNIDO, UN HABITAT, UNCDF), the UNDAF also reflects the roles and contributions of non-resident UN agencies that plan to directly support programmes/projects in Eritrea or, wish to participate in programmes or projects supported by resident UN Agencies.

2. Results

2.1 National Development Goals and Priorities

Eritrea's development objective is to attain rapid, widely-shared, sectorally and regionally balanced economic growth with macroeconomic stability and a steady and sustainable reduction in poverty. The cornerstone of the national development strategy is investment in human resources, technology and economic infrastructure to enhance productivity, export expansion, and trade and investment in high potential growth sectors in which Eritrea has a comparative advantage.

Within this broad long-term vision and goal, the Government's priority objectives in the medium-term are to:

- *Achieve macroeconomic stability and growth*
- *Attract private sector investment and expand exports*
- *Ensure Food Security*

The Government places strong emphasis on the Interim Poverty Reduction Strategy, the aim of which is to "achieve rapid, balanced and sustainable economic growth with social equity that translates into improved standard of life of all its citizens". This long-term objective is to be realised by:

- Creating favourable conditions to achieve high and sustainable economic growth;
- Investing in productive sectors with concentration on areas where Eritrea has a comparative advantage and on priority infrastructure services;
- Investing in human resources development with priority to education and health sectors, HIV/AIDS prevention, treatment and care; and development of social protection and social safety nets for the most vulnerable;
- Ensuring participation of the population in the political, economic and social processes of nation building; and
- Establishing a responsive and efficient public services administration.

The I-PRSP has three main components, namely:

- Restoring economic growth while maintaining macroeconomic stability
- Raising the incomes of the poor segments of the population
- Enhancing human resource endowments by providing basic essential services and widening the security nets to benefit the most vulnerable

These objectives are to be pursued within an enabling environment of a *sound macroeconomic and sector policy framework, sound legal and regulatory framework, and an effective and efficient institutional framework with the capacity to plan and implement policies and programmes.*

National goals and priorities relevant to each of the five areas of the UNDAF are presented under respective areas in Section 2.2.

The Government is committed to reaching the MDG targets. Likewise, the UN System globally is committed to assisting countries in reaching these goals. Following is a brief of the MDG report (Table 1) which analyses Eritrean achievements and prospects to reach the goals: this UNDAF takes its main guidance from the progress towards the goals, with main efforts in areas, which are lagging behind. Table 2 provides an overview of national priorities and the 2007-20011 CP Outcomes in context of the MDGs.

Table 1. At a Glance: Eritrea's Progress Towards MDG Targets

MDGs and Targets	Likelihood of reaching the target by 2015	Remarks	Main Related Statistics ⁵
GOAL 1: Eradication of extreme poverty and hunger			
Target 1: Halve, between 1990 and 2015, the proportion of people living on less than \$1-a-day.	Unlikely	Up to 27% reduction possible. Based on average sustained growth of 6% that is widely shared.	% of population living below national poverty line: 66%
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	Probable	Assuming above growth rate and increased investment in social sectors.	Prevalence of underweight children under-five years of age: 39.6%
GOAL 2: Achieve universal primary education			
Target 3: Ensure that, by 2015, all children, boys and girls, will be able to complete primary education.	Unlikely	Likely to be achieved by 2019. (Projected primary net enrolment rate by 2015 is 82%).	NER 51.5% NER Female 48.2%
GOAL 3: Promote gender equality and empower women			
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels by 2015.	Partly	Early target (2005) not possible. 2015 target for primary level likely. Secondary level target would be achieved by 2020.	Ratio of girls to boys in primary (80.5%) and secondary (57.0%) education
GOAL 4: Reduce child mortality			
Target 5: Reduce by two thirds, between 1990 and 2015, under-five mortality rate.	On track		U5 Mortality rate 93/1000
GOAL 5: Improve maternal health			
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.	On track		MMR 630/100,000
GOAL 6: Combat HIV/AIDS, Malaria and other Diseases.			
Target 7: Have halted by 2015 and begin to reverse the spread of HIV/AIDS.	On track		Prevalence of HIV/AIDS 2.4%
Target 8: Have halted by 2015 and begin to reverse the incidence of malaria and other major diseases.	On track		Malaria cases 36/1000
GOAL 7: Ensure environmental sustainability			
Target 9: Integrate the principles of	Not known		

⁵ Data taken from Eritrea Millennium Development Goals Report 2005 (unpublished)

sustainable development into country policies and programmes and reverse the loss of environmental resources.

Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water.

Attainable

Caution advisable, in view of the likelihood the Demographic Health Survey (DHS) data overstates the actual situation with regard to access to safe drinking water.

Proportion of people without access to clean water: 32.5%

Target 11: Have achieved by 2020 a significant improvement in the lives of slum dwellers.

Unknown

Lack of sufficient data

Table 2. At a Glance: Eritrea UNDAF 2007-2011

Basic Social Services MDGs: 1-7	Capacity Development ALL MDGs	Food Security MDG: 1 & 7	Emergency and Recovery MDG: 1	Gender MDG: 3
NATIONAL PRIORITY	NATIONAL PRIORITY	NATIONAL PRIORITY	NATIONAL PRIORITY	NATIONAL PRIORITY
Strengthening the capacity of the state at national and provincial levels to deliver services to all equitably	Strengthening the capacity to plan, monitor and evaluate at national, regional, and local levels	To ensure that all Eritreans have sufficient quantity of acceptable quality food at an affordable price at any time and place within the country	IDPs, expellees, returnees and other war- and drought-affected are reintegrated and have secure livelihoods and access to basic services	Achieve equal opportunities, rights, benefits and obligations in all areas of life
UNDAF OUTCOME 1	UNDAF OUTCOME 2	UNDAF OUTCOME 3	UNDAF OUTCOME 4	UNDAF OUTCOME 5
By 2011, equitable access and utilization of quality basic social services is increased by 30% per service with special emphasis on vulnerable groups	By 2011, planning, implementation, monitoring and evaluation capacities are improved at national, regional and local levels to address shortfalls towards attainment of MDG targets and implementation of the MD	By providing access to adequate food at all times for 10% of the poor by 2011,	By 2009, assist the Government, through an integrated multi-sector approach, to ensure that IDPs, expellees, returnees and other war- and drought-affected are reintegrated and have secure livelihoods and access to basic services	Achieve equal opportunities, rights, benefits and obligations in all areas of life
Country Programme Outcomes	Country Programme Outcomes	Country Programme Outcomes	Country Programme Outcomes	Country Programme Outcomes
1.1. By 2011 access and utilisation of quality preventive, promotive, curative and rehabilitative health services by general population with emphasis on under-5 children, women and other vulnerable people are increased to a minimum of 80%	2.1. By 2011 capacity is improved and a system established within the NSO and sectoral ministries to conduct surveys, collect and disseminate data and update the national database.	3.1. Enhanced decision (policy) making on food security by 2008	4.1. IDPs, expellees, refugees, returnees and host/war-affected communities have basic rights fulfilled (shelter, water, sanitation, health, education) as the foundation for human development, with a special focus on HIV/AIDS and gender issues.	5.1 Capacity for gender responsive planning, monitoring and evaluation for gender equality strengthened in 12 key national institutions including NUEW and other civil society organizations.
1.2. The gender gap has been closed and 70% of school-age girls and boys are enrolled and regularly attend school; and the number who complete primary school and achieve the nationally defined minimum mastery levels increase (i.e. 80% of students master 50% of the national	2.2. By 2011, development planning, budgeting processes, monitoring and evaluation in the Ministry of National Development (MND) and key national stakeholders are strengthened by using gender and age disaggregated data.	3.2 Support development and protection of the environment and national resources by 2011	4.2. IDPs, expellees, returnees and host/war-affected communities have increased and diversified livelihood opportunities, and economic reintegration is enabled.	5.2. NUEW capacity to address economic empowerment of women in difficult circumstances (heads of households, nomadic, drought-affected, HIV/AIDS-affected, resettled IDPs, returnees etc) increased

Basic Social Services MDGs: 1-7	Capacity Development ALL MDGs	Food Security MDG: 1 & 7	Emergency and Recovery MDG: 1	Gender MDG: 3
defined competencies).				
1.3. By 2011, access and utilization of improved drinking water sources in rural communities increased by 250,000 users and improved sanitation and hygiene services by 100,000 users.	2.3. By 2011, operational, regulatory and legislative capacity of the civil service organizations (selected) government institutions) strengthened	3.3. Improved access and availability of food.		
1.4 By 2011, access to permanent shelter and sustainable human settlement increased by 20% with focus on vulnerable groups.	2.4. By 2011, a national coordination mechanism is established on a national, regional, and local level for disaster prevention, preparedness and mitigation	3.4 Capacity support provided to enhance food production at national and household level		
1.5. By 2011, HIV transmission to infants born to HIV positive women is reduced by 50% and HIV prevalence among young people is reduced by 25% .				
1.6. By 2011, 50% of people affected by and infected with HIV/AIDS are provided with appropriate care, treatment and support.				
1.7. Women and children are protected from exploitation, violence, abuse, neglect and discrimination; and most vulnerable children have equal access to social services as compared to other children.				

2.2 Strategic Areas of Cooperation and Outcomes

2.2.1 *Basic Social Services*

As stated in the I-PRSP, developing Eritrea's human resources capacity is one of the key strategies for attaining the goals and objectives of economic growth and poverty reduction. Virtually all policy-related Government documents emphasise people as the most valuable central resource that Eritrea has and on which the country will depend for its reconstruction and development efforts. Meeting the basic needs of those who cannot provide for themselves is one of the main objectives of Eritrea's poverty reduction strategy. The goal is to improve social outcomes for all citizens, with particular emphasis on the vulnerable groups including women and children. Eritrea is committed to achieving the MDGs with emphasis on equitable development for all, rural and urban; to improving the health and education system; and increasing access to water supply, sanitation and shelter. These goals will be achieved in collaboration with development partners in a manner that promotes self-reliance at all levels of the community.

2.2.1.1 *Components*

The I-PRSP, National Policies, MDGs and MD guide the objectives of the UN System's assistance for basic social services; build on the experiences during the implementation of UNDAF 2002-2006; and aim to support the Government's efforts to ensure access to basic social services, equitably, to all its citizens. The UNDAF outcome *Basic Social Services* consists of five main components: i) Health and Nutrition; ii) Basic Education; iii) Water, Sanitation, Hygiene and Shelter; iv) HIV and AIDS; and v) Protection for Women and Children.

2.2.1.1.1 Health

The UN System's assistance will contribute to the Ministry of Health's (MOH's) efforts to increase access to and use of quality preventive, curative, promotive and rehabilitative health services by the general population with emphasis on under-5 children, women and other vulnerable groups. Support includes technical and financial assistance to plan, manage and monitor health services with emphasis on preventive services such as immunisation, reproductive health, and prevention and control of communicable diseases including malaria, tuberculosis (TB), Sexually Transmitted Infections (STI), and HIV/AIDS. The current integrated management of childhood illnesses (IMCI) programme will be expanded to encompass the community component, and neonatal care will be added to both maternal and child health programmes to ensure that the infant mortality rate (IMR) reduction progress is maintained.

Building on the progress to date, curbing maternal morbidity and mortality will be given priority through supporting establishment of community-managed waiting homes adjacent to health facilities in remote areas, the reduction in harmful traditional practices (HTPs) such as early childbearing and female genital mutilation/cutting (FGM/C), ensuring availability of emergency obstetric care, postnatal care including family planning, and increasing the capacity of logistic and referral systems.

Attention will be given to ensure availability and use of gender and age disaggregated health systems data and operations' research for evidence-based planning, implementation and monitoring at national, zoba (region/regional) and local levels.

The expected results in health/nutrition area include: i) increased access to health services for general population to 80%; ii) 90% of children aged 12-23 months are fully immunised, and neonatal tetanus elimination status has been maintained; iii) at least 80% of children below 5 years and 80% of pregnant women sleep under Insecticide Treated Nets (ITNs); iv) all health facilities provide quality services family planning (FP), ANC, delivery, fistula prevention and repair, postnatal, post abortion care (PAC), STI, IMCI, and nutrition surveillance/supplementation) according to national policy and guidelines; v) neonatal care has been integrated into maternal and child health services; vi) systems have been built to ensure availability of essential supplies; and vii) capacity is built to prevent, control and eradicate communicable diseases including during emergency preparedness and response to man-made and natural disasters.

2.2.1.1.2 Basic Education

The objectives for basic education are derived from the National Education Sector Development Program (ESDP) and aim to increase access to basic education with a specific target of at least 70% of school-age girls and boys being enrolled in and regularly attending school. Furthermore, the number who complete primary school and achieve the nationally defined minimum mastery levels ought to increase from 50% to 80%. As part of the global commitment for gender, special attention will be given to ensure that the gender gap is closed both at entry and completion levels: one of the activities supporting this will be ensuring that schools have water, sanitation and hygiene facilities available for both boys and girls. Programmes promoted by the UN System of support for Gender Equality promote solutions to the problems of long distance to schools and financial costs of school attendance such as residential fees.

In addition to working for increasing enrolment levels at the formal primary education system, a complementary primary education programme is developed to provide catch-up education for children who missed the opportunity for formal education. Linkages between the two will be created for smooth transition from complementary education to formal one.

To improve the quality of basic education, the UN System will work with the Ministry of Education (MOE) on curriculum review, development of learning-achievement monitoring systems and teacher training. As part of the curriculum development, life skills' training including sex education, reproductive health and the prevention of HIV/AIDS is fully integrated into the formal and complementary education curriculum.

The expected results include among others, increased enrolment of boys and girls up to at least 70%, proportion of schools having access to safe water and appropriate sanitation facilities increased to 70%, and all children attending schools in grade 4-12 having access to age appropriate life skills' curriculum.

2.2.1.1.3 Water, Sanitation, Hygiene and Shelter

As highlighted in the CCA, water, sanitation, hygiene and shelter continue to be the main concerns in Eritrea. The UN System's assistance will include support for the provision of permanent shelter and sustainable human settlement, support for increasing access to safe drinking water, sanitation and hygiene (WASH) services and support for the provision of permanent shelter and sustainable human settlement with focus on vulnerable groups. The assistance will be guided among others by the Government's Emergency Action Plan for Water Supply and implemented in coordination with the Water Resources Department (WRD), Ministry of Health (MOH), and Ministry of education (MOE), Ministry of Public Works (MOPW), City and Regional Administrations as well as other development partners. Emphasis will be on ensuring safe and sustainable water systems, managed by the

community groups and promotion of sanitation and hygiene at household and community institution levels. For shelter, the focus will be capacity building of the sector partner institutions to plan, manage and implement shelter and slum-upgrading programmes, develop appropriate technologies and increase access to permanent shelter for internally displaced persons (IDPs) and returnees.

2.2.1.1.4 HIV and AIDS

Recognising the need for universal access to prevention, treatment, care and support the UN system will assist the Government in developing and implementing programmes aimed at scaling up the HIV/AIDS response by targeting vulnerable populations and those infected and affected by HIV and AIDS. This includes support to programmes for improved and equitable access to comprehensive care, including home-based care and anti-retroviral treatment for those who are eligible, considering the importance of nutrition and sexual and reproductive health measures; and provision of basic external support (psycho-social, economic and material) for families in caring for the children affected by HIV and AIDS.

Expected results, by 2011 include, among others: i) HIV transmission to infants born to HIV positive women reduced by 50%; ii) HIV prevalence among young people reduced by 25%; and iii) 50% of people affected by and infected with HIV/AIDS provided with appropriate care, treatment and support.

2.2.1.1.5 Protection for Women and Children

The UN System will support the Government in its efforts of protecting the most vulnerable especially children from exploitation, violence, abuse, neglect and discrimination. It will also ensure that the most vulnerable children have equal accesses to social services as compared to the general population. The support will include: i) developing data collection and monitoring systems for evidence-based decision making; ii) working with concerned departments to ensure that all are aware of the rights of children and deal with child cases according to the national policies; and iii) working with children and their care-givers for awareness raising to protect the children.

Expected results include: i) increased availability and use of up-to-date accurate information on vulnerable children; ii) increased awareness among respective departments on their responsibilities to provide services, support and protection for vulnerable groups; and iii) increased access by vulnerable children to basic social services.

2.2.1.2 UNDAF Outcome 1: Basic Social Services

By 2011, access and utilisation of quality basic social services are equitably increased by at least 30% per service with special emphasis on vulnerable groups.

The UN System in Eritrea's commitment of achieving this UNDAF outcome in the next five years has the following seven specific targets:

- By 2011 access and utilisation of quality preventive, promotive, curative and rehabilitative health services by general population with emphasis on under-5 children, women and other vulnerable people are increased to a minimum of 80%
- The gender gap has been closed and 70% of school-age girls and boys are enrolled and regularly attend school; and the number who complete primary school and achieve the nationally defined minimum mastery levels increase (i.e. 80% of students master 50% of the national defined competencies).
- By 2011 access and utilization of improved drinking water sources in rural communities increased by 250,000 users and improved sanitation and hygiene services by 100,000 users.

- By 2011 access to permanent shelter and sustainable human settlement increased by 20% with focus on vulnerable groups.
- By 2011 HIV transmission to infants born to HIV positive women is reduced by 50% and HIV prevalence among young people is reduced by 25%.
- By 2011 50% of people affected by and infected with HIV/AIDS are provided with appropriate care, treatment and support
- Women and children are protected from exploitation, violence, abuse, neglect and discrimination; and most vulnerable children have equal access to social services as compared to other children.

2.2.2 National Capacity Development for Attaining MDGs

National capacity issues and constraints have emerged as a key concern in the CCA process, underpinning most development challenges across sectors, a problem compounded by the recent border conflict and subsequent no-war-no-peace situation. The issues are even more serious at the regional and local levels of government. As noted in the first MDG Report for Eritrea (2005), earlier ambitious plans to decentralise have had to be scaled back due primarily to the shortage of skilled and experienced human resources. Enhancing capacity at the central government level has consequently had to take priority but even here capacity constraints remain severe. A long-term effort is therefore required to build capacity at the central, regional and local levels.

The CCA analysis further revealed that while basic institutions are in place, they “suffer from internal capacity constraints (plagued by a severe shortage of qualified/experienced staff) and often lack adequate procedures for day-to-day administration of regulations”.

Severe resource constraints, including human capacity gaps, have been identified among the major factors contributing to the very little economic growth registered in recent post-conflict years. The Interim PRSP for Eritrea considers this trend, which increased the population’s vulnerability, as having serious implications for poverty reduction.

The UN System and Government counterparts have therefore recognised that capacity development continues to be a key priority. The focus will be on building capacity of public service providers in all strategic sectors of focus, especially for meeting basic needs and sustaining progress towards the achievement of MDGs.

2.2.2.1 Components

2.2.2.1.1 National priorities

Eritrea’s I-PRSP considers that its three key objectives of (i) economic growth, (ii) expanding income-earning opportunities for the poor, and (iii) enhancing access to basic services, would be anchored on one key foundation: namely, promoting active participation of the people in the political, economic and social aspects of nation building by putting in place an enabling environment and strengthening institutional capacity. ‘Effective and efficient institutional framework with capacity to plan and implement policies and programmes’ is a key element of the requisite enabling environment, beside a ‘sound macroeconomic and sector policy framework’, and a ‘sound legal and regulatory framework’. Within this overall national focus on capacity, human resources development occupies a major place.

The I-PRSP’s approach to addressing capacity development includes: (i) Strengthening of public sector institutions through training, benchmarking performance and setting targets for enhanced service delivery and finalising the rationalisation process of ministries; (ii) Strengthening the capacity

of regional governments, focusing on planning and implementation capacity, including strengthening their revenue mobilisation and financial management capacity; and (iii) Reforming public enterprises.

Capacity development elements will be integrated in each of the priority areas of the UNDAF. However, the magnitude of the problem, the importance of addressing capacity gaps for meeting MDG targets, and the central place that capacity development occupies among Government priorities merits this to be a focus area in its own right.

2.2.2.1.2 UN System response

The UN System and Government counterparts, therefore, have recognised that capacity development of public service providers in strategic sectors of focus, especially for meeting basic needs and sustaining progress towards the achievement of MDGs, advocating and communicating gender, HIV/AIDS and UN Reform.

2.2.2.2 *UNDAF Outcome 2: National Capacity Development for Attaining MDGs*

By 2011, planning, implementation, monitoring and evaluation capacities are improved at national, regional and local levels to address shortfalls towards attainment of MDG targets and implementation of MD.

To achieve this target, the UN System in Eritrea aims to achieve the following outcomes in the course of the UNDAF period:

- By 2011 capacity is improved and a system established within the NSO and sectoral ministries to conduct surveys, collect and disseminate data and update the national database.
- By 2011, development planning, budgeting processes, monitoring and evaluation in the Ministry of National Development (MND) and key national stakeholders are strengthened by using gender and age disaggregated data.
- By 2011, operational, regulatory and legislative capacity of the civil service organizations (selected government institutions) strengthened
- By 2011, a national coordination mechanism is established at a national, regional, and local level for disaster prevention, preparedness and mitigation.

2.2.3 *Food Security*

Eritrea is a food-insecure country, having experienced both chronic food insecurity resulting from the prevalent high poverty levels and overall low development; and acute insecurity triggered by drought and conflict. While Eritrea's long-term household food insecurity is closely linked with poverty (hence, the need for an integrated approach in the framework of a national poverty-reduction strategy), tackling the issue should start with addressing the recovery needs of the drought and conflict-affected populations.

According the national poverty assessment, the incidence of food poverty, denoting those who are unable to meet their essential food requirements, is very high - covering 70-80% of the population (i.e. 80% in rural areas and 20% in urban areas). Improving food security would therefore make an important contribution towards achieving the MDG targets of eradicating extreme poverty and reducing hunger.

Female-headed households represent a typical group within the vulnerable segment, characterised by low farm production and income, largely because they lack sufficient human power and own fewer assets than the average poor household.

The crop production and livestock-carrying capacity of Eritrea's semi-arid climate is subject to severe natural limitations. Even in years of exceptionally good rainfall, domestic production meets about 60% of estimated total food requirements. When drought strikes domestic food production can fall to as little as 25% of national consumption.

The CCA has identified the causes of food insecurity in Eritrea to be: low domestic production due to the prevailing semi-arid climate, characterised by erratic rainfall and frequent droughts; war damage to agricultural infrastructure, machinery and inputs; loss of livestock; population displacement and dislocation, which disrupted farming activities (hence, the inter-linkage with the 'emergency and recovery' area); and predominance of low-productivity owing to subsistence farming, fragmented land ownership, poor farm management, deforestation and uncontrolled over-grazing contributing to water-table depletion.

In addition, the CCA also identified food-security-related capacity gaps and challenges in the management of water resources, addressing labour shortages, the need for modernising traditional agriculture, unsupportive land tenure policies and fragmentation, and the need for increasing production of high value crops.

2.2.3.1 Components

2.2.3.1.1 National priorities

Achieving food security is one of the main objectives of national development policy. Food security in the long run is conceived in terms of achieving economic growth and alleviating poverty. In the short run, it is a matter of redistributing purchasing power and resources toward those who are undernourished (*NFSS*).

The Government has adopted a two-pronged strategy dealing with the household and national levels of food security. The strategy for achieving National Food Security rests on three pillars: i) raising agricultural productivity and improving marketing of agricultural output; ii) improving national capacity to import food, including keeping adequate strategic reserves; and iii) using international food assistance more efficiently and effectively, and as a measure of last resort to fill supply gaps during emergencies. Cognisant of the fact that ensuring food security at the national level does not necessarily lead to household food security, the strategy includes a second component aimed at addressing food security at the household level. The key elements of the long-term strategy for Household Food Security consist of: i) increasing domestic production and farm income (supply side); ii) ensuring access to food (enhancing household purchasing power); and iii) promoting a targeted public assistance programme including food for the vulnerable and very poor.

2.2.3.1.2 UN System response

In line with the above analysis, the UN System plans to focus for the next five years on operationalising key elements of the NFSS. Within this approach, UN support will give priority to the most vulnerable segments of society to increase their capacities to produce, or otherwise purchase, the food they need. This includes increased access to finance by the rural poor to diversify their income-generation sources. It is also envisaged to strengthen the Government's capacity for better food security planning, including improved national and household-level food security information

systems, as well as developing/refining policies related to agriculture, fisheries and water resources. The envisaged support also includes dissemination of technologies that enhance agricultural production and productivity.

Natural resources management will be an integral part of the approach to addressing food insecurity. Conservation of marine resources, sustainable land use and management, and promotion of diversified, renewable energy sources are some of the areas the UN System intends to support.

2.2.3.2 UNDAF Outcome 3: Food Security

By providing access to adequate food at all times for 10% of the poor by 2011

The UN System in Eritrea intends to contribute to this UNDAF outcome by pursuing the following CP outcomes:

- Enhanced decision (policy) making on food security by 2008
- Support, development and protection of the environment and national resources by 2011
- Improved access and availability of food
- Capacity support provided to enhance food production at national and household level

2.2.4 Emergency and Recovery

The UNDAF emergency and recovery outcome targets specific population groups in need of timely support as a boost towards a level where they can benefit from more regular development assistance. Recovery needs are largely a result of displacement and thus apply to returnees and refugees, expellees, IDPs, and other war- and drought-affected populations.

Required outcomes consist mainly of food provision, reestablishment of livelihoods and additional prompt improvements in social services – as distinct from development efforts covered under the Basic Social Services UNDAF Outcome.

At the end of the 1998-2000 border war 1.1 million Eritreans were in need of humanitarian assistance. By the time of the 2005 Consolidated Appeal Process (CAP), the number had doubled to 2.2 million – largely due to drought. Particular vulnerability persists within these populations, including women of childbearing age (18%) and pregnant women (5%). There are also 100,000 landmine survivors in Eritrea with particular needs for reintegration and rehabilitation.

Eritrea is one of the most highly mine-affected countries in the world with over 650,000 people living in 481 impacted communities (Landmine Impact Survey LIS, 2004). The presence of landmines and unexploded ordnances (UXO) prevents communities from utilising land, making it difficult to re-establish productive activities in agriculture and livestock.

Key humanitarian challenges thus exist in making land safe for resettlement – assisting in the restoration of productive capacity for livelihoods and building social support systems for the vulnerable. The broader economic context for recovery is equally important with special efforts required to help the poor gain equitable participation in economic growth.

Some progress has been made in the recent past in addressing recovery needs of individuals and communities. However, much remains to be done. War and drought-affected must be assisted to recover as a foundation for longer-term reconstruction and development of all.

2.2.4.1 Components

2.2.4.1.1 National priorities

IDPs, expellees, returnees and other war-affected and drought-affected are reintegrated and have secure livelihoods and access to basic social services.

2.2.4.1.2 UN System response

In addressing the recovery needs of various war- and drought-affected communities, the UN System will assist the Government by pursuing the 4Rs approach: linking agency efforts through various stages of repatriation, reintegration, rehabilitation and reconstruction; whilst integrating provision of water, sanitation, shelter, education, sustainable livelihood support and emergency reproductive health and other health services including HIV/AIDS prevention, care and counselling services. Key to this will be capacity development support and assisting the Government mobilise adequate resources, with an additional focus on prevention and mitigation of future disasters by introducing appropriate systems and practices at a national level.

The UN's assistance will enhance the capacity of the Ministry of Labour and Human Welfare (MOLWH) and regional administrative authorities to serve the needs of affected populations, specifically for basic social services in returnee areas and camps for IDPs and expellees. UN support to the Office of Refugee Affairs (ORA) will enhance the national obligation of protecting refugees in Eritrea, including care and maintenance in refugee camps.

Government relief efforts will receive further UN support with food and other assistance for affected groups.

Throughout all recovery assistance efforts - particularly access to social services - specific attention will be paid to gender issues. These will also be integrated through the monitoring and evaluation (M&E) of the Gender Outcome of this UNDAF.

2.2.4.2 *UNDAF Outcome 4: Emergency and Recovery*

By 2009, assist the Government, through an integrated multi-sector approach, to ensure that IDPs, expellees, returnees and other war- and drought-affected are reintegrated and have secure livelihoods and access to basic services.

To attain the above UNDAF Outcome the UN System in Eritrea will work towards achieving a number of CP outcomes, namely:

- IDPs, expellees, refugees, returnees and host/war-affected communities have basic rights fulfilled (shelter, water, sanitation, health, education) as the foundation for human development, with a special focus on HIV/AIDS and gender issues.
- IDPs, expellees, returnees and host/war-affected communities have increased and diversified livelihood opportunities, and economic reintegration is enabled.

2.2.5 *Gender Equity and the Advancement of Eritrean Women*

The State of Eritrea ratified the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1995. A report on the implementation of CEDAW noted positive development in all areas at the legislative and policy level. It, however, concluded that 'even if legislation provides for equal rights and opportunities, attitudes and cultural practices still constitute major obstacles, which affect possibilities of change, rendering it slow and gradual'.

The First MDG Report for Eritrea noted that Eritrea would miss the early global target of eliminating gender disparity at the primary, middle and secondary school levels by 2005. On current trends, however, it is projected that Eritrea is on track to achieve gender equality at the primary and middle school levels by 2015

Poverty may impose long working hours on girls, who in Eritrea are responsible for fetching water, collecting firewood, preparing meals, caring for the sick and for infants and performing other household tasks. When these tasks become very onerous and time consuming, girls may not enrol or drop out of school. Long distances to schools and parents' and girls' fear of sexual harassment or attack while going to or from school or at school are also negative factors. Moreover certain traditional norms, such as early marriage, adversely affect girls' enrolment

Scarcity of gender-disaggregated data in many sectors makes it difficult to formulate gender-sensitive policies and programmes.

2.2.5.1 Components

2.2.5.1.1 National priorities

The Eritrean Constitution guarantees equal rights for women and men. In addition to prohibiting discrimination on account of race, ethnic origin, language, colour, gender, religion, disability, age, political view, social or economic status, various articles in the Constitution grant equal rights to women, as men, with regard to such key issues as land ownership, family and marriage, equality before the law, inheritance and passing on citizenship to their children. The sanctity of these rights is well captured in Sub-article 7.2, which proclaims: "Any act that violates the human rights of women or limits or otherwise thwarts their role and participation is prohibited."

The national gender policy is based on the conviction that Eritrea's desired development can be realised only when society's full potential is brought into the development process, which means, among other things, effective and widespread participation of Eritrean women in the country's economic, political, social and cultural life.

The policy envisages, as temporary measures, special measures (affirmative action) "to correct long-standing imbalances and inequalities between men and women". It is the intention of the national gender policy to ensure that gender issues are integrated into the national development process.

The National Gender Action Plan (NGAP) focuses on specific priority areas in the Eritrean context. These are: *Political empowerment; Economic and Social Empowerment; Education and Training; Women's health and well being, and Women in difficult situations.*

Through direct affirmative action and other measures, the I-PRSP resolves to enhance women's participation in the political, economic and social spheres and pledges to make women both active participants in and target beneficiaries of the poverty reduction activities outlined in the strategy. It further specifies measures to improve women's access to employment openings in both the public

and private sectors, as well as to enhance their opportunities to access land, financial credit and skills-training services.

The I-PRSP also specifies policies aimed at the social protection of women, besides other disadvantaged groups of society, through measures that include direct support and social security.

2.2.5.1.2 UN System response

To address gaps in gender-related information, support will be provided to strengthen gender-sensitive research, including generation and use of gender disaggregated data. The latter part will be linked to the support provided to the NSO and other pertinent national institutions (as described under UNDAF Outcome 2 above).

Capacity of the National Union of Eritrean Women (NUEW), as the main mandated national organisation (national gender machinery), and of other women's organisations will be strengthened to advocate for gender equity and to promote programmes targeting women.

A key objective of the national policy on gender is to ensure that gender issues are integrated into the national development process. This means, first and foremost, that national, sectoral, regional and local development programmes and initiatives are gender responsive. The UN System will support NUEW as well as key governmental and non-governmental institutions to undertake gender-sensitive analysis, planning, budgeting and monitoring.

2.2.5.2 *UNDAF Outcome 5: Gender Equity and the Advancement of Eritrean Women*

Achieve equal opportunities, rights, benefits and obligations in all areas of life

Within the broader UNDAF objective, the UN system will focus on achieving the following CP outcomes:

- Capacity for gender responsive planning, monitoring and evaluation for gender equality strengthened in 12 key national institutions including NUEW and other civil society organizations.
- NUEW capacity to address economic empowerment of women in difficult circumstances (heads of households, nomadic, drought-affected, HIV/AIDS-affected, resettled IDPs, returnees etc) increased

3. Estimated Resource Mobilisation Targets

The budget represents estimates of resource mobilisation targets required to achieve each CP outcome and projections. It takes into consideration resources that are likely to be available/to be mobilised (to fill funding gaps) by participating UN Agencies at the time of preparing the UNDAF. Financial commitments would be made by individual Agencies in the context of their country programme documents, country programmes and project documents. It does not include the full amount required, which would also include contributions such as the Government will make. Therefore, all financial figures contained here are indicative.

The total resource mobilisation target by the UN Agencies for the UNDAF period is estimated at USD US\$ 90,297,000 (ninety million two hundred ninety seven thousand US Dollars). It is anticipated that resources would be available from their regular and non-regular sources. (See the tables below)

Resources Matrix for UNDAF (2007 – 2011) – By UNDAF Outcome
('000) Value in US\$

	UNDAF Outcome	Resources			
		RR	OR	OR(E)	Grand Total
1	Basic Social Services	14,070	38,580		52,650
2.	Capacity Development for the Attainment of MDGs	8,367	4,000	200	12,567
3	Food Security	3,950	2450		6,400
4.	Recovery and Emergency	8,475	4,800	1,000	14,275
5	Gender Equity and the Advancement of Eritrean Women	1,898	2,507		4,405
	Grand Total	36,760	52,337	1,200	90,297

RR- Regular Resources; OR- Other Resources; OR(E)-Other Resources Emergency

Resources Matrix for UNDAF (2007 – 2011) – By Agency
('000) Value in US\$

	Agency	Resources			
		RR	OR	OR(E)	Grand Total
1	UNDP	19,450	4,950		24,400
2.	UNICEF	4,800	25,900	1,200	31,900
3	UNFPA	6,790	11,060		17,850
4.	UNHCR		4,800		4,800
5	WHO	3,890	4,250		8,095
6	UNIDO	100			100
7	UN HABITAT	1,700	1,100		2,800
8	UNIFEM	30	322		352
	Grand Total	36,760	52,337	1,200	90,297

Note:

- (1) UNHCR contribution is subject to annual budget approval
- (2) Due to the WFP's transitional stage no financial commitment expressed
- (3) FAO will assist the government in sourcing the funds

4. Implementation

The UNDAF is an overall framework guiding the activity of the UN System in support of Eritrea's development and recovery priorities and targets in the period extending from 2007 to 2011. This planned support is expressed in the form of Results (Outcomes and Outputs) as well as strategies contained herein. It thus represents an overall agreement between the Government and the UN System to pursue these Results. Implementation of the UNDAF will be effected through various country programmes and projects that will be prepared in consistence with the UNDAF results and strategies.

Based on the UNDAF document, the UN Development Group (UNDG) and Executive Committee (Ex Com) Agencies (comprising UNDP, UNICEF, WFP and UNFPA) present in Eritrea will prepare their Country Programme Documents to be presented to their respective Boards in September 2006. Agencies with either a shorter programme cycle or with specific mandates will provide support to UNDAF CP outcomes and outputs as per their agency guidelines.

4.1 UN Harmonisation

The Government and the UNCT in Eritrea have agreed to further increase joint programming. Therefore, in areas where opportunities for joint programming have been identified and where there is clear added value, UN Agencies (two or more) will develop joint programme documents, including joint work plans and one of several fund administration modalities. Activities will be implemented with partners in a fully integrated manner.

Even where individual programmes and projects are in operation through non-Ex Com agencies, the UNCT will ensure that more collaborative approaches be pursued, including joint/coordinated planning, monitoring and reviews.

4.2 Structure for Implementing and Monitoring of UNDAF

See Diagram 1 on next page.

4.3 UNDAF Steering Committee

The UNDAF Steering Committee will be co-chaired by the Minister of National Development and the UN R/HC. Membership will include national counterparts and the UNCT. The Steering Committee will annually review UNDAF performance based on the M&E plan, provide policy guidance on issues presented by the thematic groups and assess and address resource gaps. The Steering Committee will meet every six months.

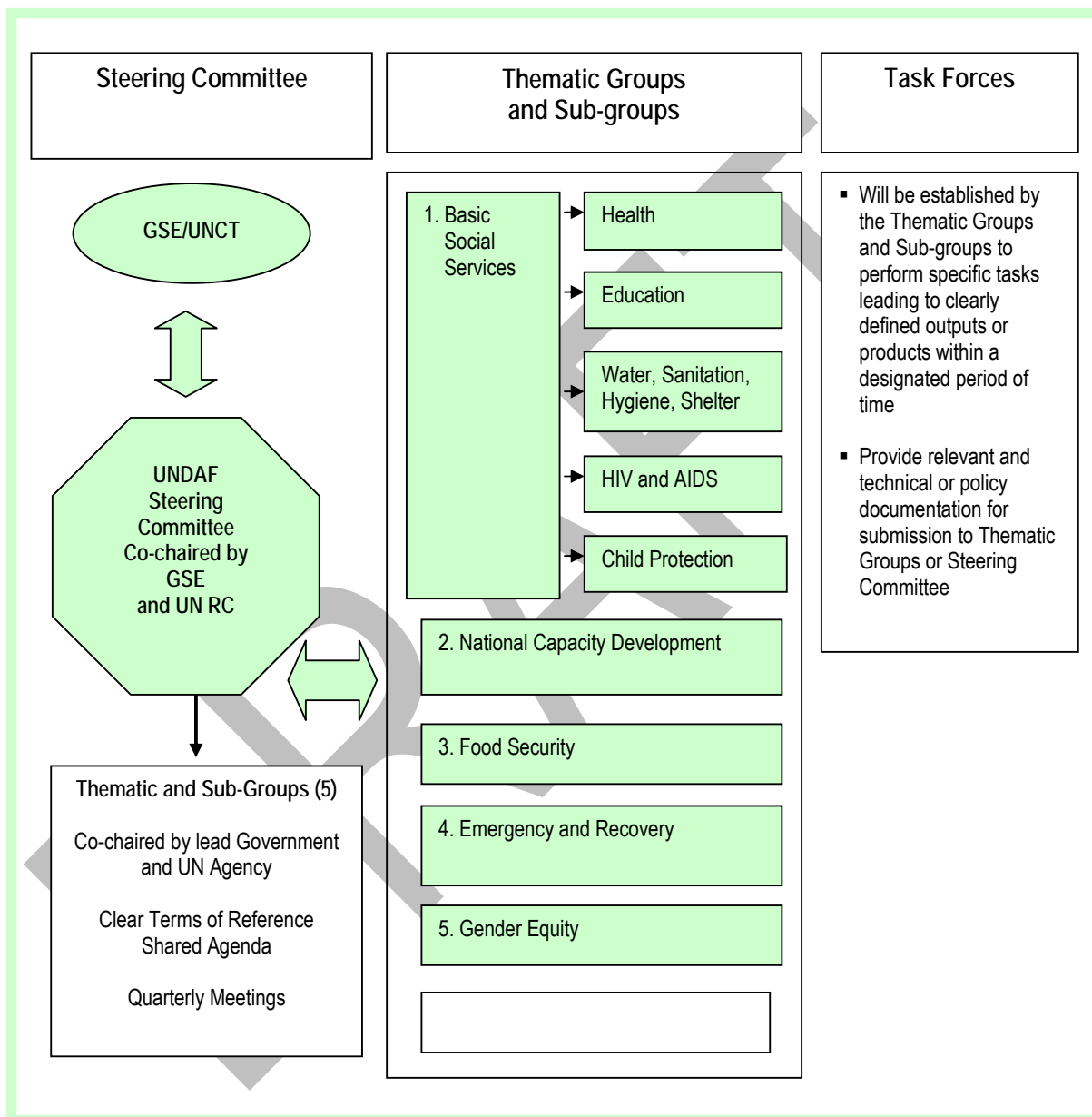
4.4 Theme Groups

The five UNDAF theme groups, all of which include UN and national counterparts, will continue to provide the main forum for coordinating activities in their respective areas. Key among their activities are joint or coordinated planning, monitoring and reviews. The work has already begun by jointly developing the UNDAF Outcomes and partnership strategies (Results Matrix) and the Monitoring and Evaluation Plan for the five areas of focus.

The Theme groups may form sub-groups/technical working groups for specific sub-areas (sectors) or to perform specific time-bound tasks. Overseeing the preparation of joint programme documents and subsequent monitoring and review of joint programme activities will be chief among the functions of the Theme Groups or their designated sub-groups. For the purpose of regular monitoring and reviews, the Theme Groups will use the UNDAF M&E Plan. Furthermore, each theme group will prepare an annual work plan.

The Theme Groups will report to and receive guidance from the UNDAF Steering Committee, which is responsible for overseeing UNDAF implementation.

Diagram 1: Organisational Structure



5. Monitoring and Evaluation

Monitoring and evaluation will be an integral part of the UNDAF Capacity Development to assess the relevance, performance and success of various programs to ensure that assistance produces sustainable results and contributes to the realisation of the MD and MDGs for Eritrea. The M&E will take place at various levels and will be coordinated by the UNDAF M&E Task Force. The UNDAF M&E Task Force will have UN and national counterparts as members and will provide the main forum for monitoring and evaluating the implementation/progress of the UNDAF. On the basis of the UNDAF M&E Cycle Calendar the M&E Task Force will guide its activities and report directly to the UNDAF Steering Committee.

5.1 *UNDAF Level M&E*

Monitoring and evaluation at the UNDAF Outcomes level will be coordinated by the UNDAF M&E Task Force through respective Theme Groups using the UNDAF M&E Plan and Integrated Monitoring and Evaluation Plan (IMEP, Annex II) as the basis for their regular monitoring of implementation and progress towards UNDAF and CP results. The joint UNDAF Annual Review process takes place in the last quarter of the year, prior to the subsequent year planning processes and the submission of agency country office annual reports. It comprises three stages: agency and/or sectoral Annual Work Plan (AWP) reviews, theme group analysis of results and the UNDAF Annual Review Meeting. In case of joint programmes all involved agencies and implementing partners will review the AWP together.

An AWP review is the opportunity for participating agencies and their implementing partners to assess progress towards achieving outputs using the AWP monitoring tool and other available data. For joint programmes, all involved agencies and implementing partners review the AWP together.

UNDAF Annual Reviews will be facilitated by the UNDAF M&E Task Force, for each UNDAF outcome area, and will involve, beside Theme Group members, relevant sectoral stakeholders from Government and, whenever appropriate, other pertinent partners. The objectives of the annual reviews are to assess if results are achieved as defined in the UNDAF Results Matrix; provide report to the UNDAF Steering Committee for its guidance; and to enable theme groups and agencies adjust their work plans and, if necessary, UNDAF M&E plan.

The UNDAF Annual Review Meeting is once-a-year opportunity for all agencies and national partners to interact and review the contributions of UN to the achievement of national goals based on the UNDAF Results Matrix. This meeting replaces individual agency formal Annual Review Meetings. The UNDAF Annual Review Meeting should provide the UNCT and national partners with a yearly update of overall progress vis-à-vis the UNDAF Results Matrix; and validation of conclusions and recommendations that should feed into annual planning processes.

The UNDAF M&E Plan is designed so that it is aligned as much as possible with national M&E parameters. The MND and the NSO, responsible for national M&E and the National Development Database, are both members of the UNDAF Theme Group on Capacity Development under which M&E issues are addressed. Moreover, the outcome and output indicators in the M&E Plan are closely aligned with MDG indicators.

5.2 M&E at UNDAF Theme Group and Sub-group Level

At the UNDAF Theme group and sub-group level, each CP outcome and output have specific targets and indicators, these are mostly derived from the regularly monitored parameters and can be in case of outputs monitored on annual basis. CP outcome indicators tend to be at a higher level and the progress can be assessed using periodic survey. Care has been taken to mostly use the data which is already collected through routine management systems or regular surveys.

For each joint programme, M&E will be ensured through joint mechanisms (coordination structures, joint visits, reviews, etc) outlined in the joint programme document and derived from the UNDAF M&E Plan.

5.3 Partnership/Coordination

All the groups that have a role and an interest in the objective and implementation of development activities will be involved in the M&E process. M&E plans will be developed for the UNDAF Outcome and Outputs. Consultants and institutions may also be invited in the process. Monitoring and evaluation, as management functions, will be used to ascertain whether or not programmes meet their objectives as well as support the UN Agencies' mandates in the ensuing five years (2007-2011).

The existing coordination mechanism will be used to enable to identify and assess potential problems and success of a project or program. The UNDAF M&E Task Force will be used as coordination mechanism to prepare an evaluation and monitoring plan.

M&E will contribute towards achieving the CP Outcomes and Outputs by assisting government counterparts develop their capacity to manage project and programs. Maximising the benefits offered by learning from experience will contribute to strengthening capacities at national, regional, and local levels, in particular, the capacities for monitoring and evaluation. Various training sessions will also be provided to government institutions to strengthen their capacities in the area of data collection, management and analysis. The National Execution modality creates a bipartite mechanism for monitoring and evaluation with the government. In this case, the M&E activities will assist the Government to strengthen their M&E capacities since they bear primarily responsibilities for monitoring and evaluating their project and programs.

Assistance will be provided to the NSO in the collections and updating of the National Data base that will be used for M&E activities. A DevInfo system will be developed and supported at NSO to maintain, update and process data and indicators.

5.4 MDG Reporting

The Government, with support from the UN System, intends to produce MDGRs every two years that assess Eritrea's progress towards MDGs and targets, and make projections of requirements for attaining or accelerating progress towards those targets. Closely related to this, the UN System is supporting the strengthening of Government capacity for improved data management focusing on data required for monitoring MDG indicators. Therefore, as mentioned earlier, the UNDAF M&E process will be closely linked with the national M&E system focusing on MDG indicators.

5.5 UNDAF External Evaluation

Evaluation of the UNDAF involving impartial experts will take place during the fourth year (2010) of the UNDAF cycle. The purposes of the UNDAF evaluation are three: i) to assess how effectively and efficiently UNDAF outcomes and CP outcomes are being achieved, how sustainable these are, and whether there is a positive contribution to national priorities and goals; ii) to determine how UNDAF helped UN agencies contribute more effectively and efficiently to national development efforts and capacity building; and iii) to identify issues and opportunities that emerge from implementing the current UNDAF, which would in turn contribute towards designing the next UNDAF and country programmes and projects in addition to helping adjust the current programmes, if necessary.

ANNEXES

Annex I: Results Matrices

I. Basic Social Services Results Matrix

National Priority: Strengthening the capacity of the state at national and provincial levels to deliver services to all equitably			
UNDAF Outcome 1: By 2011 access and utilisation of quality basic social services are equitably increased by at least 30% per service with special emphasis on vulnerable groups.			
CP Outcome 1.1	CP Outputs	Role of partners	Resource mobilisation targets ⁶
By 2011 access and utilisation of quality preventive, promotive, curative and rehabilitative health services by general population with emphasis on under-5 children, women and other vulnerable people are increased to a minimum of 80%.	<p>1.1.1 By 2011 U5MR due to malaria, neonatal causes, diarrhea and ARI reduced by at least 50%, Childhood morbidity and mortality due to vaccine-preventable diseases reduced by 80%; Protein-energy malnutrition in under-fives reduced by 50%, iodine-deficiency disorder eliminated, and Vitamin A deficiency in under-fives reduced from 42% to 25%."</p> <p>(UNICEF⁷, WHO, UNFPA, WFP)</p>	<p>MOH ensures overall planning, coordination, implementation and monitoring at national and local level.</p> <p>World Bank (WB) for technical assistance and resources (HAMSET II).</p> <p>Bilateral agencies (Italian cooperation, Norwegian government) European Union (EU), Japanese International Cooperation Agency (JICA). NGOs and CSOs (Red Cross) will contribute to health sector development.</p>	<p>UNICEF RR⁸ 1,000,000 OR⁹ 7,000,000</p> <p>UNFPA RR 2,100,000 OR 2,000,000</p> <p>WHO: RR = 2,900,000 USD OR = 3,100,000 USD</p> <p>WFP (due to the WFP's transitional stage no financial commitment expressed)</p>
	<p>1.1.2 By 2011 100% of health facilities provide quality maternal and reproductive health services (FP, ANC, delivery, fistula prevention, postnatal care and STIs prevention and treatment) and at least 30% of assisted health facilities serving remote/nomadic communities have functional maternity waiting homes adjacent to health centers</p> <p>(UNFPA, WHO, UNICEF)</p>	<p>Funding available from GFATM.</p>	

⁶ All figures are in US dollars.

⁷ Lead agencies are highlighted in bold font.

⁸ Regular Resources.

⁹ Other Resources.

	1.1.3 By 2011, the health system capacity to prevent and control/eradicate communicable and non-communicable diseases as well as emerging and re-emerging infectious diseases is increased at all levels to decrease morbidity and mortality. (WHO, UNFPA, UNICEF)		
Sub-total Resources US\$ 17,000,000 [RR 6,000,000; OR 11,000,000]			
Coordination Mechanisms and Programme Modalities: [The UN System works principally through the MOH through joint steering committees and technical working groups, and the activities of all partners, including activities funded by WB or bilateral agencies, are coordinated within various departments of the MOH all contributing to the achievement of MDGs. The UN system will collaborate with MOH and other donors in planning, monitoring and evaluation, initially having one mechanism for HAMSET diseases and aiming for a more broad health Sector Wide Approach to Programming (SWAP) in the future. Joint programmes are envisioned for Child Health and Nutrition, Reproductive Health, Health System management.			
CP Outcome 1.2	CP Outputs	Role of Partners	Resource mobilisation targets
The gender gap has been closed and 70% of school-age girls and boys are enrolled and regularly attend school; and the number who complete primary school and achieve the nationally defined minimum mastery levels increase (i.e. 80% of students master 50% of the national defined competencies).	1.2.1 Policies, standards, guidelines and legislative instruments have been developed or reviewed and strategies formulated; and institutional and individual capacities strengthened to facilitate the effective implementation of formal and complementary primary education programmes as defined in the ESDP. (UNICEF, UNFPA, UNESCO)	MOE through the ESDP has the main coordinating and implementing role to ensure increased access to schools and improved quality of education. WB, EU, and African Development Bank ADB) among others to provide technical and financial support in line with the national plan with substantive funding for infrastructure development.	UNICEF RR 900,000 OR 5,400,000
	1.2.2 At least 70% of school-age girls are fully participating and completing quality primary education in a child-friendly and gender-sensitive environment (UNICEF, UNESCO, WHO)		WHO RR 80,000 OR 50,000
	1.2.3 All children in grades 4 to 12 follow a Life Skills curriculum (HIV/AIDS, Adolescent Reproductive Health, school health) that has been fully integrated in the formal and complementary education curriculum, is self-sustaining and based on an age appropriate scope and sequence framework that has adopted a child-centred, gender sensitive approach. (UNICEF, UNFPA, WHO)		WFP (due to the WFP's transitional stage no financial commitment expressed) UNFPA RR 300,000

	1.2.4 The number of schools with access to safe water and sanitation facilities; teaching water use, sanitation and hygiene (WASH) practices increased from 40% to 70%. (UNICEF, UNFPA, WHO)		
Sub-total Resources US\$ 6,730,000 [RR 1,280,000; OR 5,450,000]			
Coordination Mechanisms and Programme Modalities: UN system works within ESDP partnering with WB, EU and ADB to contribute to the overall goals as reflected in ESDP. As part of ESDP joint reviews are implemented every 6 months and mid-term review is planned for 2007. Joint programmes are envisioned for education.			
CP Outcome 1.3	CP Outputs	Role of Partners	Resource Mobilisation targets
Access and utilization of improved drinking water sources in rural communities increased by 250,000 users and improved sanitation and hygiene services by 100,000 users.	1.3.1 By 2011 access and utilization of improved drinking water sources in rural communities is increased by 250,000 users, and improved sanitation and hygiene services by 100,000 users (UNICEF, UNDP, WHO)	Implementation is mainly through Water Resource Department (WRD) in collaboration with MOH and MOE. ADB, EU, NGOs and others contribute to the overall plan.	UNICEF RR 1,100,000 OR 9,000,000
	1.3.2 WASH sector action plan to meet MDGs prepared and policies and strategies developed, reviewed and adopted. (UNICEF, WHO)		UNDP RR 900,000 OR 2,500,000 WHO RR 100,000 OR 400,000
Sub-total Resources US\$ 14,000,000 [RR 2,100,000 OR 11,900,000]			
Coordination Mechanisms and Programme Modalities: Implementation is mainly through WRD in collaboration with MOH, MOE, and regional administrations. UN system funded activities are coordinated with bilateral funding in the framework of overall WES Plan. Joint Programmes are envisioned for WASH.			
CP Outcome 1.4	CP Outputs	Role of Partners	Resource mobilisation targets
By 2011 access to permanent shelter and sustainable human settlement increased by 20% with focus on vulnerable groups.	1.4.1 Access to permanent shelter increased in 10,000 prioritised households in 70 IDP and returnee communities covering 45,000 men, women and children focusing on drought and war affected areas. (UN Habitat, UNDP)	Implementation is through MOPW and City and Regional administration in coordination with other major development partners such as ADB, EU and NGOs.	UN Habitat/ UNDP RR 1,700,000 OR 1,100,000
	1.4.2 Awareness on key appropriate technology options for affordable shelter is increased at national and sub-national levels with focus on 100 prioritised villages and community institutions by 2011. (UN Habitat, UNDP)		

	1.4.3 Increased performances of sector partner institutions at national and sub-national levels to plan, manage, implement, monitor, and coordinate shelter and slum-upgrading programmes. (UN Habitat, UNDP)		
Sub-total Resources US\$ 2,800,000 [RR 1,700,000 ; OR 1,100,000]			
Coordination Mechanisms and Programme Modalities: Implementation is through MOPW in coordination with other major development partners such as ADB, EU and NGOs. A Joint Programme is envisioned in this area.			
CP Outcome 1.5	CP Outputs	Role of Partners	Resource mobilisation targets
HIV transmission to infants born to HIV positive women is reduced by 50%; and HIV prevalence among young people reduced by 25% by 2011.	1.5.1 Prevention measures for the sexual transmission of HIV are correctly identified by 90 % of school girls and boys aged 12-18 by 2011. (UNICEF, WHO, UNFPA)	In coordination by the MOH; WB through HAMSET II project, GFATM and other bilateral partners provide technical assistance and financial resources within one National AIDS programme.	UNICEF RR 200,000 OR 1,000,000
	1.5.2 Ways of preventing the sexual transmission of HIV including condom use are correctly identified by 90% of young people aged 15-24 by 2011. (UNFPA, UNICEF, WHO)		WHO RR 70,000 OR 500,000
	1.5.3 HIV/AIDS workplace policies and programmes run by 80% of ministries and large companies by 2011. (UNAIDS, UNDP, WHO)		UNFPA RR 700,000 OR 1,500,000
	1.5.4 A complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission received by 80% of HIV positive pregnant women by 2011. (UNICEF, WHO, UNFPA, WHO)		UNDP RR 200,000
	1.5.5 National level decision-making on HIV/AIDS programmes and policies is informed by the results of well-designed and appropriate research, monitoring and evaluation by 2011. (WHO, UNICEF, UNFPA, UNDP,UNAIDS)		
Sub-total Resources US\$4,670,000 [RR1,170,000 ; OR 3,500,000]			
Coordination Mechanisms and Programme Modalities: UNTG and TWG on HIV/AIDS are the main coordinating system among UN agencies and they work closely with other national coordination mechanisms on HIV/AIDS such as HAMSET National Steering Committee (WB) and Country Coordinating Mechanism (CCM) (GFATM) when it comes to the planning, programming and review process. On the specific output areas (e.g. youth, OVC), the steering committee among relevant UN agencies is convened to simplify and harmonise UN interventions through development of joint programmes. A comprehensive UN Joint Programme will be formulated in this area, including the allocation of responsibilities by agency and nomination of managing agent.			

CP Outcome 1.6	CP Outputs	Role of Partners	Resource mobilisation targets
50% of people affected by and infected with HIV/AIDS are provided with appropriate care, treatment and support by 2011.	1.6.1 Anti-retroviral Therapy (ART) received by 50% of women and men, including children, with advanced HIV infection by 2011. (WHO, UNICEF, UNAIDS)	In coordination by the MOH and other line Ministries; WB through HAMSET II project, GFATM and other bilateral partners provide technical assistance and financial resources within one National AIDS programme	WHO RR 500,000 OR 1,080,000
	1.6.2 Basic external support (home based-care, psycho-social, emotional, spiritual, or other social, economic and material support) is received by 50 % of adults aged 18-59 who have been chronically ill by 2011. (UNICEF, WHO, UNFPA)		UNICEF RR 400,000 OR 1,500,000
	1.6.3 80% of health facilities have the capacity and conditions to provide basic HIV counselling, testing and to manage HIV/AIDS/STIs clinical services by 2011. (WHO, UNICEF, UNFPA)		UNFPA OR 500,000 RR 300,000
	1.6.4 Basic external support (psycho-social, emotional, spiritual, or other social, economic and material support) in caring for the child is received by 50% of OVC and their households by 2011. (UNICEF, WFP)		WFP (due to the WFP's transitional stage no financial commitment expressed)
	1.6.5 Positive attitudes towards PLWHAs and their families expressed by 90 % of the general population by 2011. (UNAIDS, UNICEF, UNFPA, UNDP, WHO)		
Sub-total Resources US\$4,280,000 [RR 1,200,000 ; OR 3,080,000]			
Coordination Mechanisms and Programme Modalities: UNTG and TWG on HIV/AIDS are the main coordinating system among UN agencies and they work closely with other national coordination mechanisms on HIV/AIDS such as HAMSET National Steering Committee (WB) and Country Coordinating Mechanism (CCM) (GFATM) when it comes to planning, programming and review process. On the specific output areas (e.g. youth, OVC), the steering committee among relevant UN agencies is convened to simplify and harmonise UN interventions through development of joint programmes. A comprehensive Joint Programme will be formulated in this area including the allocation of responsibilities by agency and nomination of managing agent.			

CP Outcome 1.7	CP Outputs	Role of Partners	Resource mobilisation targets
Women and children are protected from exploitation, violence, abuse, neglect and discrimination; and most vulnerable children have equal access to social services as compared to other children.	1.7.1 Supportive national policies, legislation and other legal frameworks on children's rights (FGM/C, child labour, juvenile justice, corporal punishment) and women's rights are in place and enforced (UNICEF, UNDP, UNFPA, WHO)	While most of the work is through MOLHW, activities will also be coordinated with other social sector ministries such as MOH, MOE and EDA. Other partners include ICRC, etc.	UNICEF RR 500,000 OR 2,000,000 UNFPA RR 100,000 OR 500,000 WHO RR 20,000 OR 50,000 UNHCR resources indicated in Recovery Matrix.
	1.7.2 Children and their caregivers, including parents, families, health workers, police, etc. are aware of the existence of social services and know how to access them in the event of exploitation, violence, abuse, neglect and discrimination of a child. (UNICEF, UNFPA)		
	1.7.3 All vulnerable children, including street children, CSEC, children affected by HIV/AIDS, children in conflict with law and those living in mine affected areas have equal opportunity and access to community-based and other social services, including birth registration. (UNICEF, UNFPA)		
		Sub-total Resources US\$3,170,000 [RR 620,000 ; OR 2,550,000]	
Coordination Mechanisms and Programme Modalities: While most of the work is through MOLHW, activities will also be coordinated with other social sector ministries such as MOH, MOE and EDA. A joint programme for FGM/C eradication is planned by UNICEF, WHO and UNFPA.			
Total Resources for Basic Social Services US\$ 52,650,000 [RR 14,070,000 ; OR 38,580,000]			

2. National Capacity Development for Attaining MDGs Results Matrix

National Priority: Strengthening the capacity to plan, monitor and evaluate at national, regional, and local levels			
UNDAF Outcome 2: By 2011, planning, implementation, monitoring and evaluation capacities are improved at national, regional and local levels to address shortfalls towards attainment of MDG targets and implementation of the MD.			
CP Outcome 2.1	CP Outputs	Role of partners	Resource mobilisation targets
By 2011 capacity is improved and a system established within the NSO and sectoral ministries to conduct surveys, collect and disseminate data and update the national database.	<p>2.1.1. Existing sectoral, MDGs-related databases and mapping information disaggregated by vulnerability, gender and age updated, capacity needs identified and addressed. (UNFPA, UNDP, UNICEF).</p> <p>2.1.2 Bi-annual MDG and other reports are produced and disseminated. (UNFPA, UNDP, UNICEF)</p>	<p>MND ensures overall coordination and compliance by key national stakeholders with national database requirements; provides guidance on datasets most relevant to development policy decisions and ensures use of data related to MDG indicators.</p> <p>NSO, as the main implementing agency, will implement the bulk of technical activities and ensure linkages with various data systems in the country.</p> <p>Various sectoral ministries will link up with National Development. Database.</p>	<p>UNDP RR 1,300,000</p> <p>UNFPA RR 1,510,000 OR 4,000,000</p> <p>UNICEF RR 250,000</p>
Sub-total Resources US\$7,010,000(RR 3,010,000 ; OR 4,000,000)			

CP Outcome 2.2	CP Outputs	Role of partners	Resource mobilisation targets
By 2011, development planning, budgeting processes, monitoring and evaluation in the Ministry of National Development (MND) and key national stakeholders are strengthened by using gender and age disaggregated data.	2.2.1 Capacity of MND and key national stakeholders (Ref. CP 5.1) strengthened for coordinated development planning, budgeting process, monitoring and evaluation at national, sectoral, regional and local levels, including periodic review of the effects of new/revised national and sub-national plans on realisation of MDGs pertinent to women and children. (UNDP, WB, UNFPA, UNCDF, UNICEF)	MND ensures overall coordination; will institute planning, monitoring and evaluation processes and ensure participation of key national partners. Will coordinate with MOF to ensure harmonisation of planning processes with budgeting cycles	UNDP RR 1,325,000 UNFPA RR 642,00 UNICEF RR 200,000
	2.2.2 Lessons learned in Anseba local development planning processes and systems replicated into other regions (UNCDF, UNDP)	Cross Sectoral: All Ministries and other Government Offices will participate in the preparation and implementation of projects/programs Regional and Local Government authorities will exercise planning/budgeting at regional and sub-regional levels. Anseba Regional Government will play a key role in piloting the local planning system.	
Sub-total Resources 2,167,000 (RR)			
CP Outcome 2.3	CP Outputs	Role of partners	Resource mobilisation targets
By 2011, operational, regulatory and legislative capacity of the civil service organizations (selected	2.3.1 A well-functioning office to coordinate and follow-up on treaties, agreements and conventions signed by Eritrea with Eritrean National Laws is established. (UNDP)	MOJ will lead and coordinate the implementation of the activities. Local Government and other Government Offices will participate in the preparation and implementation of	UNDP RR 2,750,000 UNFPA RR 40,000 UNIDO RR 100,000

government institutions) strengthened	<p>2.3.2 The existing 'Training Centre' is equipped and further strengthened to provide trainings and awareness programmes to the judiciary, law enforcement bodies and conduct studies on harmonization of traditional and cultural factors putting applicable conventions such as CEDAW into consideration. (UNDP, UNFPA)</p>	<p>projects/programs.</p> <p>CSA will be responsible for the establishment of HRD and evaluating organisational performance systems in all public institutions. All public institutions will participate in the establishment of the systems.</p>	
	<p>2.3.3 HRD system developed and anchored in the Civil Service Administration (CSA) and linked to HRD departments in all ministries and other public institutions. (UNDP, WHO)</p> <p>2.3.4 A system for evaluating organisational performance in the public sector is established in the CSA. (UNDP)</p> <p>2.3.5 Capacity is developed in key (priority) public service institutions (incl. Budget office, Auditor General, Inland Revenue, Trade licensing, Customs). (UNDP)</p> <p>2.3.6 Capacity of the National Standards Institute (NSI) is developed to ensure improved quality and safety of products and services. (UNIDO)</p>		
Sub-total Resources 2,890,000 (RR)			
CP Outcome 2.4	CP Outputs	Role of partners	Resource mobilisation targets
By 2011, a national coordination mechanism is established at a national, regional, and	<p>2.4.1 Strategy for disaster prevention, preparedness and mitigation is developed including to the protection of children, women and people affected with HIV and AIDS from exploitation and gender-based violence. (FAO, UNDP, WFP, UNICEF, WHO)</p>	All line ministries and other government offices will participate in the development and implementation of various activities.	<p>UNDP RR 250,000</p> <p>UNICEF OR(E)¹⁰ 200,000</p>

¹⁰ Other Resources (Emergency).

local level for disaster prevention, preparedness and mitigation.	2.4.2 Early warning systems are established for drought, other natural disasters and conflicts with particular reference to Food Security, and for impact on vulnerable groups focusing on women, children and people affected with HIV and AIDS. (UNDP, WFP, UNFPA, FAO, UNICEF, WHO)		WFP (due to the WFP's transitional stage no financial commitment expressed) UNFPA RR 50,000
Sub-total Resources 500,000 (RR 300,000 ; OR(E) 200,000)			
<p>Coordination Mechanisms and Programme Modalities:</p> <p>To bring greater coherence to the projects/programs a UNDAF Outcome Group and Thematic Group on Data for Development will be used as a coordination mechanism to ensure that joint programme opportunities are maximised, and there is coordination among all stakeholders, joint project/programme review and evaluation of activities. Joint programme modalities will be pursued in the areas of: i) data for monitoring and evaluation of MDGs; ii) Strengthening the planning, monitoring and evaluation and implementation capacity at national, zoba and local levels; iii), operational, regulatory and legislative capacity of the civil service strengthened in all government offices (in selected institutions; and iv) Disaster prevention, preparedness and mitigation. The three fund management options for joint programs i.e a) parallel, b) pooled, and c) pass-through. These options can also be combined</p> <p>Financial and technical assistance will be provided through UNCT.</p>			
Total Resources for National Capacity Development for Attaining MDGs US\$ 12,567,000 [RR 8.367,000 ; OR 4,000,000 ; OR(E) 200,000]			

3. Food Security Results Matrix

National Priority: To ensure that all Eritreans have sufficient quantity of acceptable quality food at an affordable price at any time and place within the country			
UNDAF outcome: By providing access to adequate food at all times for 10% of the poor by 2011.			
CP Outcome 3.1	CP Outputs	Role of partners	Resource mobilisation targets
Enhanced decision (policy) making on Food Security by 2008.	3.1.1 Food Security Strategy Paper operationalised and converted into plans, programmes and projects. (FAO, UNDP)	Implementation to be undertaken by lead Government agencies and ministries (MND, MOA, MOFish).	FAO will assist the Government in sourcing funds
	3.1.2 Strategies, policies, plans, programmes and projects related to agriculture, fisheries and water developed/updated (FAO, UNDP)	MOA, MOFish, MLWE.	UNDP RR 350,000 OR 700,000
	3.1.3 Regulatory procedures related to Agriculture, Fisheries and Water developed (FAO, UNDP)	MOA, MOFish, MLWE	
	3.1.4 Food security and agricultural statistics in six zobas, (in most sub-zobas and villages and environmental information at national level) expanded by 80%. (Ref. CP Output 2.1.1 and 2.4.2) (UNDP, FAO)	NSO, MOA/NFIS, NGOs	UNICEF resources allocated under CP Outcome 1.1
	3.1.5 Nutritional status and household level food security information available through National Nutrition Surveillance System (NSS) and WFP VAM disaggregated by gender and age. (UNICEF, WFP)	MOH, MOA, NGOs	WFP (due to the WFP's transitional stage no financial commitment expressed)
Sub-total Resources US\$1,050,000 (RR 350,000 ; OR 700,000)			

CP Outcome 3.2	CP Outputs	Role of partners	Resource mobilisation targets
Support development and protection of the environment and national resources by 2011.	3.2.1 By 2011 renewable energy promoted and diversified (UNDP)	MEM, MLWE, Local Government, NUEW	UNDP RR 3,350,000 OR 1,500,000 FAO will assist the Government in sourcing funds.
	3.2.2 By 2011 productivity improved through sustainable land and watershed management practices (UNDP, FAO)	MOA, MLWE, MOLHW, NGOs, and Central Region Administration	
	3.2.3 Accession of Eritrea to global conventions and international agreements on the environment. (UNDP, FAO)	MLWE, MOA, MOFish, MOTC.	
	3.2.4 Coastal, island and marine resources identified for maximum sustainable yield (MSY) (FAO, UNDP)	MLWE, MOA, MOFish, MOTC.	
Sub-total Resources US\$ 4,850,000 (RR 3,350,000 ; OR 1,500,000)			
CP Outcome 3.3	CP Outputs	Role of partners	Resource mobilisation targets
Improved access and availability of food	3.3.1 Income generation activities and livelihoods supported to 10% of the poor through micro credit financing. (FAO, UNDP)	MOA, MOFish, NGOs	UNDP RR 250,000 OR 250,000 FAO will assist the Government in sourcing funds.
Sub-total Resources US\$500,000 ([RR250,000 ; OR 250,000]			
CP Outcome 3.4	CP Outputs	Role of partners	Resource mobilisation targets
Capacity support provided to enhance food production at	3.4.1 Food production and productivity increased through technology transfer (FAO, UNDP)	MOA, MOF, MLWE,	

national and household level	3.4.2 Land productivity increased through water harvesting and management, diversification and intensification of production under irrigation and rain fed systems. (FAO)	MOA, MLWE	
	3.4.3 Capacity support to agro processing development provided to reduce post-harvest losses and to improve availability of food products on output markets (UNIDO)	MOA, MOTI	
			Sub-total Resources US\$
<p>Coordination Mechanisms and Programme Modalities: The Thematic Group (TG) on Food Security is the main coordinating system. It will work closely with other national coordination mechanisms on Food Security in planning, programming and review process, as well as on the specific output areas related to agricultural statistics. The TG will develop strong working relationship to monitor food security related interventions and progress made towards the UNDAF outcome.</p> <p>Relevant UN agencies will convene to simplify and harmonise UN interventions through development of joint programmes, and a comprehensive UN Joint Programme will be formulated in this area.</p>			
Total Resources for Food Security US\$6,400,000 [RR 3,950,000 ; OR 2,450,000]			

4. Emergency and Recovery Results Matrix

National Priority: IDPs, expellees, returnees and other war-affected and drought-affected are reintegrated and have secure livelihoods and access to basic services.			
UNDAF Outcome 4: By 2009, assist the Government, through an integrated multi-sector approach, to ensure that IDPs, expellees, returnees and other war- and drought-affected are reintegrated and have secure livelihoods and access to basic services.			
CP Outcome 4.1	CP Outputs	Role of partners	Resource mobilisation targets
IDPs, expellees, refugees, returnees and host/war-affected communities have basic rights fulfilled (shelter, water, sanitation, health, education) as the foundation for human development, with a special focus on HIV/AIDS and gender issues.	4.1.1 Emergency relief delivered to populations in camps (IDPs / expellees and refugees) (UNHCR, UNAIDS, UNFPA)	MOLHW ensures overall planning, coordination, implementation and monitoring at national and local level, except in the case of refugees, where ORA will play these roles. MOH will ensure access to ART in Government health facilities.	UNDP RR 2,800,000
	4.1.2 Government capacity increased, operations and maintenance ensured and basic services expanded to cover short to medium-term recovery needs of IDPs, expellees and returnees. (UNDP, UNHCR, UNICEF, UNAIDS, UNFPA)		UNICEF RR 200,000
	4.1.3 Resettlement Relief Committee, which includes equitable gender and youth representation, established and strengthened to monitor and ensure protection of vulnerable groups and equitable access to assets and services take place. (UNDP, UNHCR, UNICEF, UNFPA, UNAIDS)		UNHCR 4,800,000 (for 4.1.1, refugees, and subject to annual budget approval)
	4.1.4 IDPs, refugees, expellees and returnees organized to get treatment, care and support for HIV/AIDS (Ref. CP output 1.5.2) (UNFPA, UNAIDS)		UNFPA RR 500,000 OR 2,500,000
Sub-total Resources US\$9,300,000 [RR 8,475,000 ; OR 4,800,000 ; OR(E) 1,000,000]			

CP Outcome 4.2	CP Outputs	Role of partners	Resource mobilisation targets
IDPs, expellees, returnees and host/war-affected communities have increased and diversified livelihood	4.2.1 Agriculture/pastoralist: Affected populations received initial agricultural inputs, livestock restocked and skills enhanced. (FAO)	MOA, MOLHW, NGOs	UNDP RR 4,975,000
	4.2.2 Soil and water conservation and reforestation promoted. (UNDP)		

opportunities, and economic reintegration is enabled.	4.2.3	Small-scale businesses developed and economic skills improved and diversified through training.		
	(UNDP)			
	4.2.4	Demining / clearing of UXO undertaken in affected areas.		
	(UNDP)			
Sub-total Resources US\$4,975,000 (RR)				
<p>Coordination Mechanisms and Programme Modalities:</p> <p>The UN System works principally through the MOLHW and local authorities in each zoba, including local level representation of line ministries. For refugees, ORA will be the coordinator. OCHA will support and coordinate the work of UN agencies on emergency issues.</p> <p>A joint programme on Recovery is envisaged, where principal actors will be UNDP and UNICEF, working with other UN agencies, with the aim of increasing Government capacity to plan, monitor and evaluate priority recovery needs, manage expansion of services and ensure effective operations and maintenance (sustainability) of recovery efforts.</p>				
Total Resource for Emergency and Recovery US\$14,275,000 [RR 8,475,000 ; OR 4,800,000 ; OR(E) 1,000,000]				

5. Gender Equity and the Advancement of Eritrean Women Results Matrix

National Priority: Achieve equal opportunities, rights, benefits and obligations in all areas of life			
UNDAF Outcome 5: Achieve equal opportunities, rights, benefits and obligations in all areas of life			
CP Outcome 5.1	CP Outputs	Role of partners	Resource mobilisation targets
Capacity for gender responsive advocacy planning, monitoring and evaluation for gender equality strengthened in 12 key national institutions including NUEW and other civil society organizations.	5.1.1. Gender Research Centre at the NUEW offices established and operationalised by 2007. (UNFPA, UNDP, WHO, UNICEF)	MOND, NSO, MOH, MOE, MOI, MOJ, MOLHW, MOF, Asmara University: assisted by NUEW and other civil society institutions to organize and undertake training programmes, to provide support to the staff in gender sensitive analysis and research methodologies, budgeting and monitoring, to develop research guidelines and conduct research, to mobilize necessary resources, to provide staffs in collecting, analysing and disseminating gender disaggregated data, provide support to M & E	UNDP RR 700.000
	5.1.2. Mechanisms guidelines and tools for the design and accelerated implementation of sector specific gender sensitive research, planning, monitoring and evaluation developed and used by planning officers and managers in the 12 key national institutions including NUEW to develop gender sensitive analysis and budgeting and monitoring of the national gender action plan. (UNFPA, UNICEF, WHO, UNDP, UNIFEM)		UNFPA RR 220.000 UNFPA OR 50.000
	5.1.3. Strengthening NSO and line ministries for the provision of timely, accurate, reliable age- and sex disaggregated gender responsive data for evidence based policies and instruments. (WHO, UNFPA, UNICEF, UNIFEM)		UNIFEM OR 172.000 WHO RR 210.000 WHO OR 97.000
	5.1.4 Advocacy and communication strategy and gender responsive pilot programmes implemented for: i) the promotion of women and girls in education and training; ii) women, power and decision making; iii) women and health; iv) women the economy and poverty; v) human rights of women, violence against women and armed conflict; vi) advocating and monitoring on CEDAW implementation recommendations (UNDP, UNFPA, UNICEF, UNIFEM)	NUEW and other national organizations to identify and analyze factors affecting their capacity and performance of in conducting evidence based advocacy, to train their staff/members to remedy identified gaps, to conduct advocacy, to mobilize the necessary resources, and to M & E its capacity and the effects/results of undertaken advocacy	UNDP RR 300,000 UNFPA RR 150,000 OR 60,000 UNICEF RR 50,000 UNIFEM RR 30,000 OR 150,000 WHO RR 10,000 OR 27,500
Sub-total Resources US\$ 1,727,000 [RR 1,298,000 ; OR 429,000]			

CP Outcome 5.2	CP Outputs	Role of partners	Resource mobilisation targets
NUEW capacity to address economic empowerment of women in difficult circumstances (heads of households, nomadic, drought-affected, HIV/AIDS-affected, resettled IDPs, returnees etc) increased	5.2.1 Access to credit and entrepreneurial skills training for 5000 eligible females in rural, nomadic and resettled communities	ADB may provide funding for community mobilization initiatives at grassroots level; Italian cooperation will provide fund for health supporting initiatives; NORAD and Italian Cooperation will provide funding and technical expertise for FGM reduction; UNIDO/Netherlands will provide funding and technical expertise for entrepreneurship programmes	USD 3.6m
Sub-total Resources US\$ 2,678,000 [RR 600,000 ; OR 2,078,000]			
Coordination mechanisms and programme modalities: Coordination of outcomes and outputs will be handled by the Gender theme group, to be co-chaired by both UN and Government Representatives and to include representatives from all implementing partners. The UN System will ensure joint UN action on reducing vulnerability of women and girls through the establishment of a working group on Women and HIV/AIDS. A joint programme on Gender is envisaged.			
Total Resources for Gender Equity and Empowerment of Eritrean Women US\$ 4,405,000 [RR 1,898,000 ; OR 2,507,000]			
Grand Total Resources US\$ 90,297,000 [RR 36,760,000 ; OR 52,337,000 ; OR(E) 1,200,000]			

Annex II: Monitoring & Evaluation (M&E) Framework Matrices

I. Basic Social Services M&E Matrix

UNDAF and CP Outcomes and Outputs	Indicators and Baselines	Sources of Verification	Risks and Assumptions
UNDAF Outcome 1 By 2011 access and utilisation of quality basic social services are equitably increased by at least 30% per service with special emphasis on vulnerable groups.		DHS Maternal mortality Survey	
CP Outcome 1.1 By 2011 access and utilisation of quality preventive, promotive, curative and rehabilitative health services by general population with emphasis on under-5 children, women and other vulnerable people are increased to a minimum of 80%.	Indicators: Proportion of population with access to basic health services Baseline: ▪ Proportion of population with access to basic health services (currently 75%)	HMIS Maternal Mortality Survey Population and Housing Census	Risks: Inadequate funding for surveys Assumptions: DHS will be done in 2007 and 2011
CP Outputs 1.1.1 By 2011 U5MR due to malaria, neonatal causes, diarrhea and ARI reduced by at least 80%, Childhood morbidity and mortality due to vaccine-preventable diseases reduced by 50%; Protein-energy malnutrition in under-fives reduced by 50%, iodine-deficiency disorder eliminated, and Vitamin A deficiency in under-fives reduced from 42% to 25%. (UNICEF, WHO)	Indicators: ▪ Measles Immunisation coverage rate Baseline: ▪ Measles immunization coverage rate: 79%	DHS EPI coverage surveys HMIS MOH reports	Assumptions: EPI coverage survey or DHS will be done in 2007 and 2011
1.1.2 By 2011 100% of health facilities provide quality maternal and reproductive health services (FP, ANC, delivery, fistula prevention, postnatal care and STIs prevention and treatment) and at least 30% of assisted health facilities serving remote/nomadic communities have functional maternity waiting homes adjacent to health centers (UNFPA, WHO,UNICEF)	Indicators: ▪ % skilled care attendance during delivery Baseline: 28.3 % of births are assisted by health professionals (DHS 2002),	DHS/ other HH surveys – maternal health module added KAP study	Risks: Inadequate funding for surveys Assumptions: Continued Commitment of government and partners

1.1.3 By 2011, the health system capacity to prevent and control/eradicate communicable and non-communicable diseases as well as emerging and re-emerging infectious diseases is increased at all levels to decrease morbidity and mortality. (WHO, UNFPA, UNICEF)	<u>Indicators:</u> <ul style="list-style-type: none"> Proportion of trained health workers/ population <u>Baseline:</u> <ul style="list-style-type: none"> Ratio of population per physician= 13,144 and ratio of population per nurse is 2,804 (WHO, 2002) 		
<u>CP Outcome</u> 1.2 The gender gap has been closed and 70% of school-age girls and boys are enrolled and regularly attend school; and the number who complete primary school and achieve the nationally defined minimum mastery levels increase (i.e. 80% of students master 50% of the national defined competencies).	<u>Indicators:</u> <ul style="list-style-type: none"> NER - Net enrolment rate by gender - primary. <u>Baseline:</u> <ul style="list-style-type: none"> NER 2003/4 for Girls 48%; Boys 55% 	Education Statistical Abstracts MLA studies MDG reviews	<u>Assumptions:</u> ESDP will be implemented as planned Policies will be developed and implemented; Partners and government officials will remain focused.
<u>CP Outputs</u>			
1.2.1 Policies, standards, guidelines and legislative instruments have been developed or reviewed and strategies formulated; and institutional and individual capacities strengthened to facilitate the effective implementation of formal and complementary primary education programmes as defined in the ESDP. (UNICEF, UNFPA, UNESCO, WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> Number of policies/ standards/ guidelines developed <u>Baseline:</u> <ul style="list-style-type: none"> NA 	MOE reports MDG report	<u>Assumptions:</u> MOE policies and programmes implemented as planned
1.2.2 At least 70% of school-age girls are fully participating and completing quality primary education in a child-friendly and gender-sensitive environment (UNICEF, UNESCO, WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> Gender parity index <u>Baseline:</u> <ul style="list-style-type: none"> GPI: 0.89 		<u>Assumptions:</u> NGAP implemented as planned
1.2.3 All children in grades 4 to 12 follow a Life Skills curriculum (HIV/AIDS, Adolescent Reproductive Health, school health) that has been fully integrated in the formal and complementary education curriculum, is self-sustaining and based on an age appropriate scope and sequence	<u>Indicators:</u> <ul style="list-style-type: none"> % of school girls and boys in Gds 4-12 completing the Life Skills curriculum <u>Baseline:</u> <ul style="list-style-type: none"> KABP study in 2006 	KABP Report Annual Reports from partners Monitoring reports of	<u>Assumptions:</u> Partners are committed to implement the plan.

framework that has adopted a child-centred, gender sensitive approach. (UNICEF, UNFPA, WHO)		Strategic Plan implementation.	
1.2.4 The proportion of schools with access to safe water and teaching water use, sanitation and hygiene (WASH) practices increased from 40% to 70%. (UNICEF, UNFPA, WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> Number and % of primary schools with water facilities Number and % of primary schools with gender appropriate sanitation facilities <u>Baseline:</u> <ul style="list-style-type: none"> Proportion of primary schools with access to safe water, latrines and maintaining clean surroundings: 40% 	Annual reports, field trip and monitoring reports from WASH	Assumptions: The economic climate does not adversely affect project costs.
<u>CP Outcome</u> 1.3 Access and utilization of improved drinking water sources in rural communities increased by 250,000 users and improved sanitation and hygiene services by 100,000 users.	<u>Indicators:</u> <ul style="list-style-type: none"> Percentage of population with access to safe water supply – rural, urban Percentage of the population with access to household sanitation – rural, urban <u>Baseline:</u> <ul style="list-style-type: none"> Rural: 22%; Urban: 70% 	DHS MDG report Bi-annual, annual review reports	
<u>CP Outputs</u>			
1.3.1 By 2011 access and utilization of improved drinking water sources in rural communities is increased by 250,000 users, and improved sanitation and hygiene services by 100,000 users (UNICEF, UNDP, WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> # of villages and # of people provided access to water and sanitation <u>Baseline:</u> <ul style="list-style-type: none"> To be established 2006 	National/ zoba-level priority list Implementation and periodic progress report Field monitoring reports	Assumptions: Community participation ensured
1.3.2 WASH sector action plan to meet MDGs prepared and policies and strategies developed, reviewed and adopted. (UNICEF, WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> Number of policies and plans prepared and implemented <u>Baseline:</u> <ul style="list-style-type: none"> Not available 	Programme records	WASH sector reforms, policies & procedures are adhered/ applied
<u>CP Outcome</u> 1.4 By 2011, access to permanent shelter and sustainable human settlement is increased by 20% with focus on vulnerable groups.	<u>Indicators:</u> <ul style="list-style-type: none"> Proportion of population with access to permanent shelter and sustainable human settlement <u>Baseline:</u> <ul style="list-style-type: none"> TBD 		Assumptions: Peace and stability will prevail; housing/ urban development policy will be

			implemented, effective community mobilization and participation
CP Outputs			
<p>1.4.1 Access to permanent shelter is increased in 10,000 prioritised households in 70 IDP and returnee communities covering 45,000 men, women and children focusing on drought- and war-affected areas.</p> <p>(UN Habitat , UNDP)</p>	<p><u>Indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of resettlement areas considered for shelter interventions ▪ Number of shelters constructed <p><u>Baseline:</u></p> <ul style="list-style-type: none"> ▪ TBD 	Implementation and periodic progress reports; field monitoring reports, National/zoba priority lists	Assumptions: See above
<p>1.4.2 By 2011 awareness on key appropriate technology options for affordable shelter is increased at national and sub-national levels with focus on 100 prioritised villages and community institutions.</p> <p>(UN Habitat , UNDP)</p>	<p><u>Indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of shelters constructed using appropriate technology options <p><u>Baseline:</u></p> <ul style="list-style-type: none"> ▪ TBD 		Assumptions: Affordable building materials are available and produced locally; communities accept and implement the new technology.
<p>1.4.3 Increased performances of sector partner institutions at national and sub-national levels to plan, manage, implement, monitor, and coordinate shelter and slum-upgrading programmes.</p> <p>(UN Habitat , UNDP)</p>	<p><u>Indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of projects with quarterly budgets and timely financial and other management reporting <p><u>Baseline:</u></p> <ul style="list-style-type: none"> ▪ TBD 		
<p><u>CP Outcome</u></p> <p>1.5 HIV transmission to infants born to HIV positive women is reduced by 50% and HIV prevalence among young people reduced by 25% by 2011.</p>	<p><u>Indicators:</u></p> <ul style="list-style-type: none"> ▪ % of infants born to HIV infected women who are infected ▪ % of boys and girls aged 15-24 who are HIV infected <p><u>Baseline:</u></p> <ul style="list-style-type: none"> ▪ Not available ▪ % of boys and girls aged 15-24 who are HIV infected: 2% 	<p>Health facility survey (MOH)</p> <p>National HIV sentinel surveillance</p>	<p>Risks:</p> <p>Demobilisation and free cross-border movement of people will potentially increase the infection risk among young people.</p>

			Assumptions: MOH policies and programmes implemented as planned
CP OUTPUTS:			
1.5.1 Prevention measures for the sexual transmission of HIV correctly identified by 90% of school girls and boys in grades 4-12 by 2011. (UNICEF, WHO, UNFPA)	<u>Indicators:</u> <ul style="list-style-type: none"> % of school girls and boys in grades 4 to 12 who correctly identify ways of preventing the sexual transmission of HIV <u>Baseline:</u> <ul style="list-style-type: none"> Knowledge Attitude Practice Behaviour (KAPB) in 2006 	School-based KAPB study (MOE)	Risks: Not all govt sectors are involved in HIV/AIDS prevention, limits the young people reached
1.5.2 Ways of preventing the sexual transmission of HIV including condom use are correctly identified by 90% of young people aged 15-24 by 2011. (UNFPA, UNICEF, WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> % of boys and girls aged 15-24 (disaggregated by sex) who correctly identify ways of preventing the sexual transmission of HIV <u>Baseline:</u> <ul style="list-style-type: none"> 78% (females) in 2002 	DHS (MOH)	Risks: Resistance from parents and teachers
1.5.3 HIV/AIDS workplace policies and programmes run by 80% of ministries and large companies by 2011. (UNAIDS, UNDP/WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> % of ministries and large companies running programmes <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Workplace based study	Risks: Lack of sector and business company commitment Assumptions: NatCoD support
1.5.4 A complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission received by 80% of HIV positive pregnant women by 2011 (UNICEF, WHO, UNFPA/WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> % of HIV positive pregnant women who are provided with a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission <u>Baseline:</u> <ul style="list-style-type: none"> <1% 	Health facility survey (MOH)	Risks: Long term funding may be an issue Assumptions: MOH policies and programmes implemented as planned
1.5.5 National level decision-making on HIV/AIDS	<u>Indicators:</u>	NATCOD annual report	Assumptions:

programmes and policies is informed by the results of well-designed and appropriate research, monitoring and evaluation by 2011. (WHO, UNICEF, UNFPA, UNDP, UNAIDS,)	<ul style="list-style-type: none"> Number of recommendations from research, monitoring and evaluation activities that are implemented in decision making for policies and programmes <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	(MOH)	Appropriate mechanism
CP Outcome 1.6 50% of people affected by and infected with HIV/AIDS are provided with appropriate care, treatment and support by 2011.	<u>Indicators:</u> <ul style="list-style-type: none"> Number and % affected with appropriate care, treatment and support <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Health facility survey (MOH) National Orphan Survey	Risks: Drought may severely affect nutritional status of affected people .
CP Outputs			
1.6.1 Anti-retroviral Therapy (ART) received by 50% of women and men, including children, with advanced HIV infection by 2011. (WHO, UNICEF (children), UNAIDS)	<u>Indicators:</u> <ul style="list-style-type: none"> Number and % of women and men including children with advanced HIV infection receiving ART in the last 12 months <u>Baseline:</u> <ul style="list-style-type: none"> <1% 	Health facility survey (MOH)	Risks: Funding for long term programme may be an issue
1.6.2 Basic external support (home-based care, psycho-social, emotional, spiritual, or other social, economic and material support) is received by 50% of adults aged 18-59 who have been chronically ill by 2011. (UNICEF, UNFPA WHO, WFP)	<u>Indicators:</u> <ul style="list-style-type: none"> Number and % of adults aged 18-59 who have been chronically ill for 3 or more months in the past 12 months whose households received basic external support <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Health facility Survey (MOH) Reports from NATCOD, MOLHW, BIDHO	
1.6.3 80% of health facilities have the capacity and conditions to provide basic HIV counselling and testing and to manage HIV/AIDS clinical services by 2011. (WHO, UNICEF)	<u>Indicators:</u> <ul style="list-style-type: none"> % of health facilities that have the capacity and conditions to provide basic HIV counselling and testing and to manage HIV/AIDS clinical services <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Health facility survey (MOH)	
1.6.4 Basic external support (psycho-social, emotional, spiritual, or other social, economic and material support) in caring for the child received by 50% of OVC and their households by 2011. (UNICEF, WFP)	<u>Indicators:</u> <ul style="list-style-type: none"> % of OVC whose households received basic external support <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	National Orphan Survey (MOLHW)	
1.6.5 Positive attitudes towards PLWHAs and their families expressed by 90 % of the general population by 2011. (UNAIDS, UNICEF, UNFPA, UNDP, WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> % of the general population that express positive attitudes towards PLWHAs and their families (specific responses to (1) Believe HIV-positive status of family members should be kept 	DHS, National Behavioural survey (MOH)	Assumptions: National commitment

	secret and (2) Not willing to care for relative with AIDS at home) <u>Baseline:</u> ▪ 75% (women) in 2002		
<u>CP Outcome</u> 1.7 Women and children are protected from exploitation, violence, abuse, neglect and discrimination; and most vulnerable children have equal access to social services as compared to other children.	<u>Indicators:</u> ▪ Existence of national policies and legislation on child rights and women's rights <u>Baseline:</u> ▪ NA	MOLHW reports DHS	
<u>CP Outputs</u>			
1.7.1 Supportive national policies, legislation and other legal frameworks on children's rights (FGM/C, child labour, juvenile justice, corporal punishment) and women's rights are in place and enforced (UNICEF, UNDP, UNFPA, WHO)	<u>Indicators:</u> ▪ Number of local authorities/community elders/religious leaders/law enforcement officers and legal professionals trained on child rights and national laws concerning children ▪ Number of research/studies completed on child/early marriage and child labour and findings disseminated <u>Baseline:</u> ▪ NA	MOLHW reports	Risks: Reluctance to discuss some of the sensitive issues in public due to traditions of government and community
1.7.2 Children and their caregivers, including parents, families, health workers, police, etc. are aware of the existence of social services and know how to access them in the event of exploitation, violence, abuse, neglect and discrimination of a child. (UNICEF, UNFPA)	<u>Indicators:</u> ▪ % of caregivers of OVCs knowing the nearest social service provider <u>Baseline:</u> ▪ NA	National survey/assessment on child labour, orphans and CSEC MOJ/Judiciary records Mine action reports MOH reports	Risks: Drought may severely affect well-being of children and their families. This could be an extra burden to basic social service systems.
1.7.3 All vulnerable children, including street children, CSEC, children affected by HIV/AIDS, children in conflict with law and those living in mine affected areas have equal opportunity and access to community-based and other social services, including birth registration. (UNICEF, UNFPA)	<u>Indicators:</u> ▪ % of orphans (under 18 and at least one parent dead) and their families, who are reunified and reintegrated with their extended families ▪ % of street children and their families, who are provided with alternative economic livelihood (vocational/skills training) <u>Baseline:</u> ▪ % of reunified and reintegrated orphans: less than 5% in 2002	MOLHW reports and database National budget Reports Zoba child Protection network reports	Risks: Weak coordination over data management

	▪ % of street children and their families assisted: less than 5% in 2002		
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2. National Capacity Development for Attaining MDGs M&E Matrix

CP Outcomes and Outputs	Indicators and Baselines	Sources of Verification	Risks and Assumptions
<p>UNDAF CP Outcome</p> <p>2 By 2011 planning, implementation, monitoring and evaluation capacities are improved at national, regional and local levels to address shortfalls towards attainment of MDG targets and implementation of the MD.</p>			
<p><u>CP Outcome</u></p> <p>2.1 By 2011 capacity is improved and a system established within the NSO and sectoral ministries to conduct surveys, collect and disseminate data update the national database.</p>	<p><u>Indicators:</u></p> <ul style="list-style-type: none"> Evidence-based policy issued and resources allocated <p><u>Baseline:</u></p> <ul style="list-style-type: none"> Existing national data 		<p>Assumption:</p> <p>Availability of regular/up-to-date gender-dis-aggregated data</p>
CP Outputs			
<p>2.1.1 Existing sectoral, MDGs-related databases and mapping information disaggregated by vulnerability, gender and age updated, capacity needs identified and addressed.</p> <p>(UNFPA, UNDP, UNICEF)</p>	<p><u>Indicators:</u></p> <ul style="list-style-type: none"> Gender responsive national database produced Data disaggregated by gender produce <p>Number of hardware and software procured and made available to manage databases</p> <p><u>Baseline:</u></p> <ul style="list-style-type: none"> Existing national database 	<p>-Assessment report</p> <p>-Survey reports produced</p> <p>-Secondary data reports of line ministries and regions</p>	<p>Risks:</p> <p>High turnover of manpower in public sector; recurrence of hostilities between Eritrea and Ethiopia</p>
<p>2.1.2 Bi-annual MDG and other reports are produced and disseminated</p> <p>(UNFPA, UNDP, UNICEF)</p>	<p><u>Indicators:</u></p> <ul style="list-style-type: none"> MDG reports produced and disseminated <p><u>Baseline:</u></p> <ul style="list-style-type: none"> Availability of MDGs reports TBD <p><u>Indicators:</u></p> <ul style="list-style-type: none"> Reports on population size, distribution, age and sex structure <p><u>Baseline:</u></p> <ul style="list-style-type: none"> Non-existence of National population and housing survey 	<p>Published MDG report</p> <p>Preliminary census report</p>	<p>Risks:</p> <p>High turnover of manpower in public sector; recurrence of hostilities between Eritrea and Ethiopia</p>
<p><u>CP Outcome</u></p> <p>2.2 By 2011, development planning, budgeting processes, monitoring and evaluation in the Ministry of National Development (MND) and key national stakeholders are</p>	<p><u>Indicators:</u></p> <ul style="list-style-type: none"> A functioning system established <p><u>Baseline:</u></p> <ul style="list-style-type: none"> Unavailability of a system 	<p>MND records</p> <p>Ministries</p>	

strengthened by using gender and age disaggregated data..	<u>Indicators:</u> <ul style="list-style-type: none"> ▪ Availability of national M&E guidelines and tools <u>Baseline:</u> <ul style="list-style-type: none"> ▪ Non- existence of national guidelines and tools 		
CP Outputs			
2.2.1 Capacity of MND and key national stakeholders (Ref. CP 5.1) strengthened for coordinated development planning, budgeting process, monitoring and evaluation at national, sectoral, regional and local levels, including periodic review of the effects of new/revised national and sub-national plans on realisation of MDGs pertinent to women and children. (UNDP, WB, UNFPA, UNCDF, UNICEF)	<u>Indicators:</u> <ul style="list-style-type: none"> ▪ Number staff from MND and key national stakeholders trained on development plans, programs & budgets preparation at national, sectoral & regional levels <u>Baseline:</u> <ul style="list-style-type: none"> ▪ TBD <u>Indicators:</u> <ul style="list-style-type: none"> ▪ Number of programs/projects monitored and evaluated <u>Baseline:</u> <ul style="list-style-type: none"> ▪ Absence of a M &E component from projects/programs 	-Ministries' plans, programmes Regional administration records Regional Assembly records -M & E reports	Risks: Unpredictability/ absence of budgets Assumption: Budgets available to support development plans
2.2.2 Lessons learned in Anseba local development planning processes and systems replicated into other regions (UNCDF, UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> ▪ Elements of ALDP programmes' methodology adopted by other regions ▪ Elements of ALDP programmes' methodology adopted by other donors/programmes <u>Baseline:</u> <ul style="list-style-type: none"> ▪ Non-existence of methodology 		Assumption: i) Strong central Government commitment to promote decentralised governance; ii) ALDP considered as a test case for replication in other regions
CP Outcome			
2.3 By 2011 operational, regulatory and legislative capacity of the civil service organizations (selected government institutions) strengthened.	<u>Indicators:</u> <ul style="list-style-type: none"> ▪ An HRD system developed, anchored in the Civil Service Administration <u>Baseline:</u> <ul style="list-style-type: none"> ▪ Unavailability of linkage between CSA and government offices 		
CP Outputs			
2.3.1 A well-functioning office to coordinate and follow-up on Eritrean National Laws, treaties, agreements and conventions signed by Eritrea is established. (UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> ▪ Number of laws reviewed and harmonized. ▪ Office established to follow-up international treaties and obligations <u>Baseline:</u> <ul style="list-style-type: none"> ▪ Number of national laws and proclamations ▪ Absence of nationally recognized authority to follow-up 		

	agreements, treaties, and conventions		
2.3.2 The existing 'Training Centre' is equipped and further strengthened to provide trainings and awareness programmes to the judiciary, law enforcement bodies and conduct studies on harmonization of traditional and cultural factors putting applicable conventions such as CEDAW into consideration. (UNDP, UNFPA)	<u>Indicators:</u> <ul style="list-style-type: none"> Number of case backlogs and time of case processing in the formal courts <u>Baseline:</u> <ul style="list-style-type: none"> Rate of fulfilled court cases <u>Indicators:</u> <ul style="list-style-type: none"> Prosecutors, attorney, judges, and other support staff trained <u>Baseline:</u> <ul style="list-style-type: none"> Unavailability of training programmes 		
2.3.3 HRD system is developed and anchored in the Civil Service Administration (CSA) and linked to HRD departments in all ministries and other public institutions. (UNDP, WHO)	<u>Indicators:</u> <ul style="list-style-type: none"> Number of HRD plans in ministries <u>Baseline:</u> <ul style="list-style-type: none"> Lack of HDR system in CSA 		
2.3.4 A system for evaluating organisational performance in the public sector is established in the CSA. (UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> Increase in number of 'standards' completed and usable <u>Baseline:</u> <ul style="list-style-type: none"> Incomplete set of standards TBD 		
2.3.5 Capacity is developed in key (priority) public service institutions (incl. Budget office, Auditor General, Inland Revenue, Trade licensing, Customs). (UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> Availability of performance evaluation/ management audit guidelines <u>Baseline:</u> <ul style="list-style-type: none"> Non existence of performance evaluation methods 		
2.3.6 Capacity of the National Standards Institute (NSI) is developed to ensure improved quality and safety of products and services. (UNIDO)	<u>Indicators:</u> <ul style="list-style-type: none"> Regular financial and management auditing, planning, implementation, capacity assessment and efficiency <u>Baseline:</u> <ul style="list-style-type: none"> TBD 		
<u>CP Outcome</u> 2.4 By 2011, a national coordination mechanism is established at national, regional, and local levels for disaster prevention, preparedness and mitigation.	<u>Indicators:</u> <ul style="list-style-type: none"> Establishment of early warning system(s) <u>Baseline:</u> <ul style="list-style-type: none"> Lack of national strategy & non existence of early warning system 		Risks: lack of technical capacity at national level

	▪ TBD		
CP Outputs			
2.4.1 Strategy for disaster prevention, preparedness and mitigation is developed including to the protection of children, women and people living with HIV and AIDS from exploitation and gender-based violence (FAO, UNDP, WFP, UNHCR)	<u>Indicators:</u> <ul style="list-style-type: none"> National strategy prepared and disseminated <u>Baseline:</u> <ul style="list-style-type: none"> No known national strategy 	National strategy paper	
2.4.2 Early warning systems are established for drought, other natural disasters and conflicts with particular reference to Food Security, and for impact on vulnerable groups focusing on women, children and people living with HIV and AIDS. (UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> Early warning reports/alerts disseminated <u>Baseline:</u> <ul style="list-style-type: none"> No known system 	Access to early warning system Publications	

3. Food Security M&E Matrix

National priority or goal:				
	Country Programme <u>Outcomes</u> and <u>Outputs</u>	Indicators and Baselines	Sources of verification	Risks & Assumptions
	.UNDAF OUTCOME 3.: By providing access to adequate food at all times for 30% of the poor by 2011, contribute to the achievement of halving extreme poverty, hunger (MDG1) and ensuring environmental sustainability (MDG 7) by 2015.	<u>Indicators</u> <ul style="list-style-type: none"> Level of malnutrition in the country <u>Baseline</u> <ul style="list-style-type: none"> NSS level of malnutrition (current to be noted) 	NSS survey reports	
3.1	CP OUTCOME: Enhanced decision (policy) making on Food Security by 2008.	<u>Indicators</u> <ul style="list-style-type: none"> Reference to food security related data sets and sources in policy documents and statements <u>Baseline</u> <ul style="list-style-type: none"> Current available food security related data 	Government policy document	
	CP OUTPUTS 3.1.1 Food Security Strategy Paper operationalized and converted into plans, programmes and projects.	<u>Indicators</u> <ul style="list-style-type: none"> Operationalised Government plans <u>Baseline</u> <ul style="list-style-type: none"> NFSS current status of operation 	National plan of action Appeal for funding NFSS project activities	Assumptions: FSS plans, programmes and projects developed and implemented as planned.
	3.1.2 Strategies, policies, plans, programmes and projects related to agriculture, fisheries and water developed/updated	<u>Indicators</u> <ul style="list-style-type: none"> Number of policies, plans and programmes prepared and updated <u>Baseline</u> <ul style="list-style-type: none"> Number of policies, plans and programmes requiring development/updating 	Relevant documents	Assumptions: Strategies, policies, plans, programmes and projects developed/updated as planned

	3.1.3 Regulatory procedures related to Agriculture, Fisheries and Water developed	<u>Indicators</u> <ul style="list-style-type: none"> Number of procedures and regulations prepared/updated <u>Baseline</u> <ul style="list-style-type: none"> Procedures and regulations requiring updates 	Relevant documents	Assumptions: Regulatory procedures developed as planned
	3.1.4 Food security and agricultural statistics in six zobas, most sub-zobas and villages and environmental information at national level expanded by 80%.	<u>Indicators</u> <ul style="list-style-type: none"> Availability of data at 80% of current level <u>Baseline</u> <ul style="list-style-type: none"> Information of agricultural and environmental census conducted at national level 	Census data Data sets available at different administrative levels	Risks Lack of adequate and skilled man power within the ministries Assumptions Coordinated effort among line ministries up to the lowest level
	3.1.5 Nutritional status and household level food security information available through National Nutrition Surveillance System (NSS)	<u>Indicators</u> <ul style="list-style-type: none"> Outcome of annual NSS surveys in rural/urban areas <u>Baseline</u> <ul style="list-style-type: none"> Number of NSS surveys in all 6 Zobas and urban areas 	NSS survey reports	Assumptions Funding and technical expertise will be available
3.2	CP OUTCOME Support development and protection of the environment and national resources by 2011.	<u>Indicators</u> <ul style="list-style-type: none"> Level of ground water availability (recharge) Hectares of forested area <u>Baseline</u> <ul style="list-style-type: none"> Current ground water table levels in zobas, sub zobas, Statistics of soil erosion (studies to be investigated) 	Water resources reports and statistics	Assumptions The relevant statistical data will be collected and made available Ground verification allows interpretation of remote sensing imagery (if agreed with Government and funded).
	CP OUTPUTS 3.2.1 By 2011 renewable energy promoted and diversified	<u>Indicators</u> <ul style="list-style-type: none"> Number of households with access to renewable energy sources <u>Baseline</u> <ul style="list-style-type: none"> Current no. of households with access to renewable energy 	MEM households energy consumption surveys and report	Assumption Proper utilization of installed renewable energy equipments

	3.2.2	By 2011 productivity improved through sustainable land watershed management practices.	<u>Indicators</u> <ul style="list-style-type: none"> Area of land managed <u>Baseline</u> <ul style="list-style-type: none"> Current size of land/watershed treated 	Field visit, MOA targeted reports MOA agriculture production Targeted reports M&E reports	Risk Lack of implementation of 1994 land proclamation
	3.2.3	Accession of Eritrea to global conventions and international agreements on the environment.	<u>Indicators</u> <ul style="list-style-type: none"> Number of new convention and international agreements ratified <u>Baseline</u> <ul style="list-style-type: none"> Number of conventions and international agreements ratified 	Signed letters of agreements by the Ministry of Foreign Affairs	
	3.2.4	Coastal, Island and marine resources identified for maximum sustainable yield (MSY)	<u>Indicators</u> <ul style="list-style-type: none"> Potential coastal marine resources identified 	Survey assessment reports	Risks Limited available skilled manpower/knowledge of marine resources
3.3		<u>CP OUTCOME</u> Improved access and availability of food	<u>Indicators</u> <ul style="list-style-type: none"> Household level food consumption data from NSS <u>Baseline</u> <ul style="list-style-type: none"> NSS data 	NSS	<u>Assumptions</u> NSS will continue to be operational through 2011, MOA will have relevant statistics available and Census implemented
		<u>CP OUTPUTS</u> 3.3.1 Income generation activities and livelihood supported to 10% of the poor through micro credit financing.	<u>Indicators</u> <ul style="list-style-type: none"> Number of HHS involved in income generating activities <u>Baseline</u> <ul style="list-style-type: none"> Current level of income and means of income generating at FHH level 	Progress report Monitoring and evaluation documents	<u>Assumptions</u> Small business to be established accompanied by providing relevant training
3.4.		<u>CP OUTCOME</u> Capacity support provided to enhance food production at national and household level	<u>Indicators</u> <ul style="list-style-type: none"> Increase of food production (in Mt.) at all levels <u>Baseline</u> <ul style="list-style-type: none"> Current (2006) level of food production 	Baseline surveys Food and Crop supply assessment report	<u>Risks</u> Natural and man-made calamities; Adoption level of technologies

	<p><u>CP OUTPUTS</u></p> <p>3.4.1 Food production and productivity increased through technology transfer</p>	<p><u>Indicators</u></p> <ul style="list-style-type: none"> • Production level in fields/ areas which have adopted new technologies <p><u>Baseline</u></p> <ul style="list-style-type: none"> • Current levels of production in fields/areas prior to adoption of new technologies 	<p>Annual crop and food supply assessment annual reports</p> <p>MOA crop production statistics</p>	<p>Risks</p> <p>Limited availability of skilled manpower at farmers level to acquire technology</p> <p>Environmental factors</p>
	<p>3.4.2 Land productivity increased through water harvesting and management, diversification and intensification of production under irrigation and rain fed systems.</p>	<p><u>Indicators</u></p> <ul style="list-style-type: none"> • Area covered under diversification, intensification • Productivity per unit area/crop/breed <p><u>Baseline</u></p> <ul style="list-style-type: none"> • Low level of productivity, diversification and intensification 	<p>Reports</p>	<p>Risks</p> <p>Resistance to change (behavioral change); Erratic nature of annual rain fall</p>
	<p>3.4.3 Capacity support to agro processing development provided to reduce post-harvest losses and to improve availability of food products on output markets</p>	<p><u>Indicators</u></p> <ul style="list-style-type: none"> • Reduced level (%) of post harvest losses • Increased level of processing agricultural products <p><u>Baseline</u></p> <ul style="list-style-type: none"> • Current levels of post harvest losses • Current levels of processed agricultural products/post harvest losses 	<p>Assessment reports</p>	

4. *Emergency and Recovery M&E Matrix*

CP Outcomes and Outputs	Indicators and Baselines	Sources of Verification	Risks and Assumptions
UNDAF CP Outcome 4 By 2009, assist the Government, through an integrated multi-sector approach, to ensure that IDPs, expellees, returnees and other war-affected and drought-affected are reintegrated and have secure livelihoods and access to basic services.	Degree of difference in availability and usage of basic services and livelihoods (of IDPs, expellees, returnees and refugees) compared with that of local host communities	<ul style="list-style-type: none"> Government sectoral reports Specific sample surveys 	Assumptions: Will, skills and resources for the specific survey available
CP Outcome 4.1 IDPs, expellees, refugees, returnees and host/war-affected communities have basic rights fulfilled (shelter, water, sanitation, health, education) as the foundation for human development, with a special focus on HIV/AIDS and gender issues.	Indicators: <ul style="list-style-type: none"> No of IDPs, expellees, refugees, returnees, and host / war-affected populations that currently do not have access to basic services Baseline: <ul style="list-style-type: none"> 72,000 IDPs/expellees and 4,100 refugees currently targeted 	Govt reports IP reports UNHCR / WFP other UN reports Surveys as appropriate	Risks: Difficult access to all beneficiary populations Assumptions: Zoba level information and analysis will increase to level where required information is available
CP Outputs			
4.1.1 Emergency relief delivered to populations in camps (IDPs / expellees and refugees) (UNHCR, UNAIDS, UNFPA)	Indicators: <ul style="list-style-type: none"> No of IDPs, expellees, returnees, and host/war-affected populations receiving relief supplies / assistance Baseline: <ul style="list-style-type: none"> 72,000 IDPs/expellees and 4,100 refugees require assistance. 	Govt reports IP reports UNHCR/WFP other UN reports -Surveys as appropriate	Risks: Access to beneficiaries Assumption: UN agencies have full access to relief supplies in various stores at all times

4.1.2 Government capacity increased, operations and maintenance ensured and basic services expanded to cover short to medium-term recovery needs of IDPs, expellees and returnees.. (UNDP, UNHCR, UNICEF, UNAIDS, UNFPA)	<u>Indicators:</u> <ul style="list-style-type: none"> Degree of functionality (%) of existing services / constructions – health centres, water systems etc. <ul style="list-style-type: none"> % increase of use of basic services in affected areas Number of government assessments, plans, monitoring and evaluation reports. <u>Baseline:</u> <ul style="list-style-type: none"> TBD – Needs review of current services. Additional field surveys. 	MOE, MOH, WRD and other Govt reports Surveys as appropriate	<u>Risks:</u> Government capacity to sustain recurrent costs (staffing etc) <u>Assumptions:</u> Government information on services is current and appropriately analytical. UN agencies have full access to all required information
4.1.3 Resettlement Relief Committee, which includes equitable gender and youth representation, established and strengthened to monitor and ensure protection of vulnerable groups and equitable access to assets and services take place. (UNDP, UNHCR, UNICEF, UNAIDS, UNFPA)	<u>Indicators:</u> <u>Baseline:</u> <ul style="list-style-type: none"> Number of people accessing adequate care and treatment. 	Regional / central Governments reports: UNAIDS/ UNICEF Additional surveys as appropriate	
4.1.4 IDPs, refugees, expellees and returnees organized to get treatment, care and support for HIV/AIDS (Ref. CP output 1.5.2) (UNFPA, UNAIDS)	<u>Indicators:</u> <ul style="list-style-type: none"> Number and % affected with appropriate care, treatment and support <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Health facility survey (MOH)	<u>Risks:</u> Drought may severely affect nutritional status of affected people
<u>CP Outcome</u> 4.2 IDPs, expellees, returnees and host/war-affected communities have increased and diversified livelihood opportunities, and economic reintegration is enabled.	<u>Indicators:</u> <ul style="list-style-type: none"> Per capita GDP at local level. Availability of disposable income. Diversification in income sources / availability <u>Baseline:</u> <ul style="list-style-type: none"> Comparison of status of affected group with national average - PPP USD 849 per cap, (HDR 2005) 	Govt reports Specific occupation / household level income verification surveys	
<u>CP Outputs</u>			
4.2.1 Agriculture/pastoralist: Affected populations received initial agricultural inputs, livestock restocked and skills enhanced. (FAO)	<u>Indicators:</u> <ul style="list-style-type: none"> Per household availability of requirements – market Number of the IDPs, expellees, returnees requesting, receiving and caring for livestock, degrees of restocking . <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Govt reports Surveys as appropriate	

4.2.2 Soil and water conservation and reforestation promoted. (UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> Number of HH / Ha land covered <u>Baseline:</u> <ul style="list-style-type: none"> TBD WFP (currently no FFW activities) 	UN (WFP) and Govt reports Surveys as appropriate	Risks: Difficult access to areas where attention required. Seasonal constraints
4.2.3 Small-scale businesses developed and economic skills improved and diversified through training. (UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> Populations affected receiving assistance / successfully contributing to their projects. <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	UN Govt reports Surveys as appropriate	Risks: Continued uncertainty regarding borders (Sudan and Ethiopia) limits potential for economic activities
4.2.4 Demining / clearing of UXO undertaken in affected areas. (UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> Number of IDPs, returnees with improved land access <u>Baseline:</u> <ul style="list-style-type: none"> 650,000 people /481 (Landmine Impact Survey LIS, 2004). 	Repetition and update of UXO / Landmine Impact Survey LIS, 2004 (to be done in 2006, 2008).	Risks: Continued uncertainty regarding borders limits potential for economic activities Assumptions: Security situation will allow demining / UXO removal to resume during period

5. Gender Equity and the Advancement of Eritrean Women M & E Matrix

CP Outcomes and Outputs	Indicators and Baselines	Sources of Verification	Risks and Assumptions
UNDAF CP Outcome 5 Achieve equal opportunities, rights, benefits and obligations in all areas of life.	Indicators: <ul style="list-style-type: none"> GDI Index GEM Baseline: <ul style="list-style-type: none"> GDI 0.431 HDR 2005 GEM TBD 	UNDP Reports (HDR)	Assumptions: Border will be demarcated, Risks: Economy does not grow
CP Outcome 5.1 Capacity for gender responsive advocacy planning, monitoring and evaluation for gender equality strengthened in 12 key national institutions including NUEW and other civil society organizations.	Indicators		
CP Outputs			
5.1.1 Gender Research Centre at the University of Asmara established and operationalized by 2007 (UNFPA, UNDP, WHO, UNICEF)	Indicators: <ul style="list-style-type: none"> Number of researches conducted Baseline: <ul style="list-style-type: none"> TBD 	Research reports	Assumptions: Availability of funds, border will be demarcated
5.1.2. Mechanisms for the design and accelerated implementation of sector specific gender sensitive research, planning, monitoring and evaluation in at least 12 key national institutions. (WHO, UNFPA, UNICEF)	Indicators: <ul style="list-style-type: none"> Number of national institutions who implemented sector specific gender sensitive research, planning, monitoring and evaluation Baseline: <ul style="list-style-type: none"> TBD 	Sectoral reports	Assumptions: Border will be demarcated
5.1.3. Strengthening NSO and line ministries for the provision of timely, accurate, reliable age- and sex-disaggregated gender responsive data for evidence based policies and instruments (UNFPA, UNIFEM, UNICEF, WHO)	Indicators: <ul style="list-style-type: none"> Availability and utilisation of accurate, reliable age- and sex-disaggregated gender responsive data for evidence based policies and instruments. Baseline: <ul style="list-style-type: none"> TBD 	Sectoral reports	Assumptions: Border will be demarcated

5.1.4 Advocacy and communication strategy and gender responsive pilot programmes implemented for: i) the promotion of women and girls in education and training; ii) women, power and decision making; iii) women and health; iv) women the economy and poverty; v) human rights of women, violence against women and armed conflict; vi) advocating and monitoring on CEDAW implementation recommendations (UNFPA, UNDP, UNIFEM)	<u>Indicators:</u> <ul style="list-style-type: none"> Communication strategy in use, Number of studies/projects by Gender research centre Framework for advocacy implemented, <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Sectoral reports	Border conflict
CP Outcome 5.2 NUEW capacity to address economic empowerment of women in difficult circumstances (heads of households, nomadic, drought-affected, HIV/AIDS-affected, resettled IDPs, returnees etc) increased	<u>Indicators:</u> <ul style="list-style-type: none"> Pilot programmes scaled up Number of gender analytic reports on sectoral policies and programmes <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Sectoral reports	<u>Assumptions:</u> Availability of qualified and professional women Border will be demarcated <u>Risks:</u> Uncertainty of allocation of necessary budget
CP Outputs			
5.2.1 Access to credit and entrepreneurial skills training for 5000 eligible females in rural, nomadic and resettled communities. (UNFPA, UNICEF UNDP)	<u>Indicators:</u> <ul style="list-style-type: none"> Number of M&E tools and guidelines in use <u>Baseline:</u> <ul style="list-style-type: none"> TBD 	Documents, reports	<u>Assumptions:</u> Border will be demarcated

Annex III: M&E Programme Cycle Calendar

M&E Programme Cycle Calendar 2007-2011

		2007	2008	2009	2010	2011
UNCT M&E Activities	Surveys/Studies	<ul style="list-style-type: none"> ▪ Baseline studies: 1 Capacity of MND and key national stakeholders on developing planning and budgeting process at national, sectoral, and regional levels 2 KAPB on HIV/AIDS 3 Women in the informal labour force 4 Base line study on Number of Cases of violation reported and sanctions applied 5 Baseline on WES 6 Neonatal services among others 7 Baseline survey study for women in the informal labour force 			<ul style="list-style-type: none"> ▪ Follow up surveys on baseline studies to monitor progress (to be confirmed later) 	
	Monitoring Systems	<ul style="list-style-type: none"> ▪ Annual Reports ▪ Progress Reports by UNDAF Outcome and Thematic areas ▪ Establishment of DevInfo ▪ Development of M&E Tools and Guidelines for each Outcome area ▪ Procedure to monitor and evaluate community courts established ▪ Development of Gender Resource and Training centre ▪ NUEW to develop M&E tools and guidelines 	<ul style="list-style-type: none"> ▪ Annual Reports ▪ Progress Reports ▪ HRD system ▪ Early warning system ▪ Early Warning reports ▪ National Food Information 	<ul style="list-style-type: none"> ▪ Annual Reports ▪ Progress Reports ▪ Early warning system ▪ Early Warning reports ▪ National Food Information 	<ul style="list-style-type: none"> ▪ Annual Reports ▪ Progress Reports ▪ Early Warning reports ▪ National Food Information 	<ul style="list-style-type: none"> ▪ Annual Reports ▪ Progress Reports ▪ Early Warning reports ▪ National Food Information

Planning References	Evaluations			<ul style="list-style-type: none"> Evaluations of agency programmes and/or joint programmes by sector 	Final Joint Evaluation of UNDAF cycle	<ul style="list-style-type: none">
	Reviews		<ul style="list-style-type: none"> CP Review 		<ul style="list-style-type: none"> CPI Review 	
	UNDAF Evaluation Milestones	<ul style="list-style-type: none"> Establish Thematic/ Outcome Group National database linked to MDGs indicators Availability of M & E plans <p>Establish Gender Resources and Training Centre at the University of Asmara</p>	<ul style="list-style-type: none"> Availability of M&E plans Gender Resources and Training centre operational, Communication strategy in use 	<ul style="list-style-type: none"> Joint mid-term evaluation Availability of M & E plans for each UNDAF Outcome 	<ul style="list-style-type: none"> Availability of M&E plans 	
	M&E Capacity Building	<ul style="list-style-type: none"> M&E components incorporated into projects/programs Provision of technical and financial resources for each UNDAF Outcome area for monitoring Consultants to train and provide technical support to build capacity of NUEW in Monitoring and Evaluation 	<ul style="list-style-type: none"> M&E components incorporated into projects/programs Provision of technical and financial resources 	<ul style="list-style-type: none"> M&E components incorporated into projects/programs Provision of technical and financial resources 	<ul style="list-style-type: none"> M&E components incorporated into projects/programs Provision of technical and financial resources 	<ul style="list-style-type: none"> M&E components incorporated into projects/programs Provision of technical and financial resources
	Use of information	<ul style="list-style-type: none"> MDG Progress Report RC Report 	<ul style="list-style-type: none"> RC Report National conference on Maternal Health, HIV, GDI and Data survey results, RC Report 	<ul style="list-style-type: none"> MDG Progress Report RC Report 	<ul style="list-style-type: none"> CCA /UNDAF preparation RC Report National conference on HIV and Woman Rights, RC Report 	<ul style="list-style-type: none"> RC Report National conference on 5-year UNDAF, MDG report, RC Report, National Conference on Maternal Health

	Partner Activities	<ul style="list-style-type: none"> ▪ National Database using DevInfo ▪ EMIS, HMIS ▪ Reviews by HAMSET II 	<ul style="list-style-type: none"> ▪ National Database using DevInfo ▪ National population and housing survey ▪ National and sectoral surveys ▪ EMIS, HMIS ▪ Reviews by HAMSET II 	<ul style="list-style-type: none"> ▪ National Database using DevInfo ▪ EMIS, HMIS ▪ Reviews by HAMSET II 	<ul style="list-style-type: none"> ▪ National Database using DevInfo ▪ EMIS, HMIS 	<ul style="list-style-type: none"> ▪ National Database using DevInfo ▪ EMIS, HMIS
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