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Revised country programme document

Eritrea

Summary

The revised country programme document (CPD) for Eritrea is presented to the Executive Board for final approval. At the second regular session of 2006, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been reviewed, taking into account, as appropriate, comments made by delegations during that session. Any changes have been indicated in red. A summary results matrix is presented separately.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2007 on a no objection basis, unless at least five members have informed the secretariat in writing by 6 December 2006, of their wish to bring the country programme before the Board.

Basic data*
(2004 unless otherwise stated)

| | |
|---|-------|
| Child population (millions, under 18 years) | 2.2 |
| U5MR (per 1,000 live births) | 82 |
| Underweight (% moderate and severe, 2002) | 40 |
| Maternal mortality ratio (per 100,000 live births, 1986-1995) | 1 000 |
| Primary school enrolment (% net, male/female, 2003/2004) | 55/48 |
| Primary school children reaching grade 5 (% , 2003/2004) | 81 |
| Use of improved drinking water sources (% , 2003) | 60 |
| Adult HIV prevalence rate (% , end 2003) | 2.7 |
| Child work (% , 5-14-year-olds) | — |
| GNI per capita (US\$) | 180 |
| One-year-olds immunized against DPT3 (%) | 83 |
| One-year-olds immunized against measles (%) | 84 |

* More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. The population of Eritrea is estimated at 4.2 million, two thirds of whom live in rural and semi-rural areas. The annual population growth rate is 2.7 per cent. The gross domestic product grew by 1 per cent annually during 1998-2004. Economic and social development were impeded by the 1998 border war with Ethiopia and Eritrea's Millennium Development Goals report (2005) refers to "the state of no-peace no-war" as an important factor affecting the socio-economic situation, with financial and human resources diverted to defense. The country ranks 161 out of 177 countries on the Human Development Index.

2. Agriculture and pastoralism are the main sources of livelihood for 80 per cent of Eritrea's people. The Common Country Assessment (CCA) found that two thirds of the population required food aid in 2005. Even in years of good rainfall, only 60 to 70 per cent of domestic food needs are produced, but the current drought has lasted almost five years, leading to reduced food production, less investment in development and increased poverty and vulnerability. Some 53 per cent of the population lives below the national poverty line.

3. Achieving Millennium Development Goal 1 on eradicating extreme poverty and hunger will be a challenge. The rate of acute undernutrition in children under five years of age ranges between 9 per cent in the Maekel *zoba* (region) and 17 per cent in the Gash Barka *zoba*. This includes micronutrient deficiencies in iodine (25 per cent), iron (34 per cent) and vitamin A (42 per cent). The rate of undernutrition among women of child-bearing age is among the highest in Sub-Saharan Africa, estimated at 38 per cent nationally and at 53 per cent in the most severely drought-affected regions, reflecting chronic food insecurity. The prevalence of low birth weight increased from 8 per cent of infants in 2001 to 18 per cent in 2004.

4. Achieving Goal 2, universal primary education, will also be challenging. The net primary school enrolment ratio is 54 per cent, increased from 30 per cent in 1994-1995. Disparities in access to schooling exist by location, sex and income group; for example, the Northern Red Sea *zoba* has a net enrolment rate of only 23 per cent. Factors contributing to low enrolment and under-achievement are lack of access, insufficient learning materials, poorly qualified teachers and a poor learning environment. Access is particularly limited for the nomadic

population. The repetition rate is 20 per cent. On Goal 3, gender equality, although the net enrolment rate for girls has increased from 30 per cent in 1994-1995 to 48 per cent in 2003-2004, the ratio between girls and boys in primary school is 80 per cent. Learning achievement for girls at grade 5 is 21 per cent less than for boys. Contributory factors include traditional attitudes, low income, girls' domestic responsibilities, shortage of female teachers (36 per cent are female) and early marriage. Some 48 per cent of women marry before the minimum legal age of 18 years, and 20 per cent marry by age 15 years. Annual increases of 4 per cent in the net enrolment rate and 1 per cent in gender parity are needed to reach the Millennium Development Goals.

5. On Goal 4, the under-five mortality rate (U5MR) dropped from 136 per 1,000 live births in 1995 to 82 in 2004. An annual decrease of 6.5 per cent in U5MR is needed to attain this Goal. Acute respiratory infections (30 per cent) and diarrhoea (19 per cent) are the leading causes of under-five mortality. Neonatal mortality represents 50 per cent of all infant deaths. For Goal 5, the maternal mortality ratio is estimated at 1,000 per 100,000 live births. Antenatal, delivery and postnatal care are poor and emergency obstetric facilities limited. Skilled personnel attend 26 per cent of deliveries, increased from 17 per cent in 1995. It is probable that Goal 6, combating HIV/AIDS, malaria and other diseases, will be reached. HIV prevalence appears to have stabilized at 2.7 per cent among pregnant women. Eritrea surpassed the Abuja malaria target despite 67 per cent of the population living in malaria-endemic areas. **The number of reported malaria cases reduced from 126,000 in 2001 to 34,000 in 2005, and the malaria case fatality rate for children under five years of age decreased from 6 per cent in 1999 to 0.2 per cent in 2005. Use of insecticide-treated nets increased from 34 per cent in 2002 to 75 per cent in 2005, and according to MoH reports each household in the worst affected zoba, Gash Barka, owned at least two insecticide treated nets.**

6. Wide disparities exist related to Goal 7, environmental sustainability. In rural areas, the rate of access to safe water is 54 per cent compared to 72 per cent in urban areas. Decreasing water tables, recurring drought and poor operation and maintenance of water systems are challenges. Only 4 per cent of the rural population have access to sanitation facilities. Reaching Goal 7 requires an annual increase of 3 per cent in water supply and 7.4 per cent in sanitation.

7. Few data are available related to the Millennium Declaration emphasis on protecting the vulnerable. The CCA quotes a 1999-2000 survey identifying 51,000 orphans in need of support. According to the 2000 Demographic and Health Survey (DHS), 10 per cent of children under age 15 years have lost one or both biological parents due to war, drought, displacement and, to some extent, HIV/AIDS. There are over 3,000 street children and under-age sex work is a problem. Due to insecurity and unexploded ordnance, about 50,000 internally displaced persons (IDPs), most of whom are women and children, lived in 16 camps in the beginning of 2006. Some IDPs have returned to their villages, but this has put an extra burden on schools, water systems and health facilities. Female genital mutilation/cutting (FGM/C) affects up to 89 per cent of women, reduced from 95 per cent in 1995. Birth registration is legally required within 90 days of birth but not enforced.

8. Some provisions of the Convention on the Rights of the Child are included in domestic legislation. Some social policy reform measure have taken place but there has been no comprehensive legal reform based on the Convention. Eritrea ratified the Convention in 1994, endorsed the two Optional Protocols and presented the first periodic report to the Committee on the Rights of the Child in 2002. The Committee's recommendations include developing a system of collecting data on child rights; monitoring and evaluation; promoting the role of civil society in implementing the Convention; enforcing legislation and curbing

the practice of early marriage; implementing birth registration; increasing enrolment rates, particularly for girls; expanding access to health services; ensuring education for sex workers; and increasing public awareness of the participatory rights of children. Eritrea ratified the Convention on the Elimination of all Forms of Discrimination against Women in 1995.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

9. Emergency preparedness and response activities were integrated within sectoral programmes, reaching approximately 300,000 people. Interventions provided therapeutic food to 3,000 severely undernourished children annually and supplementary food to another 15,000-20,000 children and pregnant women. As a result of construction or rehabilitation of 38 water systems and 50 hand-pump wells in 60 drought- and war-affected villages, 255,000 people have access to clean water. An additional 65,000 people benefited from water trucking for periods ranging from three to nine months. Material support was provided to 1,100 child-headed households. Some 70,000 people received mine-risk education, over half of them children. A joint initiative by the United Nations and non-governmental organizations (NGOs) strengthened the capacities of the Ministry of Health to conduct regular nationwide nutritional and food security surveys.

10. UNICEF, in collaboration with the World Health Organization (WHO) and the United States Agency for International Development, provided the Ministry with technical assistance, vaccines and vitamin A, as well as capacity-building. This contributed to reducing vaccine-preventable diseases to the extent that no measles deaths were reported during the last three years and the neonatal tetanus elimination target was achieved. The discovery of one imported polio case in 2005 was followed by Eritrea's first house-to-house polio vaccination and vitamin-A supplementation campaign, covering over 96 per cent of children under age five.

11. Support to the Ministry of Education resulted in 90,000 children enrolling in primary school. One thousand "hard-to-reach" girls benefited from an incentive scheme to increase girls' enrolment. Some 70 per cent of teachers were trained on "gender-fair" approaches and 60 per cent of female teachers received training for teaching certification. Life-skills education was institutionalized in the curriculum to benefit over 150,000 pupils and integrated in teacher-training. Water and sanitation facilities were provided for 25,000 children in 100 primary schools. The school attendance rate for 2,250 unaccompanied children increased from 60 to 96 per cent as a result of school meals provided in collaboration with the World Food Programme (WFP).

12. A national strategy for abolishing FGM/C developed with the Ministry of Health and the United Nations Population Fund (UNFPA) has provided a platform for action to prevent an estimated 1 million of girls from undergoing FGM/C within the next five years. The Ministry of Labour and Human Welfare was supported to reunify and re-integrate over 12,000 orphans and street children with their extended families.

Lessons learned

13. UNICEF engaged in four joint United Nations programmes implemented under the United Nations Development Assistance Framework (UNDAF). Jointly with UNFPA and the Joint United Nations Programme on HIV/AIDS (UNAIDS),

325 Eritrean Defense Force HIV/AIDS Community Change Agents were trained to sensitize 500,000 people on preventing HIV infection in remote rural communities in four *zobas*. An external evaluation commissioned by the Resident Coordinator's office verified that joint programmes avoided duplication of effort and provided wider coverage, and that pooling of resources that were managed by UNFPA increased cost-effectiveness. This positive experience will be expanded in the new UNDAF.

14. Since independence, there has been much progress in relation to Millennium Development Goals 2 and 4, especially in ensuring access to basic social services, including immunization, and increasing the number of children in school. However, further progress will be more difficult as many of the remaining children belong to hard-to-reach groups and specific strategies are needed to reach the most vulnerable, while the already evident shortage of human resources is becoming more acute.

The country programme, 2007-2011

Summary budget table*

| <i>Programme</i> | <i>(In thousands of United States dollars)</i> | | |
|---------------------------------------|--|------------------------|-----------------|
| | <i>Regular resources</i> | <i>Other resources</i> | <i>Total</i> |
| Young child survival and development | 1 307.5 | 8 100 | 9 407.5 |
| Basic education and gender equality | 987.5 | 5 400 | 6 387.5 |
| Water, sanitation and hygiene | 1 105 | 9 000 | 10 105.0 |
| Child protection | 700.0 | 3 600 | 4 300.0 |
| Advocacy and partnership for children | 2 301.5 | 900 | 3 201.5 |
| Cross-sectoral costs | 2 523.5 | 3 000 | 5 523.5 |
| Total | 8 925.0 | 30 000 | 38 925.0 |

* Additional emergency funding from Consolidated Appeals is anticipated.

Preparation process

15. The CCA, UNDAF and country programme were developed under the leadership of the Government, coordinated by the Ministry of National Development. The process was guided by national development goals and priorities, as detailed in the interim poverty reduction strategy paper (I-PRSP) and other national planning documents, the Millennium Development Goals and targets and the recommendations of the Committee on the Rights of the Child. From the development challenges identified in the CCA, five priority areas for United Nations response were chosen during a prioritization workshop.

16. The UNDAF was prepared by thematic working groups for each of the priority areas: (a) basic social services; (b) national capacity development for attaining the Millennium Development Goals; (c) food security; (d) emergency and recovery; and (e) gender equity and advancement of Eritrean women. UNICEF is contributing to the first, second, fourth and fifth areas, and to some extent to the third. A Steering Committee led by the Ministry of National Development provided guidance on the selection of joint programmes. UNICEF is the lead agency for child health and nutrition, education, water and child protection. Inputs from development partners were an important part of the development of the UNDAF.

Goals, key results and strategies

17. The country programme's goal is the progressive realization of children's rights through support to the Government to provide equal access to basic social services and protection for all children, including during emergencies.

Key results

18. For young child survival and development, the expected results are: (a) at least 80 per cent of newborns and children under age five have access to effective integrated management of neonatal and childhood illnesses (IMNCI) and prevention of mother-to-child transmission of HIV (PMTCT) plus facility- and home-based care; (b) child immunization coverage increased to 90 per cent; 90 per cent of children aged 6-59 months receive two doses of vitamin A and tetanus toxoid coverage of pregnant women increased from 36 per cent to 70 per cent including in emergencies; and (c) protein-energy malnutrition in children under age five years halved.

19. For basic education and gender equality, the expected results are: (a) policies, standards and guidelines developed and strategies formulated for effective implementation and monitoring of early childhood development (ECD), quality primary education, girls' education and programmes for marginalized children as outlined in the Education Sector Development Plan; (b) at least 70 per cent of school-age girls complete primary education; (c) the quality of education is improved to bring the minimum learning achievement level to 50 per cent for 80 per cent of students in a child-friendly and gender-sensitive learning environment; and (d) all students in grades 4 to 12 complete an age-appropriate HIV/AIDS life-skills programme that is fully integrated in the curriculum.

20. For water, sanitation and hygiene (WASH), the expected results are: (a) 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; and (b) access and utilization of improved water, sanitation and hygiene services increased in additional 120 rural primary schools.

21. For child protection, the expected results are: (a) progressive increase in access for 25,000 vulnerable children to community-based care and protection and to basic social services, including protection from HIV infection; (b) legislation, policies and implementation systems, including monitoring and reporting mechanisms, are strengthened to protect children from exploitation, violence, discrimination, abuse and neglect and to ensure justice for children in line with international standards; and (c) children in emergency situations are protected from neglect, abuse and violence.

22. For advocacy and partnership for children, the expected results are: (a) strategic and up-to-date sex-disaggregated data on the situation of children and women available, analyzed and in use for planning, implementation and monitoring to reduce disparities; and (b) participation of children in mobilizing for basic social services is enhanced.

Strategies

23. The programme will be nationwide, with a specific focus on the most vulnerable children. As stated in the UNDAF, it will support the Government to facilitate the realization of rights and provide protection for children using the following interrelated strategies: (a) increased utilization of basic social services, especially by vulnerable children, through developing capacities for delivering quality basic social services, emphasizing strengthened local planning; (b) emergency preparation and response integrated in all programmes, ensuring a phased approach with essential linkages and effective transition from short-term

relief to longer-term development; (c) convergence of services in disadvantaged communities to reduce disparities; (d) evidence-based advocacy for children to increase knowledge and leverage resources to ensure that children are placed at the centre of sector-wide approaches; and (e) broadening development partnerships for children at local and national levels and participation of children and youth in relevant.

Relationship to national priorities and the UNDAF

24. The I-PRSP was used to align the country programme's expected key results and strategies with national development priorities, and the CCA and the national report on the implementation of the Convention on the Rights of the Child guided the selection of interventions. The country programme's expected key results are detailed in the UNDAF results matrix, where the UNICEF contributions are indicated at both outcome and output levels principally in four of the five UNDAF outcome areas.

Relationship to international priorities

25. The country programme contributes to attaining the Millennium Development Goals in the areas that impact most strongly on the rights of Eritrean children and women, and to all focus areas of the UNICEF medium-term strategic plan. It takes into account the recommendations of the Committee on the Rights of the Child and the principles of the Convention on the Elimination of All Forms of Discrimination against Women by focusing on legislative reform, policy development, strengthening implementation mechanisms and enhancing participation. The programme addresses the priority areas identified in the Declaration and Plan of Action of the General Assembly Special Session on Children, *A World Fit for Children*; Education for All; the Abuja Declaration; the Convention on the Prohibition of the use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction; and International Labour Organization Convention 138 on the Minimum Age for Employment.

Programme components

26. The **young child survival and development** programme has three components. The child survival component will support the Government to halve the U5MR due to malaria, neonatal causes, diarrhea and pneumonia. All children in disaster-affected areas will be reached with life-saving health interventions according to the UNICEF Core Commitments for Children in Emergencies (CCCs). Insecticide-treated nets will be promoted to reach 90 per cent use by children under five years of age and pregnant women, accompanied by training on case management for health workers and home-based malaria treatment for extension workers. Expansion of IMNCI will be supported, emphasizing the community component. Capacity-building for antenatal care aims at skilled attendance at 50 per cent of deliveries. The programme will provide training and equipment for comprehensive PMTCT plus services in all antenatal care centres and referral hospitals, accompanied by community sensitization activities. Health professionals will be trained in paediatric AIDS and basic equipment provided for child counselling units. UNICEF will develop a joint programme with WHO to scale up IMNCI, including upgrading of district health systems, and will work with UNFPA to incorporate neonatal care in the midwifery curriculum.

27. The immunization component will continue to provide training, supervision, supplies and equipment for the expanded programme on immunization (EPI) plus and the Reach Every District approach, attaining 90-per-cent sustained coverage, maintaining neonatal tetanus and polio eradication and eliminating measles. UNICEF will continue to leverage resources from donors for EPI activities and

will work to strengthen the Inter-agency Coordinating Committee. A joint UNICEF-WHO programme on EPI will be developed as will a joint response to meningitis outbreaks.

28. The nutrition component will provide vitamin A supplementation twice yearly for children aged 6-59 months and for post-partum women. Advocacy, training, provision of equipment and monitoring and evaluation will ensure that 90 per cent of households consume adequately iodized salt. Emphasis will be placed on infant and young child feeding and essential newborn care, including promotion of exclusive breastfeeding for six months, provision of counselling and support on optimal infant feeding to mothers infected with HIV, and introduction of nutritionally adequate complementary foods. UNICEF, WHO and the Ministry of Health will support the continued development of a nutrition surveillance system using sentinel sites and will undertake nutritional surveys during acute emergency phases. UNICEF, WFP and WHO will develop a joint programme to expand child growth monitoring and the community-based therapeutic feeding intervention to ensure reaching severely undernourished children. Regular resources will support technical assistance, capacity development, monitoring and evaluation and other resources will cover supplies and equipment.

29. The **basic education and gender equality** programme will address the low net primary-school enrolment rate and poor quality of primary education, particularly for girls. The education policy component will provide technical assistance to develop policies, standards, strategies and guidelines for implementing the Education Sector Development Plan, informed by research and studies where necessary, specifically in relation to barriers to girls' education and educational access for marginalized groups, including the nomadic population. Technical assistance will be provided for a national policy on ECD and standards for measuring school readiness.

30. The quality education for girls component will support the Ministry of Education to scale up net enrolment, especially for girls and hard-to-reach children. A social mobilization campaign will focus on the importance of girls' education, stressing the need to start school at age six. Technical assistance will be provided to develop competency- and outcome-based curricula. Teachers will be trained on child-centred teaching and learning processes, gender equity and life-skills education for HIV prevention. Safe water, sanitation facilities and hygiene education will be provided in schools. Emphasis will be placed on the importance of community participation in schools, not just in school maintenance but also in monitoring children's progress. Support will be provided to improve management and information systems, including developing a sustainable system for monitoring learning achievement to assist in designing locally tailored responses for school improvement. Technical assistance will strengthen the capacities of local authorities to provide continuous pedagogical assistance for teachers. The Government will be supported to develop innovative strategies to increase the number of female teachers.

31. Support for the emergency preparedness and response EPR training programme will ensure continuity of schooling for children affected by emergencies through setting up temporary learning spaces, providing teaching and learning materials and initiating recreational activities according to the CCCs. A joint programme will be developed with WFP on school feeding.

32. The **water, sanitation and hygiene (WASH)** programme aims to increase coverage of sustainable and integrated WASH services and practices, focusing on vulnerable groups including people in drought-prone areas, covering 250,000 users for water supply, 100,000 for sanitation and 36,000 primary school children. The community WASH services component will provide technical assistance to support the development of sectoral policies, strategies and capacity-building for

community-based planning, implementation and maintenance of services and infrastructure. At the *zoba* level, support for service delivery will be complemented by hygiene education for households and communication campaigns to influence behavioural change. Community WASH committees will manage systems, with equal participation of women in key positions. Community health centres will be included in the WASH programme. Provision of training and equipment at *zoba* level will support the establishment of WASH information management systems. The programme will contribute to the national EPR plan by supporting technical assessment of the WASH situation in IDP camps, transit populations and host communities and reviewing action plans, with an emphasis on outbreak prevention.

33. The school WASH education component will prioritize the involvement of children, teachers and other key community representatives in preparing the school WASH plan on installation of water and latrine facilities and processes for practicing proper WASH behaviours. Programme implementation will be carried out by the Water Resource Department, the Ministry of Health and the Ministry of Education, with the involvement of the private sector. UNICEF is the lead United Nations agency for water supply and sanitation, and in collaboration with the United Nations Development Programme (UNDP) for providing water for resettled IDPs and with WHO for water quality monitoring. Regular resources will be used for institutional capacity development in WASH and other resources for service delivery for communities and schools.

34. The **child protection** programme has two components. The social protection component will support community-based child protection networks to identify and ensure access to protection, basic care and services for the most vulnerable children such as orphans, street children, children in commercial sexual exploitation, children in contact with the law and those affected by HIV/AIDS. Service providers will be trained in effective child protection strategies. EPR will ensure protection of children in emergency situations, including setting up and equipping child-friendly spaces supported by community-based child protection networks, with the participation of children and women. Assistance will be provided to identify, document and reunify separated children. Support will be provided for mine-risk education for children, in cooperation with the Eritrean Demining Authority, including awareness-raising to prevent mine-related injuries and the establishment of a mine-risk surveillance system. Through a joint programme coordinated by the Government and UNAIDS, out-of-school children and young people, especially girls, will be assisted to develop life skills that reduce their vulnerability to HIV infection. Children, especially girls, who are engaged in exploitative labour and commercial sexual activities will be supported to enrol in educational and vocational programmes.

35. The justice and protection for children component will provide technical assistance for developing a child welfare social policy, strengthening the birth registration system, improving child justice, reducing exploitative child labour and reducing harmful traditional practices including child marriage and FGM/C. The programme will support the development of a national plan of action for vulnerable children and an information management system to strengthen national and subnational evidence-based planning for children needing special protection. Studies will be supported on child marriage and child labour to provide evidence for policy development.

36. The **advocacy and partnership for children** programme will contribute to reinforcing information generation, advocacy and partnerships for children. The evidence-based advocacy for children component will provide technical assistance to strengthen capacities for collecting data on the situation of children and women, including sector-specific information management systems. This will

be linked to *DevInfo*, which will be extended to the regional level for decentralized capacity-building in planning and monitoring. Data will be analyzed to highlight disparities related to children and women and used to advocate with the Government, United Nations agencies and donors for improved planning and increased resource allocation to disadvantaged groups. Capacity-building of relevant institutions will improve regular reporting and monitoring systems, providing quality and timely data on implementing the Convention on the Rights of the Child and on progress towards the Millennium Development Goals. Inputs from children and women to these systems will be encouraged through programme networks. Advocacy and leveraging resources to enhance an HIV/AIDS surveillance system in cooperation with partners will contribute to strengthening government capacities for disease surveillance and monitoring.

37. The partnerships for children component will enhance child participation in planning for basic social services. A wide partnership will be developed through the programme; partners will be trained in rights-based programming, including the involvement of children in local planning activities. The capacities of the national media will be enhanced to report on issues relating to children including reporting on the Convention on the Rights of the Child and Millennium Development Goals. The participation of children in producing radio and television programmes will be facilitated, building on lessons learned in both Eritrea and other countries.

38. **Cross-sectoral costs** will cover management and support for the country programme, including programme planning and coordination. Expenses related to supply, logistics, information technology, administration and finance are included in this category.

Major partnerships

39. Under government leadership, multiple partnerships will be strengthened for intensive, intersectoral collaboration and strong institutional coordination at central, *zoba* and sub-*zoba* levels. These partnerships will include the United Nations agencies working through the UNDAF for coordinated implementation including joint programming, as detailed in the UNDAF results matrix. Other major partnerships include bilateral partners, the Asian Development Bank, the Global Alliance for Vaccines and Immunization, the Global Fund to Fight Aids, Tuberculosis and Malaria and the World Bank for funding, coordination, policy dialogue and advocacy; NGOs, civil society organizations, faith-based organizations, youth associations and women's groups for implementation, advocacy and capacity-strengthening; the private sector, for advocacy, coordination, joint policy development and funding; the media, for improved communication on child rights; and children, young people and families, for promoting greater participation in their claim to rights realization.

Monitoring, evaluation and programme management

40. Key indicators for monitoring progress towards programme results, as well as strategic choices for monitoring and evaluation activities, are detailed in the summary results matrix and in the five-year integrated monitoring and evaluation plan (IMEP). The IMEP, to be updated annually, incorporates programme research and monitoring and evaluation activities and is consistent with the UNDAF IMEP. Eritrea's well-functioning management information systems in the health and education sectors will be key sources of information, and support will be provided to establish similar systems in data-scarce sectors, particularly child protection. A joint programme with UNDP and UNFPA will assist the National Statistics Office to establish a database using *DevInfo* to monitor progress towards meeting the Millennium Development Goals and targets and to inform planning for disparity

reduction. Data will be disaggregated by sex, age and other variables, depicting patterns of vulnerability. Periodic field visits with partners will provide information for tracking key indicators. Sample indicators include measles vaccination coverage, net enrolment rate by gender, and rural access to safe drinking water. National surveys planned with partners in 2007 include the DHS including biological HIV data, a neonatal services baseline and a WASH baseline study.

41. The Ministry of National Development is responsible for coordination of the country programme within the UNDAF. Thematic coordination groups composed of United Nations agencies and government counterparts will be established, and a monitoring and evaluation task force will be responsible for implementing and monitoring the UNDAF IMEP. Programme reviews will take place annually, a joint mid-term review will be held in 2009 and an UNDAF evaluation in 2011. To minimize transaction costs to government and other partners, the country programme review will be incorporated within wider sectoral reviews whenever possible.
