



THE GOVERNMENT OF THE STATE OF ERITREA

AND

THE UNITED NATIONS POPULATION FUND

**COUNTRY PROGRAMME ACTION PLAN
(2013 TO 2016)**

Asmara, 28 March, 2013

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Acronyms

ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BEmONC	Basic Emergency Obstetric and Neonatal Care
CBO	Community Based Organization
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
DHS	Demographic and Health Survey
EmONC	Emergency Obstetric and Neonatal Care
EPHS	Eritrea Population and Health Survey
FP	Family Planning
GDP	Gross Domestic Product
GBV	Gender Based Violence
HCW	Health Care Workers
HIV&AIDS	Human Immune Virus/ Acquired Immuno- Deficiency Syndrome
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
IPs	Implementing Partners
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MoND	Ministry of National Development
NSA	Non State Actors
NUEWS	National Union of Eritrean Women
NUEYS	National Union of Youth and Students
OBGYN	Obstetrics and Gynaecology
OF	Obstetric Fistula
P&D	Population and Development
PMTCT	Prevention of Mother to Child Transmission
POM	Programme Outcome Manager
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SRH	Sexual and Reproductive health
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA CO	United Nations Population Fund, Country Office
UNFPA RO	United Nations Population Fund, Regional Office
UNFPA SRO	United Nations Population Fund, Sub-Regional Office
UNICEF	United Nations Children's Fund
WHO	World Health Organization

PREAMBLE

The Country Programme Action Plan (CPAP) defines the broad development goals and priorities that the government of the State of Eritrea (GoSE) and UNFPA subscribed to within agreed development results and financial parameters for the next four years (2013 – 2016). It was prepared jointly by the Ministry of National Development (MoND) and UNFPA. This CPAP is also anchored on the GoSE-UN SPCF 2013-2016, which is aligned with the national development priorities articulated by the MoND.

Coordination and implementation of the CPAP will be guided by the following four principles:

- 1) That MoND is designated as the only focal Ministry by the GoSE for all development cooperation. Therefore, all contacts by UNFPA have to be through it. Moreover, MoND will have the sole responsibility for defining development priorities and coordinating all development interventions in the Country. Consequently, prioritization of all areas of support to the country will be done by MoND.
- 2) That UNFPA in its support to the development efforts of the country will do so in line with its mandate, comparative advantage, policies, guidelines, rules and procedures.
- 3) That with signing of this CPAP with MoND, the funds allocated for each component of the annual work plans will be deposited on a quarterly basis in the bank accounts of the relevant executing agencies (implementing partners) upon submission of satisfactory financial and narrative reports on previous activities.
- 4) Finally, that in order to follow the efficient and effective implementation of the CPAP, UNFPA will receive from the MoND regular narrative and financial reports of the implementation and outcomes of the projects from which they have contributed. UNFPA will also have the right to visit and observe project implementation on sight facilitated by MoND and obtain additional information from the executing agencies.

In the spirit of cooperation, the MoND and UNFPA will meet periodically to review the implementation of the CPAP.

THE FRAMEWORK

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of The State of Eritrea (GoSE) (hereinafter referred to as the Government) and the United and Nations Population Fund (hereinafter referred to as UNFPA);

Furthering their mutual agreement and cooperation for the fulfilment of the International Conference on Population and Development Programme of Action;

Building upon the experience gained and progress made during the implementation of the third Country Programme of cooperation (2007-2011) with one year extension (2012);

Entering into a new period of cooperation, based on the 2013-2016 Country Programme and the Strategic Partnership Cooperation Framework;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

PART I: BASIC RELATIONSHIP

1. “The Basic Agreement concluded between the Government of the State of Eritrea and the United Nations Development Programme on [30th September 1993] (the “Basic Agreement”) *mutatis mutandis* applies to the establishment in Eritrea of a United Nations Office provides the basis of the relationship between the Government and UNFPA and applies to the activities and personnel of UNFPA in **Eritrea**. This CPAP together with any work plan concluded hereunder, which shall form part of this CPAP and is incorporated herein by reference, constitutes the project document as referred to in the Basic Agreement. References in the Basic Agreement to “Executing Agency” shall be deemed to refer to “Implementing Partner” as such term is defined in the Financial Regulations of UNFPA and used in this CPAP and any work plans concluded hereunder.”

PART II: SITUATION ANALYSIS

2. Eritrea has an area of about 124,000 square kilometers. The population of Eritrea was estimated to be 3.84 million in 2011 (HMIS, MOH) with a total fertility rate of 4.8. Population and Housing Census has not been conducted in the country. However, as a follow up to the previous two DHSs, the third DHS (known as EPHS) 2010 was carried out.

3. Gross domestic product per capita is \$403 (World Bank 2010). About 65 per cent of the population is classified as poor. The incidence of poverty is slightly higher in peri-urban areas and among women.

4. The Government is committed to achieving the Millennium Development Goals and implementing other international conventions and agreements, including the Programme of Action of the International Conference on Population and Development, the Convention on the Elimination of All Forms of Discrimination against Women and the Beijing Platform for Action.

5. The government is on track in achieving MDG 5 (target a) on reduction of the MMR, which reduced from an estimated 998 per 100,000 live births in 1995 to 486/100,000 (EPHS 2010). This is attributed to government's commitment and concerted efforts by various partners to improve health, education, transportation, infrastructure and service delivery, although challenges still remain. Although the causes are not documented, abortion continues to be a major threat to women's survival in Eritrea noting that post abortal sepsis accounted for 18.9 per cent of all obstetric deaths and 6 per cent of all deaths in 2011 (HMIS 2011). Government has also developed and is implementing various policies, strategies and national plans including National Health Policy (2010) Health Sector Strategic Development Plan (2010-2014), Roadmap for Maternal and New-born Health (2012-2016), National policy on Gender (2004), National Gender Action Plan (2012-2016).

6. The Ministry of Health plans to upgrade community hospitals to provide comprehensive emergency obstetric care. The proportion of health stations providing basic emergency obstetric care has increased from 23 per cent in 2007 to 80 per cent in 2010 (out of a total of 270 health stations) and the proportion of hospitals providing comprehensive emergency obstetric care increased from 70 per cent (8 out of 11) in 2007 to 87 per cent (13 out of 15) in 2011. Antenatal care coverage is 88% and Post Natal Care (PNC) coverage is 40% at 6 days. The percentage of deliveries attended by skilled birth attendants is still at 43 per cent despite the increase in the proportion of facilities providing emergency obstetric care. This may be attributed to transportation problems, the terrain, distance and cultural barriers. The prevalence of obstetric fistula is 0.03 per 1,000 and clearing the backlog of the existing number of fistula patients is progressing well. Availability of required human resources at various levels is still an issue.

7. The proportion of health facilities providing at least 3 modern contraceptive methods increased from 51.3 per cent (2007) to 100 per cent in 2010. Contraceptive prevalence rate has been low at 8.4 per cent since 2002 and unmet need for contraception is high at 27.4 per cent and is highest in the age

categories 14–19 at 43 per cent. The low contraceptive prevalence rate is mainly attributed to cultural barriers. (Cultural barriers contribute to the low contraceptive prevalence rate).

8. The national HIV prevalence is 0.93 per cent. The HIV prevalence among those aged 15-19 years is: women 0.15, men 0.00 and among 20-24 years, women 0.23, men 0.00. The assumption is that young women are infected by older men. The prevalence of HIV in the high risk group is higher among commercial sex workers (CSW) at 6%, and that of truck drivers is 2.4% according to surveys conducted in 2011.

9. Young people aged 10-24 make up 22 per cent of the total population, and are among those most vulnerable to poverty and reproductive ill health. They are at risk of sexually transmitted infections, HIV/AIDS, early pregnancy and obstetric fistula. Teenage pregnancy is high at 10.4 per cent. This could be attributed to several factors which include cultural/religious factors and inadequate youth friendly integrated sexual and reproductive health services.

10. Some negative cultural practices such as Female Genital Mutilation/Cutting (FGM/C) are declining following the proclamation to ban this practice and subsequent advocacy initiatives. Compared to 2002, the prevalence of female genital mutilation/cutting reduced from 89 per cent to 83 per cent in 2010. In addition to this, FGM/C prevalence in the age groups under 15 and 5 years have gone down to 33% and 12% respectively. Reported cases of early marriage from 12 years persist despite the stipulated age of marriage at 18 years. This being the case, FGM/C and early marriage continue to be a challenge.

11. The scarcity of essential data has been a challenge in terms of conducting successful planning, monitoring and evaluation activities including establishing baselines and setting targets of development programmes. Thus, availability of and access to disaggregated and quality and up-to-date data in the various sectors for evidence based planning and programming is very critical.

12. At the time of the preparation of this CPAP, Government was still finalising the overarching national development plan. In the absence of the plan, development processes are guided by the sector strategies and policies. Based on these sector-specific policy documents, national priorities point towards: food security; education; health; access to potable water at reasonable distance; roads and infrastructure development; environment and natural resources management; human and institutional capacity development and information and communication technology. The vehicle for delivering the

development agenda in the sector plans appears to be based on a decentralized implementation strategy.

PART III: PAST COOPERATION AND LESSONS LEARNED

13. The third country programme, 2007-2011 with a one year extension up to 2012, had three programme components which focused on building institutional and technical capacity to provide quality reproductive health services; availability of quality data for planning, monitoring and evaluation, and gender mainstreaming. Support to Government and NGOs was provided in collaboration with other United Nations agencies, and local non-government organizations. The end of third programme evaluation revealed that the programme performance was satisfactory in relation to its design, relevance, effectiveness, efficiency, and sustainability.

14. Under the reproductive health component, the country programme contributed to the development and costing of the roadmap for maternal and new born health that guide actions in improving maternal and new born health and the launching and implementation of the Campaign on Accelerated Reduction of Maternal Mortality in Eritrea.

15. Successful interventions to provide reproductive health services to the population included approaches such as the postpartum home visits, the lab in suitcase and the maternity waiting homes, which greatly helped to extend coverage of the much needed services. The provision of emergency obstetric care has been enhanced through training of health personnel in life saving skills, recruitment of international health personnel, and the provision of reproductive health commodities, drugs, medical equipment and supplies. The expansion of maternity waiting homes from 7 to 34 has contributed to the increase of skilled birth attendance. However, the maternal mortality ratio of 486 per 100,000 live births is still high and needs to be further reduced.

16. The number of fistula cases treated has increased from 386 in 2007 to about 1000 patients in 2012. While the fistula treatment will be scaled up to clear the backlog, emphasis will be given to the prevention and social reintegration interventions. To facilitate reintegration, a fistula hostel with facilities for training fistula survivors on income generating technical skills has been constructed.

17. On HIV and young people, the Eritrean Defense Force (EDF's) use of Change Agents or organizations like National Union of Eritrean Youth and Students (NUEYS) and National Union of Eritrean Women (NUEW) by virtue of their extensive territorial coverage and strong organization was

an effective means of affecting behaviour change not only within their organisations, but also within the communities at large where they are stationed.

18. The Population and Development Programme component contributed to strengthening national capacity to plan, monitor, and evaluate population-related programmes at various levels. In collaboration with other key partners, support was provided to the National Statistical Office (NSO) for conducting the Eritrean Population and Health Survey, to pilot an inventory of the existing national databases, procurement of equipment, and training in the use of DevInfo presentations and dissemination software. However, more support is needed to further strengthen the institutional capacities of the National Statistical Office (NSO) and the concerned zoba-level bodies to conduct surveys and generate applicable data. The availability of sex and age disaggregated data for evidence based planning, programming and tracking progress remains a challenge.

19. In the area of gender, the country programme supported the training of ten line ministries' high level staff in gender mainstreaming. Consequently six ministries developed their sectoral gender mainstreaming strategies. Advocacy initiatives addressing negative socio-cultural factors such as female genital mutilation/cutting and early marriage were effectively supported resulting in positive policy shift on FGM/C.

20. The evaluation of the end of the third Country Programme has made several recommendations. These include, the need for (a) documentation and publication of innovative approaches with a focus on maternity waiting homes, lab-in-suitcase services and post-partum home visits; (b) responding to gaps in human resources with a focus on training of midwives, obstetricians and gynaecologists, anaesthetists and strengthening of emergency obstetric care referral (c) strengthen RH Commodities Security to ensure the minimum 3 optional FP methods in the health facilities, with special focus on condoms as a dual protection device for prevention of STIs including HIV and pregnancy; (d) strategic targeting of young girls and women getting into sex work for various reasons, but who unfortunately do not identify themselves as CSWs; (e) strengthening capacity in data collection, analysis and dissemination; (e) establishment of appropriate data sets and advocacy for access and utilization of survey reports for development planning, monitoring and evaluation; and (f) the adoption of joint programmes and programming to maximize impact.

PART IV: PROPOSED PROGRAM

21. The Government of The State of Eritrea and UNFPA Country Office, with participation of other UN agencies and non-state actors (NUEW) formulated the proposed program.

22. This program has been aligned to the national priorities as reflected in the government's sector plans, policies, and strategies, which include: the National Health Policy; Health Sector Strategic Development plan 2012-2016, the 2013-2016 Roadmap for RH, the 2004 National Gender Policy and the 2012 Gender Action plan. Furthermore, it is aligned to the Government of the State of Eritrea and UN Strategic Partnership Cooperation Framework (GoSE-SPCF). The program will contribute to selected SPCF strategic priority areas which include: 1) Basic Social Services; 2) National Capacity Development; and 3) Gender Equity and Advancement of Women. The program is also aligned to the revised UNFPA Strategic Plan whose overall goal is to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 to improve the lives of women and young people (including adolescents), enabled by the understanding of population dynamics, human rights and gender equality driven by national priorities. The programme also draws on other internationally agreed commitments and obligations, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). The CPAP takes into consideration the experiences of the Third Country Programme (2007-2011).

23. The programme will adopt the cluster approach: one focusing on Adolescents and Youth and the other on Women's Reproductive Health with the aim of breaking down silos, optimizing resources and delivering results. Potential areas of joint programming with other UN agencies will include: (a) reproductive Health and HIV/AIDS; (b) advocacy on prevention of FGM/C and early marriage; (c) young people and adolescent health, including life skills; e) data generation, analysis and promoting use of strategic information, knowledge, monitoring and evaluation for evidence informed policies and programmes.

24. The Programme will contribute to achieving the six outcomes of the UNFPA new strategic plan: (a) Increased access to and utilization of quality maternal and newborn health services; b) Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions; c) Increased access to and utilisation of quality HIV and STI prevention services especially for young people (including adolescents) and other key populations at risk; d) Gender equality and reproductive rights advanced, particularly through advocacy and

implementation of laws and policies; e) Improved access to SRH services and sexuality education for young people (including adolescents) and (f) Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRH (including family planning), and gender equality.

25. Outcome 2: Increased access to and utilization of quality maternal and newborn health service

This outcome will support national efforts to accelerate the achievement of MDG 5 (target a) on reduction of maternal mortality, and improve access to reproductive health services by prioritising the needs of women and young people including adolescents. The following output will contribute to the achievement of this outcome:

26. Output 1: Strengthened capacity at national, subnational and community level for the provision of emergency obstetric care and manage obstetric complications

Eight strategic interventions have been identified to achieve this output.

27. Capacity building for health service providers to increase coverage of skilled attendants at delivery and emergency obstetric and new born care services.

The key activities under this strategy will focus on: a) supporting comprehensive midwifery training program by reviewing the midwifery curriculum to align it with the new ICM competencies; b) training of midwifery tutors; c) providing equipment for skills laboratories and classrooms at Midwifery schools; d) supporting lifesaving skills training for midwives, nurses, doctors and other relevant Health Care Workers (HCW); e) support for supervision and mentorship to ensure quality MNH services; f) supporting human resources in the Ministry of Health for effective programme delivery as an interim measure while the government is building its own capacity (2 gynaecologists and 12 anaesthetists and finance one MNH programme manager (NPPP) who will also address obstetric fistula); g) supporting training of programme staff in the Ministry of Health to manage and monitor the implementation of SRH programmes.

28. Strengthening the delivery of EmONC services.

This strategy will focus on increasing geographic coverage of Basic and Comprehensive EmONC facilities with special emphasis on underserved areas to meet the minimum requirements. The key activities will include: a) provision of technical support for conducting an EmONC needs assessment to provide the basis for expansion of bEmONC facilities and upgrading community hospitals to provide cEmONC; b) supporting upgrading of selected community hospitals to cEmONC facilities by

providing medical equipment, SRH commodities and supplies; c) Support for instituting quality improvement procedures/systems/protocols, infection prevention as well as supervision and quality improvement related to maternal health.

29. Strengthening Maternal Death Surveillance and Response (MDSR) at all levels to improve the quality of services

All participating facilities, especially the referral ones would be supported to institute maternal mortality audit with the aim of identifying gaps in practices that can be corrected. The key activities will include: a) provision of technical support to the national committee to collect, analyse and produce a national report; b) supporting the development of tools and training of health providers for verbal autopsy; c) support for mentorship and supervision at facility level.

30. Strengthening the expansion of maternity waiting homes (MWHs)

This strategy focuses on enhancing skilled birth attendance to improve birth outcomes in particular to women living in remote areas. The key activities will include: a) technical support to conduct an evaluation of the management and impact of MWH; b) supporting orientation of health workers in existing and new MWHs on services to provide for women accommodated in the MWH; c) support procurement of equipment for new maternity waiting homes and maintenance of existing MWH.

31. Strengthening post abortion care services

This strategy will focus on building capacity to provide post-abortion care services to reduce the percentage of maternal deaths attributed to abortion. The key activities will include: a) technical support to conduct a facility-based study on trends in abortion incidence; b) procurement of MVA kits for facilities; c) supporting training of health workers in post-abortion care including post abortion family planning.

32. Strengthening programme on obstetric fistula

This strategy will contribute to the prevention, treatment, rehabilitation and reintegration of obstetric fistula patients to reduce maternal morbidity in the context of maternal health services. The key activities will include: a) technical support for development of a national strategy and guidelines for fistula services; b) supporting training of health workers in diagnosis and management of obstetric fistula patients; c) in collaboration with NUEYS, NUEW and traditional leaders support rehabilitation and re-integration of obstetric fistula patients; d) supporting training of fistula survivors as community advocates for prevention and treatment.

33. Scaling up of Postpartum Care (PPC) outreach services

This strategy will focus on support for strengthening and expanding the provision of outreach services for PPC. The key activities will include: a) supporting training of community based providers in PPC; b) support will also be provided to improve transportation and communication for PPC outreach through procurement of bicycle, motorcycles and cell phones; c) supporting health workers to conduct supervision for quality assurance.

34. Demand creation for maternal and newborn health services including male involvement.

This strategy will focus on building capacity at the community level to mobilize around safe motherhood and RH to stimulate health seeking behaviours and improvement of knowledge of community members on pregnancy and its complications, FP, HIV/AIDS and STI including key household practices. The key activities will include: a) provision of technical support for a Knowledge, Attitude, Practice and Behaviour (KAPB), including socio-cultural barriers to accessing care, study; b) Provision of technical support for the revision of the community health workers manual in SRH/MNH issues including FP, condom negotiation and distribution; c) supporting the training of community health workers and change agents in SRH/MNH; d) support sensitization activities on birth preparedness and emergency readiness; e) supporting training of community health workers, leaders and change agents to engage the community in behaviour change dialogue; f) supporting development of IEC materials and data collection tools for community health workers to include family planning.

35. Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

The programme will support improved Reproductive Health Commodity Security through strengthening and harmonization of the RHCS coordination mechanism and Logistics Management Information System.

36. Output 2. Improved provision of family planning services for individuals and couples.

This output will focus on repositioning family planning, and strengthening reproductive health commodity security (RHCS), procurement, warehousing, distribution, capacity building of FP service providers.

Four strategic interventions have been identified to achieve this output.

37. Strengthening Information Management and Reproductive Health Commodities Security:

The key activities will include: a) upgrading the existing stock control system (SCS) data base MS Access 2003 to Access 2007 and/ORACLE to make it web based; b) creating connectivity (network) link with all SCS data base workstations; c) upgrade CHANNEL to link to SCS master database to import and collect all RHC logistics data electronically ;d) conduct LMIS survey; e) advanced IT maintenance support training for the database administrators of CCM and CHANNEL; f) development of LMIS advocacy tool (s) and promote its use at various levels to improve commitment at national and zoba level; g) training of pharmaceutical logistics staff on how to use and implement the newly developed stock catalogue and health workers on procurement supply management; h) supporting procurement of RH commodities including contraceptives and male and female condoms.

38. Build negotiation skills to promote condom use and safer sexual practices:

The key activities will include: a) supporting training of health workers and community health workers in FP including condom negotiation; b) development of IEC materials and data collection tools for community health workers to include FP; c) supporting training of community distributors.

39. Strengthening provision of infertility services.

The key activities will include: a) provision of technical support for development of a strategic plan and guidelines for infertility management including quality assurance and supervision; b) training of the OBGYN, midwives and laboratory technicians on diagnosis and management of infertility management.

40. Promoting male involvement in family planning:

The key activities will include: a) Engaging religious and traditional leaders, community health workers and change agents in family planning; b) supporting sensitization and mentoring programs to facilitate involvement of men in MNH/RH issues.

41. Prevention and treatment of reproductive organ cancers

The key activities under this strategy include a) provision of technical support for development of a strategic plan, policies, procedures and guidelines for reproductive organ cancers (breast, cervical and prostate); b) provide support for training of health workers in cancer prevention/screening; c) procurement of equipment for screening and referring suspected cases; d) Support the establishment of a national cancer diagnosis and treatment centre in Asmara and three satellite centres in three strategically located towns in the country.

42. Outcome 4: Increased access to and utilization of quality HIV- and STI prevention services especially for young people (including adolescents) and other key populations at risk

This outcome aims at strengthening prevention services targeting young people and most at risk population groups such as commercial sex workers and trucker drivers. While prevalence of HIV among young people in 2011 is low (15 – 19 is at 0.09% and for 20 -24 is at 0.16%), the programme aims at reducing new infections.

43. Output 3: Strengthened national capacity for the prevention of sexually transmitted infections and HIV/AIDS

Three strategic interventions have been identified to achieve this output.

44. Strengthening integrated SRH/HIV services.

Integration of SRH /HIV will occur at all levels and this requires establishment of a policy framework for integration of SRH and HIV services including the reorganization and reorientation of programs and services.

The following key activities will be undertaken: a) provide technical support for the development of a policy on integration of SRH and HIV; c) technical support for development of a strategy and action plan d) support outreach activities for vulnerable and most at risk population groups; d) supporting establishment of a well-functioning referral system; e) supporting procurement of STI (including syphilis) testing equipment and kits.

45. Strengthening institutional capacity for HIV prevention interventions targeted at young people and populations that are most at risk.

The following major activities will be undertaken: a) supporting the revision of training manuals for service providers in comprehensive integrated services including PMTCT; b) supporting training of health service providers in comprehensive PMTCT services including provision of contraceptive options for women living with HIV and AIDS; c) supporting training of health providers in syphilis testing; d) support training of service providers in comprehensive condom programming to equip them with knowledge and skills in condom use as a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment; e) supporting interventions for the promotion of female condoms as a dual protection device; f) technical support for training of health providers in male circumcision.

46. Strengthen community engagement in SRH and HIV Prevention

Key activities will include: a) technical support for development of a Comprehensive Condom Programming Strategy and implementation Plan to provide a framework for implementation of interventions aimed at dual protection; b) supporting campaigns targeting leaders at all levels to address cultural issues that promote early marriage, early sexual debut and gender based violence including FGM; c) support initiatives to promote medical male circumcision.

47. Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policies

The outcome will contribute towards strengthening national capacity to implement laws and policies that advance gender equality and reproductive rights, as well as addressing GBV and create partnerships to address harmful traditional practices, including FGM/C.

48. Output 5: Strengthened national capacity to implement national gender policy and report on the Convention on the Elimination of all forms of Discrimination Against Women

Three strategic interventions will be used to achieve this output:

49. Support the development, implementation and monitoring of relevant policies and laws

The key activities include: a) support for long term training of NUEW staff in gender related studies; b) support for short term training of staff in areas of gender analysis, development and mainstreaming; c) provision of technical support for the development of sectoral gender policies; and d) supporting the integration of gender, SRHR and environmental sustainability.

50. Support the implementation and reporting on the CEDAW

The following key activities will be supported: a) provision of technical and financial support for development of the 4^h & 5th CEDAW reports; b) supporting NGOs to create awareness on articles related to gender, SRHR, FGM/C and other harmful cultural practices.

51. Promoting social mobilization and innovative approaches towards the abandonment of FGM/C and other harmful cultural practices including early marriages.

The key activities will include: a) supporting NGOs to create awareness on harmful traditional practices including FGM/C; b) supporting NGOs to provide continuous education on the decree against FGM/C and its enforcement; c) support awareness creation on the legal age of and risks of early marriage; d) supporting the engagement of religious and traditional leaders towards the elimination of harmful traditional practices.

52. Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)

This outcome aims to improve knowledge, behaviour change and sexuality education among young people including adolescents.

53. Output 6: Improved provision of integrated sexual and reproductive health services and sexuality education for young people

Three strategic interventions have been identified to achieve this output.

54. Expanding coverage of youth friendly services both at health facilities and youth centres.

The key activities will include: a) provision of technical support to adapt the WHO standards for youth friendly services; b) provision of technical support to conduct an assessment of the existing youth friendly services to determine gaps, lessons learnt and areas that require strengthening; c) establishment of additional youth friendly centres in selected Zobas; d) supporting establishment of youth friendly corners within selected health facilities.

55. Strengthening of life skill education programmes

Focus will be on enhancing knowledge and skills for youth in tertiary institutions and out of school, including adolescents, on HIV, SRH and safe and responsible sexual behaviour.

The major activities will include: a) technical support for development and dissemination of culturally sensitive and appropriate materials on SRH, HIV prevention; b) supporting youth to youth edutainment activities using youth networks and clubs by enhancing the knowledge and skills of peer group educators to provide accurate information and promotion of SRH and HIV prevention service.

56. Strengthening community engagement for promotion of SRH and HIV prevention services.

The focus is on strengthening community partnerships and participation of young people in SRH/HIV initiatives. The following major activities will be undertaken: a) supporting skills development of community based agents including para-librarians in provision of accurate information and promotion of SRH and HIV prevention services; b) supporting NGOs to disseminate key targeted messages on SRH and HIV prevention.

57. Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

The outcome will focus on strengthening national capacities in data generation and analysis for evidence-based planning and programming around population issues and dynamics, young people (including adolescents), gender equality and SRH.

58. Output 7: Strengthened national capacity for the generation of data on population dynamics, sexual and reproductive health and gender

Four strategic interventions will be used to achieve this output:

59. Capacity strengthening of the National Statistics Office and Ministry of Health to produce, analyse and disseminate sex and age disaggregated population data at Zoba and national level.

The following key activities will be supported: a) training of human resources (data collectors and statisticians) in data generation and analysis; b) provision of technical support for conducting the fourth EPHS; c) provision of technical support for establishment of a civil and vital registration system; d) procurement of equipment, supplies and software for data collection, processing and analysis and safekeeping of various data sets; e) supporting establishment of national and zoba level databases to improve data collection and reporting.

60. Advocacy for integrating sex and age disaggregated data in national development plans, policies and programmes

Advocacy initiatives will be targeted at policy and decision makers for evidence informed policy formulation, national development planning and programming.

The key activities include: a) supporting dissemination of sex and age disaggregated data; b) support development of survey and thematic reports; c) supporting training of policy makers and planners in integrating population issues into sectoral and national plans and policies.

61. Strengthening monitoring and evaluation system for evidence based information.

The key activities will include: a) supporting monitoring and evaluation activities that facilitate a functional national M&E system, IMIS and other systems; b) supporting the establishment and regular updating of population, gender and reproductive health database.

PART V. PARTNERSHIP STRATEGY

62. UNFPA will continue to work with strategic partners in Government and civil society as a core strategy for operationalizing the Country Programme thereby leveraging and maximizing the use of resources. The key instruments that will be used in the partnership strategy are the MDGs, the ICPD Programme of Action, and SPCF. Accordingly, UNFPA has over the years built strategic partnerships and alliances with government, NGOs and other development agencies towards national capacity building. The country programme partnership strategy takes into account the eight SPCF outcomes, and the six UNFPA CP outcomes. The implementation of the proposed programme will build on and expand these partnerships to engage a wider network of stakeholders at various levels: Government, Non-governmental organizations, UN Agencies, bi and multi-lateral organizations.

UNFPA will partner with the Ministry of National Development according to the modalities of cooperation between GoSE and the UN as per letter of correspondence from the Ministry of National Development to the United Nations¹ and subsequent response from the UN to Ministry of National Development². In adherence to these modalities of cooperation, it is understood that said modalities of cooperation between GoSE and UNFPA are not in contravention to the overall guiding cooperation modalities of the United Nations. GoSE will facilitate an interim tri-partite coordinating arrangement between Ministry of National Development, UNFPA and the relevant line Ministries covering 2013. Subsequent years' arrangements will be discussed and finalised with the Ministry of National Development for the years 2014-2016.

PART VI. PROGRAMME MANAGEMENT

63. Execution/Implementation Arrangements

The 4th Country Programme will be managed through National Execution and UNFPA Execution in accordance with specific needs and capacities of IPs. The Government is the main implementing partner through its line ministries. The Ministry of National Development will oversee the national execution of the Programme on behalf of the Government of the State of Eritrea as well as overall coordination of the CPAP implementation. Key Implementing Partners will include the Ministry of

¹ Letter from Ministry of National Development to UN Resident Coordinator, dated 25 January, 2013 (Ref MND/UN-001/2013)

² Letter from UN Resident Coordinator to Minister of National Development, dated 5 February, 2013 (Ref: PRO/300/MND/042/13)

Health, Ministry of National Development/National Statistics Office, National Union of Eritrean Women. The programme will be implemented through existing institutional structures of the Government.

64. Coordination

The successful implementation of the 4th Country Programme will depend on the coordinated action of the Government, UN agencies, development partners and non-state actors partners (NUEW) as key partners. The Ministry of Health will coordinate outcomes 2, 3, 4 and 6 focusing on SRH (including family planning) HIV prevention and young people. The Ministry of National Development's National Statistical Office in collaboration with the Ministry of Health will coordinate outcome 7. The National Union of Eritrean Women, in collaboration with Ministry of Health will coordinate outcome 5. At UN system-wide level, programme implementation will be monitored through the Government of the State of Eritrea Strategic Partnership Cooperation Framework (2013-2016). Joint programmes and joint programming will be explored in all areas as appropriate. This will be achieved through collaboration in key thematic areas. Results of Country Programme annual reviews will be utilized to steer the programme.

65. South – South Cooperation

UNFPA will continue to support South-South cooperation for effective implementation of the program. At HQ and regional levels, partnerships will continue to be supported, especially in regard to capacity building and knowledge sharing.

66. Resource Mobilisation

The country office will develop a Resource Mobilization Strategy for the fourth country program. It will work with old and new development partners with specific consideration for the country context. The indicative assistance from UNFPA amounting to USD 6 million will be obtained from regular resources and USD 12.6 million will be through other resources. UNFPA will mobilize resources required to implement the fourth Country Programme and will continue to network with other UN agencies and donors, including bi and multi-lateral partners as part of its resource mobilization strategy.

67. Human Resources

A human resource capacity assessment will be undertaken to assess the human resource requirements for the fourth country programme. The Country Office will build on the existing staff capacity consisting of a Representative (vacant); Assistant Representative, Operations Manager (vacant), two

National Programme Officers (one vacant), and a number of support staff. Technical, operational and programmatic support will be provided as required by UNFPA regional offices through institutions and consultants as appropriate. National Professional Project Personnel, Junior Professional Officers, United Nations Volunteers, will also be employed as necessary.

68. Cash Transfer Modalities

The Programme will be implemented through Harmonized Approach to Cash Transfer (HACT) modalities. Its implementation will reduce transaction costs and lessen the burden that the multiplicity of UN procedures and rules impose on its partners. The programme implementation will utilize the existing structures within government institutions and other implementing partners in line with HACT and Country Programme Policies and Procedures.

69. All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Ministry of National Development, the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWP's can be made by a United Nations agency using the following modalities:

- 1) Cash transferred directly to the Implementing Partner:
 - a) Prior to the start of activities (direct cash transfer), or
 - b) After activities have been completed (reimbursement);
- 2) Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
- 3) Direct payments to vendors or third parties for obligations incurred by United Nations agencies in support of activities agreed with Implementing Partners.

70. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

71. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Ministry of National Development, the Implementing Partner and UNFPA, or refunded.

72. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-United Nations³ Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate. The Implementing Partner may participate in the selection of the consultant.

73. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring, reporting and audits.

PART VII. MONITORING AND EVALUATION

74. The Government of the State of Eritrea as the main implementing partners will cooperate with UNFPA for monitoring of all programmatic activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing Partners agree to the following:

- Periodic review of their financial records by UNFPA or its representatives, following UNFPA's standards and guidance,
- Periodic review and monitoring of their programmatic activities following UNFPA's standards and guidance,
- Special or scheduled audits: UNFPA, in collaboration with other United Nations agencies (where so desired) and in consultation with the Ministry of National Development will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

75. The 4th CP design and approach will emphasize results based monitoring and evaluation. UNFPA will continue to strengthen capacity of implementing partners for result-based management through training and technical advisory support. This country programme will emphasize on joint UNFPA and GoSE planning, monitoring, evaluation and reporting activities. To facilitate assurance activities, Implementing Partners and the UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

³ For the purposes of these clauses, "the United Nations" includes the International Financial Institutions (IFIs).

76. Assessments and audits of non-state actors Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

PART VIII. COMMITMENTS OF THE UNFPA

77. In case of direct cash transfer or reimbursement, UNFPA shall notify the Ministry of National Development and Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in fifteen (15) days.

78. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Ministry of National Development and Implementing Partners, UNFPA shall proceed with the payment within fifteen (15) days.

79. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

80. Where more than one United Nations agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those United Nations agencies.

PART IX. COMMITMENTS OF THE GOVERNMENT

81. The Government of the State of Eritrea will honour its commitment in accordance with the provisions of the Standard Basic Assistance Agreement signed by Government and UNDP on which *mutatis mutandis* holds true of the United Nations Population Fund in Eritrea.

82. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

83. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWP's only.

84. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the United Nations agency regulations, policies and procedures will apply.

85. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide United Nations Agency or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA;
- All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
- The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash (and where the SAI has been identified to conduct the audits, and to the SAI).
- Undertake timely actions to address the accepted audit recommendations.

86. Report on the actions taken to implement accepted recommendations to the UN agencies (and where the SAI has been identified to conduct the audits, and to the SAI), on a quarterly basis (or as locally agreed).

PART X. OTHER PROVISIONS

This CPAP supersedes any previous signed Country Programme Document between the Government of The State of Eritrea and the United Nations Population Fund, and may be modified by mutual consent of both parties based on the recommendations of Annual Review Meetings. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA- Eritrea, accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of the State of Eritrea is signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day March 28, 2013 in Asmara, The State of Eritrea

For the Government of The State of Eritrea:

For the United Nations Population Fund:

Dr. Giorgis Teklemikael
Minister, Ministry of National Development

Ms. Chirstine N. Umutoni,
UN RC/HC, UNFPA Representative a.i