

## Eritrea Results Table - 2005

Outcomes Achieved in 2005	Expected Outputs at Beginning of Year	Actual Outputs at Year End	Weakness / Constraints	Expenditures (US \$)				
				SRC Fund code 04500		Transition	Other	
				Expend.	Undisb. Commit.	Expend.	UN agencies	Governance & Donors
<b>Coordination objective: Progress towards UNDAF outcomes</b>								
State your UNDAF Outcome: State your UNDAF Outcome : Institutionalization of Democratic Governance	(i) Eritrean laws edited and harmonized, (ii) community judges trained, community courts established and logistical support provided; (iii) Decentralising key planning processes in a pilot region (Anseba) implemented and capacity built; (iv) Civil Service Commission strengthened	(i) Five legal codes edited and harmonized; (ii) 2049 community judges trained, 683 community courts established, basic logistical support provided and computer program for case flow management developed; (iii) New procedures/guidelines for local development fund allocation and management established; (iv) training and information materials on community participation in planning process prepared and distributed; (v) access to and management of financial resources for funding development plans established; (vi) Civil Service proclamation reviewed and revised, and (vii) new civil service rules and regulations drafted					\$1,595,000.00	
The UN system supported developing justice system by assisting putting in place a strengthened structure to foster the rule of law and social justice; and this has been essential for developing and strengthening decentralization. Civil Service Administration established and strengthened, thereby contributing to the implementation of the I-PRSP priority of reforming the civil service.								
State your UNDAF Outcome 2: Increased Access to Quality Basic Social Services	Institutional and technical capacity of service providers, and quality of services (health, water, sanitation, shelter, education) increased	(i) 25% increase in the number of health facilities providing emergency obstetric care; (ii) 10 health facilities with upgraded skills in post abortion care; (iii) increase of 104 fistula cases successfully treated; (iv) maternity waiting homes assessment report; (v) life saving skills training assessment report (vi) Required Expanded Programme on Immunization vaccines and spares for cold chain provided and Measles immunization coverage reached 73%; (vii) House-to-house polio campaign conducted with coverage of 96% in first round; (viii) 30,000 Insecticide treated bed nets (ITNs) distributed and number of U5 children and pregnant women sleeping under ITNs reached about 60%; (ix) community-based child growth and promotion conducted in 163 villages; (x) improved	(i) weak supportive supervision post-training; (ii) competing demands on trainers time; (iii) stock-outs of equipments and drugs; (iv) redeployment of trainee				\$6,220,000.00	

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		quality of therapeutic care through provision of food and essential drugs and training of health staff; (xi) Knowledge and skills of 1,427 teachers on gender fair teaching approaches increased; (xii) 5 teacher resource centres equipped; (xiii) Introduced incentive scheme to ensure girls complete primary education in Northern Red Sea, Southern Red Sea and Gash Barka regions; (xv) 4,500 children from IDP camps integrated into host community schools; (xvi) 57,000 people in 12 communities provided access to safe water; (xvii) Improved access to sanitation for 150 households in NRS through construction of household latrines; (xviii) Improved access for 10,000 children in 26 schools to school water, sanitation and hygiene education	graduates without replacement by skilled staff						
<p>The UN supported the Government in increasing primary school enrolment and completion, increasing literacy rate and lowering high repetition and drop out rates of girls and disadvantaged groups, which contributed to the implementation of the I-PRSP. This is based on the national priorities of achieving the MDGs and the Education for all (EFA) goals. The national priority in health is to improve health care system and make progress towards meeting the MDGs for health sector. The UN system supported the Government on prevention and control of communicable and infectious diseases, reproductive health, child health, and nutrition deficiency for children under five and mothers. In water supply and sanitation, the national priority is to increase access to water supply and sanitation services. The UN system supported the Government in installing sustainable water systems as well as provided water supply through urgent and temporary mechanisms.</p>									
State your UNDAF Outcome 3 : Achieved Pro-Poor Economic Growth and Sustainable Livelihoods	(i) 19,000 IDPs and expellees settled; (ii) National Gender sensitive database in NSO and a Central Mapping Agency established; (iii) Labour Force survey completed	(i) 19,000 IDPs and expellees supported to return to their communities of origin; (ii) Housing/Urban Development Policy for Eritrea developed; (iii) Civil Service proclamation reviewed and revised, and new civil service rules and regulations drafted; (iv) Refugee farmers were assisted with land preparation, soil and water conservation, and procurement of seeds; (v) Periodic nutrition survey undertaken twice a year to monitor malnutrition trends at zoba level; (vi) National Food Information System and Agricultural Research Department strengthened; (vii) Seed of Cereals, legume seeds to drought affected farmers, and Supplementary Feeding and improved health care for sustained animal production; (viii) Capacity building for Labour Force data collection; (ix) Data Collection for an Urban Population Census completed	Lack of national follow through on the national database, the central mapping agency and the Labour Force survey						\$35,812,000.00
<p>The Government is committed to achieve pro-poor economic growth: promoting broad-based growth with equity and the gains of growth accrue to the majority of the poor, thereby contributing to the realization of the I-PRSP of rapid poverty reduction. Implementation of the pro-poor economic growth is based on the national priority of poverty reduction and</p>									

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economic growth, which are the central objectives of the Government The UN assisted the Government in implementing the I-PRSP and the Food Security Strategy (FSS) through ongoing institutional support to the National Food Information System (NFIS) and the Nutrition surveillance system (NSS) to monitor trends of malnutrition. UN also supported in resettling IDPs and expellees to achieve sustainable livelihoods; assisted farmers, through a number of activities, to increase productivity, generated employment and income through provision of micro credits, and supported sustainable management of the environment, natural resources and energy.								
State your UNDAF Outcome 4 : Halting and beginning to reverse the spread of HIV/AIDS	(i) Implementation level of the 2005 National ISP improved; (ii) HIV/AIDS mainstreamed in CCA and UNDAF 2007-2011 documents; (iii) HIV/AIDS workplace programmes established in at least 10 new partner organizations; (iv) Support for HIV prevention through safer behaviours in vulnerable groups (youth, military and national service conscripts, commercial sex workers); (v) home-based care and community based care and support activities reached at least 3000 PLWAs; (vi) UNTG HIV/AIDS learning plan developed, funded, implemented and monitored	(i) HIV/AIDS mainstreamed in CCA/UNDAF 2007-2011 documents; (ii) HIV/AIDS workplace programmes established in 4 new partner organizations; (iii) technical, procurement and financial support provided for HIV prevention in vulnerable groups (app.25,000 youth, 600,000 military and national service conscripts, and CSWs in urban areas); (iv) home-based care reached app. 7,000 PLWAs; (v) UNTG HIV/AIDS Learning plan developed, funded, implemented and monitored; (vi) draft national M and E framework developed; (vii) VCTs established in returnee areas	(i) UCC post vacant for more than 6 months; (ii) Termination of USAID funding for the social marketing programme; (iii) Socio-cultural resistance to condom use				\$1,972,000.00	
UN system contributed implementation of the Joint HIV/AIDS Implementation Support Plan (UN and development partners) thereby contributing to the implementation of the draft								

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I-PRSP priority of stabilizing and reducing the spread of HIV/AIDS. The Joint Implementation Support Plan (ISP) based on the national priorities is implemented and supports prevention, treatment, care and support. The implementation of the joint programme resulted in building capacity for change agents of the Eritrea Defence Force (EDF) who in turn reached 500,000 people and improved HIV/AIDS and reproductive health-related knowledge. Awareness among the youth about safe sexual practices has been raised.								
State your UNDAF Outcome 5								
Report progress on your transition strategy or workplan								
<b>Coordination Objective: Improved support to national efforts to achieve the MDGs</b>								
Provide information on UN's collective contribution to the national development process in: • Advocacy for MDGs	(i) Govt's commitment, Partners' requirements and public's awareness increased (ii) Public information activities on MDGs organized on various UN/international observances (iii) MDGs related calendars, posters and brochures published and distributed (iv) Workshop on MDGs for the Media organized	(i) Launching of HDR , International day for Eradication of Poverty and World Food Day commemorated and generated greater understanding of the MDGs. (FAO,UNDP) (ii) National Book Fair enhanced greater public awareness on UN interventions (iii) On the occasion of various UN/International observances and workshops carried out stakeholders were kept apprised of progress made in the preparation of the MDGR. (iv) Wallet-size calendars on MDGs published and distributed (RCSU) (v) It did not take place; (vi) On the occasion of World AIDS Day, HIV/AIDS Learning Fair held in December and attended by around 1900 staff and family members of all UN agencies and civil societies and raised HIV/AIDS awareness. (UNDP,FAO,WHO,UNAIDS)	The MDG Report finalised but not launched	\$3,300.00			\$7,500.00	
• Policy Formulation (MDG-based PRS)								
• Implementation	MDG 1: Poverty and Hunger - Programmes developed to support	(i) Close to 19,000 IDPs and expellees supported to return to their communities of origin or resettled and received food and other helpful items for their livelihood; (ii)Food assistance	Lack of Government resources				\$37,496,000.00	

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	the implementation of the Interim Poverty Reduction Strategy Paper (I-PRSP) and National Food Security Strategy (NFSS).	provided to drought affected population; (iii) 3,640 Ha. of agricultural land cleared for IDPs/Expellees and host communities; (iv) New procedures and guidelines for local development fund allocation and management established and procurement and operation management reviewed; (v) Training and Information Materials on Community participation on planning process prepared and distributed; (vi) Access to and Management of Financial Resources for Funding Development plans established, (vii) Study on Food Security and Revenue Mobilization conducted; (viii) Support to strengthen the National Food Information System and Agricultural Research Department provided, Seeds of Cereals and legumes and tools provided to drought affected farmers; (ix) Supplementary feeding and improved health care for sustained animal production provided; (x) Refugee , returnee farmers were assisted with land preparation, soil and water conservation, procurement of seeds, training of tractor operators, establishing horticulture, livestock ponds and distributing poultry, this includes basic services and food for the refugees. (xi) Periodic nutrition survey undertaken twice a year to monitor malnutrition trends at zoba level. (WFP,UNDP/UNCDF, UNICEF, UNHCR,WHO,FAO)	relative to needs.						
	MDG 2: Education - Access, enrolment, retention, achievement and quality of primary education improved. A JP on "Food, Nutrition, Water and Sanitation" implemented.	(I) JP on "Food, Nutrition, Water and Sanitation Human Response" implemented and evaluated; results include JP contributed to achieving UNDAF strategic objectives and reduced transaction cost. (ii)School feeding enhanced access, retention, completion and performance of/by primary school children (over 104,500) in 210 schools.(iii)An education system including draft Education Act developed.(iv)HIV/AIDS Life Skills education in schools introduced. Materials for 4; 5; 6 grades developed.(v) 98 schools in two regions were provided with temporary water delivery complementing school feeding(vi) Eight schools completed and teachers given English training with schools and teacher support in refugee hosting communities. (WFP,UNICEF,UNDP,UNHCR)	* The needs for assistance in nutrition and water continues to remain high while the capacity of WFP and UNICEF to overcome all these problems is limited.				\$7,506,000.00		

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			* Lack of building materials delayed construction						
	MDG 3: Gender equality - Two JPs, on distribution of take-home food rations to girl-students and strengthening NUEW to implement Gender Action Plan implemented to contribute elimination of disparity in primary education and enhancing mainstreaming gender in national development framework.	(i) A 5 year scheme introduced to ensure 100,000 girls complete primary school in three regions 70% of all teachers trained in gender fair teaching approaches. (ii) Promoted gender equity and provided take-home ration to 100% of girls in 212 primary schools. (iii) Manual for Gender Legal Literacy training prepared; Advocacy Training manual drafted; National Gender Action Plan reviewed and updated and CEDAW report prepared; as well as necessary equipment and furniture provided to National Union of Eritrean Women (iv) Training on gender budgeting provided to Government, NUEW, UNFPA and UNDP staff. (UNICEF, UNFPA, UNDP, WFP)					\$706,000.00		
	MDG 4: Reduce Child Mortality: Implementation of three JPs on training related to IMCI, EPI and mal-nourished children; Increased the pool of trained health workers and contributed to the reduction of Child Mortality; Improved the diagnosis and	(i) Immunization for measles reached 73%, and House to house polio campaign was done in the year 2005 in which 95% of children under 5 years of age vaccinated. Vitamin A supplementation was given to 89% of children 6-59 months of age. (ii) Pilot integrated community health intervention covering 12,183 people on IMCI initiated and implemented. 62 health workers trained in IMCI case management and 48 of the IMCI trained health workers were followed up. (iii) Community IMCI was initiated in Southern Region to improve community level care and management of childhood diseases. (iv) Indications showed IMR and U5MR are decreasing. (v) 37 health workers have been trained in breast feeding HIV/AIDS counselling technique. 13 of them were					\$4,268,000.00		

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	management of severely malnourished children.	trained as trainers and Eritrea has now core trainers in BF/HIV/AIDS counselling.(vi) Supplementary and therapeutic feeding Programmes undertaken for severely malnourished children, pregnant and nursing mothers in order to reduce child mortality(UNICEF, UNHCR, WFP, WHO)							
	MDG 5: Improve Maternal Health - More associated nurses trained on life saving skills to improve maternal health and to meet target by 2015. Treatment of mothers with obstetric fistula institutionalised and community mobilisation for the prevention of obstetric fistula implemented. A JP on training on Life Saving Skills implemented.	(i)116 nurses and associate nurses trained in Life Saving Skills (LSS); (ii)The proportion of health facilities which have trained health workers to provide skilled care during pregnancy, child birth and post partum period have reached 37% in health stations and 43% in health centers.(iii)To assess the impact of LSS training in the improvement of maternal and neonatal care, LSS impact assessment has been done (iv) maternity waiting homes assessment; (v) number of facilities providing post abortion care increased; (vi) increase of 104 fistula cases successfully treated.(vii) National Sexual and Reproductive Health Policy(2006-2010) drafted (viii) National Plan of Action for Nutrition (2006-2010) developed (viii) Six health stations completed in rural returnee areas and basic health care for refugees(WHO, UNICEF, UNFPA, UNHCR)					\$2,200,000.00		
	MDG 6: Combat HIV/AIDS, malaria and other diseases - Implementation of two JPS: prevention of HIV/AIDS among the Eritrean Youth, Eritrean Defence Force and the National Service Corps and expanding the multi-sectoral response to HIV/AIDS; HIV/AIDS	JP on Prevention of HIV/AIDS among Eritrean Youth, Eritrea Defence Force (EDF) and National Service Corps is being implemented. Increasing adoption of positive behaviour and awareness on RH issues: (i) EDF Change Agents reached 500,000 people and improved HIV/AIDS and reproductive health related knowledge.(ii) 40 counsellors and military health officers trained in behavioural change communications for promotion of VCT services; (iii) 20 military personnel trained in SPSS software for use in MIS, 35,000 military personnel reached through mobile video and materials produced. (iv) 3,800,000 male condoms sold through non-traditional outlets and 30,000 female condoms procured and distributed free of charge to	Eritrea Social Marketing Group (Implementing Partner) had to interrupt operation in last quarter of 2005, because of lack of resources.				\$1,362,000.00		

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	Vulnerability assessment and mapping carried out. A 5-Year (2005-09) Strategic Plan for Malaria Control formulated and implemented and implementation of a JP on malaria control support to the Govt will help reduce morbidity and mortality.	VCT centres.(v)Youth friendly RH sites furnished and equipped with necessary materials and recreational activities & libraries maintained. Impact assessment survey conducted on three youth centres.(vi) Awareness programme and sensitization through "Seeing is Believing" advocacy seminars undertaken in the military; (vii)Conducted training to 100 new change agents and given refresher training to existing ones; (viii) Produced and distributed IEC materials and educational video;(ix) Procured test kits; and established MIS system for EDF VCT centres and developed VCT (ix)Three VCTs established in returnee areas, HIV awareness raising in refugee camps ; (x) Malaria plan (2000-04) evaluated and for 2005-09 developed. 60% of children, pregnant and lactating women are sleeping under distributed ITNs. Eritrea surpassed Abuja Rollback malaria targets. UNICEF,UNDP,WHO,UNFPA,UNAIDS,UNHCR)						
MDG 7: Ensure environmental sustainability - Projects on applications of wind energy implemented and integrated sustainable land management proposal approved and implementation initiated.	(i) Vulnerability and adaptation assessment studies on Environment was undertaken to prepare a National adaptation Plan of Action; (ii)Contract prepared and awarded in process for the Wind Energy;(iii) A proposal on integrated land management will be developed; (iv) State of the Coast Area report prepared, and formulation of an Integrated Coastal Area Management (ICAM) initiated, 95% of satellite imagery necessary to the Coastal, Marine and Information System acquired.(v) Basic maps collected, bathymetric maps for coastal and island areas prepared. New species of, namely, turtles, sea-grass and birds recorded. Some 89 villages along the coastal areas and four islands surveyed. Permanent monitoring systems for coral reefs and sea-grass installed.(vi) Around 57,000 people in 12 communities have gained access to safe water supply through completed water supply system. Additionally, two regions that include 15 severely drought affected rural communities covering 465,000 people were provided water through water trucking; (vii)Hydro geological and geographical studies in 30 drought affected villages and drilling boreholes for communities in Dehub area were					\$5,591,000.00		

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		completed (viii) Capacity development to Gash Barka Zoba Administration (GBZA) with spare parts, village water system development and Environmental Sanitation including trash containers, latrines etc and community hygiene training in returnee areas with basic water and sanitation services in returnee hosting communities; (ix) Housing/Urban Development Policy for Eritrea developed(UNDP/GEF,UNICEF,UNHCR,WHO,UNDP/UNHABITAT)							
• Monitoring and Evaluation	(i) MDGs Report published and distributed; (ii) Common database on MDG indicators established and progress on the MDGs measured; (iii) A joint programme (JP) on establishing a common database implemented (iv) The on-going joint programmes reviewed; (v) Establishment of a Mapping Agency: Producing a strategic paper on how to establish a Mapping Agency will be undertaken.	(i) MDGR finalized, to be launched by Govt soon; (ii) Not established; (iii) Not implemented; (iv) UNCT and UNDO reviewed three JPs (2 on going and one completed) and a draft report produced; (v) The study has not been undertaken and Mapping Agency has not been established.	(i) Was related to the JP on establishing a National Database; (ii) Delay in the approval of the JP (Govt. side)	\$4,200.00					
Report on assistance provided to national authorities for the preparation of the national report on	National Report  Actual Output: Nill.		Competing national demands						

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the implementation of the Brussels Programme of Action of the LDCs									
<b>Coordination Objective: Improved country level programme coordination</b>									
Report results the UN made in donor coordination in your country	(i) CCA and UNDAF documents; (ii) Non-resident UN agencies involvement in the UN programming process and in national strategic planning enhanced	(i) A draft CCA and UNDAF documents prepared; (ii) All non-resident agencies invited but UNDGO, UNIFEM, UNSSC, UNESCO, ILO have participated.	Competing national demands	\$55,000.00					
	(i) International Community's support to mobilize resources for CAP 2005 improved; (ii) Joint UNCT meetings/consultations with donors; (iii) Donors updated on bimonthly basis and coordination of partners' humanitarian response improved; (iv) Who does what and where(W3) updated annually; (v) Mid-Year Review (MYR) of CAP 2005 undertaken	(i) The Secretary General's Special Envoy and the OCHA offices of NY/GVA HQs were utilised to raise the profile of CAP 2005; Media, engagement and wider dissemination of humanitarian reports were used as an advocacy tool to raise awareness; CAP raised 64% of the requirements; (ii) Four consultations with donors were made and facilitated one mission of donors to visit one of the affected areas, the Anseba Region; (iii) Humanitarian coordination meetings developed Contingency Plan to serve for any eventuality that may arise; (iv) W3 updated and report disseminated to the humanitarian community. CAP 2005 MYR reviewed; the beneficiary number adjusted from 2.2 million to 2.3 million and the total funding requirement from US\$157million to US\$156 million. (OCHA)	(i) Food aid represented 70% and about 30% non food; (ii)Travel permit restrictions and security passes have limited planned missions				\$469,000.00		
	Joint UNCTs/UNMEE	Joint UNCTs met in January 2005 via video link between							

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	met and discussed on population likely to be affected by border demarcation and transfer of territory and established a working group that proposes what should be done next.	Asmara and Addis and a working group established to prepare joint cross-border collaborations.							
Explain progress the UNCT made towards the harmonization and alignment agenda, e.g. using/strengthening of national systems in reporting, audit, procurement; SWAps, etc	(i) Every two months, Consultative Forum (involving Govt, donors, and UN agencies) conducted; (ii) Donors updated on CAP quarterly; (iii) Monthly Technical Working group (TWG) on HIV/AIDS	(i) The Consultative Forum has not been conducted; (ii) Number of donor updating meetings held; (iii) Number of meetings of TWG held; (iv) Joint HIV/AIDS, TB, Malaria and RH review planning; (v) Four meetings were held to update donors on CAP; (vi) TWG met monthly to coordinate the UN HIV/AIDS response in support of the National Strategic Plan (2003-2007)	The Govt has not called the meeting.						
For each joint programme developed in 2005, state the name, agencies involved, fund management option, total budget and progress made on elaboration and implementation	Joint Programme: Establishment Survey ( Supplement to Labour Force Survey) Agencies: UNDP - United Nations Development Programme, UNFPA - United Nations Population Fund Budget: \$115,590 Fund Management Option: Pooled Progress made: Project document prepared, approved and activities initiated								
	Joint Programme: Urban Population Census Agencies: UNDP - United Nations Development Programme, UNFPA - United Nations Population Fund, NSO ( National Statistical Office - Gov't ) Budget: \$ 467,584 and Nakfa 1,114,272 ( Local Currency ) Fund Management Option: Pooled								

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	Progress made: Data collection for Urban Population Census completed								
	Joint Programme: Prevention of HIV/AIDS among the Eritrean Youth, the Eritrean Defence Force and the National Service Corps Agencies: UNFPA - United Nations Population Fund, UNICEF - United Nations Children's Fund, and UNAIDS - United Nations Joint Programme on HIV- AIDS Budget: \$710,097 Fund Management Option: Pooled  Progress made: (i) Increased adoption of positive behaviour and awareness on RH issues; (ii) Eritrean Defence Forces (EDF) Change Agents reached 500,000 people; and (iii) Improved HIV/AIDS and reproductive health related knowledge								
	Joint Programme: Supporting return of IDPs and Expellees to communities of origin or resettlement Agencies: UNDP - United Nations Development Programme, UNICEF - United Nations Children's Fund, and WFP - World Food Programme Budget: \$ 13,953,640 Fund Management Option: Pooled ( UNDP and UNICEF); Parallel ( WFP and other NGOs)  Progress made: 19,000 IDPS and expellees supported to return to their communities of origin or resettled.								
	Joint Programme: Capacity Enhancement of the National Union of Eritrean Women (NUEW) Agencies: UNDP – United Nations Development Programme, UNFPA – United Nations Population Fund Budget: \$578,000.00 Fund Management Option: pooled  Progress made: (i) Manual for Gender Legal Literacy training prepared; (ii) Advocacy Training Manual drafted; (iii) National Action Plan reviewed and updated and CEDAW report prepared								

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For each joint programme, report on the impact that it has had on transaction costs for government and the UNCT	UNDGO/UNCT, Eritrea, study indicated that there was a reduction in transaction costs ( both human and financial)								
<b>Coordination Objective: Increased efficient and cost-effective operational coordination</b>									
State for the past 12 months any new common services you have established, and if so, report on estimated annual savings as a result of this new common service	(i) Technical study for the UN House completed and funding for construction secured; (ii) IT connectivity within common premises, at the UN compound, improved; (iii) Electronic data/info sharing among, primarily, UN agencies located in common premises enhanced; (iv) UN system website established; (v) System for regular supply of fuel to the UN system in place.	(i) Proposal revised and funding not secured; (ii) Connectivity speed within the agencies in the common premises upgraded (faster switches introduced); (iii) Sharing improved and security features enhanced (firewall system introduced; (iv) Not established; (v) Superseded by events	Lack of expertise					\$17,000.00	
<b>Coordination Objective: Strengthened coordination capacity of the UNCT</b>									
Report on staffing of RCS support	Expected Outputs at the beginning of the year: Starting March a Coordination Associate (JPO) would be in place Actual Output: A donor to fund a JPO not available.								
Inform of UNCT training and other measures including	Expected Output at the beginning of the Year: (i) Training on human right-based approach conducted; (ii) Non-resident UN agencies involvement in the UN programming process and in national strategic planning							\$8,100.00	

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knowledge networking, and involvement of non-resident agencies in national strategic planning processes	enhanced  Actual Outputs: (i)Right-based Approach to programming, Results-based Management and workshop on protection from sexual exploitation and abuse conducted and a focal point for the net work nominated; (ii) UNIFEM, Regional Readers Group (QSA), UNSSC, UNESCO and ILO								
<b>Progress on HIV/AIDS</b>									
Report progress on the Implementation Support Plan (ISP)	(i) 2005 Joint ISP developed and monitored (ii) 3000 PLWAs reached through UNFPA and UNICEF project programme on Home based care; (iii) Joint UNDP/UNICEF/UNAIDS project on "HIV/AIDS in the Workplace developed, signed and implemented"; (iv) At least 3 national centres of Excellence for HIV/AIDS clinical care in Zoba Maekel operational	(i) 2005 ISP reviewed (ii) 6000 PLWAs reached with Home/Community-based care services. (UNFPA,WHO)	UN System has not yet recruited short term expert in clinical management to assist with establishment of centres of excellence and capacity building for doctors and other health professionals.					\$593,000.00	
Report UN's contribution in support of the Three Ones Principles: one national AIDS coordinating	Use of National Strategic Plan on HIV/AIDS(2003-2007) by some stakeholders advocated. One agreed National Coordinating Authority	National Strategic Plan on HIV/AIDS (2003-2007) only used by some stakeholders. One draft M & E Framework on HIV AIDS developed, HIV/AIDS-related M & E unit established but staff not yet trained. Advocacy and policy dialogue on going(UNAIDS,UNDP,WHO,UNICEF)	Global Fund and World Bank projects not included in national Strategic Plan and Joint ISP						

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authority; one agreed AIDS action framework; and one agreed country-level monitoring and evaluation system	established, one agreed M & E framework on HIV/AIDS developed.								
Report on results related to HIV/AIDS in the workplace	HIV/AIDS programmes in the UN workplace expanded through the implementation and monitoring of the UN Theme Group HIV/AIDS Learning Plan for 2005.	HIV/AIDS programmes in the UN workplace expanded through the implementation and monitoring of the UN Theme Group HIV/AIDS Learning Plan for 2005. Trained 28 UN staff in providing support to the national response, conducted self-assessment, translated "living in a world with HIV/AIDS" into Tigrinya Level of achievement 100% (WHO)					\$5,000.00		