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### United Nations Children's Fund

Executive Board

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Item 6 (a) of the provisional agenda\*

### Country programme document

#### Eritrea

##### *Summary*

The country programme document (CPD) for Eritrea is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$13,552,000 from regular resources, subject to the availability of funds, and \$65,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2022 to 2026.

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\* E/ICEF/2021/23.



## Programme rationale

1. Eritrea is home to an estimated 3.5 million people,<sup>1</sup> with just over half (51.7 per cent) aged 0 to 19 years.<sup>2</sup> Since official independence in 1993, life expectancy at birth has risen from 50 to 66 years (63 for men and 67 for women).<sup>3</sup> Among the vulnerable populations are an estimated 225,000 persons with disabilities – of whom 13 per cent are children – almost 100,000 orphaned children and 300,000 women-headed households (44.4 per cent of all households).<sup>4</sup>

2. For several decades after its independence, Eritrea was diverted from its development path by the war with Ethiopia that began in 1998, followed by a 20-year<sup>5</sup> period of regional instability, which included nine years of international sanctions.<sup>6</sup> The situation normalized with the signing of the peace agreement between Eritrea and Ethiopia in July 2018 and the lifting of sanctions by the United Nations Security Council later that year. Since then, Eritrea has been gradually moving towards development and resilience-building, but remains highly vulnerable to economic, climatic, and exogenous shocks, including fluctuating commodity and threats of regional peace and security.

3. Tackling poverty has been central to the Government's development discourse since independence. While there is a lack of recent reliable data, survey data from 2003 indicates a 66 per cent poverty rate, with one quarter of the population categorized as extremely poor.<sup>7</sup> Although there is also no publicly available data on social spending, high child poverty rates are an indication of insufficient and often inequitable investments in the well-being of children and their households.

4. The Government has been implementing various social protection programmes to increase access to services and social transfers. However, these measures are uncoordinated, small in scale and reliant upon remittances from external sources. The Ministry of Labour and Social Welfare is developing a National Social Protection Policy and Strategic Plan, with UNICEF support, which is aimed at defining and strengthening the national social protection systems. It is expected to be finalized and adopted in 2022.

5. The rich biological diversity of Eritrea has been severely degraded to the point that the country now has some of the most fragile ecosystems and difficult agricultural conditions in the region. The environment is further threatened by climate change and desertification as well as desert locust infestations. Eritrea has high vulnerability to natural hazards and is among the countries least able to cope with climate change-induced disasters and the associated migration of people. This is a result of inadequate capacity and insufficient resources.<sup>8</sup>

<sup>1</sup> <https://population.un.org/wpp/Download/Standard/Population/>.

<sup>2</sup> Ibid.

<sup>3</sup> Estimate of the National Statistics Office (NSO) and the data from the Ministry of Local Government, Mid-Term Review, December 2019.

<sup>4</sup> Ministry of Labour and Human Welfare [currently Ministry of Labour and Social Welfare], Eritrea Labour Force Survey 2015/2016.

<sup>5</sup> United Nations Strategic Partnership Cooperation Framework, 2017–2021/ Government of the State of Eritrea estimates, 2015).

<sup>6</sup> December 2009 to November 2018.

<sup>7</sup> Household living standards measurement survey and dimension of poverty (NSO, 2003).

<sup>8</sup> International Organization for Migration (IOM) and the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States, *Climate Change and Migration in Vulnerable Countries: A snapshot of least developed countries and small island developing states* (IOM, Grand-Saconnex, Switzerland, 2019).

6. While the infection rate of the coronavirus disease (COVID-19) has remained comparatively low, the disruption resulting from containment measures, coupled with the impact of the pandemic on the local and global economy, is expected to negatively affect the country's prospects and deepen vulnerabilities in the short term.

7. The under-5 mortality rate decreased from 46.5 deaths per 1,000 live births in 2015 to 40.5 deaths per 1,000 live births in 2019. Pneumonia, malaria, diarrhoea and malnutrition – all largely preventable or treatable – are the leading causes. The high rate indicates limitations and bottlenecks in quality, coverage and use of health services, inadequate water and sanitation, and poor health practices at home. Neonatal mortality, the major contributor to under-5 mortality, remained at 18 deaths per 1,000 live births from 2015 to 2019.<sup>9</sup>

8. The absence of recent reliable data hinders the assessment of progress in childhood nutrition. In 2010, just over one half of children under the age of 5 years were stunted. Poor maternal nutrition, inadequate birth spacing, and poor infant and young child feeding, and care practices were the major causes.<sup>10</sup> Acute malnutrition affected 15.3 per cent of children under the age of five years in 2010, with 4.2 per cent severely malnourished.<sup>11</sup>

9. According to National Health Policy 2020, the Government in 2019 revised the maternal mortality estimate at 184 deaths per 100,000 live births.<sup>12</sup> The leading causes, which are preventable, include bottlenecks in both coverage and quality of care, low utilization of family planning services, high undernutrition among pregnant women and mothers, and anaemia.

10. While the Eritrea Millennium Development Goals report of 2015 indicates that 85 per cent of the population had access to safe drinking water supply schemes, disparity between the urban and rural population is significant.<sup>13</sup> The decreasing groundwater table, exacerbated by climate change, and the non-functionality of some improved water sources remain a concern.

11. Sanitation coverage has improved considerably. In 2016, an estimated 12 per cent of the population used at least basic sanitation services. Following the National Sanitation Conference in 2018, the renewed commitment of the Government was accompanied by intensive social mobilization to accelerate the availability of hygienic and affordable sanitation facilities. By 2020, basic sanitation coverage had risen to 60 per cent nationally.

12. Despite government policy that early childhood education (ECE) is an integral part of the basic education programme, national accessibility is very low, at 18.7 percent (with no gender differences), and regional disparities in access are pronounced.<sup>14</sup>

13. Between 2010 and 2019, the net primary school enrolment rate increased from 55.1 per cent to 83.6 per cent, and the number of primary schools increased from 836 to 1,010. However, an estimated 15.9 per cent of primary school-age children are out of school, with the highest rates among nomadic and semi-nomadic communities.

<sup>9</sup> Inter-Agency Group for Child Mortality Estimation, 2019.

<sup>10</sup> Eritrea Population and Health Survey (EPHS) 2010.

<sup>11</sup> Ibid.

<sup>12</sup> Eritrea Ministry of Health estimation based on facility level maternal deaths in 2019, extrapolated to national level. The latest inter-agency expert group MMR estimate for Eritrea was 480 in 2017.

<sup>13</sup> *Eritrea Millennium Development Goals, 2015 Report*, Ministry of National Development, 2016.

<sup>14</sup> Unless otherwise indicated, the data on education in this section are based on those of the Ministry of Education, Education Management Information System Essential Education Indicators, 2018/2019.

Some 35 per cent of children of lower-secondary-school age (11–13 years) are out-of-school. Of these children, 53 per cent are girls. Many children in school are not learning adequately. Less than half of those in grades 3 and 5 have the expected foundational skills in literacy and numeracy.<sup>15</sup>

14. While comprehensive data on violence against children and women in Eritrea is not available, the Government has taken steps to improve its institutional and policy framework aimed at accelerating the protection of children, the elimination of discrimination against women and the promotion of gender equality. However, the United Nations Committee on the Elimination of Discrimination against Women noted in 2020 that persistent patriarchal attitudes and discriminatory stereotypes regarding the roles and responsibilities of women and men underpin harmful practices, including early marriage and female genital mutilation (FGM).<sup>16</sup> Despite the Female Circumcision Abolition Proclamation banning all forms of such mutilation, this discriminatory harmful practice remains widespread, though its prevalence is declining. The latest data (2010 survey) indicate that 83 per cent of girls and women aged 15 to 49 years had undergone the practice.<sup>17</sup> Typically, FGM in Eritrea is performed on girls aged 0 to 5 years, indicating that the prevalence rate does not provide a complete picture.

15. Eritrea ranks among the top 20 countries with the highest child marriage rates. According to the latest available data, in 2010, some 41 per cent of girls under the age of 18 years had married, and of those, 13 per cent had married before turning 15.<sup>18</sup> This is despite Article 581 of the Transitional Civil Code of Eritrea, stating that no contract of marriage shall be valid if either of the spouses is under 18 years of age. Child marriage is a deeply entrenched and a widely approved traditional custom, justified by social, religious and economic concepts, often depriving girls of the opportunity to complete even basic or middle-school education and to fully realize their potential.

16. Reliable data on birth registration, which is compulsory under the Transitional Civil Code, are also not available. Local administrations are responsible for registering births and issuing registration numbers. Challenges remain in the issuance of birth certificates, which are critical for ensuring access to social services and age-appropriate protection services.

17. Although, again, data are not available, thousands of Eritrean children and youth undertake perilous journeys to emigrate to other countries, primarily to Europe. Eritrea is part of the European Union–Horn of Africa Migration Route Initiative, a regional effort to curb human trafficking.

18. In the complex programming environment of Eritrea, a key lesson from the current country programme is that community-based platforms for change have proven effective. Community mechanisms have increased the provision, reach and uptake of basic primary health services, water and sanitation, the localized management of acute malnutrition and child protection services. In education, community mechanisms have increased the provision of learning spaces, the identification and enrolment of out-of-school children and the demand for quality education. Introducing such simple, innovative approaches is effective, given the

<sup>15</sup> Monitoring Learning Achievement (survey IV, 2018) report.

<sup>16</sup> United Nations Committee on the Elimination of Discrimination against Women, Concluding Observations on the sixth periodic report of Eritrea, March 2020.

<sup>17</sup> EPHS 2010. [However, community mapping of female genital mutilation in 2018 indicated a significant reduction in prevalence among girls under the age of 15 years (3.8 per cent) in those communities.]

<sup>18</sup> Ibid.

country's low transaction costs and the population's strong commitment to volunteerism.

19. A number of important lessons were also learned during the response to the COVID-19 pandemic. Because of movement restrictions and limited digital space, UNICEF leveraged existing traditional media, supplemented by community-based platforms, for risk communication and community engagement on infection prevention and control measures. In the new country programme, integrated community outreach with multimedia approaches will be better optimized.

20. The 2022–2026 country programme priorities address the persistent disparities and new risks faced by children and women, as outlined in the Common Country Analysis. They factor in where UNICEF adds the greatest value within the United Nations Sustainable Development Cooperation Framework (UNSDCF) to assist Eritrea to realize children's rights and achieve the Sustainable Development Goals. The programme identifies five prioritized deprivations:

- (a) High levels of neonatal, child and maternal mortality and morbidity and undernutrition from preventable causes, which include insufficient access to and use of safe water, sanitation and hygiene practices;
- (b) Low access to quality basic education and learning for the majority of children;
- (c) The considerable risk to children, particularly girls, of experiencing, violence, exploitation, and harm, including FGM and child marriage;
- (d) For the majority of children, the lack of realization of their right to a name and identity through birth registration and certification;
- (e) The large number of children living in households that are both monetary and multidimensionally poor and thus highly vulnerable to shocks.

21. The country programme vision is that, by 2026, more children in Eritrea – particularly the most vulnerable and at risk – will have their rights realized so that they survive, develop to their full potential, and live in a safer environment. This requires:

- (a) Increased quality, accessibility, and inclusiveness of essential social services for children and their families – particularly the most disadvantaged;
- (b) More parents and other caregivers practice healthy, caring, nurturing and protective behaviours, including using social services;
- (c) Communities and leaders provide a supportive environment for parents and caregivers and promote positive social norms while rejecting harmful practices;
- (d) Households and communities are more resilient and better able to resist shocks;
- (e) The Government at national and subnational levels has enhanced capacities to develop and implement high-quality and child-centred development.

22. The country programme will contribute towards achievement of all four UNSDCF Outcomes, the Government's social and development priorities, the Sustainable Development Goals, the UNICEF Strategic Plan and Gender Action Plan, and the African Union 2040 Agenda for Children and Agenda 2063.

### **Programme priorities and partnerships**

23. The achievement of the Sustainable Development Goals for children requires strong health, nutrition, education, water and sanitation, and protection systems. The

UNICEF central strategy will be to focus on strengthening those elements of the systems that will generate the greatest impact on child outcomes. These elements include the integration of service-delivery models, the institutionalization of community-based platforms, improvement of the quality of service provision, the strengthening of capacities of the social service workforce, and of data management systems, the more efficient allocation and use of financial resources, the development of institutional capacity and the provision of key resources and supplies when necessary.

24. Based on lessons learned, UNICEF will continue to promote the institutionalization of community-delivered services within social service systems. Examples include ECE services, community-integrated management of acute malnutrition, community-led total sanitation to achieve open defecation-free status, the engagement of community workers/volunteers to lead local-level dialogue and action to reduce FGM and child marriage, and the training of front-line health workers (“barefoot doctors”) who provide basic services to the hardest-to-reach populations.

25. UNICEF will build upon opportunities that have emerged through the pandemic around innovations – the use of digital platforms. Notwithstanding the restricted information technology environment, the use of digital platforms as accelerators of change will be explored across the programme. This will allow for rapid large-scale transformation, particularly to complement the community-based platforms.

26. UNICEF will explicitly incorporate resilience-strengthening to provide children and families with capacities to better prepare for and manage crises and recover more rapidly. A systematic approach to risk-informed programming will be systematically applied through identifying and addressing the root causes and drivers of risks, including vulnerabilities, lack of capacity and exposure to various shocks and stresses.

27. Guided by the Core Commitments for Children in Humanitarian Action and the Accountability to Affected Populations Framework, UNICEF will respond to humanitarian needs by contributing to strengthening government and community preparedness and the capacity to respond to crises and humanitarian needs. As a provider of last resort, UNICEF will support the delivery of timely humanitarian assistance. To do this, UNICEF will conduct risk analyses to ensure preparedness and will build mitigation into programme activities, laying the foundation for community resilience.

28. UNICEF will use innovative approaches to promote positive behaviours, including for service uptake, and will challenge harmful sociocultural attitudes and practices, focusing efforts on parents, caregivers, teachers, children and adolescents.

29. UNICEF will apply strong intersectoral approaches to strengthen programming in early childhood development (ECD), particularly on enhancing parenting practices. The organization will also aim to strengthen the quality and relevance of programming and services for adolescents, while contributing to Generation Unlimited, the partnership for and with young people.

30. Within the UNSDCF priority of reducing gender inequality, UNICEF will collaborate with other agencies to: (a) strengthen the multisectoral legal, policy and programmatic frameworks to promote gender equality, eliminate gender-based violence, including FGM and child marriage, and address structural barriers that prevent women and girls from exercising their human rights; and (b) raise awareness among traditional and religious leaders, parents, teachers, and the general public about the impact of harmful practices on the lives of girls and women.

## Child survival and development

31. This outcome is aimed at seeking to improve child development outcomes and reduce the high levels of neonatal, child and maternal mortality and morbidity and undernutrition – all from preventable causes, which include insufficient access to and use of safe water, sanitation and hygiene. UNICEF will contribute to the promotion of integrated programming and community-based systems as key approaches in the provision of quality, promotive, preventive and curative health, nutrition, ECD and water, sanitation and hygiene (WASH) services that are appropriate, safe, affordable and accessible to children, adolescents and women, especially those in the most vulnerable communities. Government-led systems will be strengthened through reinforcing linkages across programmes and sectors, improving institutional arrangements for coordination, service delivery and accountability at all levels, and enhancing data and information systems.

32. For improving neonatal, young child and adolescent health and nutrition, UNICEF, in collaboration with the World Health Organization and the United Nations Population Fund (UNFPA), will generate evidence and provide technical assistance to the Ministry of Health to: (a) enhance community-based actions to strengthen demand for neonatal, child and adolescent health and nutrition; (b) demonstrate innovative child- and family-centered quality of care improvement initiatives for health and nutrition care at community and facility levels; (c) strengthen both human and institutional capacities to provide appropriate care for small and sick newborns; and (d) integrate reproductive, maternal, neonatal, child and adolescent health into other health and nutrition services.

33. To contribute to improving sexual and reproductive health outcomes, and in particular to reducing pregnancy-related morbidity and mortality, UNICEF and its United Nations partners will support Government-led systems-strengthening approaches that will: (a) improve and maintain the health and nutritional status of adolescent girls and women; (b) ensure the provision of quality antenatal, skilled delivery and post-natal services at all levels; (c) create demand for timely and adequate utilization of antenatal, skilled delivery and post-natal services; (d) improve the provision of education and information on sexual and reproductive health, on preconception care, the prevention of mother-to-child transmission of HIV, and nurturing and care practices; and (e) strengthen Governmental health and nutrition information systems and the capacity of health and community providers to use data for planning and improving service delivery.

34. UNICEF, in partnership with the World Food Programme and Food and Agriculture Organization of the United Nations, among others, will promote multisectoral high-impact nutritional interventions that optimize the care facilities for primary and community health, as well as their outreach and workforce. To support nutrition, UNICEF and its partners will work more closely with the agricultural sector and food system as well as the education, WASH and social protection systems to aim to prevent and reduce all forms of undernutrition. This includes protection and promotion of diets, practices and services that support optimal nutrition, growth and development for children, adolescents and women, food fortification and treatment of severely wasted children.

35. The UNICEF contribution to increasing the use of safe water, sanitation and hygiene practices will focus on supporting the Ministry of Land, Water and Environment and other government agencies to: (a) strengthen sectoral technical capacity, coordination and institutional arrangements and supply chains at all levels to improve service delivery; (b) develop context-specific, climate-resilient WASH service-delivery models that take advantage of new technological innovations and local knowledge to enhance sustainability and mitigate the impact of climate change;

and (c) improve evidence-informed policymaking by developing a comprehensive national WASH inventory and costing plan.

36. Learning lessons from the current country programme, UNICEF will specifically prioritize multisectoral actions and coordination to deliver community-based services and to promote healthy and safe behaviours and practices.

### **Education and learning**

37. This outcome is aimed at contributing to increased access to education opportunities and improved learning outcomes for children from early childhood to adolescence, in particular nomadic children and other disadvantaged children. Using lessons learned, particularly from the COVID-19 pandemic and in collaboration with the Global Partnership for Education, a system-strengthening approach will be applied in enhancing the capacity of the Government and other duty-bearers to ensure that: (a) the coverage and quality of early learning opportunities are expanded; (b) children in school remain there, and those out-of-school are provided with formal and alternative options for education and learning; and (c) the quality of teaching and learning is improved and more relevant.

38. To accelerate access to quality pre-primary education, especially for those in disadvantaged, rural and remote communities, UNICEF will support cost-effective models that are linked to primary education facilities or are community-based. UNICEF will continue to advocate for enhanced private sector investment in pre-primary education and for training and incentive mechanisms to ensure adequate supply of skilled ECE teachers and mother-tongue teachers, including females.

39. In collaboration with the United Nations Educational, Scientific and Cultural Organization and other development partners, technical expertise will be provided to support the Government's priority of curriculum review. The objective is to ensure that the curriculum is child-centred, with defined expected learning outcomes, including those on social and emotional learning, and that it prepares young people for livelihoods and work. In-service training will be supported to enhance the capacities of teachers and school managers in promoting learner-centred and inclusive pedagogic practices and accountability for learning outcomes and in standardizing school and classroom practices and strengthening assessment systems.

40. UNICEF will provide technical and financial support, including provision of supplies and materials, for delivery of equitable child- and disability-friendly learning facilities. This will include the construction or re-establishment of primary, middle and secondary schools, special schools, boarding and para-boarding schools and classrooms in permanent structures in remote rural areas. Actions will be supported to ensure adequate provision of textbooks and teacher's guides, classroom equipment and learning materials. The institutionalization of WASH in schools, including menstrual health and hygiene promotion, will be supported.

41. Formal and non-formal learning opportunities will be promoted to enhance access to quality and relevant learning for children with disabilities and nomadic and rural, remote children, including the establishment of feeder schools for those living in scattered communities.

42. UNICEF will collaborate with government, media and community leaders to promote and support positive attitudes for participation in ECE and basic education, particularly among nomadic and hard-to-reach communities.

43. UNICEF will help to strengthen the Ministry of Education's institutional capacities at central and subnational levels for generation and use of data and evidence, sector planning, implementation and monitoring, and more effective



preparation for and response to emergencies, including by applying a risk-informed planning approach.

### **Child protection**

44. This outcome is aimed at supporting Eritrea to enhance an integrated protective environment that both prevents and responds to violence, abuse, exploitation, and practices harmful to children and women. UNICEF will build on current programming to develop a more comprehensive child protection system, which will include a child-friendly justice system and a child-focused social welfare system. UNICEF will also aim to strengthen the protection capacities of families and communities, emphasizing changing harmful social norms and promoting positive practices. These actions will be supported by a strengthened enabling policy and legal framework.

45. The prevention of and response to all forms of violence against children will serve as the entry point for systems-strengthening efforts. This includes violence against children in all settings – home, school, and community – and the practices of FGM and child marriage.

46. UNICEF will prioritize the strengthening of child protection mechanisms, particularly through improving the skills of the specialized social-service workforce and through strengthening community-based child protection networks to identify vulnerable children and women and refer them to appropriate support services.

47. There will be a strong focus on adolescents, particularly adolescent girls, who are often much more affected by many of the prioritized issues, including child marriage, FGM and violence. UNICEF will support building the skills and confidence of adolescent girls and boys so they can play critical roles in the prevention and response to various forms of violence against children and adolescents in their communities.

48. Realization of a strengthened protective environment for children and women requires engagement across social sectors. UNICEF will promote such a multisectoral approach in its partnerships with government entities and in its inter-agency collaboration on child protection with UNFPA and the United Nations Development Programme (UNDP).

49. UNICEF will engage with the Government to strengthen the birth registration system and standardize its process across zobas (regions), including by raising community awareness and strengthening the capacity of local registrars.

### **Social policy and social protection**

50. This outcome is aimed at supporting Eritrea to ensure that fewer children live in monetary and multidimensional poverty and that more families are resilient to shocks. UNICEF aims to strengthen government capacity to develop and implement more equity-focused social sector policies, plans and budgets that place children at their centre. This includes a more comprehensive social protection system that will focus on promoting the principle of leaving no child behind, aiming to improve the income security and access to basic social services of the most vulnerable children and their families.

51. Recognizing the gaps in recent and reliable data, UNICEF will prioritize strengthening the capacity of the Government to collect, analyse, monitor and use data on the situation of children, including children living in poverty, for planning and budgeting purposes. Collaboration with the National Statistics Office will be expanded to gather, analyse, and produce data on multidimensional child poverty and gender-based inequalities, including through the next Eritrea Population and Health

Survey. UNICEF will partner with other United Nations agencies to support the Government in preparing the National Development Plan, with a focus on integrating the child-centred Sustainable Development Goals.

52. UNICEF will expand its work on public finance for children, aiming to influence and support the mobilization, allocation, and efficient utilization of domestic public financial resources. In collaboration with UNDP, UNICEF will focus on: (a) ensuring that child-related policy commitments are better reflected in budget processes; (b) identifying cost-effective and equitable ways to deliver services and supplies; and (c) improving the flow and use of budgeted resources for service delivery at national and local levels.

53. UNICEF will support the Government to finalize and implement the national social protection policy and strategic framework. This includes adjusting the administrative and delivery systems of routine social protection programmes to accommodate families affected by shocks and those with female-headed households, and to reach more children in need, including those who are orphaned, live with disabilities and live and/or work on the street. Assistance will be provided to the Ministry of Labour and Social Welfare for establishment of a single registry information management system and case management mechanism. The Ministry will be supported to strengthen the capacities of the social welfare workforce responsible for the provision of social protection services, including community mobilizers engaged in family outreach.

54. UNICEF will support the evaluation of the existing social transfer interventions to inform possible expansion and strengthening, including traditional and informal community-based social protection networks such as extended family and other social support systems, voluntary community associations and neighborhood support groups. These indigenous initiatives have recently played a significant role in assisting families suffering from the socioeconomic impact of COVID-19.

### Programme effectiveness

55. Measures to enhance the effective implementation and management of the country programme will involve programme coordination, strategic communication, advocacy, social and behavioural change communication, coordination of research, and monitoring and evaluation. This component will include efforts to strengthen risk analysis, emergency preparedness and response, and the application of gender-responsive approaches across all programme components. Emphasis will be placed on systematic cross-sectoral work, particularly for programming in ECD, parenting education, and adolescents and young people. Measures will be taken to coordinate the use of digital approaches in programming to achieve results with speed and at scale, notwithstanding the information technology constraints in the country.

### Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	3 528	25 000	28 528
Education and learning	2 374	27 500	29 874
Child protection	1 883	5 000	6 883
Social policy and social protection	635	5 000	5 635
Programme effectiveness	5 132	2 500	7 632
<b>Total</b>	<b>13 552</b>	<b>65 000</b>	<b>78 552</b>

## Programme and risk management

56. The country programme will be implemented within the UNSDCF and in cooperation with the Government under the leadership of the Ministry of Finance and National Development.

57. Potential risks to the country programme include the country's vulnerability to natural disasters, regional and subregional insecurity, the low efficiency of public funding, and the possible inability to raise sufficient funds. UNICEF will work with United Nations partners to increase investments in systems-strengthening for emergency preparedness and response, develop joint fundraising strategies and apply the harmonized approach to cash transfers. Risks of sexual exploitation and abuse are mitigated through implementation of an annual prevention and response plan for staff and partners.

58. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

## Monitoring and evaluation

59. UNICEF will support monitoring of results through sector workplans, the integrated monitoring, evaluation and research plan and field monitoring, including feedback and complaint mechanisms for vulnerable populations. Annual reviews with implementing partners will assess progress towards planned targets, examine programmatic, operational and financial risks and define appropriate control and mitigation measures. Through annual management plans, UNICEF will monitor the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources.

60. Under the UNSDCF, UNICEF will continue to chair the United Nations Programme Management Team and co-lead Outcome Group One. The organization will continue to chair the Outcome Groups on Education, WASH and Social Protection. UNICEF will also partner with United Nations agencies to enhance government capacities to fill data gaps and monitor progress towards achieving the Sustainable Development Goals. UNICEF will work closely with UNDP and the National Statistics Office on household-level surveys and will support equity-based analyses, including through disaggregation of data by gender, disability, age and geographical location. Planned evaluations will generate evidence for learning, impact-monitoring and shifting the programme strategically where required.

## Annex

### Results and resources framework

#### Eritrea – UNICEF country programme of cooperation, 2022–2026

Convention on the Rights of the Child: All articles							
United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:							
(a) More people have benefited from equitable access to and use of inclusive and quality essential social services.							
(b) Eritrea's public sector institutions are more accountable and efficient, and more people enjoy the right to development.							
(c) People in Eritrea, especially the disadvantaged population, have increased livelihood as economic growth becomes more inclusive and diversified.							
(d) People in Eritrea have benefited from climate resilient, sustainable environment and natural resources management.							
Related UNICEF Strategic Plan Goal Areas: 1–5							
UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
1. More children, adolescents and women benefit from quality, comprehensive and affordable health, nutrition and water, sanitation and hygiene services and practices.	Proportion of deliveries attended by skilled health personnel B: 57.8% (2020) T: 80% (2026)	Health Management Information System (HMIS)	The health-care system has strengthened capacity to plan, deliver and monitor equitable high-impact interventions for reducing preventable newborn and maternal complications and childhood illnesses.	Ministry of Health (MoH)	3 528	25 000	28 528
	Percentage of children with acute respiratory symptoms taken to an appropriate health provider B: 45% (2010) T: 75% (2026)	HMIS	The Government has strengthened capacity to plan, deliver and monitor coordinated multisectoral approaches at scale to improve child, adolescent and maternal nutrition.	Ministry of Land, Water and Environment (MoLWE) Ministry of Agriculture Food and Agriculture Organization of the United Nations (FAO)			
	Percentage of young children who benefit from vitamin A supplements twice yearly	HMIS	The Government has strengthened capacity to plan, deliver and monitor equitable,	Joint United Nations			

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
	B: 85% (2020) T: 90% (2026)		sustainable, and resilient approaches to increase use of basic/safely managed water and sanitation.  Parents, caregivers, children and pregnant women benefit from strengthened, evidence-informed social and behaviour approaches to improve their health, nutrition and hygiene practices.	Programme on HIV/AIDS  United Nations Population Fund (UNFPA)  World Food Programme (WFP)  World Health Organization			
	Percentage of children under the age of 5 years with severe wasting and other forms of severe acute malnutrition who are admitted for treatment  B: 43.3% (2020) T: 50% (2026)	Nutrition data, MOH HMIS					
	Proportion of rural population practising open defecation  B: 60% (2020) T: 0% (2026)	EPHS					
	Percentage of rural population using an improved source of drinking water  B: 85% (2015) T: 95% (2026)	EPHS/MoLWE					
2. More children and adolescents are prepared for school and benefit from quality education with improved learning outcomes.	Percentage of primary school-age children out of school  B: 15.9% (2018/2019) M: 14.0% F: 18.1%  T: 10.5% (2026) M: 9.7% F: 12.8%	Education Management Information System (EMIS)	The education sector and communities are better able to improve the coverage and quality of early learning and development.  The education sector has strengthened capacity to deliver more equitable and quality learning, especially for the most disadvantaged children and including in emergencies.  The education sector has improved evidence and strengthened capacity to ensure education policy	Ministry of Education  National Union of Eritrean Youth and Students  Global Partnership on Education  United Nations Scientific, Cultural and Educational Organization	2 374	27 500	29 874
	Survival rate to grade 5  B: 81.5% (2018/2019) T: 96.4%	EMIS					
	Percentage of pupils completing primary	EMIS					

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	<p>education achieving minimum proficiency in reading and mathematics</p> <p><i>Reading (mother tongue)</i> B: 64.7% (2018/2019) T: 80% (2026)</p> <p><i>Mathematics</i> B: 9.2% (2018/2019) T: 50% (2026)</p>		planning, implementation and management.				
3. More children, including adolescents, are safer and better protected from violence and harmful practices.	<p>Percentage of girls under the age of 15 years who have undergone any form of female genital mutilation</p> <p>B: 33% (2010) T: 10% (2026)</p>	Eritrea Population and Health Survey (EPHS)	<p>Eritrea has a strengthened child protection system with enhanced institutional practices.</p> <p>Families and communities demonstrate strengthened capacity and commitment to protect children and women from violence, exploitation and harmful practices.</p> <p>The Government has strengthened capacity in implementing Civil Registrations and Vital Statistics.</p>	<p>Ministry of Labour and Social Welfare (MoLSW)</p> <p>Ministry of Justice</p> <p>MoH</p> <p>Ministry of Local Government (MoLG)</p> <p>National Union of Eritrean Women (NUEW)</p> <p>UNFPA</p> <p>United Nations Development Programme</p>	1 883	5 000	6 883
	<p>Percentage of women aged 20 to 49 years who were married before age 18</p> <p>B: 41% (2010) T: 20% (2026)</p>	EPHS					
	<p>Percentage of children under the age of 5 years whose births are registered</p> <p>B: 60% urban (rural N/A) (2016) T: 90% national average (2026)</p>	Ministry of Finance and National Development (MoFND)/NSO reports					
4. More children and their families benefit from quality child-sensitive policies and social protection	<p>Number of children covered by government cash transfer programmes</p> <p>B: 83,000 (2015) T: 250,000 (2026)</p>	MoLSW	The Government has strengthened capacities to generate, analyse and use evidence on child poverty for the design, monitoring and	<p>MoLSW</p> <p>MoLG</p> <p>Ministry of Finance</p>	635	5 000	5 635

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
programmes, which reduce their vulnerability to multidimensional poverty.	Existence of approved national social protection strategy and/or policy B: No (2020) T: Yes (2022)	Published policy	implementation of child-centred and inclusive social sector policies and programmes.  The Government has strengthened capacity to deliver child-centred and shock-responsive social protection programmes which reach the most vulnerable.	National Statistics Office NUEW FAO UNDP WFP World Bank			
5. Programme effectiveness	Percentage of key performance indicators meeting scorecard benchmarks  B: 75% (2020) T: 95% (2026)	InSight (UNICEF platform)		MoND  Ministry of Planning	5 132	2 500	7 632
<b>Total resources</b>					<b>13 552</b>	<b>65 000</b>	<b>78 552</b>