United Nations E/ICEF/2026/P/L.15

Economic and Social Council

Distr.: Limited
1 July 2026

Original: English
English, French and Spanish only

United Nations Children's Fund
Executive Board
Second regular session 2026
1–4 September 2026
Item 4 (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 $10,220,000 from regular resources, subject to the availability of funds, and $53,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2027 to 2031.

* E/ICEF/2026/25.
Note: The present document was processed in its entirety by UNICEF.

Programme rationale

1. Eritrea is home to an estimated 3.6 million people, nearly half (46.5 per cent) of whom are under 19 years of age.[1] Most people live in rural areas and depend on agriculture and pastoralism for their livelihoods. The country's development trajectory has been shaped by a strong ethos of national self-reliance, a gradual system-centred approach to reform and long-standing external constraints. The governance system in Eritrea is centralized, with the State exercising primary responsibility for policy formulation and service delivery. Within this context, the Government has prioritized social equity, basic services and rural transformation, pursuing progress through a gradual pathway towards development in incremental improvements in national systems.

2. Vision 2030 for Eritrea aims for the country to achieve, by 2030, a high-productivity economy and well-developed infrastructure, alongside significant improvements in the quality of life of the Eritrean people. The vision is centred on strengthening productive capacity, human capital, environmental sustainability and infrastructure, priorities that Government has shared with the United Nations to inform the United Nations Sustainable Development Cooperation Framework (UNSDCF). However, the country continues to face significant vulnerability to economic volatility, climatic stresses and external shocks, fluctuating commodity markets and persistent regional security threats. While Eritrea places strong emphasis on self-reliance and mobilizing domestic resources, the country's fiscal space remains limited, making it difficult to fully finance the scale of investment needed to expand sustainable development. As a result, the social sectors, including health and education, continue to face resource constraints that slow the ability to expand coverage, particularly in underserved areas.

3. Climate and environmental pressures are acute. Frequent droughts, land degradation and high rainfall variability continue to threaten food security and livelihoods, especially in rural and agropastoral communities. Eritrea is ranked thirty-first out of 163 countries on the UNICEF Children's Climate Risk Index, indicating a very high-risk environment for children and their families due to climate hazards.[2] With 70 per cent of the population dependent on agriculture, children face high vulnerability to drought, food insecurity and water scarcity. Deforestation, biodiversity loss and pressure on marine ecosystems further heighten vulnerability. In response, the Government has promoted community-led soil and water management, water-harvesting, reforestation, climate-smart agriculture and renewable energy solutions. These conditions reinforce the need for climate-resilient systems that protect children's survival, development and learning. The limited and unreliable energy supply in Eritrea significantly constrains essential social services, especially health, education and water systems, and places a heavy economic and social burden on households. The country is taking meaningful steps to expand renewable energy, with structural constraints gradually being addressed over time.

4. Despite progress, some disparities remain in access to essential social services across the country, particularly in areas where geographic isolation, infrastructure gaps and shortages of trained personnel limit the reach of healthcare, education and clean water. These structural barriers deepen long-standing disparities between rural and urban communities, reducing households' resilience to economic and

[1] United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2024, online edition, 2024 <www.un.org/development/desa/pd/world-population-prospects-2024>.

[2] United Nations Children's Fund (UNICEF), *The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index*, New York, 2021.

environmental shocks. The Anseba, Gash-Barka, Northern Red Sea and Southern Red Sea regions, along with other hard-to-reach rural areas, experience service inequities.

5. In Eritrea the domestic laws and international treaty commitments lay a strong foundation for gender equality between women and men and guarantee the protection of women's rights. However, further efforts are needed to address remaining disparities in access to education, economic opportunities and services, including sexual and reproductive health services and enduring harmful practices such as female genital mutilation (FGM) and child marriage. Girls and women in nomadic and remote communities encounter systemic barriers arising from limited mobility, long distances to facilities and chronic shortages of qualified personnel. These constraints disrupt continuity of care and significantly restrict access to maternal health and other essential services. Inequities are further entrenched by patriarchal norms and by data systems that neither capture disparities nor generate the evidence required to inform targeted interventions. Programmes in Eritrea therefore need to pursue a dual approach: transforming harmful social norms and adapting service-delivery models to ensure consistent reach to remote and nomadic populations, with particular emphasis on the needs of adolescent girls.

6. The primary healthcare system in Eritrea is the foundation of its national health structure, built around accessibility, prevention and community-level service delivery. A defining feature is the use of community health agents – often called "barefoot doctors" – who deliver essential services, health education and disease surveillance in remote areas where formal facilities are limited. Despite workforce and infrastructure constraints, this primary healthcare approach has enabled significant progress in immunization, disease control and access to basic care. From 1990 to 2024, under-5 mortality declined from 153.4 to 34.3 per 1,000 live births[3] and infant mortality from 80.8 to 24.7 per 1,000 live births.[4] Routine childhood immunization coverage remains strong, with coverage with three doses of the combined diphtheria-tetanus-pertussis vaccine (DTP3) estimated at 95 per cent.[5] However, inequities in access, quality and continuity of services in underserved and remote areas continue to cause preventable maternal, newborn and child deaths.

7. Nutrition outcomes remain a concern despite continued government efforts to strengthen services through its Accelerated High Impact Nutrition Interventions 2022–2026 strategy. In 2025, stunting affected an estimated 52.5 per cent of children under 5 years of age, wasting 14.6 per cent and overweight 2.1 per cent.[6] Around 190,000 children under the age of 5 years are estimated each year to suffer from, or be at risk of, acute malnutrition.[7] Nutrition bottlenecks extend beyond treatment coverage and include limited assessments and knowledge generation, shortages and poor distribution of health staff, data management constraints and difficult terrain that affects service delivery and uptake. Poor diets are a significant contributing factor, with only 32 per cent of children aged 6–23 months consuming iron-rich foods and one in five meeting the minimum acceptable diet.[8] These conditions reinforce the

[3] United Nations Inter-agency Group for Child Mortality Estimation, 2026.
[4] Ibid.
[5] World Health Organization (WHO) and UNICEF, WHO/UNICEF Immunization Coverage Estimates – 2024 revision, WHO and UNICEF, Geneva/New York, 2025. Available at: https://worldhealthorg.shinyapps.io/wuenic-trends/
[6] UNICEF/WHO/World Bank, Joint Child Malnutrition Estimates 2025.
[7] Ministry of Health, Government of the State of Eritrea. Eritrea National Strategy for Accelerated Scale-up of High-Impact Nutrition 2022–2026. Asmara: Ministry of Health, 2021.
[8] National Statistics Office (NSO) [Eritrea] and Fafo Institute for Applied International Studies. 2013. *Eritrea Population and Health Survey 2010,* Asmara, Eritrea: National Statistics Office and Fafo Institute for Applied International Studies.

need for stronger integrated nutrition and food-systems support, especially in underserved areas.

8. In education, Eritrea has recorded incremental progress in access and retention, including improvements in pre-primary participation and reductions in out-of-school children at the primary and lower-secondary levels. However, foundational learning remains a challenge, with almost half of the learners in Grades 3 and 5 not meeting the expected reading proficiency and around 90 per cent not meeting the desired standard in numeracy.[9] Children in rural areas, girls, children with disabilities and children among the nomadic populations continue to face the greatest barriers to access, retention and learning. Less than 25 per cent of children aged 4–5 years are enrolled in pre-primary education.[10] In response, the Government has prioritized early childhood education, including commencing training of 7,000 pre-primary teachers and planning to open kindergarten centres in nearly 2,000 communities.

9. Access to water, sanitation and hygiene (WASH) has improved but inequities remain, particularly in underserved and remote communities, in households, schools and health facilities. Eritrea has achieved open defecation free status across approximately 93 per cent of communities,[11] but safe and sustainable WASH services remain inadequate in many settings. Around 96 per cent of Eritrean children and their families face high water vulnerability.[12]

10. Social justice has been a core principle in Eritrea since its liberation struggle, and its 1994 National Charter emphasizes equitable distribution of services and opportunities, especially for disadvantaged communities. This includes a mix of government-led social welfare programmes, community-based support mechanisms and humanitarian assistance. Under the leadership of the Ministry of Labor and Social Welfare – which is also responsible for child protection – Eritrea developed the National Policy for Social Protection and the National Social Protection Strategic Plan for 2023–2027, aiming to strengthen coverage and quality of services.

11. The Government enforces national bans on FGM, child marriage and sexual violence, with criminal penalties. Strong community engagement approaches have led to 17 of the 67 sub-zobas[13] in the country having issued public declarations of the abandonment of FGM. Child marriage is sustained by social and religious norms, entrenched inequalities between girls and boys, perceived economic benefits and risks and concerns about premarital sex and family dignity. Child marriage is closely linked to discontinuation of school among girls.

12. Reliable information on birth registration remains limited even though registration is compulsory under the 1991 Transitional Civil Code. The responsibility for recording births and assigning registration numbers lies with local administrations, yet families still face obstacles in obtaining formal birth certificates.

13. Children with disabilities continue to face stigma, accessibility barriers and limited specialized services. The accession in 2025 by Eritrea to the Convention on the Rights of Persons with Disabilities provides an important normative foundation for advancing disability-inclusive policies, systems and services.

14. Efforts are being made to overcome the significant gaps in availability and use of disaggregated data on children, including through digital modernization within the

[9] Ministry of Education (MOE), Monitoring Learning Achievement Report, Asmara, 2024.
[10] MOE, Eritrea: Basic Education Statistics 2023/24, 2024.
[11] Ministry of Health, Annual Report of Environmental Health, 2025.
[12] UNICEF, *The Climate-changed Child: A Children's Climate Risk Index Supplement*, New York, November 2023.
[13] Eritrea is divided into six zobas (regions); each zoba is further divided into subregions called sub-zobas.

National Statistics Office and an updated Statistical Master Plan. With support from UNICEF and other United Nations entities, the Government recently conducted the 2025 Eritrea Population and Health Survey, the first major survey since 2010, with the data expected to become available soon.

15. Together, this evidence points to three underlying constraints influencing the design of the country programme:

(a) Persistent gaps in access to and quality of basic social services;

(b) Financing and operational bottlenecks that affect the continuity of essential services;

(c) Limited availability of timely, disaggregated data for planning and accountability.

16. The country programme is informed by key recommendations from the evaluation of the UNSDCF to:

(a) Strengthen national systems to ensure sustainable results;

(b) Safeguard gains in girls' education, maternal and child health, and FGM and child marriage elimination through robust legal and institutional frameworks;

(c) Scale up integrated, multisectoral approaches;

(d) Embed resilience and climate adaptation across all programmes and across all areas of human development.

17. Lessons from the current country programme and the UNSDCF evaluation indicate that durable gains in Eritrea are most likely when UNICEF concentrates on a limited number of system functions, builds on government-led platforms and integrates community-based delivery with stronger institutions and data use.

Programme priorities and partnerships

18. The country programme will support the Government to ensure that all children, including adolescents, especially the most vulnerable, have their rights fulfilled in a safe and inclusive environment. As part of the UNSDCF 2027–2031, it will support the Government's Vision 2030 and the forthcoming National Development Plan 2027–2031. It is aligned with the 2030 Agenda for Sustainable Development, the Africa Union Agenda 2063: The Africa We Want and Africa's Agenda for Children 2040; it responds to the 2025 concluding observations of the Committee on the Rights of the Child on the combined fifth and sixth periodic report of Eritrea; and it contributes to all Impact Results of the UNICEF Strategic Plan, 2026–2029. It is further guided by the UNICEF Gender Equality Action Plan, 2026–2029, the UNICEF Disability Inclusion Policy and Strategy, and the Core Commitments for Children in Humanitarian Action.

19. The country programme will build on strong national ownership in Eritrea, consistent government leadership and established system strengths while maintaining continuity in its strategic approach to development. This includes national systems that absorb practical, incremental improvements that are scaled up over time, supported by high-coverage service platforms, effective front-line structures, steady progress in shifting social norms and localized practical strategies that respond to diverse population needs.

20. Recognizing the chosen development pathways in Eritrea, the country programme will emphasize continuity through consolidating government-owned approaches that have already demonstrated effectiveness rather than introducing new major shifts. The programme will focus on a small number of high-impact results

anchored in system-strengthening approaches, particularly those that support the integration of community-delivered services into broader social service systems. These results will be framed across a longer-term horizon, recognizing that meaningful change in Eritrea will unfold over multiple programme cycles, with interim milestones capturing incremental but important progress.

21. A deliberate, equity-driven focus on girls will address intersecting vulnerabilities and strengthen their agency, leadership capacities and participation. Programming that strengthens gender equality between girls and boys and the empowerment of women and girls will address inequitable and discriminatory norms that perpetuate gender-based violence and harmful practices, particularly FGM and child marriage.

22. The programme will be supported by a set of cross-cutting strategies that reinforce all systemic changes and outcomes:

(a) Institutional strengthening to improve coordination, service-delivery arrangements, accountability mechanisms and data systems;

(b) Convergent, multisectoral programming using service-delivery platforms to achieve catalytic results, with a focus on disability inclusion, early childhood, parenting, climate action and community resilience;

(c) Social and behaviour change strategies and community systems strengthening;

(d) Communication, advocacy and partnerships to influence policy and mobilize support for children's rights;

(e) Partnership expansion with global and regional platforms and development actors;

(f) Promoting the use of digital technologies and tools to accelerate scalable solutions to expand social service delivery with quality and equity;

(g) Strengthening feasible administrative data systems and sector information management systems to improve planning and delivery.

23. Special emphasis will be placed on high-burden areas where continued efforts are needed to expand access to quality services in an equitable manner and address climate-related risks.

Child survival and development

24. Contributing to UNSDCF outcome 2, the component will help the Government to strengthen an integrated, climate-resilient child survival platform that overcomes key bottlenecks in access, quality and equity of services for women, children and adolescents, especially in underserved areas, across maternal, neonatal and child health (MNCH), nutrition across the life course, and climate-resilient and safely managed WASH services, recognizing their interconnected nature.

25. UNICEF, in collaboration with the World Health Organization and the United Nations Population Fund (UNFPA), will support the Ministry of Health to expand community-led primary healthcare as the principal mechanism for MNCH and immunization services, particularly in underserved and hard-to-reach areas. The community-led primary healthcare platform will deliver a more integrated child survival package through routine contacts that strengthen referral quality and follow-up for underserved children, including those who are zero dose or underimmunized, as well as the early identification of developmental delays and disabilities and referral for follow-up services. Building on the localized service-delivery model in Eritrea,

UNICEF will help to deepen the quality, integration and reliability of front-line service delivery, including through "barefoot doctors" [14] and other facility- and community-level health workers, by strengthening competencies, ongoing training and monitoring, referral quality and the data, commodities and routine implementation systems that enable services to function consistently at scale. This reflects the broader approach in Eritrea of using localized delivery mechanisms, including the "barefoot doctors", as key channels for reaching vulnerable communities while strengthening the systems that sustain equitable primary healthcare over time.

26. UNICEF will support stronger government leadership on the essential MNCH services, including on more sustainable domestic and alternative financing and improved health information systems and routine data use. UNICEF will support government capacities for health commodities forecasting and stock management, including the use of digital tools that help to strengthen supply continuity and reduce service interruptions, including during climate and other shocks. Support will focus on ensuring availability and functioning of essential life-saving equipment in selected high-burden facilities, including for neonatal and maternal care, alongside maintenance planning and capacity development, rather than broad infrastructure expansion. These actions will be complemented by strengthened cross-sectoral coordination at the national and subnational levels to reduce fragmentation across health, nutrition and WASH, which will improve the consistency of integrated service delivery.

27. In collaboration with the Food and Agriculture Organization of the United Nations and the International Fund for Agricultural Development, UNICEF will support the Government to scale up quality, high-impact, integrated nutrition and food system services through a multisystem approach. Support will focus on three priority shifts:

(a) A supportive and functional multisectoral system that promotes healthy diets, practices and services to prevent all forms of malnutrition, with attention to food systems;

(b) Better integration of nutrition actions into primary healthcare and community delivery platforms to avoid fragmentation;

(c) Improved demand for nutritious diets and services through community engagement and behaviour change.

28. Assistance will be provided on inclusive nutrition policies and guidelines, including for nutrition in emergencies. Technical assistance will strengthen nutrition information systems, evidence generation, nutrition supply management and training of front-line health workers and community volunteers to deliver integrated preventive and curative nutrition services. UNICEF will support the Ministries of Education, Agriculture and Marine Resources to strengthen nutrition and food-systems interventions in schools, early childhood development centres and extension services. Community engagement will be expanded to promote positive maternal, infant and young child nutrition practices, improve diets and increase use of nutrition services, particularly in those communities most exposed to climate and water stress that heighten nutrition risks and disrupt service continuity.

29. UNICEF will support a limited set of shifts to strengthen planning, governance, service quality and sustained behaviour change in WASH. The Government will be supported to strengthen climate-resilient and safely managed WASH services in

[14] In Eritrea, "barefoot doctors" refers to community health workers who are trained to provide basic medical care in rural and underserved areas.

households, communities and institutions through a costed sector plan informed by WASH assessments, climate risk analysis and environmental and social safeguards. Support will focus on stronger national and subnational coordination, improved service governance and enhanced capacities of WASH committees and service providers to manage sustainable operations, water quality and accountability. UNICEF will also strengthen data and knowledge systems in the WASH sector, including routine tracking of access, service quality and menstrual hygiene management, to support better targeting, follow-up and adaptive management.

30. To protect past gains and close remaining equity gaps, UNICEF will support the acceleration of the last mile to open defecation free districts, the expansion of safely managed and reliable sanitation services and the scaling up of quality WASH services in communities, schools and healthcare facilities. Market shaping and private sector engagement will be promoted to increase the availability of affordable, climate-resilient and safely managed sanitation materials and services, while community engagement and mass media and mobile messaging will reinforce sustained hygiene practices, including safe water storage, hand-washing with soap and environmentally responsible household behaviours, thereby reducing disease risks and helping to prevent slippage in WASH and nutrition outcomes.

Education and learning

31. Contributing to UNSDCF outcome 2, the component will support Eritrea to overcome two interlinked bottlenecks that continue to limit education outcomes:

(a) Access to schooling, particularly in underserved regions, remote areas and for nomadic populations;

(b) Inadequate learning outcomes caused by uneven instructional quality and limited availability of key learning materials.

32. UNICEF will focus on a systems-first approach that strengthens the enabling environment and embeds structured support for teaching, inclusion and risk-informed delivery into ministry routines, so that improvements can be sustained and expanded. UNICEF will support the Ministry of Education to improve the availability and routine use of evidence for policy, planning and monitoring, including upgrading the Education Management Information System (EMIS) and learning assessment systems, supporting a comprehensive education sector analysis and the development of the 2027–2031 education sector plan. The organization will also support an education financing study and leverage its role in sector coordination to improve the transparency, coherence and predictability of partner support. In parallel, UNICEF will help to strengthen preparedness and response planning for multiple risks so that stronger systems for data, standards and financing translate into reliable service delivery and protected learning time for children, especially in more vulnerable settings.

33. For early learning, UNICEF will support the Government’s goal of universal pre-primary attendance for four- and five-year-olds by prioritizing quality, coordination and inclusion. It will support the finalization and costing of a national early childhood development policy, strengthen intersectoral coordination, build teacher capacity in play-based pedagogy and provide targeted teaching and learning materials for remote and disadvantaged areas. Social and behaviour change initiatives will promote nurturing care, positive parenting and community demand for early childhood care and education.

34. To improve learning outcomes and narrow equity gaps, UNICEF will prioritize instructional quality and inclusive pathways. It will support alternative learning and reintegration routes aligned with the national curriculum and help to ensure minimum

quality standards in targeted schools in the most disadvantaged zobas, including integrated WASH, school health and nutrition, and mental health and psychosocial support. Efforts will strengthen teacher supervision and coaching, expand remedial learning programmes and promote learner-centred and inclusive teaching practices that improve classroom instruction and foundational learning outcomes. UNICEF will also advocate for curriculum updates that embed twenty-first century skills so that learning is relevant for children's futures. An equity-focused package of learning materials, assistive devices and targeted social mobilization, complemented by measures to reduce schooling costs, such as incentives for girls and promoting female role models, will help to address barriers faced by girls, children with disabilities and nomadic communities, and improve enrolment, attendance, retention and progression.

Integrated protection

35. Contributing to UNSDCF outcome 2, this component will support Eritrea to address three interconnected bottlenecks to the realization of children's rights by:

(a) Improving the coverage and quality of services to prevent and respond to violence, harmful practices and exclusion;

(b) Overcoming social norms that perpetuate harmful practices;

(c) Strengthening the resilience of families to shocks and to move out of monetary and multidimensional poverty.

36. The bottlenecks are mutually reinforcing and deeply connected: strengthening the resilience of families can reduce many of the risks that lead to child protection violations, and child protection systems intervene when these risks escalate into harm.

37. UNICEF will focus on a limited set of core system enablers that are critical to delivering prevention and response reliably and at scale, recognizing the interconnected roles of the social protection system to better identify, support and protect vulnerable children and families. Workforce development will be a central lever with curricula, practical tools, supervision and case management approaches designed to strengthen both child protection and social protection functions in a coordinated way. Joined-up capacity-building for the social welfare workforce and the allied health and education providers will promote shared standards, consistency and quality of case work across the systems. Efforts to strengthen the policy, procedural and service environment for children in contact with formal systems, child victims and witnesses and children in need of care and protection will also ensure stronger coordination across social welfare, health, community and other relevant structures, particularly in underserved areas. UNICEF will also support improved access to child-sensitive services through gradual strengthening of service readiness.

38. UNICEF will help to strengthen birth registration by supporting national efforts to make the system easier to use, including expanding digital and mobile registration options. UNICEF will expand work with local groups to identify unregistered children and raise community awareness on both the availability and importance of birth registration and certification.

39. To prevent violence against children, including child marriage, FGM and other harmful practices, UNICEF, in partnership with UNFPA, will support the Government to increase domestic investment and improve budget efficiency for child protection, and promote zero tolerance. UNICEF will support measures to expand positive parenting services and life skills education for girls and boys. UNICEF will support communities and influencers to strengthen adolescent engagement, while ensuring that community platforms are linked to service pathways and response mechanisms. At the community level, UNICEF will support initiatives to enhance prevention and

protective care options, including family tracing and reintegration along with alternative arrangements for children without adequate care.

40. Support will be provided to the Government to accelerate implementation of the National Social Protection Strategy, with an emphasis on a limited set of foundational functions that are feasible and catalytic in the context of Eritrea. These include operationalization of the single registry and grievance mechanisms, stronger child-sensitive programme design and improved linkages between social protection and protection referral pathways. This work aims to ensure a stronger connection to protection services and referral pathways so that vulnerable children and families can access both economic support and the services needed to prevent harm and respond quickly when risks occur.

41. UNICEF will continue to support the phased establishment of a child and social protection information management system aligned with international standards, integrating core modules for case management, monitoring and reporting and accountability.

Programme effectiveness

42. This component will support the effective design, coordination and management of the country programme through evidence-informed, results-based planning, strengthened multisectoral coordination and strategic communication and advocacy. It will ensure mainstreaming of social and behaviour change, gender equality between girls and boys, disability inclusion and climate-risk resilience across all programme components, while strengthening the use of timely data and evidence and promoting appropriate innovation and technology. Operational support will be reinforced to enable quality programme delivery, including disaster risk reduction, preparedness and emergency response.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	2 661	24 000	26 661
Education and learning	1 790	26 000	27 790
Integrated protection	1 899	2 000	3 899
Programme effectiveness	3 870	1 000	4 870
Total	**10 220**	**53 000**	**63 220**

Programme and risk management

43. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for the alignment of results 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.

44. 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. UNICEF will continue to chair the programme management team under the United Nations country team and to co-lead the UNSDCF outcome group 2 on human capital development and well-being.

45. Potential risks to the country programme include natural shocks, geopolitical insecurity, operational constraints that delay procurement and transactions, challenging resource mobilization climate, absorption capacity of government partners and data limitations. UNICEF will mitigate these risks through strengthened collaboration with other United Nations partners on preparedness and response, regular review of risks, application of the harmonized approach to cash transfers, and joint resource mobilization and oversight measures. Risks of sexual exploitation and abuse will be mitigated through implementation of an annual prevention and response plan for staff and partners.

Monitoring, learning and evaluation

46. Programme monitoring will be based on the results and resources framework, with outcome indicators monitored through national systems to the extent possible. Progress will be monitored and reviewed through government-led UNSDCF reviews, regular joint field monitoring, UNICEF reporting systems and the UN INFO platform.

47. UNICEF will rely on administrative systems, routine monitoring, targeted assessments and the Eritrea Population and Health Survey, where available, to maintain accountability, support course correction and track progress over time. Emphasis will be placed on strengthening the use of timely and disaggregated data for planning, monitoring and adaptive management, while keeping the monitoring approach practical and aligned with national capacity.

48. UNICEF will continue to work with United Nations partners and government counterparts to strengthen data systems, address critical information gaps and support learning and evaluation relevant to child-focused results.

Annex

Results and resources framework

Eritrea – UNICEF country programme of cooperation, 2027–2031

Convention on the Rights of the Child: Articles 1–42

National priorities: National Development Plan Pillar 2: Human Capital Development and Well-Being

United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:
Outcome 1: By 2031, more people – including women, youth and persons with disabilities – benefit from sustainably managed terrestrial and marine ecosystems and natural capital and from sustainable energy provision that supports climate-resilient and productive livelihoods.
Outcome 2: By 2031, more people – including women, children, youth and persons with disabilities – benefit from reliable, equitable and higher-quality health, nutrition, WASH and education services, supported by stronger public service delivery systems.
Outcome 3: By 2031, more people – including women, youth and persons with disabilities – are engaged in a more diversified, productive economy underpinned by an improved environment for enterprise and investment.

Related Impact Results of the UNICEF Strategic Plan, 2026–2029: 1–5

UNSDCF outcomes	*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*
UNSDCF outcome 2	1. Child survival and development By 2031, more children, including adolescents, and women have their rights to access quality, comprehensive, climate-resilient and affordable integrated health, nutrition and WASH services and practices fully	Percentage of children (under age 5 years) with acute respiratory infection symptoms for whom advice or treatment was sought from a health facility or provider. B: 45% (2010) T: 80% (2031)	Eritrea Population and Health Survey (EPHS)	The healthcare system demonstrates strengthened capacity to plan, deliver and monitor integrated interventions to reduce preventable maternal and newborn and childhood illnesses. The government demonstrates	Ministry of Health (MOH) Ministry of Land, Water and Environment Ministry of Agriculture Ministry of Marine Resources	2 661	24 000	26 661
		Percentage of surviving infants who received the third dose of	EPHS					

UNSDCF outcomes	*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*
	met, including in emergencies.	DTP-containing vaccine. B: 95% (2025) T: 98% (2031)		enhanced multisystem institutional capacities to scale up integrated nutrition services for children, adolescents and women. The Government demonstrates strengthened capacity to plan, deliver and monitor approaches that increase the access and use of basic/safely managed WASH services.	Ministry of Education (MOE) Gavi, the Vaccine Alliance United Nations entities			
		Percentage of children under the age of 5 years with severe wasting and other forms of severe acute malnutrition who were admitted for treatment. B: 43.3% (2020) T: 70% (2031)	EPHS					
		Percentage of youngest children aged 6–23 months living with their mothers who received minimum dietary diversity, minimum meal frequency and minimum acceptable diet during the day or night preceding the survey. B: 20%[1] (2025) T: 40% (2031)	EPHS					

[1] No recent nationally representative survey data available; estimate based on programme evidence and contextual analysis.

UNSDCF outcomes	*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*
		Percentage of the population using safely managed sanitation services. B: 12%[2] (2024) T: 50% (2031)	EPHS					
		Percentage of the population using basic drinking water services. B: 52%[3] (2016) T: 90% (2031)	EPHS					
UNSDCF outcome 2	2. Education By 2031, more children, including adolescents, are prepared for school and benefit from quality education with improved learning outcomes.	Percentage of children aged 4–5 years enrolled in early childhood education. B: 24.6% (Male: 24.8% Female: 24.3%) T: 80% (50% girls)	EMIS	The education sector has improved evidence and capacity for quality education policy planning, implementation and management. The education sector and communities are better able to improve the quality of early	MOE Global Partnership for Education United Nations entities	1 790	26 000	27 790
		Percentage of primary school-age children out of school.	EMIS					

[2] WHO, *Population using at least basic sanitation services (%).* Global Health Observatory (GHO), based on the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene. Available at: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/population-using-at-least-basic-sanitation-services-%28-%29
This indicator measures the proportion of the population using improved sanitation facilities that are not shared with other households. It differs from the SDG 6.2.1a indicator on "safely managed sanitation services," which additionally requires that excreta are safely disposed of in situ or transported and treated off-site. In the absence of data on safely managed sanitation in Eritrea, the "basic sanitation" indicator is used as a proxy to illustrate access gaps across the sanitation service chain.

[3] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene, available at: https://washdata.org/

UNSDCF outcomes	*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: 16.8% (M: 14.2% F: 19.6%) T: 11% (M: 9% F: 14.6%)		learning and development. The education sector has strengthened capacity to deliver more equitable and quality learning, including to children living with disabilities.				
		Percentage of children at the end of primary school with a minimum proficiency level in (a) reading and (b) mathematics. B: (a) 62.0% (b) 37.9% T: (a) 68% (b) 42.9%	Monitoring Learning Achievement					
UNSDCF outcome 2	3. Integrated protection By 2031, girls and boys aged 0–18 years are better protected from all forms of violence and harmful practices, benefiting from equitable access to quality social protection services.	Percentage of girls under the age of 15 years who have undergone any form of FGM. B: 33% (2010) T: 7% (2031)	EPHS	The Government has a strengthened protection system with enhanced institutional practices. Families and communities demonstrate strengthened capacity and commitment to protect children from violence, exploitation, and harmful practices. The Government has strengthened	MOE MOH United Nations entities	1 899	2 000	3 899
		Percentage of women aged 20 to 49 years who were married before age 18 years. B: 41% (2010) T: 15% (2031)	EPHS					

UNSDCF outcomes	*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*
		Percentage of households receiving family cash benefit. B: 8.4%[4] (2021) T: 10% (2031)	Ministry of Labor and Social Welfare	capacity to deliver child-centred, shock-responsive social protection programmes that reach the most vulnerable.				
UNSDCF outcome 2	4. Programme effectiveness The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Performance scorecards meet organizational benchmarks B: 74% (2025) T: 100% (2031)	Performance scorecards	Effective implementation and coordination of multisectoral programmes, change strategies and enablers.	Ministry of Finance and National Development	3 870	1 000	4 870
Total resources						**10 220**	**53 000**	**63 200**

[4] 8.4% of the population covered by at least one social protection benefit (UN STATS, Sustainable Development Goal 1.3.1, Country Profile: Eritrea, United Nations Sustainable Development Group, 2021, available at: https://unstats.un.org/sdgs/dataportal/countryprofiles/eri?goal=1).