

ERITREA COUNTRY REPORT

THE IMPLEMENTATION
OF THE BEIJING
DECLARATION AND
PLATFORM FOR ACTION
AND THE OUTCOMES
OF THE 23RD SPECIAL
SESSION OF THE
GENERAL ASSEMBLY



*Empowered lives.
Resilient nations.*



THE GOVERNMENT OF
THE STATE OF ERITREA



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COUNTRY REPORT I JUNE 2014



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THE STATE OF ERITREA

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INTRODUCTION

Eritrea, a small, emergent nation located in eastern Africa, officially became a state in 1993 after an arduous thirty-year-long armed struggle against Ethiopian colonialism. The socio-economic composition of Eritrean society includes more than 60 per cent agro-pastoralists, with the remaining 40 per cent comprised of workers, merchants, students and professionals. There are nine ethnic groups in Eritrea, each with its own language. The literacy rate remains low at 50 per cent. Although the role of women in society was valued less under traditional patriarchal attitudes, this is currently changing.

Eritrean women played a significant role in the country's independence struggle, making up 30 per cent of the liberation army. Emboldened by women's contribution to Eritrean independence, the Government of the State of Eritrea (GSE) has demonstrated its value for social justice and gender equality, which has in turn created an atmosphere conducive to gender equality, including through specific reference to gender equality in policies and programs.

After a few years of respite from the destructive thirty-year conflict, war again flared up when Ethiopia formally declared war on Eritrea in 1998. A peace agreement was signed between the two countries in December 2000. The recent conflict has displaced more than one million people, mainly farmers, whose livelihoods have been undermined. Land mines also rendered a significant proportion of fertile farmland unusable. Major socio-economic infrastructure was destroyed. From 2000 to 2003 droughts exacerbated existing food insecurity by further reducing agricultural output. The high incidence of both *de facto* and *de jure* female-headed households due to the war has intensified this situation. Despite the 'no war, no peace' situation created by Ethiopia's non-compliance with the international verdict, and the silence of the international community, which has been a major stumbling block, the resilient and committed Eritrean people have continued to work towards peace and development and enable major achievements towards gender equality.

SECTION ONE

**OVERVIEW ANALYSIS
OF ACHIEVEMENTS
AND CHALLENGES**





Major achievements in the promotion of gender equality and empowerment of women

1. Education and training of women

The 2003 Eritrean National Education Policy is premised on the principle of equality between men and women, which has been forged through the collective struggle of the Eritrean people and the remarkable participation of Eritrean women. The overall policy guidance is to “promote equal opportunity in terms of access, equity, relevance, and continuity of education to all school-aged children by ensuring that geographical, gender issues and lifestyle are considered and integrated into the national development process.” In the same policy document, the Government commits to implementing the six ‘Education for All’ objectives and the two relevant Millennium Development Goals.

The 2004 gender and education strategy clearly states that gender inequality in education is not just an educational challenge; its basic causes are rooted in wider social, economic and cultural factors that cannot be comprehensively addressed by the education sector alone. It recognizes that inequality is rooted in changing and changeable social structures, and particularly in structures of domination. Addressing gender disparity in education, the Government’s education policy states: “the government shall work towards the elimination of gender disparity at all levels of the education system.” It further commits the Government to “ensuring girls’ full and equal access to and achievement in basic and secondary education of good quality.” In addition, one of the main objectives of the Ministry of Education’s (MoE) National Literacy Programme is to “narrow the gender disparity in literacy by increasing women’s participation in literacy programs.”

Major challenges to achieving gender equality in education

Key challenges that hinder girls’ education include:

- Traditional values, social attitudes and the impact of patriarchal attitudes, including the preference for sending boys to school rather than girls, norms around domestic chores and the fear that education will affect girls’ marriage suitability;
- There are few women in the teaching profession, particularly at the higher levels and in decision-making positions;
- Existing inequality related to natural and cultural barriers;
- Limited access to information and key facilities;
- The indirect costs that discourage families from sending girls to school.

In addition, although concerted efforts have generated significant progress in education, data indicates that female enrolment in elementary, middle and secondary schools continues to lag behind male enrolment, indicating that continuous effort is still needed to reach gender parity at all levels.

Trends of key education indicators – the gender dimension

Indicator	2005	2010
Gross admission rate boys and girls	63.5%	92.0%
• Gross admission rate boys	65.8%	99.0%
• Gross admission rate girls	60.9%	84.9%
Net admission rate boys and girls	28.0%	35.0%
• Net admission rate boys	28.3%	37.9%
• Net admission rate girls	27.7%	32.10%
Gross enrolment ratio in elementary school	70.3%	92.3%
• Boys	75.3%	97.3%
• Girls	64.8%	86.7%
Net enrolment ratio in elementary school	52.6%	70.4%
• Boys	54.6%	73.1%
• Girls	50.4%	67.5%
Gross enrolment ratio in middle school	49.5%	61.6%
• Boys	59.9%	66.7%
• Girls	38.8%	56.2%
Net enrolment ratio in middle school	22.3%	32.0%
• Boys	24.7%	33.1%
• Girls	19.8%	30.8%
Gross enrolment ratio in secondary school	23.1%	34.5%
• Boys	29.9%	39.5%
• Girls	16.3%	29.5%
Net enrolment ratio in secondary school	13.3%	25.2%
• Boys	15.4%	28.0%
• Girls	11.2%	22.4%

Source: Progress Report of Education MDGs MoE 2012



2. Women and health

The health status of the Eritrean population was at its lowest point at the time of independence. The GSE has found that achieving its vision of building a society with the highest attainable health standard has been a major challenge.

A key priority is to empower women and men to protect and care for themselves, particularly in relation to maternal and infant mortality, HIV/AIDS and other infectious diseases. The National Health Policy (NHP), which was updated in 2009, is comprised of a number of specific policies that have dealt with the gender issue at various levels. These include the Primary Health Policy, the Health Promotion Policy, the Rural Sanitation Policy, the Sexual and Reproductive Health Policy, the HIV/AIDS Policy and the Human Resources Development Policy.

Health delivery services in Eritrea

The Ministry of Health (MoH) has devised a strategy of preventive, promoting, curative and rehabilitative health care services to accomplish its mission.

At the national level, the MoH administers and oversees the work of the National Referral Hospitals, specialized diagnostic and care/service provision institutions, training institutions and regulatory bodies. At the third tier regional/zoba level, the Zoba Medical Team is responsible for the provision of health services. The second tier health station services are the primary formal health facility, which provides basic promoting, preventive and curative services, including community hospital, health centre and community level services.

Although health care spending is generally low in Eritrea, the prevention strategy generated significant achievements, including more than 90 per cent immunization coverage and a major decline in prevalence levels of communicable diseases, malaria and HIV/AIDS. These achievements are also due to community health services, which mobilize and empower communities with key skills and ensure the availability of basic health services.

Gender and reproductive health

The 2004 International Conference on Population and Development (ICPD) considers reproductive health (RH) and reproductive rights (RRs) within the broader context of providing basic health services and fulfilling the overall socio-economic development needs of populations.

The RH unit within the Primary Health Care Division (PHCD) has been working towards reducing maternal mortality. The coverage and quality of their services, including the delivery of RH information, services and commodities at the local level, have continued to improve. Free health care is currently offered to pregnant women and children under 5, as are strengthened referral services, emergency obstetric care, neonatal and assisted delivery services, and interventions such as early malaria treatment and provision of vitamin A supplements.

The maternal mortality rate decreased from 998 per 100,000 live births in 1995 to 240 per 100,000 births in 2010, when 35 per cent of births were attended by skilled health personnel. This reduction indicates that great effort has been made in the area of RH; Eritrea is one of the few countries on the African continent to achieve the Millennium Development Goals (MDGs) in this area. Antenatal service coverage increased 48 per cent between 1998 and 2012, to 65.7 per cent. Health facilities with functional emergency obstetric care increased from 40 per cent in 2004 to 82.3 per cent in 2012.

Over the past decade, a number of additional achievements have taken place. Since 2008, treatment for eclampsia with magnesium sulphate was introduced nationally; and since 2004, home-based postpartum care was initiated, maternal and prenatal death audit introduced, and neonatal tetanus eliminated, as certified by the World Health Organization. In addition, advocacy work with partners such as the National Union of Eritrean Women (NUEW) was carried out to tackle the issues of underage marriage and teen pregnancy, both of which contribute to maternal mortality and morbidity.

Trends in key health indicators – the gender dimension

Goal	Indicator	Value		
		Male	Female	Total
Improved Maternal Health	Maternal mortality ratio (per 100,000 live births; 2013)	N.A	N.A.	380
	Percentage of births attended by skilled health personnel	NA	55	55%
	Percentage of pregnant women who received antenatal care	NA	93	93%
	Met need* for Emergency Obstetric care	NA	53%	53%
Reduce Child Mortality	Under-five mortality rate (per 1,000 live birth; 2013)	-	-	50
	Infant mortality rate (per 1,000 live birth; 2012)	-	-	37
	Percentage of one-year-old children immunized against measles	92.6%	93.1%	92.8%
Combat HIV/ AIDS, malaria and other diseases	Percentage of current users of contraception who are using condoms (any contraceptive method, currently married women and men age 15-49)	29.2%	10.3%	18.4%
	Condom use at last high-risk sex	91.9%	N.A	N.A
	Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	33.8%	24.7%	27.9%
	Percentage of HIV-positive women and men 15-49 (EPHS 2010)	0.5%	1.1%	0.93%
	Contraceptive prevalence rate (any contraceptive method, currently married women age 15-49) (EPHS 2010)	-	8.4%	8.4%

Source: Report of MoH 2014

* 'Met Need' refers to the proportion of women who actually reach formal health facilities for care when they have complications



3. Women and land

Although Eritrea is currently on the verge of social transformation, it has traditionally been a peasant society with a paternalistic culture. Agriculture and pasturing are the population's livelihood mainstays, making land ownership the society's lifeline. Women, however, have traditionally not been entitled to own or inherit land or other property, which are the most pertinent factors in determining status and influence.

Eritrea has opted to eradicate old traditions that undermine gender equality in society. The GSE Proclamation No. 58/1994 on Land Tenure aims to abolish the traditional land tenure system and give women equal entitlement and ownership rights for land. As a result, at the household level, 70 per cent of land is owned by both men and women, and the remaining 30 per cent is owned specifically by women-headed households.

Major challenges to achieving gender equality

When operationalizing the land legislation, however, the Ministry of Land, Water and Environment (MLWE), did incorporate some discriminatory directives against women with the excuse of temporarily catering to the backlog of male households. This was remedied during a subsequent series of meetings between the MLWE and NUEW. The lesson learned from this controversial regulation was that enforcement mechanisms should always be looked at from a gender perspective.

From this experience and others it is clear that it will take time for certain social norms to be overcome. In some cases, women were indifferent to the new legislation, and preferred not to antagonize their husbands or the male members of their families. A few traditional older women were adamantly against women gaining access to land ownership, adhering instead to the traditional belief that land belongs to the heir, i.e. their sons, since married women are not expected to stay in their village of origin.

The major campaign and advocacy work undertaken included efforts to:

- Popularize the Proclamation of Land so that as many women as possible understand its content and are empowered to fight for their right to access land.
- Neutralize the elderly women who couldn't be convinced and win back those women who were vacillating due to the negative consequences they might encounter from the male members of the family.
- Identify members of the male population who believe in social change and gender equality and bring them on board to support efforts to halt the discriminatory regulation.
- Lobby for establishing an engendered mechanism of enforcement and ensure compliance according to the proclamation.

4. Violence against women

Immediately following independence, the GSE was keen to implement its commitment to social progress and amended the criminal and civil law and abrogated discrimination based on race and sex (GSE, Proclamation No.1/1991). The predominant forms of violence against women in Eritrea are certain traditional practices such as female genital mutilation (FGM) and underage marriage. Eritrea is currently making progress towards its commitment to eradicate such negative traditional cultural practices.

Female Genital Mutilation

FGM is a deeply rooted and widely practiced tradition in Eritrea. Many Eritrean women and men still believe that FGM can reduce sexual desire in girls and as a result, ensure their virginity until marriage and fidelity during marriage. Many Christians and Muslims also consider FGM a religious obligation, despite contrary claims from prominent religious figures that the practice is not a religious prescription. Attitudes towards FGM are socially constructed and the practice itself violates basic human rights principles. Essentially, the issue is one of gender inequality in that the practice undermines the physical integrity of a girl child and can have severe health consequences.

Eritrea has handled FGM with a multi-disciplinary approach, including biological, social and cultural considerations. The FGM strategy advocates for demystifying the culture of assuming women are helpless and vulnerable victims in need of rescuing, and works to nurture women as social agents that are committed to determining the course of their own lives. In addition, major actors, including the MoH and NUEW, collaborated and developed strategies that refer to operational research on FGM practices. These efforts highlighted the differences that exist between FGM practices in distinct communities, and the myths that surround the practice.

A nationwide network of stakeholders has been established that includes representatives of local administration, the MoH and NUEW representatives at zoba/regional and sub zoba and village levels. The capacity of the network was effectively enhanced using a wide range of human rights and gender training materials. Key messages were developed with the aim of increasing awareness among community members, particularly women and girls, of the links between FGM and human rights and equipping community members with the information needed to negotiate and claim their own rights.

The success of the social mobilization strategy depended on popular education, such as community dialogue, leadership consultation and popular drama, to support the development of critical awareness and to enable social action aimed at generating community level change. This has been the major catalyst for breaking the silence within many communities and led to the public declaration of Zero Tolerance for FGM by certain role model villages. After almost 30 years of campaigning against FGM, a consensus was reached to forward a drastic measure to accelerate the abolition of FGM. As a result, in 2007, the GSE enacted a national legislation banning FGM (FGM Proclamation, 2007).

In 2010, the prevalence of female circumcision among young women aged 15 to 19 was 68.8 per cent, compared with 93.1 per cent among women aged 45 to 49, indicating a decline in the FGM prevalence rate among young girls, a promising trend.

Major challenges to addressing violence against women

The statutory laws that have been ratified continue to face challenges related to traditional customs, religious mandates, backward cultural attitudes and socio-economic barriers to change. Various reports indicate that even after women become aware of their basic legal rights, some remain reluctant to pursue their case in the courts. Reasons for this include:

- Social pressure: women are not encouraged to go to court because such an action is considered contrary to accepted norms, unfeminine and disrespectful to the family. The expectation is that one has to endure whatever happens and continue with the role of caregiver.



- Financial constraints: the majority of women agriculturalists are not used to having cash on hand to pursue their case. Distance is also a barrier, and the cost of transportation is beyond the capacity of many women.
- Cross-border practice: whether in the vicinity village, sub-zoba, zoba or in a neighbouring country, these practices can threaten a slippage back to older customs.

Additional challenges include:

- Border conflict and delay in the implementation of demarcation, i.e. the no peace no war situation
- Deeply entrenched traditional values and practices such as FGM pose considerable danger to the health and well-being of women in Eritrea
- Lack of institutional capacity
- Inadequate representation of women in decision-making posts at all levels
- Lack of disaggregated data in certain public sectors

Constitutional, legislative and legal developments

The Eritrean Constitution, ratified in 1997, guarantees equal rights for women and men. In addition to the supreme principle enshrined in the Constitution, which prohibits discrimination on account of race, ethnic origin, language, colour, gender, religion, disability, age, political view, social or economic status, various articles in the Constitution grant equal rights to women and men, including in regards to key issues such as land ownership, family and marriage, equality before the law, inheritance and passing on citizenship to children.

The State of Eritrea also has an excellent track record of ratifying international conventions and human rights treaties. Among those ratified are the Convention on the Rights of the Child (CRC) on 3 August 1994; the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) on 5 September 5 1995; the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights, both on 20 January 20 1999; the African Charter on Human and People's Rights on 4 January 4 1999; and the Beijing Declaration and Platform for Action.

Soon after Eritrea acceded to the CEDAW, the Convention was translated into local languages and widely disseminated, particularly among women. The implementation of CEDAW is ongoing, in tandem with the implementation of the Platform for Action. Moreover, national efforts to reduce maternal mortality, child mortality, gender disparity in education and adult female illiteracy, and increase women's participation in elected bodies, are all in line with the MDGs.

A report on the implementation of the Platform for Action and future strategies for the promotion of gender perspectives (Beijing+five) was prepared at the country level in 1999, followed by a second and third report prepared to take stock of the same issues as they stood in 2004 and 2008.

Table 1: Gender equality: Policy milestones in Eritrea

Year	National gender policies related to international instruments
1977	The National Democratic Program of Eritrean People's Liberation Front (EPLF) in its article of 4B on women's rights clearly stipulated gender equality
1979	The Constitution of the National Union of Eritrean Women states in its objectives that it will work for the empowerment of women's equality and will, in particular, fight to stop harmful traditional practices
1991	GSE Proclamation No.1 on Civil Law
1994	Proclamation No. 58 on Land Tenure
1995	After gaining formal independent and joining the United Nations in 1994, GSE immediately ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 1995, which is in line with GSE's basic principles of social justice and equality
1997	The Constitution of Eritrea commits to social equality and article 21 states that every citizen has the right to equal access to publicly funded social services, such as health and education
2004	The Eritrean Gender Policy and National Gender Action Plan are consistent and in line with the CEDAW and Beijing Declaration and Platform for Action
2007	The preamble to the Proclamation to Abolish Female Circumcision, 158/2007 of GSE states that female genital mutilation is a violation of women's basic human rights

International Labour Organization Conventions

Eritrea ratified the following International Labour Organization (ILO) Conventions in the year 2000. These conventions are known as ILO Core Conventions, which are aimed at protecting fundamental human rights and promoting equal opportunities for men and women.

1. Convention 29 concerning Forced or Compulsory Labour (adopted 1930).
2. Convention 87 concerning Freedom of Association and Protection of the Right to Organize (adopted 1948).
3. Convention 98 concerning the Right to Organize and to Bargain Collectively (adopted 1949).
4. Convention 100 concerning Equal Remuneration for Men and Women Workers for Work of Equal Value (adopted 1951).
5. Convention 105 concerning the Abolition of Forced Labour (adopted 1957).
6. Convention 111 concerning Discrimination in Respect of Employment and Occupation (adopted 1958).
7. Convention 138 concerning Minimum Age for Admission to Employment (adopted 1973).

Eritrea's various legal instruments are consistent with the provisions of the ILO conventions applicable to employment.



National budget

With regard to the budgeting system, an integrated approach is in practice. For instance, substantial portions of the budgets of the Ministry of Education and the Ministry of Health go to support girls' education and women's health, respectively. In addition, there is a standalone programme implemented by NUEW aimed at closing gender gaps through the development of a gender mainstreaming strategy in relevant sectors and advocacy programmes on female genital mutilation, gender equality, reproductive health, etc., as well as economic microfinance support.

Dialogue between the Government and civil society

There is a gender focal person positioned within relevant ministries, including the Ministry of Health, the Ministry of Education, the Ministry of Communication and Transport, the Ministry of Trade and Industry and the Ministry of Agriculture, and representing key civil society organizations such as the National Confederation of Eritrean Workers, National Union of Eritrean Youth and Students, the National Association of Disabled and the Teachers Association. The focal persons meet regularly and support the preparation of key reports, including CEDAW and Beijing +20, through the provision of input and feedback.

Cooperation and knowledge sharing

The Government is working with the East Africa Strategic Support Initiative, COMESA Gender Division, the African Union African Center for Gender and Development and non-aligned groups. Through its interaction with these organizations, the Government has received support for the elaboration of cross-border business development guidelines and has participated in various gender-related trainings, including on female genital mutilation, human resources and the development of land policy.

Millennium Development Goals

As a cross-cutting issue, gender is relevant to all MDGs and as a result, the MDGs create an environment conducive to exploring and addressing gender from a number of different angles. In view of this, the Government has worked to align and integrate its efforts on the Beijing Platform for Action with the MDG targets, including in maternal health, child mortality, prevention of communicable diseases and education, particularly the education of girls and female enrolment.

SECTION TWO

PROGRESS IN THE IMPLEMENTATION OF THE CRITICAL AREAS OF CONCERN OF THE PLATFORM FOR ACTION SINCE 2009





1. Women and Poverty

A number of socio-cultural factors explain the poor economic conditions of women in Eritrea, including those related to the long-lasting war and drought, the traditional patriarchal system and other traditional norms and values. At the same time, more than 40 per cent of Eritrean households are headed by women, while more than 50 per cent of women are illiterate. These and other factors determine gender roles, responsibilities and women's position in society and in general make their participation in the economy more difficult.

Savings and Micro Credit Schemes

There are several credit and saving schemes run by the Ministry of Labour and Human Welfare, the Ministry of Agriculture, regional governments and the Savings Micro Credit Programme (SMCP), a specialized financial institution that promotes small and medium-scale businesses geared towards enhancing self-employment and granting access to critically needed funds. Women and women-headed households make up roughly 40 per cent of SMCP beneficiaries. This is in addition to the NUEW run credit schemes aimed at women's economic empowerment and improving women's livelihoods. It is worth noting that most of the programme's clients are located in rural and semi-urban areas and that the number of participants is consistently increasing every year. Between 2008 and 2010 different credit scheme operators provided between 45 and 49 per cent of micro credit to women.

2. Education and training of women

The Ministry of Education (MoE) has taken on the task of improving the quality of education and expanding educational access for various sections of the population. A new programme to enhance access to education in remote and hard-to-reach locations is contributing to increasing female access to education, as well as access of disabled children and children in hard-to-reach locations. Under this initiative, new elementary, middle and secondary level schools have been opened across the country, thus bringing schools closer to the homes of students of all ages and decreasing dropout rates. In addition, mobile schools in nomadic areas have enabled nomadic boys and girls to enrol in school.

The data provided in the following tables shows the progress made from 2009/2010 to 2011/2012 in pre-school, elementary, middle and secondary school levels.

Elementary level: Gross and net enrolment ratio by year and sex 2009/2010 –2011/2012

	Gross enrolment ratio			Net enrolment ratio		
	Male	Female	Total	Male	Female	Total
2009/2010	69.50	62.30	66.10	51.40	47.60	49.60
2010/2011	97.30	86.70	92.30	73.10	67.50	70.40
2011/2012	104.20	93.00	99.00	79.70	73.40	76.80

For the elementary level, the female net enrolment ratio showed a steady rise between the 2009/2010 and 2011/2012 academic years, growing 21.4 per cent during the three-year period under review. Although there remains a 6.3 per cent disparity in net enrolment between males and females (favouring the males), this increase is encouraging.

Middle level: Gross and net enrolment ratio by year and sex 2009/2011/12

	Gross enrolment ratio			Net enrolment ratio		
	Male	Female	Total	Male	Female	Total
2009/2010	52.40	44.40	48.50	30.00	28.00	29.20
2010/2011	66.72	56.23	61.62	33.10	30.80	32.00
2011/2012	72.30	62.10	67.30	39.70	36.80	38.3

For the middle level, the overall gross enrolment rate grew by 4.6 per cent from 2009/10 to 2011/12. The net enrolment ratio also increased by 1.2 per cent during the same period. The net enrolment rate increased by 1.8 per cent for females and 0.6 per cent for males. As a result, the net enrolment ratio gap between males and females narrowed, from 4.1 per cent in 2009/10 to 2.9 per cent in 2011/12.

Secondary level: Net enrolment ratio by year and sex 2009/2011/2012

	Gross enrolment ratio			Net enrolment ratio		
	Male	Female	Total	Male	Female	Total
2009/2010	27.00	19.60	23.40	17.70	13.60	15.70
2010/2011	39.51	29.51	34.52	27.95	22.42	25.19
2011/2012	36.30	27.00	31.70	24.40	19.80	22.10

For the secondary level, the female net enrolment ratio increased from 13.6 per cent in 2008/2009 to 22.4 per cent in 2010/2011, but declined to 19.8 per cent in 2011/2012. The disparity between males and females remains almost constant at about 5.5 per cent. Note that male and female net enrolment decreased in 2011/2012 compared to the previous academic year.

The overall net enrolment figures and net enrolment ratio during the three-year period under review showed both increases and decreases for both males and females. For secondary school, the net enrolment ratio difference between males and females narrowed from 6.5 per cent to 4.6 per cent during the three-year period.

Participation rate in academic/intermediate technical and vocational education by sex and year

Year	Total enrolments	Female enrolment	% female enrolment
2009/2010	1304 591	591	45.3
2010/2011	1992 713	713	36.6
2011/2012	2520 1128	2520	44.8



The participation of females in vocational and technical schools declined between 2009/2010 and 2010/2011, but rebounded in 2011/2012.

The overall enrolment of females in the National Vocational Training Centre during the 2009-2012 period was 43 per cent. Although there is female and male participation in all fields of study in the National Vocational Training Centre, females dominate certain trades, such as accounting, material management, soil and water conservation and plant science. On the other hand, males dominate in building construction, drafting, electricity, carpentry, plumbing and heavy duty machinery operations.

Special needs education enrolment by sex and year

Academic year	School for the blind			School for the deaf		
	Total enrolment	Female enrolment	% female enrolment	Total enrolment	Female enrolment	% female enrolment
2009/2010	54	12	22.2	175	63	36
2010/2011	48	11	22.9	136	69	50.7
2011/2012	52	15	28.8	124	61	49.2

Although female enrolment in the school for the blind remains very low, the female enrolment ratio in the school for the deaf has reached near parity with the male enrolment ratio. The participation of females in the school for the blind is stuck at close to one-fourth ratio.

Adult literacy: Enrolment and completion by sex and year

Academic year	Participants enrolled			Participants completed			Female % completed
	Female	Male	Total	Female	Male	Total	
2008/2009	42749	4081	46830	33087	2750	35837	92.3 %
2009/2010	36639	3550	40189	28736	2661	31397	91.5 %
2010/2011	40828	5297	46125	31292	3793	35085	89.2 %
2011/2012	47449	4255	51704	37043	2737	39780	93.1 %

Overall enrolment in the adult literacy programme fell during the reporting period due to increased literacy within the population. It is encouraging that the female enrolment and completion ratios have consistently been above 90 per cent, with males comprising about 10 per cent. Female participation far exceeds male participation in this programme, which in some ways compensates for the disparity within formal education.

The literacy rate is much higher for younger women than older women. In 2010 about 77 per cent of women age 15 to 19 years were literate compared with about 90 per cent of men of the same age. For the 45 to 49 age group, the literacy rate was about 30 per cent for women and about 64 per cent for men (NSO, 2010). Younger women and men are more likely to be literate and to reach higher levels of education than older women. Adult education programmes have focused on eliminating illiteracy, and an increasing number of women are participating in the programme.

Adult education programmes (continuing education and rehabilitation centres)

Academic Year	Enrolled			Completed		
	Total enrolment	Female enrolment	Female % of total	Total enrolment	Female enrolment	Female % of total
2009/2010	2626	1111	42.3	2190	979	44.7
2010/2011	5989	2425	40.5	3977	1934	48.6
2011/2012	5803	1742	30.0	4448	1425	32.0

The number of females and males enrolled in the adult continuing education programme has generally increased over the three-year period. The absolute number of those completing the programme has also steadily increased. Contrary to the trends observed in the adult literacy programme, the female enrolment and completion ratios fluctuated and remained below that of the male ratios.

Enrolment at Eritrean Institute of Technology (EIT) by sex

Year	Education			Engineering			Science		
	Total enrolment	Female enrolment	Female % of total	Total enrolment	Female enrolment	Female % of total	Total enrolment	Female enrolment	Female % of total
2009/2010	528	233	44.1	2262	349	15.4	1094	370	33.8
2010/2011	1569	421	26.8	2544	459	18.0	1677	700	41.7
2011/2012	980	247	25.2	2681	492	18.4	1694	697	41.1

The number of males and females enrolling at the Eritrean Institute of Technology (EIT) has been increasing. The per cent of females enrolled in the engineering programme has risen steadily, while the per cent of females enrolled the education programme has declined. The enrolment rate of females in the sciences increased and decreased over the three-year period.

Enrolment at the College of Marine Sciences and Technology

Academic year	Total enrolment	Female enrolment	Female % of total
2009/2010	550	73	13.3
2010/2011	641	90	14.0
2011/2012	580	102	17.6

Female participation in the College of Marine Sciences and Technology grew in absolute and relative terms during the three-year period under review.



Enrolment at College of Agriculture by sex

Academic year	Total enrolment	Female enrolment	Female % of total
2009/2010	1142	366	32.0
2010/2011	1377	434	31.5
2011/2012	1574	584	37.1

The enrolment rate of females at the College of Agriculture has gradually increased from 32 per cent in 2009/2010 to 37.1 per cent in 2011/2012.

Enrolment at College of Business and Economics by sex

Academic year	Total enrolment	Female enrolment	Female % of total
2009/2010	1439	412	28.6
2010/2011	1226	369	30.1
2011/2012	1389	459	33.0

Likewise, the enrolment of females in the college of Business and Economics is gradually but steadily rising.

Enrolment at Collage of Arts and Social science (Adi Keih) by sex

Academic year	Total enrolment	Female enrolment	Female % of total
2009/2010	658	150	22.8
2010/2011	774	203	26.2
2011/2012	740	184	24.9

Female enrolment in the College of Arts and Social Sciences rose from 22.8 per cent in 2009/2010 to 24.9 per cent in 2011/12.

Enrolment at Orotta School of Medicine

Academic year	Total enrolment	Female enrolment	Female % of total
2009/2010	259	57	22.0
2010/2011	302	73	24.2
2011/2012	320	83	25.9

The enrolment of females at the Orotta School of Medicine showed a small but steady increase over the three-year period.

Enrolment at College of Health Sciences

Academic year	Total enrolment	Female enrolment	Female % of total
2009/2010	1158	317	27.4
2010/2011	1259	401	31.9
2011/2012	1394	497	35.7

The enrolment ratio of females at the College of Health Sciences rose from 27.4 per cent in 2009/2010 to 35.7 per cent in 2011/2012. The increasing trend of female participation in the diverse health sciences, which includes degrees in pharmacy, medical laboratory, nursing, anaesthesia and radiology, is quite encouraging.

3. Women and health

The Government has made strong efforts to improve citizens' access to health services and the quality of health services throughout the country. In addition to the expansion of facilities providing health services, the health sector work force has been growing annually. Efforts have been made both to increase the number of domestic-origin health professionals and to hire health professionals from abroad. The delivery of both preventive and curative health services has broadened in coverage and improved in quality. The health of the general public has experienced unprecedented development due to the improvements in living conditions and the enhanced quality of social services.

Drawing on various quantitative health indicators, data indicates that Eritrea has made extraordinary progress towards the elimination or prevention of mortality and morbidity resulting from communicable diseases such as malaria, polio and measles. Epidemic disease outbreaks have become a thing of the past.

In addition to the provision of health services to the general public, the MoH has paid special attention to the health and welfare of mothers and children. As shown in the following table, the various mother and child health programmes that have been put into place are delivering impressive results.

Anti Natal Care Eritrea (ANCE) coverage 2010-2012

Year	Number	Percentage
2010	85,718	57.2
2011	90,904	59.0
2012	83,199	52.6
2013	91,178	58.0

The ANCE coverage during the past four years stood at close to 60 per cent. Considering the geographic barriers and various levels of economic development in the diverse regions and ethnic groups in the country, this level of coverage represents an achievement.



National delivery service coverage 2010- 2012

Activity	Service coverage (%)		
	2010	2011	2012
Total delivery	28.5	31.5	31
Live births	99.3	97.2	97.2
Fresh still births	0.6	1.6	1.6
Macerated still births	0.07	1.2	1.3
Total fresh and macerated	0.67	2.8	2.9
Low birth weight	7.7	7.2	7.4
Total C/S	4.8	3.5	3.4
Maternal death at health facilities	0.19	0.16	0.16
Neonatal deaths at health facilities	0.4	0.4	0.6

The table above gives the status of the deliveries in the health facilities. The percentage of deliveries taking place in health facilities at a national level has been steadily rising. Regarding live and still births, the table shows that the rate of combined fresh and macerated still births grew between 2010 and 2012, from as low as 0.67 per cent in 2010 to as high as 3.3 per cent in 2012). Fresh still births account for the majority of the still births that took place in the health facilities.

The maternal mortality rate in health facilities declined between 2010 and 2012, from 0.19 per cent in 2010 to 0.15 per cent in 2012. Neonatal mortalities at health facilities have also decreased, except for in 2012, which showed an almost doubling of the cases compared to the years before and after.

According to the Eritrea Population and Health Survey (EPHS 2010) the use of any means of contraception among all women aged 15 to 49 years was 5.5 per cent, with 4.7 per cent using modern methods. The use of any contraceptive method among married women was 8.0 per cent. Nearly one third (31.6 per cent) of sexually active unmarried women use some form of contraception.

Prevalence distribution of cancer among women by type of cancer

Subject	2010	2011	2012	Total
Malignant neoplasm of breast	232	235	219	686
Malignant neoplasm of cervix uteri	94	108	111	313
Malignant neoplasm of other uterus parts	45	32	16	93
Benign neoplasm of breast	174	164	161	499
Leiomyoma of uterus	522	699	631	1852

Malignant neoplasm of breast was the dominant type of cancer in women throughout the period between 2010 and 2012. The second most common type of cancer in women was malignant neoplasm of cervix, followed by malignant neoplasm of other uterus parts and leiomyoma of uterus. The total annual prevalence of cancer among women during the stated period declined, with the lowest recorded cases at 352 in 2012. The Eritrean Ministry of Health is actively engaged in addressing this deadly disease and is in the process of establishing a Cancer Treatment Centre.

Prevalence rate of HIV and sexually transmitted infections (STI) in ANC Sentinel Site Surveillance Survey

Years	HIV/AIDS	STIs
2009	1.31	0.62
2011	0.89	0.24

Source: ANC Sentinel Site Surveillance Survey, 2007, 2009, 2011
Note that the prevalence rate is evaluated every two years

The prevalence rate of HIV/AIDS in Eritrea has fallen from 1.31 per cent in 2009 to 0.89 per cent in 2011. Since HIV/AIDS prevalence is evaluated every two years, it is expected to have declined further by 2013, though the evaluation process has not been completed. The overall progress made in reducing HIV/AIDS prevalence in Eritrea is considered an achievement.

As for sexually transmitted infections (STI), annual cases stand at between 4,000 and 5,000, with neither increasing nor decreasing trends. The prevailing number is manageable and efforts are being made to decrease the number of cases significantly.

HIV prevalence rate among pregnant women attending ANC

Years	Pregnant women tested for HIV	Number HIV positive	Per cent HIV positive
2009	48,437	320	0.66
2010	52,205	318	0.61
2011	66,986	295	0.44
2012	61,874	297	0.48

Source: National AIDS Control Program Reports

The HIV prevalence rate among pregnant women remained below 1 per cent between 2009 and 2012. Those pregnant women found to be HIV positive are now receiving antiretroviral therapy regardless of CD4 count and free of charge in order to eliminate mother-to-child HIV transmission. This is encouraging and speaks to the Government's ongoing campaign against the epidemic. Of more than 60,000 pregnant women tested for HIV annually, only about 300 cases are found to be HIV positive.



HIV prevalence rate among voluntary counselling and testing (VCT) attendees

Years	Total VCT visits	HIV positive	Percentage
2009	86,285	1941	2.25%
2010	73,685	1488	2.02%
2011	77,008	1353	1.77%
2012	76,292	1060	1.39%

Source: National AIDS Control Program Reports

Here again we notice that VCT visits generally increased during the reporting period. The HIV prevalence rate among those tested fell from 2.02 per cent in 2009 to 1.39 per cent (under 1 per cent) in 2012, the trend is consistently on the decline.

4. Violence against women

Although violence against women and abuse of women are not serious concerns in Eritrea, coordinated work is needed to maintain this state of affairs and eliminate even the few occurrences of abuse of women. It is also important to note that pockets of violence against women do exist in Eritrea, particularly rape and physical abuse. Although the number of reported rape cases is modest, the number did increase during the period 2009 to 2012. This is not an area for complacency, considering that some cases may not be reported for fear of social alienation.

It is encouraging to note, however, that many women are breaking the barriers related to traditional beliefs that have prevented them from exercising their rights in the past, and are now standing up for their social and economic rights. The adult education programme for legal literacy, which was developed in 1998, played a major role in raising awareness and changing attitudes around violence against women. Given the diversity of women's lifestyles, the programme methodology was designed to be participatory and empowering for all women and has enabled women to question long-held traditional and religious views.

5. Women and armed conflict

Eritrea paid a heavy price during the war of independence. When the Eritrean-Ethiopian Federation was abrogated in 1961 and the Ethiopian colonial regime subsequently committed widespread atrocities, the Eritrean population was left with little decision-making power. The United Nations was not operational during this extended period of armed conflict, which continued until Eritrea gained independence in 1991. Women were fully-fledged participants in the armed struggle as their villages were burned and as they endured daily harassment from the Ethiopian soldiers. Although the war took its hardest toll on women and children, women maintained the social fabric of Eritrea and diligently fulfilled their caregiver roles, even during the most challenging periods.

After a short respite, a second war with Ethiopia took place between 1998 and 2002. During this difficult time, the Eritrean population at large and women in particular faced indiscriminate and forceful evacuation from Ethiopia and the bombardment of villages. For the second time the steadfastness of Eritrean women was manifest; they were determined to keep their national dignity and were ready to sacrifice their lives and loved ones. In addition, more than 50,000 women participated in a peace rally in Asmara, the capital city. Women also visited the United Nations, calling for peace with the motto of the time: “We call for Peace since we know the price of peace”.

Eritrea is still in a no war no peace situation – peace is not only the absence of war, but the presence of justice, equality, caring and harmony. Women’s experiences have shown that without justice no peace can be guaranteed.

During the struggle for independence, 30 per cent of the fighters were women. As a result, the post-conflict phase is an opportunity to change the status of women in society and for women to actively participate in the country’s political system.

6. Women and the economy

The majority of the population of Eritrea, roughly 60 per cent, is engaged in subsistence farming. With the main source of income for most of the population dependent on rainfalls and rudimentary technology, productivity can face significant constraints. Women make a significant contribution to agriculture in Eritrea and are simultaneously responsible for homemaking, including activities related to childcare, elder care, cooking, cleaning, fetching water and firewood and generally managing household welfare. Women’s participation in the business sector is generally within the informal sector, due to low levels of education and limited financial capacity. Female participation in the service sector is generally concentrated within occupations such as nursing, teaching and non-technical jobs such as catering services. Women are still significantly under-represented in many occupations, especially within the fields of science and technology.

Rural women and access to land - land distributed to male and female heads of households, 2009-2012

S. No	Land category	Females	Males	Total	Female %
1.	Housing land (tiesa)	5,320	10,540	15,860	33.5
2.	Commercial agriculture	75	376	451	16.6
3.	Commercial enterprises	305	1,068	1,373	28.6
	Total	5,700	11,984	17,684	32.2

Women heads of household had access to 32.2 per cent of the land distributed for various purposes between 2009 and 2012. Comparatively speaking, women accessed the lowest percentage of land for commercial agriculture purposes. This is a new domain for women and the capacity of women to invest in commercial agriculture remains low.



7. Women in power and decision-making

The Beijing Platform for Action set the goal of women representing 30 per cent of national decision-making positions as a milestone toward the ultimate objective of 50 per cent. In sub-Saharan Africa, nations emerging from conflict, such as South Africa, Mozambique, Namibia, Uganda and Eritrea, have succeeded in increasing the percentage of women in their new parliaments (Palmieri, p.4).

By the time Eritrea gained its independence in 1993, male perception of gender equality had greatly improved and more women were empowered to participate. The Government created a gender-sensitive environment that was stipulated in its policies and programmes. The Constitution demonstrates the changing attitude towards women at that time. For example, Article 7(2), On Democratic Principles, prohibits any form of discrimination against women. It reads: "Any act that violates the human rights of women or limits or otherwise thwarts their role and participation is prohibited." Proclamation No. 86/1996 on the establishment of local government stipulates that 30 per cent of the seats in the Regional Assembly will be reserved for women and that women will also contest the remaining 70 per cent.

Women currently make up 22 per cent of National Assembly members, and account for between 27 per cent and 34 per cent of the six Regional Assemblies. There are currently three women Ministers (18 per cent of the Cabinet of Ministers), holding the positions of Justice Minister, Health Minister and Tourism Minister. Nationwide, 399 women serve as community court judges, comprising 22.5 per cent of the total number of judges. Women make up 27.2 per cent of all government employees. Although women constitute more than 41 per cent of all administrative and clerical positions, and more than 29 per cent of junior professional positions, their ratio in the professional category is only 11.6 per cent. Continuous effort is needed to reach the parity declaration of the AU.

Gender breakdown of higher government posts

Government Post	Year 2009			Year 2012		
	Total	Females	Females % of total	Total	Females	Females % of total
National Assembly	150	33	22	150	33	22.0
Ministers	17	4	23.53	17	4	23.53
Regional Governors	6	1	16.67	6	1	16.7
Director Generals	88	6	5.67	54	4	6.9
Directors	280	58	20.7	245	26	10.6
Unit heads	1,397	950	31.9	424	150	35.4
Ambassadors	30	0	0	29	0	0
Consul General	14	0	0	10	0	0
First Secretary	33	3	10	28	2	6.7
High Court Judges	35	4	11.4	18	4	22.2
Regional Court Judges	114	12	10.5	71	9	12.6
Community Court Judges	0	0	0	947	300	37.7
Total	2,164	1,071		1999	533	26.7

Representation at the international level

Post	Year 2009			Year 2012		
	Total	Females	% Females	Total	Females	% Females
Minister	1	0	0	0	1	0
Director General	7	2	28.6	7	2	22.2
Director	12	3	25.0	17	4	23.5
Head of unit	25	4	16.0	16	4	25.0
Ambassador	30	0	0	29	0	0
Consul General	14	0	0	10	0	0
1st Secretary	30	3	10.0	28	2	7.1
2nd Secretary	24	0	0	20	1	5.0
3rd secretary	4	2	50.0	8	1	12.5
Attaches	2	0	0	1	0	0
Total	14	135	9.4	14	125	10.1

Women are also fairly well represented in the NGO community, for example within the National Confederation of Eritrean Workers (NCEW) and the National Union of Eritrean Youth and Students (NUEYS). Women account for more than 30 per cent of the NUEYS Central Committee, and a woman serves in an executive position. Women comprise 27 per cent of the NCEW Central Committee and are also represented on the executive committee. Both organizations have established a gender unit within their structures.

Cultural and socio-economic hindrances

Although Eritrea is one of the few African countries to take strong steps forward on women's representation, many Eritrean women are still reluctant to run for positions within the national parliament or the zoba (regional) assembly. Some of the challenges are:

- The patriarchal attitudes internalized by women, including that politics are the domain of men.
- Lack of confidence: even for those women who win political seats, it takes time to overcome the inferiority complex that goes with the common perception that male parliamentarians are better acquainted with politics. The fear and tension that confront women working in the male-dominated political arena makes them reluctant to play an active role.
- Reluctance to vote for fellow women, including due to the concern that such responsibilities would undermine a woman's life of caretaking or that the public sphere is best performed by men.
- The perception that the public sphere would be a very draining lifestyle, including because it is a male-dominated arena and because of the added burden of caregiving responsibilities.
- Family values: in traditional Eritrea it is absurd for a woman to run for public office while her husband is doing another job. Entering politics for some women means ending their marriage.



8. Institutional mechanism for the advancement of women

NUEW is a grassroots organization that was established in 1979 to mobilize women to participate in the country's social transformation and the establishment of social equality. As part of its work under the Beijing Platform of Action, the Government opted to give NUEW the mandate to act as the country's authority and institutional mechanism for women. Since its formation, NUEW has played an important role in enabling Eritrean women to participate equally in the political, economic and social spheres of the country. The organization has been well positioned for this responsibility due to its: (i) vision of ensuring that the nation enjoys social equality and equal rights among male and female citizens; (ii) historical role as champion of Eritrean women's liberty and advancement; (iii) considerable experience fighting for the rights of Eritrean women and coordinating and implementing programs to improve their conditions; and (iv) extensive grass-roots presence throughout Eritrea and substantial outreach capacity. NUEW is a network organization that is able to reach many different groups of women in Eritrea.

Acting as the primary institutional mechanism for women in Eritrea, NUEW has been actively engaged in collaborating with all public sectors to develop policies and programmes and conduct training on gender concepts and analysis. Timely reports are produced in partnership with the concerned entities. Every five years, a series of participatory workshops is organized with the public sectors and other partners to take stock of the status of women in all areas.

9. Human rights of women

The Constitution of Eritrea indicates that all persons are equal before the law and prohibits any form of discrimination based on sex, religion or creed. Women are accorded identical capacity and opportunities in all legal matters, including civil matters, as men. The Proclamation in Volume I, No. 1 on the Transitional Codes repeals all discriminatory clauses and connotations in the Penal and Civil Codes inherited from previous colonial regimes. Legal measures were taken to include women's protection against discrimination in the Transitional Code of Eritrea in 1991.

There are no legal distinctions that treat women differently than men in court or tribunal procedures. Women have the same rights to conclude contracts and administer property, and can freely choose to appear in court in person or represented by an attorney.

The judicial profession is also equally open to men and women to work in any capacity. Women are represented in various positions in the Ministry of Justice. For example, the Minister of Justice is a woman, as are judges in the High Court, registrars, legal advisors and attorneys. Ten per cent of High Court judges and 12 per cent of zonal court judges are women, and at least one of the three village-level judges is a woman. Strong representation of women in various judicial posts is essential to the strength of the entire judicial system.

In practical terms, however, most of the Eritrean population is not well versed in these modern legal procedures. Much work remains to enlighten the population at large, and women in particular, on women's constitutional and legal rights, and to change traditional attitudes.

10. Women and the media

The media reaches the entire population and plays a major role in shaping the attitudes and opinions of society. The Ministry of Information (Mol) has a policy of not discriminating against any part of the population, including women, and as part of its training program for journalists and editors, the Mol works to socialize its team on

gender and media. The media and radio have documented the strong role that women have played in Eritrea's liberation struggle, as well as the contributions women have made in roles and positions traditionally held by men. Even following independence, female youth have continued this trend, training in all fields as part of their national service. The media has shown this and has portrayed Eritrean women as capable and determined to reach their goals. In addition, panel discussions challenging harmful practices are aired via radio and television to reach large segments of the population. This has played a crucial role in raising awareness and changing attitudes.

Gender gaps continue to exist in the media, however, and are influenced by traditional stereotypes that take time to change. Traditional cultural values continue to influence the portrayal of women, for example in television dramas where women are shown only in caregiving roles or otherwise negatively portrayed. In addition, there are few women in decision-making positions within the Mol and few women working as journalist or media technicians.

11. Women and the environment

The Ministry of Land, Water and Environment carried out an assessment on the state of Eritrea's environment. The preliminary results indicate that there are critical environmental management issues in the country that may have negative implications for the population and for Eritrean women in particular. For example, although 30 per cent of Eritrea was covered by forest one century ago, forest coverage is estimated at less than one per cent today.

Having realized that lack of appropriate energy sources will have a significant impact on the environment and economic growth, the Government is working to install and disseminate renewable energy technologies and energy-efficient end use devices. The Ministry of Energy and Mining is in the process of introducing and expanding renewable energy sources, focusing in particular on rural areas.

The National Environment Management plan clearly articulates the reasons why women must play an active role in environmental protection, the promotion of environmental hygiene, and ensuring clean water and adequate domestic energy, noting that "In Eritrea, women play a significant role in environmental issues. In the rural areas in particular, it is the women who assume primary responsibility for clean water, adequate firewood, and clean homes and compounds. Women fetch water of fuel-wood, irrespective of the distance from the source. When environmental sanitation is inadequate, or indoor air pollution from smoke and so becomes a health hazard, it is women who are the most affected, the ones who suffer most. Eritrean women in rural areas carry the heaviest burden in providing their households with basic environmental services."

Working with partners, including the Ministry of Agriculture, NUEW, local Government, and non-governmental organizations, the Ministry of Energy and Mining has also introduced and implemented Adhanet, meaning saviour, a cooking stove technology using energy saving fuel that is less hazardous to health. The introduction of improved cooking stoves has improved ventilation and saved up to 50 per cent of fuel (mainly wood), a major contribution to reducing Eritrea's alarming rate of deforestation, reducing the amount of time that women have to spend collecting wood for fuel, and improving the sanitation of rural women's working conditions. For this and other reasons, women are primary beneficiaries of this technology, which also reduces eye and respiratory problems. The improved stove received the 2003 Ashden Award for Sustainable Energy, an overseas food security award. The technology is designed specifically to meet the needs of people living in poverty, providing the benefit of greater efficiency, while at the same time reducing air pollution through burning clean, dry and untreated wood.



Women and access to clean water

Prior to independence, the availability of clean water sources was limited to Eritrea's major cities and towns. As a result, coverage was very low and did not benefit the majority of the population, located in rural areas. Since independence the Government has worked to ensure an adequate supply of drinking water for both urban and rural residents through the Ministry of Land, Water and Environment (MoLWE). The MoLWE aims to reduce the burden of distance travelled to fetch water by women and children and also reduce the number of people that die from waterborne diseases. In this respect the Government has introduced Integrated Water Resource Management (IWRM) and has launched various projects of Rural Water and Sanitation that are implemented with the support of development partners such as the ACP-EU Water and Sanitation projects. The Government's ultimate aim is to upgrade the quality of sanitation and health of the population through the provision of adequate safe water. The Water Resource Department (WRD) has mainstreamed gender in its National Action Plan and the Government has set high targets despite limited financial resources. In recent years, coverage has drastically increased thanks to the Government's concerted efforts to improve water security throughout the country, but particularly in the rural areas. At present WRD estimates that drinking water coverage is about 70 per cent and the country is on track to meet the MDG target of 80 per cent coverage.

The coverage of clean water supply in the Zobas has shown significant improvement between 2002 and 2010, as presented in the EPHS 2010 report. Nationally, water supply coverage was 75 per cent in 2010, compared to 20.3 per cent in 2001. Studies also show that diarrhoea and other water borne diseases, which were leading causes of mortality and morbidity in the past, have not become more significant health problems in recent years.

12. The girl-child

The findings of the EPHS 2010 show that 91 per cent of Eritrean women have heard of the proclamation prohibiting female circumcision. Seventy-seven per cent of Eritrean women and 82 per cent of Eritrean men believe that there is no benefit from female circumcision. The practice of FGM is believed to have drastically declined in recent years. In 2002, nine out of 10 women (89 per cent) have been circumcised, representing a slight decline from 95 per cent in 1995. In 2010 the prevalence of female circumcision among young women aged 15-19 was approximately 68.8 per cent, while 93.1 per cent of women aged 45-49 were circumcised. This shows that there has been a decline in the FGM prevalence rate over time among young girls.

The Anti FGM Campaigns carried out by NUEW and other partners culminated in 2007 with the enactment of a law banning FGM and the introduction of an innovative mechanism for enforcing the Government's proclamation. A community-based enforcement committee has in the last four years taken 144 perpetrators to court.

The Ministry of Education has taken on the task of improving the quality of education, as well as expanding access to education for various sections of the population. A new programme to enhance access to education in remote and hard-to-reach places is enabling access to education for girls, women, the disabled and children living in hard-to-reach places. This effort was demonstrated by the opening up of new elementary, middle and secondary level schools across the country. Bringing schools closer to students' homes is contributing to decreasing dropout rates. Moreover, mobile schools in nomadic areas have enabled nomadic male and female children to enrol in schools.

SECTION THREE

DATA AND
STATISTICS





The National Statistics Office (NSO) is responsible for collecting, analysing and interpreting data and disseminating information that is relevant to policy makers. The NSO aims to provide timely, accurate, reliable, age and sex-disaggregated gender-responsive data to enable evidence-based policies and instruments.

Key achievements:

- The Eritrean Demographic and Health Survey (EDHS) questionnaire is gender-specific.
- Disaggregated Demographic and Health Survey 2010 Database: Every year, the NSO conducts a survey of demographic and health issues in Eritrea, known as the Eritrean Demographic and Health Survey (EDHS). In 2010, NSO staff conducted the demographic and health survey in Eritrea. The objective of the survey was to collect and analyse data on fertility, mortality, family planning and women's health. It also included a malaria module, questions on gender issues and additional questions relating to fistula, HIV/AIDS and maternal mortality. Unlike data collected under previous surveys, all data was gender-disaggregated on the EDHS 2010. Whereas previous survey data was analysed in Europe or the USA, EDHS 2010 data was all analysed in the NSO office in Eritrea. This helped the NSO build the analytical capacity of its own staff.

Challenges

- Late dissemination and Publication of EDHS 2010: Although the NSO collected useful, up-to-date, reliable and disaggregated demographic and health, as well as economic data, the data was disseminated late and is currently published in a booklet like that of the EDHS 2002.
- Sectors other than education and health lacked gender-disaggregated data, which will make it difficult to formulate gender-sensitive policies and programmes in those areas.

SECTION FOUR

EMERGING
PRIORITIES





Since Eritrea's perspective on gender equality is a pillar of development rather than an instrument, the national gender action plan is currently in the process of being revised for the period 2014-2019. The major areas of intervention have been identified through a series of consultations held with all partners. These will continue to be education, health, economic empowerment and power and decision-making. In addition, the gender mainstreaming strategy approach will be strengthened and standalone programs and projects will be pursued. A comprehensive system of collecting and analysing information and generating gender-disaggregated statistics will involve all government line ministries, private sector actors and non-governmental organizations. In consultation with NUEW, the National Statistics office will further develop the indicators used. In addition to the upcoming framework of the National Gender Action Plan, gender indicators will be further developed for each set of planned actions and objectives.

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