A Gender Assessment of Health Parameters and Delivery Systems, Agricultural and Enterprise Development, and Women's Participation in Eritrea

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WID TECH

1717 Massachusetts Ave. NW, Suite 302, Washington, DC 20036 USA
Tel.: 202-332-2853 FAX: 202-332-8257 Internet: WIDinfo@widtech.org

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by

Dr. Anita Spring
University of Florida, Gainesville

Development Alternatives, Inc.

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LIST OF ACRONYMS

ASSP2	Agriculture Sector Support Program Phase 2
AEN	African Enterprise Network
AFWE	African Federation of Women Entrepreneurs
BCC	Behavior Change Communication
BDS	Business Development Services
BFD	Bare Foot Doctors
CARE	Cooperative Assistance and Relief Everywhere, Inc
CBER	Commercial Bank of Eritrea
CC	Chamber of Commerce
CBO	Community-Based Organizations
CMP	Crisis Modifier Program
CSCA	Community-Based Savings and Credit Associations
CSW	Commercial Sex Worker
DHS	Demographic Health Survey
DS	Demobilized Soldiers
DTS	Domestic Trade and Services
EAEN	East African Enterprise Network
EFE	Employers Federation of Eritrea
EPLF	Eritrean Peoples Liberation Front
ERN	Eritrea Nakfa (N13.35 = US$1.00)
ESMG	Eritrean Social Marketing Group
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FHH	Female-Headed Household
FSSP	Food Security Strategy Paper
GAT	Gender Analysis Training
GSE	Government of the State of Eritrea
HAMSET	HIV/AIDS, Malaria, STI, and Tuberculosis
HC	Health Center
HEU	Home Economics Unit
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HMIS	Health Management Information System
HS	Health Station
ICT	Information and communications Technologies
IDP	Internally Displaced Person
IMCI	Integrated Management of Childhood Illnesses
ISP	Integrated Strategic Plan
IYB	Improve Your Business
KAP	Knowledge, Attitude and Practice study
LSE	Large Scale Enterprise
MCH	Maternal Child Health
MHH	Male-Headed Household

Mitias	Organization in Charge of Reintegration of Demobilized Fighters
MMR	Maternal Mortality Rate
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
MOLHW	Ministry of Labor and Human Welfare
MSME	Micro, Small, and Medium-sized Enterprise
NCDRP	National Commission for Demobilization and Reintegration Program
NCEW	National Confederation of Eritrean Workers
NGO	Non-Governmental Organization
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
PLHA	Persons Living with HIV/AIDS
PTAs	Parent-Teacher Associations
PHC	Primary Health Care
REIP	Rural Enterprise Investment Partnership
REU	Rural Enterprise Unit
SAEN	Southern African Enterprise Network
SEMISH	State of Eritrea Management and Information System for Health
SME	Small and Medium Enterprise
SO	Strategic Objective
SOW	Scope of Work
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SYB	Start Your Business
TA	Technical Assistance
TASC	Technical Assistance and Support Contract
TBA	Traditional Birth Attendant
TTBA	Trained Traditional Birth Attendant
TOE	Training on Enterprises
TOT	Training of Trainers
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WAEN	West African Enterprise Network
WID	Women in Development

EXECUTIVE SUMMARY

PURPOSE OF THE GENDER ASSESSMENT

USAID/Eritrea is preparing a new Integrated Strategic Plan (ISP) for Fiscal Years 2003 to 2008. The previous strategic plan was modified because of the border war with Ethiopia. Now, in Eritrea's post-war situation, the needs include reconstructing infrastructure damaged during the war, assisting the population still displaced to integrate within a limited economy, demobilizing 200,000 soldiers, rebuilding the economy, and restoring social services. In addition, there is a need to complete the reforms started before the war in 1998 to promote economic and participatory development based on social justice and the rule of law. The USAID concept paper of July 12, 2002, notes that "**gender equity is one such area. Although laws prohibit any limits on women's participation in all facets of society and the economy, gender disparities continue to be widespread."**

The FY 2003-2008 strategy will include three dynamic scenarios that will characterize the operating environment as enabling, restrictive, and/or in crisis. The Mission's three Strategic Objectives relate to the following: (1) improved primary health care (SO1); (2) economic growth for the rural sector (SO2); and (3) increased capacity and citizen participation for broad-based development (SO3). This report addresses the first two SOs, as well as part of SO3 (those aspects dealing with demobilization of women soldiers) (see Scope of Work, Annex G).

This report provides a framework for a gender assessment and analysis that will allow the Mission to use a twofold approach. The first is a mainstream approach that allows for gender considerations to be part of every programming activity as a cross-cutting theme of each SO. This will involve mainstreaming women as participants, being gender sensitive, and identifying gender issues that affect both men and women. The second approach may focus specifically on women, where there is a special need, a gender or cultural sensitivity, or a desire to test a project for applicability.

Eritrea has some interesting parameters in terms of women and gender issues. These include:

- A macro-policy that is gender equitable at all levels and in all sectors;
- Women at all levels in the political organization of the country;
- A large number (30-57 percent) of households headed by women as a result of the large number of internally displaced persons and refugee populations as well as of high numbers of men in the military and of male mortality;
- A large number of women who served as fighters, combatants, or are currently in the military, providing a lobbying force for gender equity in the patriarchal society;

- Health and domestic parameters for women and girls that are highly inequitable (for example, maternal mortality is among the highest in the world) with morbidity and mortality conditions that are unacceptable from a humanitarian perspective; and

- A substantial cadre of women entrepreneurs, employers, and employees in a variety of light industries and enterprises.

Data for this assessment were collected from (1) interviews with USAID Mission staff, Eritrean national and local government authorities, and representatives of non-governmental organizations and business organizations; (2) documents and publications; and (3) site visits of several health facilities. The report considers (1) the general context of women and gender issues in Eritrea, including the macro-policy environment in terms of how gender issues are enshrined in law and legal codes and thereby impact political participation and education; (2) the health situation and constraints for women and girls in terms of reproductive health and HIV/AIDS; (3) gender issues relating to economic growth and income generation, in terms of rural and urban enterprise development; (4) studies of female demobilized soldiers; and (5) how the Mission can take a cross-cutting approach to gender equity and increased participation of women in its funding, management, monitoring, and evaluation.

SOCIO-ECONOMIC CONTEXT—POLICY ENVIRONMENT AND GENDER

Eritrea became independent from Ethiopia in 1993, a border conflict with Ethiopia (1998-2000) ended under the auspices of the United Nations in December 2000, and a boundary demarcation process is in progress. The country is divided into six administrative zones or *zobas*: Central (Maekel), Anseba, Gash-Barka, Southern (Debub), Northern Red Sea (Semenawi Keyih Bahri), and Southern Red Sea (Debubawi Keyih Bahri). The population is estimated to be between 3.5 and 4.3 million people, composed of nine ethnic groups: Tigrinya (50 percent), Tigre (31.4 percent), Saho (5 percent), Afar (5 percent), Hidareb (2.5 percent), Bilen (2.1 percent), Kunama (2 percent), Nara (1.5 percent), and Rashaida (0.5 percent). Eritrea remains one of the poorest countries in the world. It is ranked 148 out of 162 countries in the United Nations Development Programme's Human Development Index for 2001, with estimates of life expectancy at 51 years, infant mortality at 66 per 1,000 live births, maternal mortality at 1,000 per 100,000 births, total fertility rate at 6.1 children born per woman, and population growth rate at 3.8 percent.

The economy is 80 percent agriculture (with mostly subsistence farmers and pastoralists). A small industrial sector (with much of the technology out of date) and a service sector make up the other 20 percent. About one-third of gross domestic product is provided by Eritreans overseas.

The National Charter for Eritrea of 1994 notes that women's issues are major social issues. The macro-policy proposes efforts to (1) sensitize the society to women's socio-economic and political transformations, (2) change all laws to reflect equality, (3) provide equal participation in education and economic activities, (4) develop labor saving devices to reduce women's drudgery, and (5) improve mother-childcare services. Constitutional provisions

allow for equality of women and men, reserve 30 percent of parliamentary and assembly seats for women, and allow women to run against men in elections. In 1998, women made up 31 percent of *zoba* assemblies and 22 percent of the national Parliament. The National Union of Eritrean Women (NUEW), 200,000 members strong, assisted in lobbying for a land law that allows women to be owners. Girls enrollment rates are low (45 percent in elementary education, 16 percent in middle schools, and 12 percent in secondary schools). University female graduates are 13 percent of the total. Women are 15 percent of vocational trainees, 28 percent of business students, and 78 percent of midwifery students. Adult female illiteracy is estimated at 60-90 percent.

SO1: Gender Issues in Health and Health care Delivery

Eritrea's maternal mortality rate is a core indicator of gender inequality, and its high rate (1,000/100,000) reflects women's lack of entitlement and opportunity to medical services during pregnancy, parturition, and after delivery Thirty-seven percent of all deaths of women in the reproductive age group are related to childbirth. Contributing to this risk are early marriage and pregnancy, female genital cutting (maternal morbidity and mortality complications arise in 38 percent of women with infibulation and 44 percent of women with excision), the poor diet of girls and women in general and food restrictions during pregnancy, long years of child bearing, malaria, and almost no access to health care.

Traditionally, girls were married prior to menarche (9-13 years of age); after social campaigns, the median age of marriage for women now aged 45-49 years increased to 15.9, and for women now aged 20-24, it increased to 17.6 years. Women with secondary school education marry 7.5 years later than uneducated women. Birth intervals are short, with 25 percent taking place before two years. Men are more pro-natalist and want seven children, compared with six for women. Only 8 percent of married women use any form of contraception. The total fertility rate is 6.1, with rural areas having 7.0 and urban areas 4.2.

Pregnant girls and women usually go to their natal village for the first birth. Should complications arise, fathers and brothers occasionally make the decision to obtain medical help, but husbands usually refuse to make the decision for treatment. Coverage of births by Ministry of Health facilities is very low, as is the "met need" for treatment of life-threatening complications (hemorrhage, obstructed labor, complications of abortions, pre-eclampsia and eclampsia, and puerperal sepsis). Women's usage of antenatal services is 41 percent, but varies by zones (25-51 percent). There is often insufficient staff at the health center level to handle life-threatening complications and at health station level to provide obstetric first-aid and drugs (parenteral oxytocics, anticonvulsants, antibiotics, etc.). The average high-risk rate is 19 percent with a high of 22 percent in Southern Red Zone, where infibulation is practiced. This compares with the current international risk rate of 15 percent. Most of the maternal deaths occur at home and are probably underreported, whereas a large proportion of hospital admissions result from complications of abortion.

The neonatal mortality is 35 per 1,000 babies born, and the hospital stillbirth rate is 42 per 1,000 total births. The perinatal mortality rate is 48 per 1,000. More male (62 percent) than

female (38 percent) children are taken to health facilities by mothers (94 percent of the cases) and fathers (11 percent). Thirty-eight percent of children under three years are stunted (height/age), 44 percent are underweight (weight/age), and 16 percent are wasted (weight/height).

HIV/AIDS AND GENDER ISSUES

Health professionals believe that the HIV/AIDS epidemic is at an early stage (estimated rate is 3-4 percent). There is concern that the large military, which may be demobilized soon, as well as the "front-line" female bar and commercial sex workers, will return to their homes and villages and spread the disease. The rate for commercial sex workers was 23 percent in 2001, although other serosurveys show 40 percent. Most Eritrean adults doubt the severity of the epidemic (72 percent perceive themselves as having no risk). It is culturally taboo to speak about sex, and condoms are associated with prostitutes; hence, limited communication between partners and spouses is a barrier to condom use, and both sexes accuse the opposite sex of playing a greater role in the transmission of the disease.

There are different risk factors and gender issues for each sex. Men and boys rank their risk as low, even if they are having sexual contacts with commercial sex workers. High alcohol intake, smoking, and gambling are male risk factors associated with the disease. The gender issues for women concern the fact that they cannot negotiate safe sex with their partners because women are economically dependent and play submissive roles. As condoms are associated with prostitutes, wives are adverse to them. Women are even more likely than men to claim they have no risk. Sixty-two percent of commercial sex workers claim they had no risk yet are the most likely to know someone living with HIV/AIDS (30 percent) or who has died from the disease (34 percent). Women are usually the main caregivers to the affected; some have to cope with decreasing income and became commercial sex workers themselves. People living with HIV/AIDS are shunned by the society.

Options and Opportunities to Address Barriers to Women's Health Care Delivery Through USAID/Eritrea's ISP, FY2003-2008

1. Promote the concepts of "safe motherhood," "family management team," and "responsible fatherhood." Design community education programs on the danger signs and health care decision making. Work with administrative units and community-based organizations to plan for transportation routes. Provide pilot villages with radios (and subsequently cell phones) for emergency care. Men as husbands and fathers need to be participants in this project.
2. Promote a radio and other media project to mount an awareness campaign concerning the poor health and nutritional status of women.
3. Carry out rapid appraisals of client barriers and demands for health care delivery systems in relation to reproductive and child illnesses.
4. Carry out a study of severe forms of female genital cutting (infibulation and excision) as they relate to maternal mortality and morbidity.
5. Train additional midwives and place them in health stations and centers—some trainees should come from the demobilized soldiers. Restrict trained traditional birth attendants to referral services, but upgrade their kits to assist in normal births. Have midwives visit women who are in the last trimester and/or high-risk cases.
6. Collect and report by gender the data on (1) adult and childhood diseases and mortality and (2) malnutrition and growth indicators for girls and boys.
7. Design a post-abortion care project that would have vocational and entrepreneurial components, as well as educational ones, dealing with family planning, HIV/AIDS awareness, etc.
8. A behavior change communication strategy should be part of USAID projects to assist people to understand their HIV/AIDS risk, develop communication strategies between partners, and change attitudes toward people living with HIV/AIDS. Design a project for education, enterprise development, and social marketing of condoms for commercial sex workers, as well as for military men, using behavior change communication types of focus groups.
9. Fund a telephone hotline for information and assistance on sexually transmitted diseases and infections and HIV/AIDS to be run by the National Union of Eritrean Youth and Sports and demobilized soldiers.

SO2: Gender Issues in Economic Growth

Gender Issues in Agriculture

Although 80 percent of the population are engaged in agriculture, Eritrean women are less likely to be considered farmers than elsewhere in Africa. The Tigrinyan word for farmer can denote only a man. Women may believe that all the tasks they do in the field (plowing, harvesting, threshing, etc.) and with livestock (shepherding, feeding and caring for sick animals, milking, etc.) are not agricultural or skilled. The Ministry of Agriculture states that there are no disaggregated data on women's participation and access to its services (such as agricultural inputs, credit, and extension). Women are also left out of most extension programs with contact farmers, trial cooperators, and contract commercial farmers—these have only male participants. A recent Ministry of Agriculture report notes that its HEU [Home Economics Unit] ghettoizes women and there is the "perception among MOA staff…that women are 'taken care of' by the activity of the local HEU agent and by NUEW. This…often result(s) in women's exclusion from…MOA activities."

The Agriculture Sector Support Program Phase 2 has not disaggregated any data by sex of household head or by male and female participants, and so it is unknown if women and female-headed households are receiving any support or services. Women may not be perceived as being involved in commercial agriculture and agro-processing, although some already are doing so. As a result, technical assistance regarding crops and livestock, loans, agro-business skills, and new enterprises are not offered to them.

Options and Opportunities to Address Barriers to Women's Participation in Agricultural Activities and Services Through USAID/Eritrea's ISP, FY2003-2008

1. Provide a training program in gender analysis training within the Ministry of Agriculture and for other line ministries as needed. Most multilateral and bilateral agencies, including USAID, have undergone gender analysis training for their own staff to make decision-makers and frontline extension workers aware of women's roles in agriculture and rural production. USAID has great depth in terms of providing technical assistance in this activity.
2. Genderize the agricultural curriculum at all levels. Again, USAID has depth in terms of providing technical assistance in this activity.
3. Develop strategies to target women as farmers for agricultural services, and monitor their participation.

Food Security and Gender Issues

The Home Economic Unit of the Ministry of Agriculture sampled 2,000 households to study nutrition practices and food security. Richer households had higher levels of food security, and, in Northern Red Sea, the difference was significantly higher between rich households and low- and middle-income households. The survey also found that men were given food priority in all households, regardless of wealth levels, and that girls and women defer to boys and men in terms of food. However, most food security studies do not survey both men and women in the household to understand their respective access to food, contribution to production, and control over food supplies.

CARE's Community Based Savings and Credit Associations Project, funded by USAID, directly addresses the need for food security and income by building on a mechanism that is used traditionally in Eritrea and elsewhere in Africa. Termed "merry-go-rounds" or rotating savings groups, each member contributes a certain amount weekly or monthly and then one member at a time in rotation gets the total. CARE's project adds additional funds so participants may borrow for enterprise development. Ninety-four percent of the participants are women; they are saving well, although only a few loans had been made from the revolving funds.

During this consultancy, the assessment team examined projects and documents for gender and made suggestions for inclusion. Suggestions for including gender issues in the Scope of Work for the Economic Growth and Food Security mission to assist in the preparation of the Integrated Strategic Plan and the Food Security Strategy Paper are presented in Annex H. The planned studies on food security need to be sensitive to gender issues and to collect and analyze data on both male and female household members.

Options and Opportunities to Address Barriers to Women's Participation in Food Security and Rural Enterprise Efforts Through USAID/Eritrea's ISP, FY2003-2008

1. Food security studies should be designed so they collect data on women and men (in male-headed households) and female-headed households. This should be done by wealth categories. A survey of cultural practices in relation to food at the household level needs to be carried out in selected communities.
2. Food security projects need to disaggregate data by gender in terms of program/project recipients, sex of household head, levels of food security and wealth, etc.
3. The National Food Security Steering Committee should have women members and representatives from organizations that have worked with female-headed households.
4. A project is needed to prepare radio programs on the need for women and girls to have adequate diets for prevention of maternal morbidity and mortality. Community-based organizations can be trained to disseminate this type of information as well.
5. Agricultural and agro-processing endeavors for women farmers should be developed to include commercial production of commodities (honey, poultry, dairy goats, horticultural crops, silk worms, agro-mechanics/machinery, grain mill ownership, fish processing and products, etc.). Marketing strategies for these products need development.
6. A project should be developed to promote contract farming for women and men concessionary farmers (who already are land owners).
7. A project should promote agro-business activities for women (such as agro-processing, grain mill and feed retail stores ownership, and agro-business services).
8. Technical assistance on market storage facilities for agricultural products from the farm-gate, as well as for agro-processed foods, needs to be delivered to women farmers.
9. A series of successful role model cases and stories of women involved in farm and non-farm commercial activities need development for dramatization by dance groups, for radio shows, and for adult literacy books.
10. A technical assistance project should be developed that has an ombudsman/woman to assist women and women's groups to obtain land and qualify for agricultural services.

Enterprise Development and Gender

A comprehensive countrywide study of micro, small, and medium-sized enterprises (MSMEs) was carried out in Eritrea in 1995-1996. For the primary study, 17,030 enterprises, employing 34,773 people, were surveyed as were 3,419 enterprises for a secondary study, in Asmara; major, small, and rural towns; rural localities; and large, medium-sized, and small villages. These data, much disaggregated by gender, are seven to eight years old but still provide a baseline for project design and implementation of new enterprises.

They show that 42 percent of the total labor force were women, while 45 percent of enterprises had no women workers and 35 percent consisted of female workers only. As the size of the enterprise increased, the proportion of women owners and workers decreased. A relatively high proportion of women were owners (81 percent), and 42 percent of all Eritrean MSMEs were owned by women; only 1-2 percent were operated jointly by a man and woman. The rate of launching enterprises since liberation was equal for men and women. Female dominance in the manufacturing sector (66 percent) of enterprises was "due to smaller activities such as brewing of traditional drinks, baskets and traditional broom-making, mat-weaving, and producing different kinds of snacks and juices," all mainly in the

informal sector. At the industrial level, female-owned MSMEs were less prominent, except for hair salons and rental services, while in trade, "female-owned MSMEs accounted for greater than half of hotels and guest houses, restaurants and bars, tea houses, traditional drink saloons, vending food and non-food items, and retailing edibles (poultry, spices, baskets, juices, and vegetables)." More women than men owners were unmarried, and women more often were taking care of families and dependents. Two-thirds of women had no formal business training but acquired their skills through their own work experience.

Current Data on Entrepreneurship and Women

Two major formal sector business organizations, Chamber of Commerce and Employers Federation of Eritrea, are concerned that they have fewer women than men members and want to have a Woman's Desk. Currently, there are 2,200 Chamber members, 267 of whom are women. Their enterprises range from small to medium-sized to large.

- **Small-scale Enterprises (ERN20,000-100,000) with 2-9 Workers.** Women's non-agricultural enterprises include tea shops, retail trade, textiles, etc., while women's agricultural enterprises include commercial poultry, honey, and goat production.

- **Medium-scale Enterprises (ERN100,000-500,000+) with 10-25 Workers.** Women's non-agricultural enterprises include retail edibles, restaurants and bars, building contractors, retail shops, textile and sewing, typing schools, accounting and bookkeeping, small hotels and pensions, printing services, repair of motor vehicles, and consultancy companies. Women's agriculture enterprises include horticultural products (flowers) and the manufacture of oils and vinegar.

- **Large-scale Enterprises (over ERN1,000,000) with 25-50+ Workers.** Women's non-agricultural enterprises include restaurants, hotels, grocery stores, building contractors, and retail stores, and manufacturing textiles, wood products, construction materials, footwear, and leather products.

In contrast, informal sector microenterprises are outside the purview of the Chamber of Commerce. They usually take place at the community and village levels, often aiming simply to increase incomes above basic subsistence levels. Women are involved in non-agricultural enterprises that include petty trade, food processing, and crafts, while agriculture enterprises include backyard poultry and horticulture. There is a tendency to stereotype women as only microentrepreneurs.

A recent study found that 44 percent of urban (formal sector) women entrepreneurs went into business after they had some business work experience; 66 percent judged themselves as doing as well or better than men, while 27 percent admitted they lacked confidence in decision-making. Few had any training or thought it was important. Projects under SO2 for business development services and improve your business will need to find strategies to target and convince women business owners to participate.

Eritrean women and men need to be aware of the range of entrepreneurial activities in other African countries and elsewhere. It is suggested that they learn about the Pan-African Enterprise Network and its three regional networks (the West, East, and Southern Africa Enterprise Networks), which have 31 country chapters. Twenty-two percent of the total members are women, and all members follow global business practices and have wide-reaching networks. These network associations were constituted by USAID, World Bank, and Club du Sahel, and there could be a request to USAID for an Eritrean network/association as well as for funds to attend network conferences in Africa.

USAID's Follow-on Project Initiative to the Rural Enterprise Unit

The Rural Enterprise Unit, under the Rural Enterprise Investment Partnership, has initiated and plans to expand its business development services to go along with loans already made under the Crisis Modifier Program to traditional bank business clients, as well as to an expanded clientele. Project activities need to be genderized, and this has been carried out (see Annex H). The project plans to provide free training to business owners and new customers on labor management, tax awareness, product costing, record keeping, product marketing, stock control, and business planning. It is recommended that future projects provide a mechanism for business owners to get individualized business plans. These would need to be individually carried out on a fee basis. Women business owners should be encouraged to have these business plans, and the usage and results of such services also should be monitored by sex of business owner.

Options and Opportunities to Address Constraints to Women Entrepreneurs Through USAID/Eritrea's ISP, FY2003-2008

1. Develop and promote case studies of successful women entrepreneurs in Eritrea and elsewhere for use in media and training courses.
2. Provide technical assistance to develop marketing channels in small towns and villages in addition to carrying out training for individual business owners on business development services and improve your business.
3. Constitute an Eritrean chapter of the African Enterprise Network. Select a group of "new generation" women and men entrepreneurs to attend network conferences in other African countries. Have Eritrean formal-sector businesswomen owners join the African Federation of Women Entrepreneurs.
4. Develop a project especially for tourism and for restaurant and tea shop establishments that includes business development services training (for example, customer care, phytosanitary and hygienic standards, and menu preparation and sourcing ingredients), and advertising techniques.
5. Provide technical assistance to set up an enterprise database similar to the Health Management Information System that categorizes MSMEs and large-scale enterprises by variables such as sector, location, and gender.
6. Promote demand-driven "individual business plans" to both improve-your-business and non-improve-your-business types of training, and target women as well as men.

SO3: Increased Capacity and Citizen Participation

This section focuses on gender issues and enterprise training for demobilized women soldiers, an important portion of the SO3 program strategy. Other aspects of SO3 will be addressed in subsequent USAID assessments.

Demobilized Women Soldiers and Enterprise Development

Two demobilizations, 1993 and 1994-1995, consisted of demobilizing 26,000 fighters (5,000 women) who joined since 1990 and 22,000 fighters (8,000 women) who joined before 1990. These women had a difficult time reintegrating into rural communities where patriarchal domination prevailed and where families expected the ex-fighters to assume women's ascribed, submissive roles. Training programs and business opportunities for them were constructed, but in many cases, there were no jobs waiting for them and their training was inappropriate for particular employers and industries.

In 2002, the National Commission for Demobilization and Reintegration Program plans to demobilize women soldiers mobilized in 1998. Its survey of 5,000 women aged 18-35 found that 3.4 percent want further education, 19.7 percent want to continue their old job, 21 percent want to do farming, 31 percent want to start their own business, and the remaining were in other categories. Some were already serving in line ministries that want to retain them.

A recent study by UNDP found that the 21 percent of male soldiers who want to farm upon demobilization already own land. The sample included 105 women, 15 of them (14 percent) wanted to go to rural areas after discharge, whereas the majority 54 (50 percent) wanted to go to urban areas. The study noted that "women would be culturally biased in choosing the term 'farmer,' which is male, but if they were offered a choice of poultry keeping or another agro-business, their responses would have been different." A few women already owned livestock. The study extrapolated to 200,000 male and female soldiers who could be demobilized; of these, 3,500-3,700 would be female soldiers who might want to do farming. In addition, perhaps as many as 45,000 wives of male soldiers would also need enterprise training. The "standard" agricultural enterprises for women (poultry, dairy goats, and sheep/goat rearing) and small village shops were listed as appropriate for them.

Options and Opportunities to Address Demobilized Women Soldiers Through USAID/Eritrea's ISP, FY2003-2008

1. UNDP has commissioned studies on training and the labor market; gender considerations need to be inserted into scopes of work and planned reports. As well, coordination with the National Commission for Demobilization and Reintegration Program and UNDP concerning business training and loan programs for demobilized women soldiers needs to be carried out.
2. Technical assistance projects could develop women's centers and also help demobilized women soldiers set up commercial daycare facilities for their own and other children. Women at all levels of the society and in rural and urban areas require childcare facilities, not only to work or be trained but also to belong to community-based organizations and participate in committees of any sort.
3. Mechanisms for female demobilized soldiers to participate in urban and rural loan and credit programs and to learn business development skills could be part of SO2 projects.
4. Female demobilized soldiers with medical backgrounds should be trained under the Technical Assistance and Support Contract (TASC) as nurse midwives for the Ministry of Health.

COORDINATING THE MISSION'S CROSS-CUTTING APPROACH TO GENDER EQUITY AND INCREASED PARTICIPATION OF WOMEN

The Mission and its SO teams recognize the need for gender equity and wish to treat gender as a cross-cutting theme throughout its programming.

In terms of gender funding and management recommendations, the Mission should:

- Provide grants, contracts, and projects to organizations and individuals that will include this cross-cutting theme in their work plans, reports, project designs, project implementation, monitoring, and evaluation.

- Implement an approach to gender issues and participation of women based on the constraints and opportunities described in this report. There has been a tendency to mention gender issues, women, and female-headed households in proposals and reports, but no concrete strategies or budgetary categories are offered to address the topic.

- Require grantees and local contractors to include measurable and reportable participation of women. The Eritrean government reserves 30 percent of its political spaces for women and allows women to stand against men in elections as well. It would be appropriate for USAID to replicate this type of target.

- Remedy the poor performance of girls in formal education and promote the study of non-traditional disciplines and fields for women at the tertiary level. Require that women vocational trainees, as well as demobilized soldiers, be given places in non-traditional skills programs (for example, agro-machinery, electronics, and computers), rather than in the "female courses" of catering and secretarial training.

- Promote women in various enterprises and in a variety of credit and loan programs.
- Fund projects that do not stereotype women and their activities.

Options and Opportunities to Address Gender Issues Through Funding for USAID/Eritrea's ISP, FY2003-2008

The following are recommendations that can be used to plan Mission programs and projects. They may each be a separate endeavor, or they may be part of a more comprehensive design.

1. Provide financial support to projects and programs that include women, as well as men, recipients and participants and that have gender as a cross-cutting theme.
2. Fund projects for the SOs that have concrete, rather than unspecified, strategies to include gender and women.
3. Make it a funding criterion for grantees and local grantors to have strategies and budget categories to ensure that gender is taken into account. Use the Eritrean government 30 percent minimum requirement.
4. Fund projects that do not stereotype women and their activities.

Monitoring, Evaluation, and Compliance on Inclusion of Gender Perspective

Many Mission reports do not contain gender-disaggregated data; obtaining these data would be a simple first step. Such data not only allow gender monitoring but also alert project staff to be cognizant of the need to locate female participants and be sensitive to gender issues. Evaluation relates the results achieved against the stated goals and objectives, and project documents must measure the participation of women as household heads, individuals, and in groups against project targets. If there are reasons projects cannot target women or include gender issues, they need to be discussed.

The Mission Director and SO team officers should check the Mission's work for the inclusion of (1) gender issues, (2) women as well as men participants, (3) gender-disaggregated reporting formats, and (4) new strategies and techniques for better gender inclusion. In terms of focal points, it is suggested that a three-person committee be formed, one from each SO, to monitor the inclusion of gender issues and women participants in the work of their unit and that that these persons not be junior officers.

Options and Opportunities to Address Barriers to Gender Issues in Monitoring, Evaluation, and Compliance in USAID/Eritrea's ISP, FY2003-2008

1. All reports and monitoring formats for project and program activities need to be genderized; data on participants and recipients of project services must be disaggregated.
2. All scopes of work need to be checked for the inclusion of gender as a cross-cutting theme, as opposed to a separate section or comment (see Annex H).
3. All reports on projects and programs should include gender issues and disaggregated data where appropriate (see Annex H).
4. Each SO should appoint a senior individual to form part of a Gender Issues Committee that holds monthly meetings.

CHAPTER ONE
INTRODUCTION

PURPOSE OF THE GENDER ASSESSMENT

USAID/Eritrea is preparing a new Integrated Strategic Plan (ISP) for Fiscal Years 2003 to 2008. The previous strategic plan was modified because of the border war with Ethiopia. Now, in Eritrea's post-war situation, the needs include reconstructing infrastructure damaged during the war, assisting population still displaced to integrate within a limited economy, demobilizing 200,000 soldiers, rebuilding the economy, and restoring social services. In addition, there is a need to complete the reforms started before the war in 1998 to promote economic and participatory development based on social justice and the rule of law. The USAID concept paper of July 12, 2002, notes that "**gender equity is one such area. Although laws prohibit any limits on women's participation in all facets of society and the economy, gender disparities continue to be widespread.**"

The FY 2003-2008 strategy will include three dynamic scenarios that will characterize the operating environment as enabling, restrictive, and/or in crisis. The Mission's three Strategic Objectives relate to the following:

1. Improved primary health care (SO1);
2. Economic growth for the rural sector (SO2); and
3. Increased capacity and citizen participation for broad-based development (SO3).

This report provides a framework for a gender assessment and analysis that will allow the Mission to use a twofold approach. The first is a mainstream approach to the new Integrated Strategic Plan that allows for gender considerations to be part of every programming activity as a cross-cutting theme of each SO. This will involve mainstreaming women as participants, being gender-sensitive, and identifying gender issues that affect both men and women. The second approach concerns the implementation of pilot projects that may focus on women specifically. These may be called for when there is a special need, a gender or cultural sensitivity, or a need to test a project for applicability.

This report addresses the first two SOs and parts of SO3 dealing with demobilization and training and capacity building (see Scope of Work, Annex G).

METHOD AND DESIGN OF THIS ASSESSMENT

Data for this assessment were collected as follows:

- Interviews with Mission staff, including members of SO1, SO2, and SO3 teams; other donors; national and local government authorities; and representatives of NGOs and business organizations (see Annex F);

- Review of documents and books that were collected in each setting and on each topic; and

- Site visits of several health facilities (health station, health center, and hospital) with a Technical Assistance and Support Contract (TASC) staff member and physician from the Ministry of Health.

A draft outline was presented to staff members of the Mission prior to departure. Because of time limitations, the Gender Analysis team was unable to make additional field trips or to interview samples of business men and women, although some conversations were held on an ad hoc basis.

- The analysis provided in the following sections of this report first considers the general context of women and gender issues in Eritrea, including the macro-policy environment in terms of how gender issues are enshrined in law and legal codes and thereby impact political participation and education (see the tables in Annex A).

- Second, the report considers gender issues relating to SO1 and examines the health situation and constraints for women and girls in terms of reproductive health and HIV/AIDS (see the tables in Annex B).

- Third, the report considers the gender issues relating SO2 on economic growth and income generation and examines both the rural and urban areas in terms of enterprise development (see the tables in Annex C).

- Fourth, a brief section on SO3 considers studies on female demobilized soldiers, a small part of the SO. Tables on the demobilized soldiers are to be found in Annex D.

- Fifth, the report considers how the Mission can take a cross-cutting approach to gender equity and increased participation of women in its SOs. A summary of the key gender parameters is presented, followed by recommendations for funding and management. Suggestions for monitoring and evaluation as a means of compliance for the inclusion of a gender perspective complete this section.

USAID/ERITREA CONCEPT PAPER FOR THE INTEGRATED STRATEGY PLAN FOR 2003-2008

The Mission expects to improve the health status, create greater opportunities for income generation and private sector growth, especially in the agricultural sector, and create an enabling environment for people to participate in their local development. In addition, the Mission has identified four cross-cutting themes: gender equity, HIV/AIDS, improved citizen participation, and reintegration (referring to internally displaced persons, refugees and returnees, and demobilized soldiers).

SO1 under the ISP 1997-2002 focused on primary health care services to improve child survival and reduce maternal mortality. Core program areas included integrated management of childhood illness, obstetric life-saving skills, family planning, polio eradication, salt iodization, malaria, and HIV prevention. A condom social marketing/HIV prevention program begun in 1998 was successful and ranked among the top 10 programs worldwide (as measured by annual condom sales per capita). Under ISP 2003-08, the SO will be adjusted and continue to include integrated management of childhood illness, obstetric life-saving skills, family planning (as birth spacing and post-abortion care), polio eradication, malaria, and HIV prevention. Nutrition will be integrated as will health communications, food security, and maternal health. Female genital cutting will be addressed with information, education, communication, and training. HIV prevention will be a high priority, with continued support for the condom social marketing program, strengthening behavior change communications, voluntary counseling and testing, prevention and treatment of sexually transmitted infections, and care and support of people living with HIV/AIDS.

Under the ISP 2003-08, it is hoped that demand can be intensified through community participation of the target populations and other stakeholders and that there can be better cost recovery. Private sector approaches to address other health sector issues (including malaria), and decentralization in the delivery of health care will be explored. USAID helped to establish Eritrea's health information system and pharmaceutical logistics system, and hopes to take these systems to their next stages.

SO2 under the ISP 1997-2002 focused on the use of the Crisis Modifier Program to make loans to re-establish businesses affected by the border conflict. Many of the loan recipients were traditional bank clients, and 25.5 percent of the recipients were women. Core program areas concentrated on developing service, production, processing, and marketing enterprises, especially in high-value agriculture. Business development services and improve your business services are in process.

The SO aimed to have an impact on small landholders and the income of the rural poor, and worked through Africare and CARE on livestock, tractor plowing, and seed distribution projects in war-torn and drought-affected areas that included small amounts of female participation (Annex C, Tables SO2.5). As well, community-based savings credit associations had a 94 percent participation of women (Table SO2.6). The Mission has been addressing food security needs by coordinating and collaborating with the U.S. Office of Food for Peace and other U.S. government agencies.

Under the ISP 2003-2008, it is hoped to focus on both the household level (especially female-headed households) and business enterprises to improve the economy in rural areas. The Mission aims to provide support to small and medium-sized enterprises, especially in agriculture and agribusiness, in the form of loans, technical assistance on good business practices, and market assessments. The Mission plans to integrate PL-480 resources and programming to address food security needs and wants to take advantage of the synergies between agriculture and health to improve food security. It may support applied research and extension (on a pilot basis) to demonstrate greater crop yields to increase food security. Through short-term participant training programs, it wants to build capacity among public

and private workers and managers to increase skilled human resources. Technical assistance could include policy analysis, business planning, strategy development, financial management and planning, management information systems, drafting statutes and regulations, and creating Eritrean government capacity for regulatory supervision.

SO3, through an emphasis on community development and capacity building, will lay the groundwork for future democracy and governance programming. This SO focuses on increased capacity and citizen participation for broad-based development and human skills capacity building, which are outside the scope of work of this report. However, there are important gender issues in this topic. For example, under the ISP 2003-2008, the Mission hopes to work with community-based organizations, such as parent-teachers associations, to participate in both governance and income generation of their schools and communities. Currently, these organizations are not made up of parents per se but serve more like school boards, being made up of male community leaders. In some areas, the idea that women (as mothers of the children) be members is astonishing. However, women with little education, and lacking childcare in order to attend formal meetings, are severely hindered in their participation. Similarly, domestic violence, most recently studied under an USAID project (Araya 2001), is a serious gender issue that affects women's physical and mental well-being but, as a social problem, falls under this SO. In 2001, more than 65 percent of women in the Asmara area were reportedly victims of domestic violence.

As a result of the 30-year war for independence, there are low education and skill levels in the public and private sectors and progress in literacy and capacity building was further interrupted by the border conflict. As well, since 1998, the majority of 18-40 year olds were mobilized, thereby interrupting their education and jobs. Many of the 200,000 soldiers about to be demobilized may have difficulty re-entering the labor market, especially with 30,000-40,000 secondary school students and 1,000 university students graduating annually. The inclusion of various types of training, as well as enterprise development, for demobilized soldiers, especially women soldiers, and their economic empowerment will become an important element in the revised capacity development.

USAID-funded graduate programs in the United States for 35 out of 235 faculty members at the University of Asmara, established five departments, and provided textbooks and equipment. However, the number of female students and faculty remains very low. Under the next ISP, a Gender Resource Center is planned (Thomas-Slayter and Kabutha 2002).

Under ISP 2003-2008, the Mission will support the human capacity development program, including the university, and address a more active role of women in socio-political decision-making. The Mission will coordinate with other donors to address the capacity-building needs for demobilized soldiers. It carried out a study of the country's needs (regulatory, technological, and in terms of skills building) on information and communication technologies that included a section on gender and called for the inclusion of women in training programs and careers, and this subject will not be covered here (SETA 2001).

SOCIO-ECONOMIC CONTEXT—POLICY ENVIRONMENT AND GENDER

Eritrea became an independent country in 1993. After colonization by Italy (1988-1941), Eritrea became a British Protectorate (1942-1947), was subsequently awarded in federation with Ethiopia (1952-1962), and became a province of Ethiopia (1962-1991). A 30-year liberation struggle for independence from Ethiopia ended in 1991, and a referendum for independence was approved in 1993. More than 30 percent of the military combatants in the struggle were women. "Fighters who participated in the liberation struggle did not only confront the military challenges…but were also involved in various educational and vocational activities related to micro-level nation-state building" (Tewolde and Nielsen 1998:4). From 1998 to 2000, a border war with Ethiopia left the country with 900,000 internally displaced persons, a much-ruined infrastructure, an economy in crisis, and more than 200,000 men and women in the military. The dispute ended under the auspices of the United Nations on December 12, 2000, and an independent Boundary Commission announced the delimitation of the border between Eritrea and Ethiopia in April 2000. The demarcation process is expected to begin in 2002 and could take up to two years to complete.

Eritrea shares borders with Sudan, Ethiopia, and Djibouti; the Red Sea, a busy area for shipping, provides Eritrea with a coastline of about 600 miles. Three agro-ecological zones characterize the countryside: (1) the agricultural sector in the highlands, (2) the agro-pastoral sector in both highland and lowland areas, and (3) the pastoral sector in the lowlands. In addition, the country is divided into six administrative zones or *zobas* and 58 sub-*zobas*. The six *zobas* consist of Central (Maekel), Anseba, Gash-Barka, Southern (Debub), Northern Red Sea (Semenawi Keyih Bahri), and Southern Red Sea (Debubawi Keyih Bahri).

Although no official population census has been carried out, the population is estimated to be between 3.5 and 4.3 million people, composed of nine ethnic groups: Tigrinya (50 percent), Tigre (31.4 percent), Saho (5 percent), Afar (5 percent), Hidareb (2.5 percent), Bilen (2.1 percent), Kunama (2 percent), Nara (1.5 percent), and Rashaida (0.5 percent). Eritrea remains one of the poorest countries in the world. It is ranked 148 out of 162 countries in the UNDP's Human Development Index for 2001. According to the Index, life expectancy is 51 years, while infant mortality is estimated at 66 per 1,000 live births and maternal mortality is 1,000 per 100,000 births, one of the highest in the world; the total fertility rate is estimated at 5.9 to 6.1 children born per woman. The population growth rate is estimated at 3.8 percent (Tables SO1.1 and SO1.2, Annex B).

The economy is based on agriculture, mostly subsistence, and 80 percent of the population are farmers and pastoralists. A small industrial sector (light industries with much of the technologies being out of date) and a service sector make up the other 20 percent. About a third of GDP is provided by Eritreans in the Diaspora.

The National Charter for Eritrea of 1994 has a section that calls for respecting equal rights and notes that women's issues are major social issues. It comments that "during the struggle, big changes occurred for Eritrean women. Seen as weak and passive creatures, of less value than a man, the Eritrean woman transformed herself into a formidable fighter…[however]….Eritrean women have not freed themselves from patriarchal

oppression….(EPLF 1994).” The political party that brought the country to independence, the Eritrean Peoples Liberation Front, takes a view of the new society as a place where “both genders live in equality, harmony and prosperity.” The macro-policy proposes efforts to (1) sensitize the society to women’s socio-economic and political transformations, (2) change all laws to reflect equality, (3) provide equal participation in education and economic activities, (4) develop labor saving devices to reduce women’s drudgery, and (5) improve mother-childcare services (GSE 1994).

The constitutional provisions allow for equality of women and men in many. Ratified on May 23, 1997, Article 7 “prohibits “any act that violates the human right of women or limits or otherwise thwarts their role and participation.” In addition, the National Union of Eritrean Women, 200,000 members strong, assisted in lobbying for a land law, the 1994 Proclamation on Land, allowing women to be owners. Tables SO2.4 and SO2.5 in Annex C show that 7.5 percent of women were engaged in irrigated agriculture in 1997/98 and that same percentage gained concessionary lands.

The macro-policy provides gender equity in political, economic, social, and cultural aspects; there are revised articles in the Civil Code on marriage and family that ensure equal rights in terms of divorce and custody. However, at village level, customary marriage and divorce norms predominate and few cases are adjudicated. Recent revisions of the Penal Code define and state stiff penalties for rape and domestic violence. Here again, few cases have been prosecuted. In the political arena, the constitution reserves 30 percent of parliamentary and assembly seats for women and allows women to run against men in elections. In 1998, women made up 30.6 percent of *zoba* assemblies (93.4 percent of these were in competitions with other women for the Quota Election, while 6.5 percent were elected in the Free Election by running against men) (Table G.1, Annex A). In the national Parliament, 1998 figures show 22 percent women served; there were two women cabinet ministers (11.8 percent), as well as others in high level posts (Table G.2, Annex A).

In terms of education, the female enrollment rate in elementary education is 45 percent in government and 36 percent in non-government schools; the middle school rate is 16 percent in government and 8 percent in non-government schools; and in secondary schools, the rate is 12 percent in government and 14 percent in non-government schools (Table G.3, all tables on education are given in Annex A). Female teachers are 32 and 51 percent in government and non-government elementary schools, 41 and 49 percent in government and non-government middle schools, and 38 and 43 percent in government and non-government secondary schools (Table G.4). University female graduates were 13 percent in 1998 (Table G.5). Women were 56 percent of health professionals, but most were nurses and technicians compared with men, who predominated in terms of doctors and pharmacists (Table G.9)

In terms of vocational training, 15 percent of trainees in woodwork, construction, plumbing, and electrical were female (Table G.5), although the day students were fewer (7 percent) while the evening students were 18 percent (Table G.6). Female students were 28 percent of business students and 78 percent of midwifery students in 1998 (Table G.7). Finally, female illiteracy is estimated at 60-90 percent, and women make up 94 percent (Table G.10) of those

in adult literacy classes carried out through the Ministry of Education and 100 percent through the National Union of Eritrean Women.

On the occasion of the 20th Anniversary Conference of the National Union of Eritrean Women in December 1999, the President of Eritrea gave an opening address that targeted the need to institutionalize gender policies at the level of line ministries (MOA 2002), and requested that the National Union of Eritrean Women prepare a draft National Gender Action Plan to address operational approaches to greater equity at all levels (government to ministries to sub-*zobas* and villages).

CHAPTER TWO
SO1: GENDER ISSUES IN HEALTH AND HEALTH CARE DELIVERY

Health is a basic factor in the quality of life and an indicator of socio-economic development. Eritrea's maternal mortality rate is a core indicator of gender inequality, and its high rate (estimated at 998 to 1,400 per 100,000) reflects women lack of entitlement to and opportunity for medical services during pregnancy, parturition, and post-delivery (Table SO1.1. All concerning SO1 are in Annex B, unless otherwise noted). Thirty-seven percent of all deaths to women in the reproductive age group are related to childbirth.

At liberation in 1991, only 31 of the previously 95 health stations were functioning. In liberated areas, the EPLF had one set of health services for the combatants and another for the civilian population. They utilized mobile teams ("barefoot doctors") for communities in remote and inaccessible areas. Medical care ranged from immunizations to hospital curative services, while pharmaceutical supplies came from both abroad and from a national drug production plant that supplied 44 items (satisfying about 40 percent of the need for medicines). Eventually, a national health system was constituted and the Ministry of Health was established. In the past 10 years, it adopted a strategy of primary health care for preventative and curative health services organized by a system of health stations, health centers, and regional and central referral hospitals. The Ministry of Health has attempted restoration of disused and war-damaged facilities, expansion of new facilities, training of health professionals (assisted by a USAID project), surveillance of basic health and nutrition indicators, health information system (also assisted by a USAID project), control of communicable diseases, and basic health services to returning refugees. A Health Management Information System has established a network of data collection, processing, and dissemination, and has trained health workers in data collection.

The Ministry trained traditional birth attendants concerning birthing techniques and up-graded barefoot doctors through training to nurses, associate nurses, and other categories of health workers (Table G.14, Annex A). In process is the decentralization of planning activities in the zonal levels and bottom-up participatory approaches. The Ministry of Health is cognizant that many of its lower-level health facilities are underutilized and that referral hospitals are overcrowded.[2] It is against the background that gender issues in health care can be examined.

Much of the data on women's health issues come from the Demographic Health Survey of 1995 produced by the Ministry of Health and the National Statistical Office, as well as from various reports and updates (Kwast 2001; Fielder et al. 2002; Ministry of Health 2000). Currently, and with support from USAID, a new Demographic Health Survey is being prepared and will be available in 2002/3.

THE HEALTH SITUATION FOR WOMEN AND GIRLS

Because women's status is determined by the number of children, and particularly sons, women assume huge risks to health and life to have large numbers of children. "Women do not exhibit high-risk reproductive behaviors of their own choice, but are conditioned to accept and display them by their social environment" (Ascadi and Johnson-Ascadi 1991:82). They often bear children in unsanitary places and suffer pelvic inflammatory disease, sexually transmitted diseases, and obstetric complications. Rural diets are often deficient in protein, calcium, and vitamin D, thereby resulting in short maternal height and small pelvises for Eritrean women. The child-bearing years continue for rural women as long as possible—up to 25 years—and there is refusal of contraception, denial of personal responsibility ("God gives children"), and the right of kinsmen and women to dictate reproductive behavior. Women are ostracized for having few children or being barren and may be beaten for refusing intercourse. Inequitable food distribution among boys and girls and men and women contribute to this status. Women eat last and least (see Chapter Three). Furthermore, there are often cultural taboos to eating high protein foods such as eggs, fish, and meat during pregnancy, and these contribute to anemia. In rural areas, women's workloads in obtaining water and fuelwood, doing agricultural and domestic tasks, and walking long distances between home, fields, and health facilities, even in advanced stages of pregnancy, contribute to low-birth-weight babies.

Traditionally, girls were married prior to menarche at 9-13 years of age and remained in the house for the first year after the marriage was consummated. An aim in past decades was to raise this to 15 years of age. The Demographic Health Survey of 1995, which sampled 5,054 women and 1,114 men aged 15-59, notes that the median age of marriage for women aged 45-49 now is 15.9, whereas it is 17.6 for women aged 20-24 years of age. Women with secondary school education marry more than 7.5 years later than uneducated women.

Childbearing begins early; 23 percent of teenage women (15-19) are mothers or pregnant (by 15 years, 3 percent were pregnant; by 17 years, 22 percent were pregnant; and by 19 years, 50 percent were pregnant). Pregnant girls and women usually go to their natal village for the first birth. Should there be any complications, the family around her may take the decision to obtain help. This is usually her father and brothers, at the request of her mother and the other women and perhaps a traditional birth attendant, who monitors the birth. According to a new study, husbands usually refuse to make the decision for treatment. Birth intervals tend to occur too soon after a previous birth, with 25 percent taking place before two years. The median birth interval is 31 months. Men are more pro-natalist than women. "Among those with seven or more children, 29 percent of married women want to have more children, compared with 42 percent of men." An ideal family size for women is six, compared with seven with men. There is awareness of family planning, but only 8 percent of married women use any form of contraception. The total fertility rate is 6.1, with rural areas having 7.0 and urban areas 4.2.

A woman has a greater than 1 in 14 chance of dying from pregnancy, and the maternal mortality rate is 998 per 100,000 (DHS 1995). A specific report on the maternal health program, and particularly the safe motherhood campaign (Kwast 2001) for the Ministry of

Health and USAID's Technical Assistance and Support Contract noted that coverage by Ministry of Health facilities of births in general was very low, as was the "met need" for treatment of life-threatening complications. Estimating the number of births and deaths for a population of 3 million (this is lower than the estimated total population of the country), 1,198 deaths would be expected in a year. In fact, Ministry of Health data show only 1 death occurred in the hospital, and 42 (some of which included abortions and pregnancies) were actually reported by the Health Management Information System. Hence, most of the deaths occurred at home and are probably underreported (Tables SO1.2, SO1.3, SO1.4, and SO1.5).

Women's usage of antenatal services (at least one visit) was 40.5 percent in 1999 compared with 49 percent in 1995 (DHS), but there is variation by zones (25.4 percent to 50.5 percent) (Table SO1.4). Even the delivery coverage from trained health workers excluding trained traditional birth attendants was reduced from 21 percent in 1995 to 17.4 percent in 1999. These reductions are likely the result of the border conflict. The major causes of maternal death are hemorrhage, obstructed labor, complications of abortions, pre-eclampsia and eclampsia, and puerperal sepsis. There is often insufficient staff at health centers to handle life-threatening complications and at health stations to provide obstetric first-aid, and insufficient drug supplies (parenteral oxytocics, anticonvulsants, antibiotics, etc.) create additional health constraints.

Kwast estimated 120,000 births per year, on the basis of 3 million people, and if 15 percent have complications, 18,000 women would be involved. In fact, the DHS data of 1995 gives the average high-risk rate of 19.2 percent with a high of 22.3 percent in Southern Red Zone, where infibulation is practiced (Tables SO1.7 to SO1.8); hence, the number of complications there would be greater in that case. Current international research estimates that 15 percent of all births are complicated by the five life-threatening obstetric complications (UNICEF et al. 1997, quoted in Kwast 2001:10). For Eritrea (and some other African countries), it is interesting to question if factors such as female genital cutting—specifically, infibulation and excision—are factored into this estimate, as well as the early age at marriage. Previously, it was thought that high-risk women were adolescent females and high-para women. However, a yet-unestimated number of Eritrean females in their teens and early twenties have rectal and vesico-vaginal fistulae as a result of early pregnancy and birthing. Such cases that come to light are being treated from time to time by teams of medical personnel from developed countries, as well as by Eritrean gynecological surgeons (personal communication). Mortality rates in such cases are unknown.

Female genital cutting (female circumcision) is almost universal (95 percent of all types). Sixty percent received clitoridectomy, while 33 percent received infibulation, but the type varies by zone and ethnic group, with women in the Central and Southern Zones (mostly Tigrinya) receiving clitoridectomy, while 61-74 percent in other zones received infibulation. Most clitoridectomies are carried out before the age of one. Fifty-seven percent of women want female circumcision to continue compared with 46 percent of men. More men (57 percent compared with 52 percent) prefer clitoridectomy, while more women than men prefer infibulation (43 percent compared with 28 percent). Considering the practices in relation to maternal morbidity and mortality, complications arise in 38 percent of women with

infibulation and 44 percent of women with the excision type of female genital cutting (Tables SO1.6 and SO1.7).

A large proportion of hospital admissions result from complications of abortion (Table SO1.5). One study showed unplanned pregnancy accounting for 43 percent and unwanted pregnancy accounting for 35 percent. (17 percent were likely induced, and 9.8 percent were probably induced). Women who attempt abortion are subject to imprisonment, although it is not automatic. (No statistical data were available on this issue.). Perhaps some women resort to abortion because they lack access to contraception; others are afraid to use conception being fearful of their husbands or partners.

Women's health is undoubtedly compromised by high infant mortality (both neonatal and within the first several years of life). In 1995, the neonatal mortality was 35 per 1,000 babies born, and the hospital stillbirth rate was 41.7 per 1,000 total births. The perinatal mortality rate (stillbirths and neonatal deaths) was 47.9 per 1000 in 1999, using State of Eritrea Management and Information System for Health (SEMISH) data. In terms of childhood illnesses, Technical Assistance and Support Contract data (2002) show that the median age of outpatients was 24 months; of these, 62 percent were male and 38 percent were female children. Mothers were present in 94 percent of the cases, and the father was also present in 11 percent. The median time from home to facility was 30 minutes, although the range was 5 minutes to 7 hours; most people walked. Most waited 3 days before seeking help at a health facility.

Eritrean children have stunted growth, but data are not adequate to determine gender differences. There is a need for growth monitoring because 38 percent of children under 3 years were stunted (height/age); 44 percent were underweight (weight/age), and 16 percent were wasted (weight/height). These figures do not include mild malnutrition, or they would be greater. All these children are at increased risk of dying from common childhood illnesses, and there may be negative effects on brain development, resulting in limited future productivity.

Malaria, a leading cause of mortality in general, is also a contributor to maternal mortality, and there is some debate about whether impregnated bed nets have been distributed to all pregnant women who are exposed to the vectors. Sixty-seven percent of the Eritrean population lives in malarial areas, although the highland area of Asmara and environs are free from the vectors. The acronym HAMSET stands for HIV/AIDS, Malaria, Sexually Transmitted Diseases, and Tuberculosis and is part of a recent Ministry of Health launch to combat all these diseases in an integrated manner.

HIV/AIDS AND GENDER ISSUES

Health professionals believe, on the one hand, that the HIV/AIDS epidemic is at an early stage and there are good opportunities to intervene. On the other hand, there is concern that the large military, many of whom may be demobilized soon, as well as the "front-line" commercial sex workers, will return to their homes and villages, thereby spreading the

disease. A study is underway on the disease and the military. Most Eritrean adults doubt the severity of the epidemic. It is culturally taboo to speak about sex, and condoms are associated with prostitutes; hence, communication between partners and spouses is a barrier to condom use. The general rate of infection for HIV/AIDS was estimated at 3-4 percent of the population in 2001; this figure was based on biological testing under the HAMSET project. However, the rate for commercial sex workers, or female bar workers as they are known in Eritrea, was 22.8 percent in 2001, although other serosurveys place the figure closer to 40 percent (Table SO1.9).

In terms of behavior, several surveys report that people know about HIV/AIDS and some understand the means of transmission, having mostly heard this on the radio (they also know about condoms from listening to the radio), whereas others have some dangerous misconceptions. In general, there is poor understanding of the risk of different types of exposure; people are concerned with minor modes of transmission and being in any contact with persons living with HIV/AIDS. Furthermore, most people think transmission risk is more likely through non-sterile instruments than through sexual transmission (Gachuhi 2001). Thus, most people have not connected the disease and their own personal risk. In general, 72 percent perceive themselves as having no risk at all (CTMRE Consultancy Service 2001). It seems that each sex accuses the opposite sex of playing a greater role in the transmission of the disease. Forty-five percent of women claimed men play a greater role in transmission, whereas 33 percent of men claimed that women did so. Many people place the blame for transmission of the disease primarily on prostitutes (57 percent), truck and taxi drivers (37 percent), youth and students (36 percent), and members of the army (30 percent) (Ibid. p.16).

The risks are different for each sex, and there are particular gender issues for men. Men and boys ranked their risk as low, even if they were having sexual contacts with commercial sex workers. Their misperception of risk means that they use condoms (if at all) for “one night stands” and new partners, but not for spousal and long-term relationships or as a regular customer of commercial sex workers. In another study, 50 percent of military men reported using a condom (CTMRE Consultancy Service 2001:9). Seventy-one percent of high school students, who are mostly male, have had sex by 16-18 years of age. Some have had two to three partners, but few have had condoms available. High alcohol intake, smoking, and gambling are male risk factors associated with the disease.

The gender issues for women, in contrast, stem from the fact that they cannot negotiate safe sex with their partners because they mostly occupy economically dependent and submissive roles. In one study, 56 percent of married women reported that their husbands have more than one partner. Condoms are associated with prostitutes, so wives are adverse to them. Women are even more likely than men to claim they have no risk themselves. Even 62 percent of commercial sex workers claimed they had no risk. Yet bar workers were the most likely to know someone living with HIV/AIDS (30 percent) or who had died from the disease (34 percent) (Ibid. p.14). Another type of gender issue for women is that they are usually the main caregivers if a family member is affected. They often have to cope with decreasing income and may become commercial sex workers themselves as an adaptive strategy. The customers of commercial sex workers include government and private employees,

businessmen, and soldiers. Their daily income in 1998-99 ranged from ERN31 to 110 (MOLHW 1999).

Women with HIV/AIDS tend to be younger than their partners, and the highest rates are for women 25-29 years, whereas for men it is 30 to 34 years. Increased age at first marriage is correlated with increased prevalence, and HIV was highest among the widowed, divorced, and separated.

According to the 1999 study, commercial sex workers are mostly 18-21 years old; 20 percent entered the trade when they were 14-17 years old. As many as 50 percent of these women were separated from their parents at a young age (aged 9-18 years). Many were married early and were subsequently divorced, separated, or widowed. Most came from very poor farm families, and many had worked as domestic servants prior to prostitution. Furthermore, few used condoms regularly, and many never used them. In contrast, the CTMRE study (2001) found that, although many begin having sex at 17, their first condom use was not until 24 years. Some commercial sex workers had children, while others resorted to illegal abortions.

The text box below summarizes the cumulative effect of such health and gender constraints, and can be used to plan programs and projects in order to have a significant impact on the success of various aspects of development in this sector.

Health and Health Care Constraints

The following social and biomedical factors summarize the major reproductive constraints discussed above that affect the health of women and girls.

1. Early marriage, defining women in terms of their reproduction, and female submissiveness give women little voice in health care decisions, especially concerning childbirth and the post-parturition period, as well as in seeking medical attention for infants and children.
2. Family planning and contraception are little used, and women may resort to abortion.
3. Severe forms of female genital cutting, such as excision and infibulation, have deleterious affects on childbirth.
4. Men as husbands are reluctant to take responsibility for obtaining health care for their wives. But as fathers and brothers, they are more likely to gain help for daughters and sisters.
5. Eritrean children have stunted growth, but data are not adequate to determine gender differences.
6. Only a small percentage of fathers seek medical care for their children.
7. Health care delivery systems are not yet functioning optimally, and health stations and centers may be under-stocked (in terms of life-savings medicines) and under-staffed (in terms of midwives).
8. Women and girls are undernourished, and this also contributes to maternal mortality (see Chapter Three).
9. Malaria contributes to maternal morbidity and mortality.
10. Sexually transmitted infections and HIV/AIDS affect women as wives and partners because they cannot refuse sex or practice safe sex. Men are at risk because they frequent commercial sex workers.
11. Most men and women do not think they are susceptible to the risks of HIV/AIDS. Commercial sex workers similarly do not perceive themselves at risk, even though they have high sero-positive rates and have known someone with the disease or who died.
12. Women become commercial sex workers because of poverty, early marriage and divorce, widowhood, and the need to care for family member(s) with HIV/AIDS.
13. People living with HIV/AIDS are shunned by the society.

OPPORTUNITIES TO ADDRESS WOMEN'S HEALTH CARE NEEDS

SO1 should continue to expand on existing activities to address maternal mortality and other key health issues, taking into account those key gender constraints noted above. Strategies to decrease maternal mortality and morbidity need to promote the concept of the family and community management teams. Along with current "safe motherhood campaigns," additional campaigns should focus on the "family team" and "responsible fatherhood." Pregnant women in an emergency situation cannot make the decision to go to a health facility. Fathers and brothers usually make this decision for those women having their first births in their natal villages, while husbands usually refuse to make the decision for treatment for any births. Therefore, a radio and poster campaign to urge husbands to do so is needed. Community-level involvement and education programs are also needed to address "who has authority" to take the woman to a health facility. There should be distribution of lists of danger signs, already in existing poster form in several languages, to all adults in pilot communities.

Medical anthropological studies concerning client barriers and demands for health care facilities need to be carried out in rural villages and communities and urban areas. Key areas to explore should include traditional and biomedical birthing and gynecological practices and preferences. Rapid and participatory appraisal techniques should be used to ascertain why people do not use health facilities, what their fears and preferences are, and what will entice them to have greater usage.

We still do not know scientifically about the affects of female genital cutting, especially infibulation and excision, on maternal and reproductive mortality and morbidity. An intensive but rapid study needs to be carried out among communities and ethnic groups that practice these forms to ascertain the contribution of the practice to ruptured uterus, rectal and vesicle fistula, etc. It is suggested that this be carried out under the Technical Assistance and Support Contract and its successors, in a similar way as the study of the traditional birth attendants that was just completed. This particular study used a staff of 30 people, including 25 female and 3 male nurse enumerators. Its director noted that during the liberation struggle, women fighters, many of whom were knowledgeable medically, convinced 107 nomadic women not be re-infibulated (which is usually done between each childbirth delivery) until after they had finished their childbearing. The medical results of this, as well as of the traditional situation, need to be evaluated.

Concerning trained traditional birth attendants, a knowledge, attitude, and practice study of 680 trained traditional birth attendants was carried out by Technical Assistance and Support Contract in 2002, which queried the effectiveness of the training given to traditional birth attendants by the Ministry of Health. Its findings show that most trained traditional birth attendants are not effective in emergency situations and tend to refer their patients to a health facility. In addition, many trained traditional birth attendants are in a quandary over their remuneration because many have become important women healers in their communities and their services are in greater demand than before. Sometimes, they cannot attend all births (weddings and births are seasonal, and so many deliveries take place around the same time). Many trained traditional birth attendants think they should be on salary and that their fees

should be as high as ERN50 per delivery. Usually, however, the family pays them in cash or kind, depending on what it can afford. The study recommended that trained traditional birth attendants (1) be given formal-sector health workers' training in life-saving skills, (2) have a better mechanism to refill their medical kits, and (3) have ongoing performance evaluations. The best remedy, however, is to train more nurse midwives and allocate them to health stations. Another remedy for monitoring the health care delivery system is to have a supervisory program related to individual health workers, as opposed to considering the entire facility and its personnel as a whole. Additionally, there may be some potential trainees among female demobilized soldiers who could be trained to help alleviate the shortage of staff.

As ways to combat the high maternal mortality rate, there have been suggestions of mobile health units, waiting houses, and home visits, as well as various transportation and reporting systems. There could be a pilot project to develop mobile units to visit pregnant women in the last trimester. There is a debate over home visits, however, because Ministry of Health staff cannot leave the facility unattended. Yet such facilities usually have few patients, so that concern is debatable. Additional staff would allow some home visits, especially for high-risk women, and having an ambulance and driver attached to rural health facilities would solve some of the transport and payment problems (although road access is still a big constraint in many remote areas). Also, as cell phone technology takes hold in the country, access to medical service via calls for transport, staff, and mobile units could increase.

The United Nations Fund for Population Activities wants to have projects to reach 40-60 percent of nomadic women in Northern and Southern Red Sea Zones with ambulances and support staff. It should be noted that there is some overlap between UNFPA and USAID strategies and support for the same packages of interventions, including nurse and midwifery training, drugs and equipment, and community awareness programs. UNFPA also wants to reach men and provide support to other stakeholders (such as the National Union of Eritrean Women and the National Union of Eritrean Youth and Students) with education and projects on family planning, female genital cutting, sexually transmitted infections, and HIV/AIDS.

Also noteworthy is that 30 percent of women in obstetrical health facilities were there for abortion (spontaneous and illegal). Some women were repeaters. To address this issue, a program in post-abortion care coupled with family planning services could be designed to work on topics such as family planning, sexually transmitted infections, and HIV/AIDS prevention.

There are a variety of programs and strategies in addition to the social marketing of condoms that can create HIV/AIDS awareness and prevention. The behavior change communication strategy is one such approach. Its purpose is to use communication techniques to assist people in understanding such topics as risk, communication and negotiation between partners, and attitudes toward people living with HIV/AIDS. Through focus groups and workshops, behavior change communication aims to change behavior and promote voluntary counseling and testing. All communication processes are participatory and interactive.

The following text box summarizes possible avenues that the Mission could utilize in the next five-year Integrated Strategic Plan to build these suggestions into its projects.

Options and Opportunities to Address Barriers to Women's Health Care Delivery Through USAID/Eritrea's ISP, FY2003-2008

The following are recommendations that can be used to plan programs and projects for SO1. They may each be separate endeavors or part of a more comprehensive design.

1. Promote the concepts of "safe motherhood," "family management team," and "responsible fatherhood." Design community education programs on the danger signs and health care decision making. Work with administrative units and community-based organizations to plan for transportation routes. Provide pilot villages with radios (and subsequently cell phones) for emergency care. Men as husbands and fathers need to be participants in this project.
2. Promote a radio and other media project to mount an awareness campaign concerning the poor health and nutritional status of women. Place Eritrea's indicators in world perspective, showing the loss of human resources.
3. Carry out rapid appraisals of client barriers and demands for health care delivery systems in relation to reproductive and child illnesses.
4. Carry out a study on the relation of severe forms of female genital cutting as they relate to maternal mortality and morbidity.
5. Train additional midwives and place them in health stations and health centers—some trainees to come from the demobilized soldiers. Restrict trained traditional birth attendants to referral services, but upgrade their kits to assist in normal births. Have midwives visit women who are in the last trimester and in high-risk cases. Coordinate with UNFPA its ambulance and mobile units in the North Red Sea Zone.
6. Collect and report by gender data for adult and childhood diseases and mortality, as well as malnutrition indicators, for SEMISH and the new Demographic Health Survey indicators. Promote the collection of data on girls' and boys' rates (gender-disaggregated rates) in terms of integrated management of childhood illnesses and growth indicators. The Health Management Information System needs to track all diseases by sex and age (see Table SO1.10).
7. Design a post-abortion care project that would have vocational and entrepreneurial components, as well as educational ones, dealing with family planning, HIV/AIDS awareness, etc.
8. Design a project for education, enterprise development, and social marketing of condoms for commercial sex workers, as well as for military men who are demobilized, using behavior change communication types of focus groups. USAID has carried out projects for commercial sex workers elsewhere and can provide training and enterprise development to this category of worker.
9. Fund a telephone hotline for information and asistance on sexually transmitted diseases and infections and HIV/AIDS to be run by the National Union of Eritrean Youth and Students and demobilized soldiers.

CHAPTER THREE
SO2: GENDER ISSUES IN ECONOMIC GROWTH

The following discussion on SO2 considers topics related to economic growth. Because 80 percent of the population are engaged in agriculture, the roles of women in agriculture (including their recent ability to obtain land) are reviewed. Eritrean women are less likely to be considered farmers than elsewhere in Africa, and the Ministry of Agriculture, as well as various projects, seem to have low female participation. However, female-headed households as participants have been especially targeted in some small-scale projects. There are particular gender issues related to food security in terms of production, nutrition, and reporting that need to be considered.

The section below on Gender and Enterprise Development, page 26, provides background on the types and characteristics of micro, small, and medium-sized enterprises in both rural and urban areas (this SO does not concentrate on micro-enterprises). The issue of the informal versus the formal sector is considered, with the latter being licensed and regulated. As well, business owners are members of business organizations such as the Chamber of Commerce and the Employers Federation of Eritrea, and current data on entrepreneurship and women are given as background for new opportunities under SO2.

GENDER ISSUES IN AGRICULTURE

The section on gender issues in a report from the Ministry of Agriculture (MOA 2002) notes that there are no disaggregated data on women's "participation and access to/uptake of services" in terms of agriculture. As well, "there is a real need to institutionalize gender awareness, analysis and operations" at the Ministry of Agriculture level. No data exist on women's access to agricultural inputs, credit, and extension services. "However, qualitative research indicates that, while male farmers are the primary targets of MOA services, women have not been considered in anything like the same way." The same document notes females make up 35 percent of heads of households. The report questions how poverty alleviation and food security can be addressed nationally, if this lack of relevant information is not remedied.

The word for farmer in Tigrinya (the largest ethnic group) can denote only a man; women's roles in agriculture are thought to be secondary and "without skill." Women may describe themselves this way as well being socialized to believe that all the tasks they do in the field (plowing, harvesting, threshing, etc.) and with livestock (shepherding, feeding and caring for sick animals, milking, etc.) are not agricultural or skilled. This belief has been found in other parts of the world as well, so that agencies working to deliver agricultural services and productive resources have had to create a new vocabulary, asking familiar questions in new ways (for example, "What work do you do with crop A or livestock B?" rather than "Are you a farmer?"). The aforementioned Ministry of Agriculture document also notes that there are few female students in agricultural schools yet, for example, that the Bejuk Agricultural School raised its entry to Grade 10, whereas Grade 7 would have been more conducive to enabling female students and ethnic minorities to be trained.

The Ministry of Agriculture report is self-critical, and addresses the situation of the Home Economics Unit within its structure.

> In fact, the HEU is almost considered as providing sufficient support to women…The repercussions of such attitudes will be to consolidate gender 'ghettoisation' and failure to acknowledge the paramount need to integrate gender-aware strategies as intrinsic to each and every aspect of ministry policy and activity.

This was a situation that many ministries of agriculture throughout Africa, Asia, and Latin America faced, mostly in the 1980s and 1990s. Some solutions were to change the unit to women in development, women in agriculture, or women in rural production. As well, some made concomitant changes in programming so that the unit began to function as a focal point or coordinating unit, while the other units in the Ministry of Agriculture began to mainstream women in all their activities, including credit, technical assistance, and training.

The Ministry of Agriculture section on Gender Issues also notes that extension works with contact farmers, farming systems trial cooperators, and contract farmers in commercial agriculture, but there are *only* male participants. These services are some of the main avenues for agricultural intensification. The "perception among MOA staff is that women are 'taken care of' by the activity of the local HEU agent and by NUEW. This…often result(s) in women's exclusion from…MOA activities."

Of particular concern is the statement that the Agriculture Sector Support Program Phase 2 has not disaggregated any data by sex of household head or by male and female participants, and so it is unknown if female-headed households are receiving any support or services. If 35-46 percent of the nation's households are female-headed households, as well as the women in male-headed households, this surely must be considered as a glaring neglect of human capital and productive resources.

In terms of markets, the Ministry of Agriculture report states that women (as individuals or as group members in cooperatives or production schemes) have limited access. The report attributes this limitation to prescribed gender roles as well as to a lack of access to extension and credit services. However, access to markets affects both sexes. Such things as the lack of market infrastructure (display and storage), managed facilities, periodicity and frequency of functioning, and customer usage affect all commercial ventures in selling agricultural and other commodities in small town and village markets. With technical assistance, market

The Ministry of Agriculture report suggests the following key gender-disaggregated indicators* are applicable as core progress milestones in the Agricultural Sector Support Program Phase 2:

- Percent women as participants in extension activities;
- Percent women as members/ committee members/managers of cooperatives/producers' associations, etc;
- Percent women as participants in contract farmers' groups, in field trials;
- Percent women as participants in monitoring and evaluation of results;
- Percent women as recipients of credit (formal and informal); and
- Percent women as recipients of inputs on equal footing with men.

**Source: Fong, S and A Bhushan. 1999. Toolkit on Gender and Agriculture. Washington DC: The World Bank.*

systems can be studied and the market channels can be assisted. In Eritrea, a frequently offered cultural rationale is that women cannot do this or that because of household activities, reproductive roles, and child rearing. Yet all over Africa and the rest of the world, women are in the market—some take children with them to market—and they combine household and marketing activities. Furthermore, studies show that when women enter local and regional food markets, their supplies of foodstuffs increase and household food security increases (Spring and McDade 1998).

The following text box summarizes some ways the Mission's new five-year Integrated Strategic Plan can utilize this information to deal with agricultural personnel and delivery systems to enhance rural enterprise development.

Options and Opportunities to Address Barriers to Women's Participation in Agricultural Activities and Services Through USAID/Eritrea's ISP, FY2003-2008

The following are recommendations that can be used to plan programs and projects for SO2. They may each be a separate endeavor, or they may be part of a more comprehensive design.

1. Provide a training program in gender analysis training within the Ministry of Agriculture and for other line ministries as needed. Most multilateral and bilateral agencies, including USAID, have undergone gender analysis training for their own staff to make decision-makers and frontline extension workers aware of women's roles in agriculture and rural production. USAID has great depth in terms of providing technical assistance in this activity.
2. Genderize the agricultural curriculum at all levels. Again, USAID has depth in terms of providing technical assistance in this activity.
3. Provide technical assistance to develop marketing channels in small towns and villages in addition to carrying out training for individual business owners on business development services and improve your business (see Annex G).
4. Provide technical assistance in implementing the types of indicators listed above (similar to the Health Statistics Information System put in place in the Ministry of Health).

WOMEN AND LAND

Most of the Eritrean economy is based on agriculture and animal husbandry, and 60 percent of the population depends on agriculture and 30 percent on some type of pastoralism (nomadic, semi-settled, and settled); 26 percent of the land is suitable for farming, but only 10 percent is under cultivation. Hassan (2002) argues that women participate in most agricultural activities, including harvesting, weeding, storing and processing, and, in some ethnic groups, plowing. Proclamation #58/1994 allows every Eritrean citizen to have usufruct rights in land for both housing and farming. Under the new law, women can obtain land, although many encountered resistance from community male elders. Table SO2.1 shows that 25 percent of those who received land for housing were women. Tables SO2.2 and SO2.3 show that, of concessionary land allocations, 7.5 percent went to women and a similar percentages was irrigated (Table SO2.2a and b; all tables in this section are in Annex C, except where noted otherwise). It should also be mentioned that under customary law, some ethnic groups also allowed women to have land if they remained unmarried in their villages, as well as if they returned after divorce (Tronvoll 1998).

FEMALE-HEADED HOUSEHOLDS AS PROJECT PARTICIPANTS

The National Union of Eritrean Women estimated that, of the 420,000 Eritrean refugees in Sudan, 20 percent were female-headed households, and that of the 80,000 who returned between 1991 and 1994, 37 percent were headed by women. Female-headed households are prominent among refugee and internally displaced person populations, but the numbers are also increasing among settled populations as a result of the border war, the large number of men in the military, and other factors. A study by the Commission for Eritrean Refugee Affairs of 360 female-headed households in Barka and Gash-Setit showed that 40 percent of the respondents were internally displaced women, 36 percent were refugee returnees, and 24 percent were members of the settled population. A 1998 estimate placed the figure at 46 percent, with the majority in urban areas (Araya 1998:10). The Africare proposal of 2001 placed the number of female-headed households in the households it surveyed at 43-57 percent in the four zones (see below).

CARE and Africare have paid attention to including female-headed households in their agricultural programs. An Africare project targeted female-headed households for 77 percent of its households to receive poultry, 29 percent of female-headed households to receive dairy goats, and 30 percent female-headed households to receive beehives in a proposal presented to USAID (Africare December 7, 2000, figures recalculated by the author). The project proposal noted that female-headed households accounted for 43-57 percent of participating households across the four zones (Anseba, 4,500 households; Northern Red Sea, 4,750 households; Debub, 5,000; and Gash Barka, 5,750 households). An Africare quarterly report for April 2002 lists the number of households that received poultry and goats but does not specify the gender of the recipients in terms or the sex of household head. However, this information is in a database and will be used in annual reports. The objectives of this project need to be measured using data on the recipients' gender, given the detail on gender in the proposal, and it is suggested that better reporting formats be designed to see if the targets were reached.

CARE's emergency agriculture assistance projects (seed distribution and tractor plowing) included women as wives and female-headed households. Table SO2.5 shows the percentages by zone of female-headed households who received services, from a low of 4.4 percent in Northern Red Sea to 11 percent (18 percent in Laelaly Gash) in Gash Barka to 13 percent in Debub (18 percent in Senaife). However, there were two independent distributions—one of tractor services and the other of seed—but these are not distinguished. Furthermore, CARE reports mention that the village committee, all men, determined who would be eligible, and there are no data as to whether men were favored or women were excluded. As in other projects and areas, larger landowners and those not on steep slopes or with rocky fields tend to get tractor services. It is not known if female-headed households have poorer types of land or land on slopes, which means they might have been by-passed; this issue needs explicit attention.

The following text box lists some constraints that women as heads of households tend to face that can be kept in mind in programmatic efforts.

Constraints Relating to Female-headed Households

The following social factors sum up the major constraints that affect the status of women who are heads of households.

1. Because male community leaders decide resource allocations, and without interventions from projects and government, female-headed households receive fewer services.
2. They may be vulnerable to sexual attack and lack protection of the extended family in general.
3. They may be poorer and have smaller land parcels and poorer quality land; they have less labor and household assistance; their children, especially girls, are often kept at home to help mothers instead of attending school.

FOOD SECURITY AND GENDER ISSUES

There is no doubt that a sizable number of households do not have enough food to last the year based on their own household production. Food shortage concerns are doubly so for those with little or no land, especially households that have been displaced internally or externally (that is, internally displaced persons and refugees). The Home Economic Unit of the Ministry of Agriculture sampled 2,000 households to study nutrition practices and food security. Households were stratified into poor, medium, and rich based on community ranking within each village. Richer households had higher levels of food security, and in Northern Red Sea, the difference was significantly higher between rich households and low- and middle-income households.

One goal of the survey was to look at relevant practices within the household. Of particular interest was to find out "who was given priority when providing food" and "determining practices for feeding of mothers and babies when new-born and weaning." Table SO2.4 in Annex C shows that men are given food priority in all households, regardless of wealth levels. Surely, the poor nutrition of Eritrean women in rural areas at least partially stems from cultural practices of women receiving inadequate food at meals because of deference to men. Babies ranked second, and children and boys were above women. (Interestingly, there was no separate category for girls over 15, as there was for boys. Perhaps it was assumed that they would be married by 15 and out of the house.)

In addition to increasing productivity, one goal of SO2 is to increase non-farm income as a means to achieving food security. There are gender concerns that relate to this objective. Studies carried out by U.N. agencies and scholars show that increasing male income does not necessarily translate into increased household food security because often men use increased income for social activities, consumer goods, business endeavors, and marrying additional wives. Because husbands and wives have different food strategies and different household "purses and accounts," both mainstream and separate strategies may be needed to address the

issue. As demonstrated in the Ministry of Agriculture backyard poultry projects (as compared with commercial poultry operations—see Annex H), for instance, and as confirmed in many places in the world, if women have access to increased income, they will use that income to provide food for the family. A new paradigm views the limitations of subsistence agriculture in terms of mostly producing household food *insecurity*, as opposed to commercial endeavors (both farm and non-farm) that help to produce *food-secure* households (spring 2000). There are three routes to increase rural household income, from the micro-scale informal sector to formal sector businesses at various scales. The former seems to work well through community-based savings and credit associations. A second route is to mainstream more women into rural enterprises that are similar to men's at all levels—small to medium-sized to large. This would be an intensification of the loans that the Rural Enterprise Investment Partnership has already been making (Tables SO2.14 and SO2.15a and b, Annex C) in which 25.5 percent went to women. A third route is to build on the preferences that women have shown for non-farm enterprises in the domestic trade and service sectors (see below).

CARE, in its proposal for the Community-based Savings and Credit Associations project, also notes that its project experience demonstrates that "…as [women] become more actively involved in bringing in income, they tend to use it for the health, education, and well-being of the entire household (2001:6)." Community-based Savings and Credit Association directly addresses the need for income by building on a mechanism that is used both traditionally in Eritrea and elsewhere in Africa. Termed "merry-go-rounds" or rotating savings groups, each member contributes a certain amount weekly or monthly and then one member at a time gets the total in rotation. CARE's program builds these into community-based savings and credit associations, and additional funds are added by the program, so participants may borrow for enterprise development. Of the 533 participants as of July 2002, 502 (94 percent) are women (Table SO2.6). Currently, the groups were maturing and saving well and some have a steady source for their savings based on income from their own projects. However, only a few loans have been made from the revolving fund.[3]

Two examples of proposed work on the subject of food security that were presented in this consultancy for gender considerations are particularly useful for discussing the need for the inclusion of gender issues (for example, who controls food, who eats first and more, and what food production constraints are there). These are issues that affect men and women, as well as boys and girls. The analyses of these projects (Annex G) are meant to be illustrative, as well as useful for upcoming scopes of work and surveys. The first genderizes the proposed Scope of Work for Economic Growth and Food Security that the USAID Mission in Eritrea will carry out by hiring three consultants in the coming months to assist in the preparation of the Integrated Strategic Plan. The second does the same for the Food Security Strategy Paper. These can provide guidelines for the upcoming Integrated Strategic Plan. In addition, further related studies and surveys will undoubtedly be carried out in the next five-year plan.

The following text box enumerates many of the limitations that affect women in general and as household heads in terms of meeting household food security needs. As well, the planned studies on food security need to be sensitive to gender issues and to collect and analyze data on both male and female household members.

Constraints Affecting Women in Terms of Food Security

The following factors make up the major constraints that relate to women and studies on household food security.

1. Women and girls defer to men and receive less food in the household than men and boys.
2. Household production cannot produce enough food to ensure adequate supplies in many communities.
3. Agricultural activities are associated with men, but women do many farm activities, especially female-headed households.
4. Women may be not be perceived as being involved in commercial agriculture and agro-processing, although some are already doing so. As a result, technical assistance with regard to crops and livestock, agricultural loans, and new enterprises are not offered to them.
5. Non-farm income-producing sources are limited in rural areas and, as a result of traditional roles for women, may be require encouragement for women to become involved in them.
7. There are few enterprise models for women at the village level. Women are in need of role models.
8. Food security studies may not study the problem at the household level and may not survey both men and women in the household to understand their respective access to food.
9. Formal studies may not target women, as well as men respondents, and the data may not be disaggregated, further contributing to the notion that women are not much involved in the sector.

The following text box recommends some methods to incorporate better strategies for the inclusion of women participants and the collection of gender-disaggregated data in food security studies and projects.

Options and Opportunities to Address Barriers to Women's Participation in Food Security and Rural Enterprise Efforts Through USAID/Eritrea's ISP, FY2003-2008

The following are recommendations that can be used to plan programs and projects for SO2. They may each be a separate endeavor, or they may be part of a more comprehensive design.

1. Food security studies need to be designed so they collect data from female and male household members, as well as on female-headed households. They also need to differentiate by wealth categories (the components of which need to be listed). A survey of cultural practices in relation to food at the household level needs to be carried out in selected communities.
2. Food security studies need to disaggregate data by gender in terms of program/project recipients, sex of household head, levels of food security and wealth, etc. Refugee and internally displaced person households need to be classified by household type—for example, female-, male-, or child-headed.
3. The National Food Security Steering Committee should have representatives from organizations such as CARE and Haben that have worked with female-headed households. As well, the committee should have a good representation of women members.
4. Design a project to prepare radio programs on the need for women and girls to have adequate diets. Also mention the correlation of poor diet and maternal morbidity and mortality. Work with community-based organizations to disseminate this type of information as well.
5. Develop agricultural and agro-processing endeavors for women farmers that include commercial production of various commodities (honey, poultry, dairy goats, horticultural crops, silk worms, agro-mechanics/machinery, grain mill ownership, fish processing and products, etc.), and develop marketing strategies for these products. A follow-on to the CARE project with increased tractor services to female-headed households would also be useful. Consider contract farming using women concessionary farmers.

6. Promote a project for non-farm income-producing activities for women and men. These could include wage labor (such as road construction and de-mining), agro-business (such as agro-processing, grain mill ownership, feed retail stores, and agro-business services), and manufacturing (for example, agro-processing and non-farm products).
7. Provide technical assistance on developing market storage facilities for agricultural products from the farm-gate, as well as for agro-processed foods.
8. Develop successful role model cases and stories of women concerning farm and non-farm commercial activities that can be dramatized by dance groups, on radio shows, and in books for adult literacy classes.
9. As part of a project, provide technical assistance and an ombudsman/woman to assist women and women's groups to obtain land and qualify for agricultural services and enterprises.

ENTERPRISE DEVELOPMENT AND GENDER

Jacob Fisseha, a principal researcher on micro, small, and medium enterprises (MSMEs) elsewhere in Africa for USAID's GEMINI project, carried out a country-wide study in Eritrea in 1995-96. The study covered not only Asmara but major, small and rural towns, rural localities, and large, medium-sized, and small villages with sampling from 2 percent to 100 percent in each locale (1996:32-34). A total of 17,030 enterprises, employing 34,773 people for the primary study and 3,419 enterprises for a secondary study, were surveyed. Although these data are 7-8 years old, this substantial undertaking still provides a baseline for project design and implementation of new enterprises. Much of his data are disaggregated by gender (Tables SO2.7 to SO2.10, Annex C). Furthermore, data from this study are referred to by some authors (see for comparison Heyde 2001); hence, the genderized aspects are considered here in greater detail for context and clarity.

For Eritrea, Fisseha used the following definitions.

> MSMEs refers to market-oriented, non-farming, non-fishing business activities of manufacturing, trade, and services that employ 25 people or less. The "micro" refers to the very small units with a total labor force (excluding proprietors, family members, hired workers, and trainees) of 1 or 2 people; "small" enterprises refers to those that employ 3 to 9 people; and "medium" refers to those that employ 10 to 25 people….(1996:28).

Large-scale enterprises, employing more than 25 people, were outside the scope of his study. The study found that 77 percent of the enterprises were micro, 22 percent were small, and 1.2 percent were medium in size. In terms of the numbers of workers employed, 52 percent were employed in micro, 40 percent were in small, and 8 percent were employed in medium-sized enterprises. About 60 percent of the enterprises were in urban areas, while 40 percent were in rural areas; 69 percent of the employees were in urban and 31 percent were in rural areas. Manufacturing made up about 20 percent in urban areas and 31 percent in rural areas. Trade accounted for 63 percent (urban) and 57 percent (rural), and services for 18 percent (urban) and 11 percent (rural). Industrial manufacturing included such categories as fiber, forest-based, food, and fisheries, which might also be categorized as agro-businesses. He noted that the majority of these businesses were very young and had been established since liberation.

The men and women operating them were roughly the same age, and post-liberation growth in enterprises held true for both men and women. Labor force increases were dominated by family members.

The study estimated that 42 percent of the total labor force were women (less than found in many other African countries), while 45 percent had no women workers and 35 percent consisted of female workers only. Also, as the size of the enterprise increased, the proportion of women workers decreased (46 percent for micro, 38 percent for small, and 29 percent for medium enterprises). A relatively high proportion of women in the labor force were owners (81 percent), and 42 percent of all Eritrean MSMEs were owned by women; only 1-2 percent were jointly operated by a man and woman. The rate of launching enterprises since liberation seemed equal for men and women. Tables SO2.7 and SO2.8 in Annex C give the breakdown by size, sector, and location, with the percentage of women for each category. Female dominance in the manufacturing sector (66 percent) of enterprises is "due to smaller activities such as brewing of traditional drinks, baskets and traditional broom-making, mat-weaving, and producing different kinds of snacks and juices" (1996:57), all mainly in the informal sector. At the industrial level, female-owned MSMEs were less prominent, except for hair salons and rental services, whereas in trade, "female-owned MSMEs accounted for greater than half of hotels and guest houses, restaurants and bars, tea houses, traditional drink saloons, vending food and non-food items, and retailing edibles (poultry, spices, baskets, juices, and vegetables)" (Ibid. p. 57). The share of ownership by women was 67 percent, but their share of total employment of others was only about 50 percent.

In sum, the report concluded that Eritrean women owned 43 percent of all MSMEs and their share of the total labor force was 38 percent. These figures were given by Heyde (2001) but were out of context. Hence, these amounts seemed high, especially as it was unclear whether they referred to formal or informal sector enterprises. The Fisseha study also showed that more women than men were unmarried and that women were more often taking care of families and dependents. Table SO2.10 covers the responses to questions concerning business practices. Two-thirds had no formal business training or background experience in running enterprises; rather, they acquired their skills through their own work experience. About 25 percent of proprietors thought they faced unfavorable governmental policies (taxes and import duties) as well as shortages of capital and machinery. About 12 percent belonged to the Asmara Chamber of Commerce.

Current Data on Entrepreneurship and Women

Two of the major business organizations are the Chamber of Commerce and the Employers Federation of Eritrea. In the past, membership in the Chamber of Commerce for formal sector businesses was compulsory; however, in recent years, such membership has become voluntary. Currently, there are there are 2,200 members; 267 of them are women, as can be identified from the names (some companies have generic names). An analysis of their businesses by type and license code is given in Tables SO2.11 and SO2.12, Annex C. Similarly, the Employers Federation of Eritrea has a membership of 288 company owners, and 28 (9.7 percent) are women. A disproportionate number of women (37.7 percent) obtained business training; 10.5 percent from foreign companies 53 percent from domestic

companies. Considering Chamber of Commerce members, women formal sector workers are 26 percent of agriculture, hunting, and forestry (a higher figure than found in other data); 14 percent of manufacturing; 8 percent of construction; 19 percent of transport; 50 percent of real estate; 24 percent general services; and 3.3 percent of professional services (Table SO2.12).

Combining the data on the informal and formal-sector businesses, Fisseha's categorization can be updated. Current designation of enterprises could be based on formal versus informal sector, level of capitalization, loans taken, and government licensing. The Chamber of Commerce members and Employers Federation of Eritrea are all in the formal sector. Small-scale enterprises in the formal sector have levels of capitalization and loans taken more than ERN20,000-100,000 and two to nine workers. Women are involved as owners in the non-agricultural enterprises that include tea shops, retail trade, and textiles, while agricultural enterprises include commercial poultry, honey, and goat production.

Medium-scale enterprises employ women in the formal sector with levels of capitalization and loans taken of ERN100,000-500,000+ and 10-25 workers. Women owners are involved in non-agricultural enterprises that include retail edibles, restaurants and bars, building contractors, retail shops, textile and sewing, typing schools, accounting and bookkeeping, small hotels and pensions, printing services, repair of motor vehicles, and consultancy companies. Agriculture enterprises include horticultural products (flowers) and the manufacture of oils and vinegar.

Large-scale enterprises are formal sector industries with levels of capitalization and loans over ERN1,000,000 and 25-50 workers. Women owners are involved in the non-agricultural enterprises such as restaurants, hotels, grocery stores, building contractors, retail stores, and manufacture of textiles, wood products, construction materials, footwear, and leather products.

In contrast, informal sector, micro-enterprises are outside of the membership of the Chamber of Commerce and the Employers Federation of Eritrea. Micro-level projects for individual women and women's groups usually take place the community and village levels, often aiming simply to increase incomes above basic subsistence levels. Women are involved in the non-agricultural enterprises that include petty trade, food processing, and crafts, while agriculture ones include backyard poultry and horticulture.

Building on Sectoral Progress

The Business License Office records show that of the 26,415 business in the Central (Maekel) zone, 8,433 (32 percent) are owned by women. Retailing and wholesaling constitute 70 percent and services are 15 percent of these businesses. The remaining 15 percent include agriculture, manufacturing, construction, and professional services (Table SO2.13, Annex C). However, these businesses are located mainly in urban Asmara. The question, then, is whether to build on these preferences or to try to develop greater concentration in rural enterprises that are agricultural and agro-business. A recent study

(Andemariam and Abel 2002) found that 44 percent of women entrepreneurs went into business after they had some business work experience. The same percentage went into business with the help of their families or were forced to take over businesses after the death of their husbands. Demographically, many women were 36-45 years of age, and had a secondary education level or above; 65 percent had stayed in business for five years or less.

In terms of performance and managerial abilities, 66 percent of the urban entrepreneurs judged themselves as doing as well or better than men. However, 27 percent admitted they faced a lack of confidence in their decision-making abilities. Seventy percent of these women entrepreneurs believed they could manage a career and family responsibilities with proper planning; most (76 percent) were married and had children. Their support system relied mainly on family, friends, and relatives, and most started either on their own or with the help of their families.

Andemariam and Abel (2002) argue that these are real entrepreneurs who take risks and are innovative and that their firms have high probability of success because of the women's interests, skills, and knowledge about their businesses. Many in their sample (44 percent) were in business for fewer than two years. Over 50 percent did not take any training to improve their performance and probably had few business skills, and they were reluctant to obtain them. Few took any training or thought it was important, although 30 percent took some training in bookkeeping, computers, and secretarial skills. Projects that attempt to target women for business development services and improve your business will need to find strategies to convince women to participate.

The following text box summarizes the business and societal constraints that women face in entrepreneurial endeavors in terms of types of businesses, as well as in accessing start-up capital and business skills training.

Constraints to Women Entrepreneurs

The following summarize the problems women face in developing enterprises and entering businesses at all levels.

1. There is a tendency to associate women with micro-level enterprises and with certain sectors (stereotypic enterprises like backyard poultry) rather than realizing that woman may be found in almost all types and at all levels (small, medium-sized, and large scale) of enterprises.
2. In planning enterprise development for women, there may be certain constraints in terms of level and sources of capitalization. Women may be fearful of credit and loans.
3. Women in all levels of business may be reluctant to discuss business practices or to mentor others. They may not admit to having few business skills and may act disinterested in business development services.
4. The Employers Federation of Eritrea and the Chamber of Commerce are concerned that they have fewer women than men members and are interested in having a Woman's Desk. (The Eritrean Federation of Employees already has one.)
5. Fewer women are found in the agricultural and agro-business sectors, although some are in sectors that deal with agricultural commodities.
6. There are few entrepreneurial role models for Eritrean women that are not stereotypes.

Through a variety of technical assistance projects using media and education and working with a variety with community-based organizations at different levels, it would be important to portray women owning businesses both traditional (for example, bakeries, restaurants, retail stores, and textile endeavors) and mainstream (for example, computer shops, factories, and construction companies). Similarly, it would be useful to develop examples of successful micro-enterprises for village demonstrations in several pilot communities. Women need to have role models that they can discuss, and these should include traditional and non-traditional occupations and businesses.[5]

A project to develop and enhance tourism, including restaurants and tea shop establishments, could address the many women who are already in the sector, both in rural and in urban areas. It could provide training and media components, as well as business development services to owners of such establishments. In addition to standard business development services and improve your business activities, particular training could be developed on customer care, phytosanitary and hygienic standards, menu preparation, and sourcing of ingredients. These establishments employ many employees and serve many in the population. The project should consider various levels of establishments and businesses, from small to large facilities. This project need not be restricted to women only, although many women are in this sector and have a preference for it. If men were included, participation targets should include both.

Eritrean women and men need to be aware of the range of entrepreneurial activities in other African countries, and elsewhere. In particular, currently there is a Pan-African Enterprise Network, and three regional networks (West Africa Enterprise Network, East Africa Enterprise Network, and Southern Africa Enterprise Network), with 31 countries having chapters (spring 2002). The members, both women and men (22 percent of members are women), follow global business practices, with associated efforts to obtain and maintain financial transparency and accountability and have wide-reaching networks. These network associations have been constituted primarily by USAID (helped by the World Bank and Club du Sahel). There could be a request to USAID to assist in working with young entrepreneurs to enable them to have an Eritrean network/association. A first step would be for a select group of women and men entrepreneurs to attend network conferences in other parts of Africa. Additionally, Eritrean women who are formal sector business owners should join the African Federation of Women Entrepreneurs, whose headquarters are located in Accra, Ghana, to have contacts with other African women and professional business organizations.

USAID's Follow-on Project Initiative to the Rural Enterprise Unit

The Rural Enterprise Unit under the Rural Enterprise Investment Partnership has initiated and plans to expand its business development services to go along with the loans that it has made. (Up to this point, the loans have been made under the Crisis Modifier Program, mostly to traditional bank business clients—Tables SO2.14 and SO2.15a and b). Project activities are genderized (see Annex G). The project plans to target these business owners as well as new customers for its loans and training programs. Training of trainers and training on enterprise components include labor management, tax awareness, product costing, record

keeping, product marketing stock control, and business planning. These training programs are to be free of charge.

However, in addition to the training given to business owners, the Rural Enterprise Investment Partnership/Rural Enterprise Unit projects should provide technical assistance in locating local consultants who, on demand and for a fee, can be contracted by businesses to prepare individual business plans specifically tailored to their client's needs. These would essentially be demand-driven individual business plans. Because both improve your business and non-improve your business types of training are to be given free of charge, and Mission projects should consider a two-tiered system of demand-driven requests. Business owners would pay for services after taking the free courses. The project could provide technical assistance to identify in-country consultants for individual and business customers, and as a follow-up to training, clients would pay for company business plans, market analysis, advertising strategies, and so forth. Women business owners should be encouraged to have these business plans, and the usage and results of such services should also be monitored by sex of business owner.

The following text box summarizes opportunities under the next five-year Integrated Strategic Plan to include more attention to obtaining women participants in its projects and to broadening the scope of business and entrepreneurial endeavors in the private sector.

Options and Opportunities to Address Constraints to Women Entrepreneurs Through USAID/Eritrea's ISP, FY2003-2008

The following are recommendations that can be used to plan programs and projects for SO1. They may each be a separate endeavor, or they may be part of a more comprehensive design.

1. Promote demand-driven individual business plans to both improve your business and non-improve your business types of training. The utilization of such services should also be monitored by sex of business owner.
2. Promote case studies of successful women entrepreneurs. Prepare materials for radio broadcasts on successful women entrepreneurs both in Eritrea and elsewhere. Promote these materials in training courses as well.
3. Constitute an African enterprise network chapter. A first step would be for a select group of "new generation" women and men entrepreneurs to attend network conferences in other African countries. Eritrean formal-sector business women owners should join the African Federation of Women Entrepreneurs.
4. Develop a domestic trade and services project (especially for tourism, and restaurant and tea shop establishments). Such an enhancement project would require business development services training (including customer care, phytosanitary and hygienic standards, menu preparation, and sourcing ingredients), and advertising techniques to owners of tourism and food and beverage establishments. The project should consider various levels of establishments and businesses, from small to large facilities and in both rural and urban areas. This project need not be restricted to women only, but many women are on this sector.
5. Provide technical assistance to set up an enterprise database similar to the Health Management Information System that categorizes MSMEs and large-scale enterprises by variables such as sector, location, and gender.

CHAPTER FOUR
SO3: INCREASED CAPACITY AND CITIZEN PARTICIPATION

This section focuses on gender issues and enterprise training for demobilized women soldiers, an important portion of the SO3 program strategy. Other aspects of SO3, such as community-based organizations, democracy and governance, and primary through tertiary education, will be addressed in a subsequent assessment that will be initiated by the Mission in the near future.

DEMOBILIZED WOMEN SOLDIERS AND ENTERPRISE DEVELOPMENT

One rationale for demobilizing more women than men at present, according to the National Commission for Demobilization and Reintegration Program is to give women the first opportunity to obtain jobs and start enterprises. The rationale is that the mobility of women may be more limited than that of men because of job discrimination and having children for whom to care. The current demobilization is unlike that for women fighters demobilized in 1993 and 1996 when there was a little support from international donors and most was carried out by the Eritrean government. At that time, both government and combatants assumed that because women had been in rural areas and knew about living in a variety of places they could work in those areas. As well, the norms of society and the norms of the front were different. The society was very patriarchal and did not reintegrate women well. Many received 10,000 birr, the Ethiopian currency at the time, and thought they could start businesses, but the results were poor because many had been living an egalitarian life and thinking collectively and therefore did not have a business-for-profit mentality.

In the first phase of demobilization (June-October 1993), 26,000 fighters who joined the Eritrean Peoples Liberation Front from 1990 onward were demobilized; 5,000 (20 percent) were women. In the second phase, August 1994-1995, 22,000 fighters who joined before 1990 were demobilized; 8,000 (36 percent) were women. The women had a difficult time reintegrating into rural communities where patriarchal domination prevailed and where families expected the ex-fighters to assume women's ascribed, submissive roles. If the women were married to male fighters of different ethnic groups or from other regions, it was doubly difficult, given little acceptance of divorce and diversity. These women often had children, and many wound up being single parents and heads of households (see Greenberg, 2000:3-28 for a description of such women in the city of Keren). Various training programs and business opportunities for women ex-fighters were constructed by Mitias (an Eritrean word for the Organization in Charge of Reintegration of Demobilized Fighters). A recent study noted that training given in traditional women's activities (sewing, pottery, and crafts) as well as in initiating small corporations were failures because of lack of market assessment and product diversification. In many cases, there were no waiting jobs for the trainees nor were they trained for particular employers or functioning industries. Additionally, there was greater need to create the proper gender awareness in the society in relation to women who were trained in traditionally male-dominated fields (ECHOA 2002).

Table SO3.1 shows that both women's and men's reintegration activities consisted of barefoot bankers, micro and small enterprises, agriculture, and vocational training. The micro and small enterprises included retail shops, music shops, tea shops, tire repair, brick-making, and wood and metal enterprises, and participants were both groups and individuals. Women were represented in over 50 percent of all entrepreneurial activities (Tewolde and Nielsen 1994:24). Both female and male ex-fighters also received on-the-job training in state and private enterprises and participated in training courses arranged by government and donor agencies. The training included construction, tailoring, handicrafts, farming, and wood and metal work. One study queried female ex-fighters concerning gender constraints (using a multiple choice, ranking format). Table SO3.2 shows they ranked "missing employment opportunities" and "lack of a childcare center" as first and second highest choices, overlapping their public and private lives. They were affected by cultural barriers and patriarchal rule in terms of their responses on marriage partners and cultural obstacles to training and education (Tewolde and Nielsen 1994: 35).

In contrast, women soldiers mobilized in 1998, and who are now being demobilized, are more knowledgeable about the norms of the society. The National Commission for Demobilization and Reintegration Program has an information system to track them, and a social profile has been made on each one. These profiles include information on age, education, marital status, number of children, previous employment, health, etc. In addition to being given new identity cards, women receive cash payments in two to six installments of US$300-$800, based on duration of service and rank. Some of these women already are serving in line ministries, and some ministries want to keep them. For example, the Ministry of Education has trained many as teachers and is now selecting some for permanent posts.

The National Commission for Demobilization and Reintegration Program has plans for training using existing government and NGO facilities, and a training coordinator is now seeking spaces for selected participants. As such, a survey of 5,000 women aged 18-35 who began the demobilization process in 2002 found that only 3.4 percent wanted further education; 19.7 percent wanted to continue their old job; 21 percent want to do farming; 31 percent want to start their own business; and the remaining are in other categories or do not know what they want to do (Table SO3.3). Training now aims to be linked to job opportunities and credit schemes. Training and technical assistance are planned, as well as credit programs for the group of 6,600 women and 1,000 men using standard and donor-funded sources. Those who have lower levels of education or who are illiterate will be given some training in micro-business or small projects through the Ministry of Agriculture (most likely, the standard—backyard poultry, etc.). Training in rural and urban small businesses will be covered by the National Commission for Demobilization and Reintegration Program and other donors like the World Bank and UNDP.

The 21 percent who want to do farming is higher than a recent detailed survey of three samples—one with 5,000, another with 3,000, and a third with 14 participants, mostly all male (Sorensen et al. 2002). Many of the men in the samples already owned land and livestock, although some were willing to go to other areas to obtain land. For example, 113 male soldiers wanted to go to the lowland sub-*zobas* of Om Hajer, Tessenei, and Laley Gash (although only 52 originated from there), and those from the highlands also saw commercial

potential in these places. There was a high proportion of disabled men who wanted to return to farming but no data on disabled women.

In the sample of 3,000, there were only 105 women, 15 of them (14.2 percent) wanted to go to rural areas after discharge, whereas the majority 54 (50.1 percent) wanted to go to urban areas. Sorensen et al. (2002) noted that "women would be culturally biased in choosing the term for farmer which is male, but if they were offered a choice of poultry keeping or another agro-business, their responses would have been different." Eight women (7.7 percent) already owned livestock. Extrapolating from their data to the larger contingent of soldiers who could be demobilized, these authors found that 3,500-3,700 female soldiers would likely want to do farming. However, there is also another category of women to consider—namely, wives of male soldiers, perhaps as many as 45,000. Table SO3.4 details the target groups and estimated their numbers and possible areas for assistance and training. The estimated numbers refer to the entire military and are based on an extrapolation from the sample populations. Category 6 is "female DSs" (demobilized soldiers) who want to go to rural area and Category 7 lists "wives of DSs" in the villages. The "standard" agricultural enterprises for women (poultry, dairy goats, sheep/goat rearing, and village shops) are listed as appropriate for them.

USAID and UNDP are providing technical assistance to the National Commission for Demobilization and Reintegration Program, and UNDP is commissioning several studies on rural labor markets, training, and development aspects that could provide a great deal of information on demobilized soldiers, as well as on the rural enterprise situation. However, just how much attention will be given to gender in these programs is not known.

The following text box provides recommendations under the Mission's new Integrated Strategic Plan for strategies to enhance technical assistance for demobilized women soldiers.

Options and Opportunities to Address Demobilized Women Soldiers Through USAID/Eritrea's ISP, FY2003-2008

The following are recommendations that can be used to plan programs and projects for SO3. They may each be a separate endeavor, or they may be part of a more comprehensive design.

1. Request that the UNDP include gender variables in its studies of demobilized soldiers.
2. Provide technical assistance to develop women's centers, and give business development services for women demobilized soldiers to set up daycare facilities for their and other children. In fact, women at all levels of the society and in rural and urban areas require childcare facilities, not only to work or be trained but also to belong to community-based organizations and participate in committees of any sort.
3. Coordinate with National Commission for Demobilization and Reintegration Program and UNDP concerning business endeavors for demobilized women soldiers. UNDP has also commissioned studies on training and labor market, and gender considerations need to be inputted into the scopes of work and planned reports.
4. Provide mechanisms for female demobilized soldiers to participate in loan and credit programs under SO2.
5. Provide mechanisms for female demobilized soldiers with medical backgrounds to be retrained as nurse midwives.

CHAPTER FIVE
COORDINATING THE MISSION'S CROSS-CUTTING APPROACH TO GENDER EQUITY AND INCREASED PARTICIPATION OF WOMEN

The Mission and its SO teams recognize the need for gender equity and wish to treat gender as a cross-cutting theme throughout its programming. There is need for proper oversight in terms of the use of resources so the issues do not fall by the wayside. To provide some guidance in this matter, the following sections address the issues and suggest actions on key gender parameters involved in such an effort, gender funding and management recommendations, monitoring and evaluation, and agency compliance.

KEY GENDER PARAMETERS

There is recognition that Eritrea has some interesting parameters in terms of women and gender issues. These include:

- A macro-policy that is gender equitable at all levels and in all sectors;
- Women at all levels in the political organization of the country;
- A large number (30-57 percent) of households headed by women as a result of the large number of internally displaced persons and refugee populations and the high numbers of men in the military and to male mortality (causing *de facto* and *de jure* female-headed households, demobilized female soldiers, etc);
- A large number of women who served as fighters and combatants and some who are currently in the military all provide a lobbying force for gender equity in the patriarchal society;
- Female and child (especially girls) health and domestic parameters that are highly inequitable and make morbidity and mortality conditions unacceptable from a humanitarian perspective; and
- A substantial cadre of women entrepreneurs, employers, and employees in a variety of light industries and enterprises.

GENDER FUNDING AND MANAGEMENT RECOMMENDATIONS

Given this configuration, in terms of its funding, the Mission should:

1. Provide grants, contracts, and projects to organizations and individuals that will include this cross-cutting theme in their work plans, reports, project designs, project implementation, monitoring, and evaluation.

2. Implement a better approach to gender and the way the participation of women is managed based on the constraints and opportunities described in this document. To date, there has been a tendency to mention in proposals and reports that gender issues, women, and female-headed households are important, but no concrete strategies or budgetary categories are offered to address the topic.

3. Require grantees and local contractors to include measurable and reportable participation of women. The Eritrean government reserves 30 percent of its political spaces for women and allows women to stand against men in elections as well. It would be appropriate for USAID to replicate this type of target.

4. Think creatively concerning the types of training and education that women and girls should receive and fund such endeavors.

   – Remedy the poor performance of girls in formal education (high drop-out rates and poor performance in math and science), and promote the study of non-traditional disciplines and fields for women at the tertiary level.
   – Require that women vocational trainees in general, as well as demobilized soldiers, to be trained be given places in non-traditional skills programs (such as agro-machinery, wood and metal work, electronics, and computers, rather than only in catering, secretarial training, and beekeeping). Promote women in various enterprises and in a variety of credit and loan programs. Depending on the ability, educational background, and skills of the participants, evaluate the types and levels of entrepreneurial activities that may be suitable for particular women.

The following text box recommends strategies that the Mission can utilize to fund projects that take gender issues into account.

Options and Opportunities to Address Gender Issues Through Funding for USAID/Eritrea's ISP, FY2003-2008

The following are recommendations that can be used to plan Mission programs and projects. They may each be separate endeavors or part of a more comprehensive design.

5. Provide financial support to projects and programs that include women, as well as men, recipients and participants and that have gender as a cross-cutting theme.
6. Fund projects for the SOs that have concrete rather than unspecified strategies to include gender and women.
7. Make it a funding criterion for grantees and local grantors to have strategies and budget categories to ensure that gender is taken into account. Use the Eritrean government 30 percent minimum requirement.
8. Fund projects that do not stereotype women and their activities.

MONITORING, EVALUATION, AND COMPLIANCE ON INCLUSION OF GENDER PERSPECTIVE

It was surprising to see that many Mission reports did not contain gender-disaggregated data, especially because such reports stated that women, gender issues, and female-headed household were important. For example, project quarterly and annual reports did not list the number and percent of women and men as project participants or recipients of services. Some of these data were retrievable from lists of participants (they were used in the report in the Tables SO2.15a and b, for instance). Gender-disaggregated data are a simple first step. Not only do such data allow gender monitoring, but they also alert project staff to be cognizant of the need to locate female participants and be sensitive to gender issues.

Evaluation compares the results achieved against the stated goals and objectives. Hence, proposals clearly must measure the participation of women as household heads, female individuals, and female groups against project targets. For example, the Mission's SO2 programming was interrupted by the border conflict and had to go into Crisis Modifier Program, but it still needed to evaluate gender issues and women's participation. As noted in Tables SO.2.15a and b, one part of the Rural Enterprise Investment Partnership Project had 25.5 percent women participants as emergency loan recipients, but these data were gleaned only from a subsequent analysis. As well, the livestock restocking under the Crisis Modifier targeted women in the informal sector; an evaluation needs to provide gender-disaggregated data on the participants. Women were severely affected by the conflict, so their participation needed especially to be noted. If there are reasons that projects cannot target women or include gender issues, they need to be discussed.

The Mission Director and SO team officers should check the Mission's work for the inclusion of (1) gender issues, (2) women as well as men participants, (3) gender-disaggregated reporting formats, and (4) new strategies and techniques for better gender inclusion. At times in the past, various USAID Missions appointed focal points to do this or to coordinate efforts, but often the results were not satisfactory. One reason for this was that junior staff people, host country nationals, and women in junior posts were often selected to be focal points. It then was difficult for these people to inform senior women and men officers that they had not fully complied. Given the current structure of three SO teams in the Mission, how could one SO be given primacy over the others in this account? Therefore, it is suggested that a three-person committee be formed, one from each SO, to monitor the inclusion of gender issues and women participants in the work of their unit. It is suggested that these persons not be junior officers.

The following text box recommends methods that could be used by the Mission to ensure that that gender issues and gender-disaggregated data are part of its total portfolio.

Options and Opportunities to Address Barriers to Gender Issues in Monitoring, Evaluation, and Compliance in USAID/Eritrea's ISP, FY2003-2008

The following are recommendations that can be used to plan monitoring and evaluation of projects and programs.

1. All monitoring formats for project and program activities need to be genderized, and participants and recipients of project services need to be listed in gender-disaggregated tables and lists.
2. All scopes of work need to be checked for the inclusion of gender as a cross-cutting theme, as opposed to a separate section or comment (see Annex H).
3. All reports on projects and programs should include gender issues and disaggregated data where appropriate (see Annex H).
4. Each SO should appoint a senior individual to form part of a Gender Issues Committee that holds monthly meetings.

ENDNOTES

1. Health stations serve populations of 10,000; they are first contact points with a registered or associate nurse and focus on immunization, antenatal care, control and care of communicable diseases, and health education. Health centers serve populations of 50,000; they have two to three nurses, several associate nurses, and about 25 beds for in-patients. They provide polyclinic services, mother and child clinics, environmental sanitation, disease control, outreach services, and supervision of traditional birth attendants and CHAs. Regional and central referral hospitals have physicians who can perform surgery, as well as nurses, obstetric care units, and laboratory and pharmaceutical support services.

2. The under-utilization of facilities at health stations and health centers was verified by a field trip by this author, the training advisor of the Technical Assistance and Support Contract, and the Ministry of Health doctor for the zonal affairs.

3. The project created an innovative experience by taking a group of highland Tigrinyan women, who had difficulty in determining income-generating projects they wished to start (brainstorming had no effect), to visit a group of Kunama women who had already started a number of enterprises. These included fattening goats and sheep, making ropes and mats, operating tea shops, and brewing beer. Some highland women tended to have a victim-like approach ("what can we do?"), and were astonished by seeing new role models. It should be noted that Kumana women took credit loans as individuals, rather than doing group enterprises. Davison (1996) conjectured that women in matrilineal groups (such as the Kunama) are already working with women in their lineage and so prefer individual enterprises, as compared with patrilineal societies where women are separated by marriage and need to re-group for development activities.

4. Some of the data presented in this section were used in the Heyde report (2001). They caused a great of consternation and disbelief when presented at the University of Asmara Conference on Research in June 2002 because they were incomplete and did not relate to a time period or a study. The data need to be referenced and stated correctly, as well as presented in greater detail, as they are here.

5. For example, many urban youth (male and female) have seen the video made by Wedi Ticabo singing "My dear country, whom do you love." The video shows him as the same person but being a shepherd, farmer, doctor, hunter, old patriot, new soldier, religious leader (of the church and the mosque), student, and scientist. A similar video shows different groups of women and girls in one role at a time (such as being scouts, policewomen, soldiers, mechanics, navy, and pilots). The roles are not as varied as the types of activities women are already doing, nor are they comparable to the "male" video, which shows that the same individual has the potential to have any career.

ANNEX A

GENERAL TABLES:
POLITICAL PARTICIPATION AND EDUCATION

GENERAL TABLES: POLITICAL PARTICIPATION AND EDUCATION

Table G.1: Participation of Women in the Zoba Assemblies by Zone and Type of Election

Zoba/ Zone	Maakel	Debud	Anseba	G/Barka	D.K. Bahr	S.K. Bahri	Total
Total	**74**	**79**	**67**	**74**	**37**	**68**	**399**
Male	46	56	48	52	27	48	277
Female	28	23	19	22	10	20	122
%Female	37.0	30.0	28.0	29.7	27.0	29.5	30.6
***Quota Election**	22	22	19	21	10	20	114
****Free Election**	6	1	-	1	-	-	8
Total Women	-	-	-	-	-	-	122

*Women in the Quota System are elected by both sexes in their respective communities. The competition is among women only. **In the Free Election, women compete with men.
Source: NUEW (1999:29).

Table G.2: Number and Percent of Women in Higher Governmental Posts, 1992 and 1998

Government Post	1992			1998		
	No. of Women	Total	*% Women	No. of Women	Total	*% Women
National Parliament	22	105	20.9	33	150	22.0
Ministers	2	13	15.4	2	17	11.8
Director General	1	4	20.0	2	41	4.9
Directors		0	0	9	115	7.8
Provincial Governors	0	10	0	0	6	0
Sub- Governors	2	51	3.9	3	53	5.7
Dep. Governors	1	47	2.1	4	49	8.2
District Administrators	8	109	7.3	3	13	23.1
Dep. D.A.	-	-	-	6	7	85.7
Ambassador	-	-	-	2	18	11.1
Counselors	-	-	-	1	13	7.7
Council	-	-	-	6	1	10.7
Secretaries: First	-	-	-	0	19	0
Secretaries: Second	-	-	-	1	31	3.1
Secretaries: Third	-	-	-	2	23	8.7
Judges	-	-	-	14	89	15.7

Source: NUEW (1999:28).* Percent recalculated by Spring, 2002.

Table G.3: Share of Female Students in Government and Non-government Schools, 1989/90-1997/98
(in percent)

Period	School Year	Elementary		Middle Schools		Secondary Schools	
		Govt.	Non-Govt.	Govt.	Non-Govt.	Govt.	Non-Govt.
Liberation war	1989/90	48.5	40.4	15.3	9.1	11.3	10.4
	1990/91	48.9	39.7	16.2	8.3	10.5	9.1
Independence	1991/92	46.0	38.1	14.0	8.3	8.9	18.5
	1992/93	44.3	37.0	17.5	14.3	10.6	6.3
	1993/94	44.0	33.2	16.4	3.7	10.5	2.7
	1994/95	44.0	34.3	16.6	4.0	10.5	3.0
	1995/96	44.3	35.9	16.9	10.6	10.5	5.4
	1996/97	44.6	36.4	19.1	5.2	12.4	0.0
	1997/98	44.8	35.5	15.5	8.3	11.6	14.0

Source: Thomas-Slayter and Kabutha (2002: Appendix 2).

Table G.4: Share of Female Teachers in Government Teachers and Non-government Schools, 1989/90-1997/98
(in percent)

Period	School Year	Elementary		Middle Schools		Secondary Schools	
		Govt	Non-Govt	Govt	Non-Govt	Govt	Non-Govt
Liberation war	1989/90	48.3	52.9	49.6	50.0	47.3	54.3
	1990/91	47.6	52.0	48.7	50.8	48.6	55.4
Independence	1991/92	38.0	54.1	49.0	49.3	47.7	52.6
	1992/93	37.2	53.7	46.4	50.1	45.5	52.6
	1993/94	35.7	52.8	43.6	49.4	39.8	45.9
	1994/95	35.5	52.7	43.8	49.2	38.6	44.0
	1995/96	34.5	52.1	44.4	47.1	37.6	41.0
	1996/97	36.1	52.0	42.5	48.2	38.7	42.8
	1997/98	32.2	51.3	41.4	49.4	38.2	42.6

Source: quoted in Thomas-Slayter and Kabutha (2002: Appendix 2).

Table G.5: Percent of Female Students Graduating from the University of Asmara, by Type of Degree Program, 1998-1999

Year	Natural Science	Arts and Social Sciences	Female % of Total
1995	3.8	19	12.9
1996	11.1	16.5	13.2
1997	7.1	12.7	11.4
1998	9.7	17.3	13.1

Source: University of Asmara, as quoted in NUEW (1999:42).

Table G.6: Vocational Training by Institution, Field of Training, and Sex

Centers	Field of Training									
	Wood Work		G. Metal		Construction		Plumbing		Electrical	
	M	F	M	F	M	F	M	F	M	F
Mendefera										
1st year	14	1	10	1	-	-	-	-		-
2nd year	17	2	13	3	-	-	-		-	-
3rd year	16	12	19	17	-	-	-	-	-	-
4th year	19	4	19	1	-	-	-	-	-	-
Total	**66**	**19**	**61**	**22**	-	-	-	-	-	-
Agordat										
1st year	19	-	19	-	28	-	18	-	16	-
2nd year	20	-	9	-	16	-	23	-	06	-
3rd year	23	-	18	-	14	-	16	6	22	-
4th year	25	4	24	-	19	-	24	-	20	06
Total	**87**	**4**	**70**		**77**		**81**	**6**	**64**	**06**
Adkeih										
1st year	15	08	16	07	-	-	-	-		-
2nd year	23	16	15	10	-	-	-	-	-	
3rd year	12	07	09	02	-	-	-	-	-	-
4th year	14	01	12	01	-	-	-	-	-	-
Total	**64**	**32**	**52**	**20**	-	-	-	-	-	-
TOTAL					**M**		**F**		**Total**	
					622		**109**		**731**	

Source: MOE 2002.

Table G.7: Graduates of Asmara Technical School, 1995-1997

Area of Training	Grand Total	Day			Evening		
		Male	Female	Total	Male	Female	Total
1. Woodwork	301	294	7	301	-	-	-
2. Electricity	781	493	19	512	196	73	269
3. Machine	677	498	28	526	140	11	151
4. G. Metal	792	522	31	553	237	2	239
5. Auto	812	569	8	577	233	2	235
6. Radio electronics	426	240	53	293	92	41	133
7. Surveying	402	215	45	260	81	61	142
8. Drafting	303	193	48	241	32	30	62
Total	**4494**	**3024**	**239**	**3263**	**1011**	**220**	**1231**

Source: ECOHA (2002:11).

Table G.8: Female Participation in Vocational and Technical Training, 1995 and 1998
(in percent)

Area of Training	1995	1998
	% Female	% Female
Asmara Technical	2.8	14
Asmara Business and Commerce	34.8	28
Basic Vocational Centers	-	25
Teachers' Training Institute	11.2	18
Nursing School	-	-
Health Assistants	-	-
Paramedics	-	-
Midwife	68.4	78

Source: MOE Education Statistics (1997/98), as quoted in NUEW (1999:40).

Table G.9: Female Participation in Adult Education Programs, 1996-1998

Year	Total No. of Participants	Female %
1996	5,609	93
1997	4,710	97
1998	7,936	96
1999	20,000	99

Source: "MOE, Education Statistics Report (1998); Adult Education (1999), as quoted in NUEW (1999:44).

Table G.10: Health Professionals by Sex and Qualification

Qualification	Male	Female	Total	% Female
Doctors: Surgeon, Medical	93	15	108	13.9
Radiology/Physiotherapist	4	-	4	-
M.A. in Public Heath, Pharmacy, Malaria Experts	21	1	22	4.6
Nurses, Health Officers	278	348	626	55.6
Health Assistant, Barefoot Doctors, Practical Dressers	395	792	1187	66.7
B.A. in Natural & Social Sciences and Others	28	8	36	22.2
Technicians—Lab, X-Ray, Pharmacy	172	90	262	34.4
Sanitation	17	3	20	15
Total	**1008**	**1257**	**2265**	**55.5**

Source: MOH (1999), as quoted in NUEW 1999(50).

Table G.11: Adult Literacy Classes by Sex of Participant, 2001

Male	Female	Total	% Women
3,362	51,084	54,446	93.8

Source: MOE: Adult Education Dept. 2002.

ANNEX B

SO1 TABLES:
HEALTH

Table SO1.1: Health Indicators, Eritrea

Mortality
Maternal mortality rate: 985-1,000 per 100,000 live births Infant mortality rate: 66 per 1,000 live births Under 5 mortality rate: 105 per 1,000 live births
Reproductive Health
Total fertility rate: 5.5% Contraceptive prevalence: 8%

Source: NUEW Brochure (2002).

Table SO1.2: Eritrea—Social Indicators, 2000

	Sub-Saharan Africa	Eritrea
Life expectancy at birth (yrs)	48.9	51.1 years
Infant mortality per 1000 live births	106	70
Population per nurse (100)	24.5	17.5
Adult literacy (percent)	58.5	51.7
GDP/capita U.S $	1607	833
Daily per capita calorie intake	2096	1622

Source: ECHOA (2002:9).

Table SO1.3: Number of Inpatient Incidence of Obstetric Emergencies in Hospitals and Health Centers per Zone, 1999

	DKB	SKB	Anseba	GB	Debub	Maekel	NR	Total (%)
Abortion	133	330	320	275	462	6	1595	3121 66.4
Pregnancy Hypertension	8	18	12	11	26	0	53	128 2.7
Placenta Praevia	2	18	10	8	15	0	17	70 1.5
Obstructed Labor	4	24	0	45	89	0	223	385 8.2
PP Hemorrhage	4	18	3	9	10	0	26	70 1.5
Other Pregnancy and Labor Related Complications	28	122	289	171	180	2	132	924 19.7
Total Recorded Complications	179	530	634	519	782	8	2046	4698 100
* Expected Complications	494	1841	1,996	3,174	3274	2,523	N.A.	13,303
Met need for Obstetric Complications: With Abortion	36.2%	28.8%	31.8%	16.4%	23.9%	N.A.	N.A.	35.3%
Without Abortion	9.3%	10.9%	15.7%	7.7%	9.8%		18.0%	11.9%

*15% of expected births in estimated population NA = not available

Source: SEMISH 1999, as quoted in Kwast (2001:9).

Table SO1.4: Number of Outpatients and Inpatients Obstetric Emergency Cases in Hospitals and Health Centers, January-December 2000

Cases in ICD10	Out Patient Dept.	In Patient Dept.	Total
Spontaneous Abortion	1225	1892	3117
Therapeutic Abortion	454	18	472
Pregnancy with Abortive Outcome	427	436	863
Oedema, Protein Urea, Hypertension, etc in Pregnancy	189	104	293
Placenta Praevia	54	56	110
Obstructed Labor	19	384	403
PP Haemorrhage	87	73	160
Other Pregnancy and Labor Related Complications	1093	727	1820
Maternal Care Related to Foetus	1006	214	1220
Other Obstetric/ Puerper ium Complications	309	205	514
Total	**4863**	**4109**	**8972**
Expected complications in inpatient	13,644		
Met need of obstetric complications with abortion (%)	30.1%		
Met need of obstetric complications without abortion (%)	12.9%		

Source: Adapted from MOH (2000:69).

Table SO1.5: Antenatal Care—Services Coverage, Dropouts, and High-risk Rate by Zone and Year, 1998-1999
(in percent)

Zones	ANC coverage rate			Drop outs Rate			High Risk Rate %		
	1998	1999	2000	1998	1999	2000	1998	1999	2000
DKB	26.3	25.4	24.2	0	7.2	0	12.9	15.6	22.3
SKB	47.7	40	34.6	27.5	55.1	18.9	18	18	16.3
Anseba	43	42.4	41.6	59.3	15.1	56.6	18.7	21.9	21.3
Gash Barka	47.6	47.5	46.1	44.9	60	54	17.7	17.1	17.9
Debub	35.9	28	26.7	37.3	34.5	47.9	15.1	19.4	21.6
Maakel	52	50.5	48.1	0	0	0	17.1	17.9	18.5
NRH	-	-	-	0	0	0	22.2	34.3	-
Total	**44.2**	**40.5**	**38.4**	**18.6**	**20**	**11.08**	**17.3**	**19.1**	**19.2**

Source: MOH (2000:41).

Table SO1.6: Outpatient and Inpatient Morbidity and Mortality of Women Due to Pregnancy and Labor-Related Problems in Hospitals and Health Centers by Year, 1995-2000

Years		1995	1996	1997	1998	1999	2000
No. of New Cases	OPD	1185	2216	2004	1838	3452	4863
	IPD	2185	1931	2140	1738	4698	4109
	Totals	3370	4147	4144	3576	8150	8972
Morbidity Rate (%)	OPD	0.2	0.4	0.3	0.2	0.4	0.7
	IPD	3.9	3.3	3.0	1.9	6.0	6.7
	Totals	0.5	0.6	0.6	0.4	1.0	1.2
No. of IPD Deaths			12	33	52	4.2	51
Inpatient Death Rate (%)			0.6	1.7	1.9	1.8	2.7

Source: MOH (2000:70).

Table SO1.7: Age at Circumcision, according to Selected Background Characteristics, 1995

Background Characteristic	Age at Circumcision									
	<8 Days	8-30 Days	1 Month	2-11 Mns	1-2 Yrs	3-4 Yrs	5+ Yrs	Don't Know/ Missing	Total	Number Circumcised Women
Residence										
Urban	23..6	20.6	12.4	8.6	2.7	2.8	4.1	25.0	100.0	1,530
Asmara	26.8	25.2	13.3	8.9	1.6	0.6	1.0	22.6	100.0	966
Other Towns	18.3	12.7	10.9	8.2	4.6	6.6	9.5	29.2	100.0	565
Rural	11.4	10.2	7.1	5.4	5.6	15.1	159	29.3	100.0	3,245
Education										
No Education	12.4	9.9	7.4	5.3	5.1	15.9	162	27.9	100.0	3,177
Primary Incomplete	20.5	17.3	9.7	7.7	4.9	2.7	5.5	31.8	100.0	734
Primary Complete	20.2	25.1	10.9	8.3	3.6	1.5	3.9	26.5	100.0	404
Secondary +	23.4	22.8	15.2	10.9	1.9	0.9	2.0	22.9	100.0	460
Total	**15.3**	**13.6**	**8.8**	**6.4**	**4.7**	**11.2**	**121**	**27.9**	**100.0**	**4,775**

Source: DHS (1995:167).

Table SO1.8: Problems and Complications During Sexual Relations and/or Delivery as a Result of Being Circumcised, by Selected Background Characteristics (among circumcised women who have had sex) 1995
(in percent)

Background Characteristic	Any Problem	Problem During Sexual Relations	Problem During Delivery	Problem During Sexual Relations and Delivery	Number of Women
Type of Circumcision					
Clitoridectomy	5.5	2.7	4.5	1.5	2,240
Excision	44.0	30.7	39.7	24.3	190
Infibulation	37.9	24.9	33.2	18.1	1,444
Education					
No Education	21.6	14.2	18.1	10.0	2,979
Primary Incomplete	12.3	6.9	10.9	4.4	545
Primary Complete	9.5	4.3	6.8	0.9	174
Secondary+	14.7	6.1	14.6	4.7	181
Total	**19.4**	**12.3**	**16.6**	**8.6**	**3,878**

Note: Total includes 3 women for whom the type of circumcision was not known. Based on women who have had a birth

Source: DHS (1995:169).

Table SO1.9: Source of Treatment for Problems Associated with Circumcision or Complications During Sexual Relations and/or Delivery by Source of Treatment, according to Selected Background Characteristics 1995
(in percent)

Background Characteristic	None	Health Facility	Traditional Healer	Total	Number of Women
Type of Circumcision					
Clitoridectomy	41.2	56.2	2.6	100.0	123
Excision	67.4	12.6	2.6	100.0	84
Infibulation	83.7	6.8	9.5	100.0	547
Education					
No Education	80.5	9.3	10.3	100.0	644
Primary Incomplete	50.6	44.0	5.4	100.0	67
Primary Complete	(44.9)	(51.3)	(3.8)	100.0	17
Secondary+	(21.8)	(73.1)	(5.2)	100.0	27
Type of Problem					
During Sex Only	91.7	5.6	2.7	100.0	183
During Delivery	61.6	27.1	11.3	100.0	276
During Delivery and Sex	77.1	10.8	12.1	100.0	295
Total	**75.0**	**15.5**	**9.5**	**100.0**	**754**
Note: Figures in parentheses are based on women aged 25 to 49.					

Source: DHS (1995:170).

Table SO1: 10 HIV Prevalence by Population Subgroup, 2000

Population Subgroup	HIV Prevalence %
General population	2.4
Army	4.6
Antenatal clinic attendees	2.8
Female bar workers (CSWs)	22.8
Students	0.1

Source: Anon (n.d.:2).

Table SO1.11: Health Service Indicators Genderized

Health Services Indicators	Sex and Age (adults and children by age groups)
Antenatal care	only women
Delivery services	only women
Immunization services	male and female
Family planning services	male and female
Growth Monitoring Services	male and female
Health education	male and female
Laboratory Services	male and female
Blood bank services	male and female
X-ray Services	male and female
Outpatient and inpatient services	male and female
Diseases Indicators	
Malaria	male and female
Diarrhoea	male and female
ARI in < 5years old	male and female
TB	male and female
STD	male and female
HIV	male and female
OB Emergencies	only women
EPI preventable disease	male and female
Low birth weight	male and female
Oral/ dental health	male and female
Schistosomiasis	male and female
Leishmaniasis	male and female
Malnutrition	male and female
Injuries	male and female
Hypertension	male and female
Neurotic and stress	male and female
Eye problems	male and female
Skin problems	male and female

Source: list from MOH (2000:7), "genderized" by Spring 2002.

ANNEX C

SO2 TABLES:
ENTERPRISE DEVELOPMENT

Table SO2.1: Number of People Who Got Land

Zoba	No. of Villages	Females	Total	% Female
Maekel	5	472	1,637	29
Anseba	2	321	1,155	28
Debub	3	314	1,612	20
*N. Red Sea	4	112	576	19
Total	**14**	**1,219**	**4,980**	**25**

*In two villages of the Northern Red Sea, the land was given for commercial purposes.

Source: Ministry of Labor and Human Welfare, as quoted in Hassen (2002:71).

Table SO2.2: Number of Women and Men Concessionaires by Region

Region	Female	Male Concession	Size of Land Female	Percentage Female
Gash- Barka	14	386	513	3.7
Maakel	15	71	21.45	17.4
Debub	6	40	69.43	13.0
S.K. Bahri	5	25	145	16.7
Anseba	3	10	6.7	23.1
*D.K. Bahri	-	-	-	-
Total	**43**	**532**	**755.58**	**7.5**

*Inhabitants are mostly pastoralists.

Source: "Ministry of Land, Water & Environment (1999), as quoted in NUEW (1999:56). Percentages recalculated by A. Spring, 2002.

Table SO2.3: Women and Men Engaged in Irrigated Agriculture
(number and percent)

Description	Male	Female	Total
No. of Persons	2585	209	2794
Land Holding in Hectares	2284.2	147.8	2432
Percent	92.5%	7.5%	100%

Source: MOA, Eritrea Horticultural Survey, 1997/98, as quoted in NUEW (1999:55).

Table SO2.4: "Who is Given Priority When Providing Food?" by Wealth Category in 2,000 Households
(in percent)

Priority	Poor	Medium	Rich	Total
Father	43	40	39	41
Babies	36	40	41	39
Children	15	16	16	16
Boys > 15 yrs	2	3	3	3
Mother	4	1	2	2
Total	**100**	**100**	**100**	**100**

Source: MOA, Home Economics Unit (2002).

**Author's Note: the table does not disaggregate children by sex, nor have a category for girls over 15, the latter most likely because girls are already married and out of their natal households.

Table SO2.5 CARE Seeds and Tractor Plowing Project
(in percent)

%FHH Participating	
North Red Sea Zone	**44**
Gelaalo	5.2
Foro	5.5
Afaabet	3.7
Karora	1.9
Debub	**13.0**
Senafe	18
Tserona	7
Gash Barka	**11.0**
Laelay Gash	18
Shambuko	7

Source: CARE, July 2002.

Table SO2.6: CARE—Community Based Credit and Savings Associations Project
(in percent)

Total Participants	533	
Female	502	94%
Male	31	6%

Source: CARE, July 2002.

Table SO2.7: Aggregate Proportion of Women in the Total Labor Force within Certain Categories of MSMEs
(in percent)

Size, Location, and Gender Grouping	% of Females in Sector			Total
	Manufacturing	Trade	Services	
Size Groups:				
Micro	69.0	41.9	24.8	45.7
Small	29.0	45.5	24.9	37.9
Medium	22.9	36.9	26.0	28.8
Location Groups:				
Urban	36.7	45.4	26.2	40.0
Rural	74.4	37.3	19.9	46.7
Ownership Type Groups:				
Males only	9.7	21.9	7.8	17.0
Females only	89.0	77.9	74.3	81.1
Male- Female	46.5	36.7	27.0	36.3
Branch of Corp.	24.6	29.6	31.8	30.0
Other	54.6	39.9	58.1	53.9
Total	**51.7**	**42.9**	**25.0**	**42.1**

Source: Fisseha (1996:53).

Table SO2.8: Gender Distribution of MSMEs Ownership
(in percent)

Gender of Owner	Statistics	Sector			Total
		Mfg.	Trade	Services	
Male	Row %	14.3	66.0	19.9	100.0
	Col%	32.8	60.7	72.5	55.8
Female	Row%	36.9	54.2	9.0	100.0
	Col%	65.8	38.4	25.2	43.0
Male - Female	Row%	17.9	64.9	17.1	100.0
	Col%	.4	.6	.7	.6
Branch	Row%	15.0	51.0	34.0	100.0
	Col%	.1	.1	.3	.1
Other	Row%	41.8	18.3	40.0	100.0
	Col%	.9	.2	1.4	.5
Total	Row%	24.1	60.6	15.3	100.0
	Col%	100.0	100.0	100.0	100.0

Source: Fisseha (1996:56).

Table SO2.9: Distribution of MSMEs Labor Force by Gender Classification

Type of MSME Ownership	Location Distribution of MSMEs				National Labor Force Owners by Gender	
	Urban		Rural			
	Sum	Row %	Sum	Row %	Sum	Column %
Male-owner	37,173	68.5	17,097	31.5	54,270	58.8
Female-owned	24,039	69.1	10,760	30.9	34,799	37.7
Male-Female	1,167	84.8	209	15.2	1,376	1.5
Branch of Corporation	430	100.0	-	-	430	0.5
Other	987	70.5	412	29.5	1,400	1.5
Total	**63,797**	**69.1**	**28,477**	**30.9**	**92,275**	**100.0**

Source: Fisseha (1996:56).

Table SO2.10: Business Practices by Size of Business and Sex of Owner
(in percent)

Information Asked of Proprietors	Responses to Inquires	Basic Size Grouping			Sex of Owners		Total
		Micro	Small	Medium	Male	Female	
		%	%	%	%	%	%
Did proprietors get any formal training?	Those with no training	64.6	61.4	33.3	61.7	67.3	64.0
In any case, how did they acquire their skills?	Observing others work	22.3	18.4	26.4	19.6	24.6	21.7
	Working in MSMEs	9.0	13.0	15.9	12.6	5.6	9.8
	On the job training	2.1	3.1	3.9	2.8	1.6	2.3
	Formal technical training	.4	1.3	7.1	1.0	.1	.6
	Working in LSEs	.5	.9	4.7	.7	.3	.6
	Experience from abroad	.2	1.0	7.4	.6	.1	.4
Do proprietors own powered machinery?	Don't own power machinery	90.3	48.9	8.4	80.1	85.5	81.8
If not, why?	They don't need any	53.7	41.9	100	51.0	54.0	52.4
	There is no energy	22.4	31.1	-	19.9	28.2	23.4
	They don't have funds	22.0	23.7	-	26.2	16.9	22.2

Information Asked of Proprietors	Responses to Inquires	Basic Size Grouping			Sex of Owners		Total
		Micro	Small	Medium	Male	Female	
		%	%	%	%	%	%
How MSMEs owners ever applied for commercial loans?	Never applied for a loan	92.6	85.6	61.7	90.5	92.2	91.1
	No information on credit	26.2	24.0	5.4	24.4	28.0	25.7
If not, why?	Lack collateral	18.8	15.5	6.1	19.4	16.5	18.1
	Don't have special reason	16.2	16.0	6.1	15.9	16.5	16.1
	Had enough $ of their own	6.2	13.6	49.8	7.5	6.6	7.7
	Fear of losing collateral	4.3	2.5	2.3	4.0	4.1	4.0
What do proprietors need to increase output?	Need operating capital	42.2	29.8	3.0	42.0	38.4	40.0
	Need more space	17.9	19.6	60.2	70.7	19.5	18.5
	Need more market	14.3	13.0	14.0	12.8	15.7	14.1
Do proprietors belong to any business organization?	Those with membership	8.4	23.3	56.6	11.2	10.5	11.5
Is so to whom?	Asmara Chamber of Commerce	59.9	68.2	70.9	63.3	69.6	63.3
	Trade/industry group	12.3	13.3	26.8	18.8	6.1	13.2
	Cooperative	8.7	3.4	-	3.4	12.0	6.4
	Gov't. mutual aid scheme	8.5	.9	-	7.6	2.7	5.4
Do owners work only on order or do they work for the general market?	Produce for the market	75.7	68.7	43.6	66.2	86.1	74.2
	Produce only on order	17.8	19.1	35.9	25.3	7.8	18.2
	Produce for both	6.5	12.2	20.5	8.5	6.1	7.6

Information Asked of Proprietors	Responses to Inquires	Basic Size Grouping			Sex of Owners		Total
		Micro	Small	Medium	Male	Female	
		%	%	%	%	%	%
What were owners doing before current MSMEs?	Waking in other MSMEs	24.1	12.2	-	10.7	41.3	22.1
	Unemployed	15.9	46.0	65.3	13.1	25.1	20.9
	Farming	16.9	4.0	-	25.5	-	14.8
	Homemaker (stayed home)	6.9	7.5	-	-	18.0	6.9
Do proprietors have any education?	Those with education	56.6	73.8	96.0	71,8	42.3	60.0
If so what level?	Elementary ed.	56.4	43.5	39.4	49.5	63.5	53.4
	Secondary ed.	17.8	31.0	41.5	20.5	21.6	21.0
	Religious ed.	12.2	10.1	1.5	15.3	2.7	11.6
What is the current marital status of proprietors?	Married	63.4	67.0	78.9	82.1	39.5	64.2
	Single	12.7	14.9	18.6	13.1	11.9	13.1
	Divorced	11.5	9.0	2.5	1.3	24.9	11.0
	Widowed	9.9	6.8	-	1.7	20.1	9.2

Source: Adapted from Fisseha (1996:60-62).

Table SO2.11: Entrepreneurs in Manufacturing, Trade, and Services by Sex, Sector, and Growth

Sectors	1996		1998		Female	
	Male	Female	Male	Female	%	Growth Rate
Manufacture	2475	249	2581	296	10	18
Trade	36366	6926	40973	7804	16	13
Service	6527	1531	8145	1910	19	25

Source: Business Licensing Office (1998), as quoted in NUEW (1999:57).

Table SO2.12: Eritrean National Chamber of Commerce Members by License Code, Type of Business, and Gender

License Code	Type of the Business	Total Members	No. of Women	% Women
AOOO	Agriculture, Hunting, Forestry	14	5	26
BOOO	Fishing	2	-	0
COOO	Manufacturing	272	43	14
DOOO	Mining and Quarrying License	3	-	0
EOOO	Electricity, Gas & Water Supply	5	-	0
FOOO	Construction	130	12	8
GOOO	General Trading, Repair Motor Vehicles, Cycle	1538	296	1.4
HOOO	Transport, Storage and Communication	13	3	19
IOOO	Financial Intermed. Real Estate Renting	6	6	50
JOOO	General Services	185	60	24
KOOO	Professional Services	92	3	3.2

Calculated from Eritrean National Chamber of Commerce data, July 2002.

Table SO2.13: Sector/Gender Distribution of Entrepreneurs in Maekel Region, 2002

Sector	BLO CODE	Expected Female*		Male		Total	
		No.	%	No.	%	No.	%
Agriculture	A	18	0.07	29	0.11	47	0.18
Fishing	B	4	0.02	1	0.00	5	0.02
Manufacturing	C	352	1.33	850	3.22	1,202	4.55
Mining	D	0	0.00	92	0.35	92	0.35
Water & Electricity	E	40	0.15	140	0.53	180	0.67
Construction	F	26	0.09	954	3.61	980	3.71
Trading	G	5,376	20.35	13,037	49.35	18,413	69.71
Transport	H	123	0.47	947	3.58	1,070	4.05
Real Estate	I	0	0.00	10	0.04	10	0.04
Services	J	2,395	9.07	1,477	5.59	3,872	14.66
Professional Services	K	75	0.28	422	1.60	497	1.88
Multiple Activity		13	0.05	34	0.13	47	0.18
Total		**8,422**	**31.88**	**17,993**	**68.12**	**26,415**	**100.00**

*This column has been derived by extrapolation (sectoral distribution of the sample of 1913 female entrepreneurs) over the total number of entrepreneurs in the region. (26,415).

Source: Compiled from the records of Business License Office (BLO), May 2002. (Andemariam and Abel (2002:9).

Table SO2.14: Gender Distribution of ERCS Loans (FY 2001)

Disbursement	Male		Female		Total
	Nakfa	Percent	Nakfa	Percent	Nakfa
2001-Q1	4,000950	53	3,610,000	47	7,610,950
2001-Q2	3,047,850	87	448,000	13	3,495,850
2001-Q3	5,740,000	92	490,000	8	6,230,000
2001-Q4	2,320,000	85	400,000	15	2,720,000
Total Year 2001	**15,108,800**	**79**	**4,948,000**	**21**	**20,056,800**

Source: REU (January 2002:17).

Table SO2.15a: REIP—Loans by Size, Sector, and Gender, as of July, 2002

	Men			Women		Company	
Loan Size in Nakfa	Domestic Trade Services	Manu-facturing	Agri-culture	Domestic Trade Services	Manu-facturing	Agri-culture	Public Loan Company
5,000-10,000	12	1	1	24	1	-	-
11,000-20,000	22	1	4	22	-	-	-
21,000-50,000	57	6	4	24	-	-	1
51,000-100,000	49	1	9	14	-	-	1
>100,000	73	6	19	11	1	-	12
Total	213*	17	37 (50)**	95	2	-	14

Table SO2.15b: Summary of Categories

Total	Men	Women	% Women
Domestic Trade Service	214*	95	30.7
Manufacturing	17	2	10.5
Agriculture	50**	-	
Total	281	97	25.5
Public Loan Company	14	-	-

*2 loans for EIF and 2 from ERCS were not approved.

**There is a discrepancy between the figures in terms of loan size and the total presented by REIP. It is also assumed that PLC loans went to male owners.

Source: calculated from REIP data, 2002

ANNEX D

SO3 TABLES:
DEMOBILIZED SOLDIERS

Table SO3.1: Mitias Reintegration Activities Undertaken until 1995

	Barefoot Bankers	Counseling and Guidance	Micro and Small Enterprises	Agriculture	Vocational Training
Men	13	n.a.	206	991	590
Women	10	n.a.	237	163	177
Total	**23**	**6,000**	**443**	**1,154**	**767**

Source: Quoted in Tewolde and Nielsen (1998:24).

Table SO3.2: Gender Constraints of Female Ex-fighters, 1998

	No. of Responses	Ranking
Missing employment opportunities	247	1
Lack of child care center	214	2
Not being accepted as marriage partners	169	3
Lack of women's groups	68	4
Cultural obstacles to schooling and vocational training	60	5
Excluded from participating in public affairs	37	6
No gender restrictions	8	7
Don't know	6	8

Source: Tewolde and Nielsen (1998:35)

Table SO3.3: NCDRP Survey of What Female Demobilized Soldiers Desire to do After Being Demobilized, 2002

Activity	Percent
Further Education	3.4
Continue old job	19.7
Wage employment	2.0
Farming	21.0
Start own Business	30.6
Do what I am currently doing	0.3
Do other work	7.0
Do not know	5.8

N = about 5,000. 98.5% responding

Source: Training officer, DRP (2002).

Table SO3.4: Target Categories, Estimated Numbers and Possible Assistance Areas

Target Group	Estimated Number	Possible Areas of Assistance
1.DS who will do rain fed semi-subsistence farming in the highlands	45,000	Oxen (credit) Bee-keeping Dairy Credit for trade (could be farm tools, inputs, animal feed) Cash for work Training –e.g. construction work (upgrading 'mine wale' to 'mason') Seasonal employment
2. DS who will do semi-commercial (combined rain-fed/irrigation) farming in the highlands	3,500	As above and additional Input (credit) Well construction and water pumps (credit) Training in marketing Transport/organization *Assumption: irrigable land is available*
3. DS who will do agro-pastorialism	17,000	Animal health services (including paravet training and service) Credit for trade (in animals, could also include animal feed) Restocking (?) Milk processing? Cash for work Tree nurseries (for lowland tree species) Seasonal employment
4. DS who will do semi-commercial agriculture in the lowlands	6,500	Tractor service(credit) Seed, fertilizer, pesticide (credit) Credit for trade (could include chemicals/fertilizer (if allowed by MoA) farm tools and cereals) Training (tractor driver, mechanic) Seasonal employment *Assumption: agricultural land is available*
5. DS, who want to do farming, but who have no access to the land yet	16,000	Land made available in village according to traditional system Land made available by village/kebabi as a special arrangement (?) Land made available elsewhere and offered for cultivation and settlement (?)
6. Female DS who want to go to rural areas	3,500	Poultry (with training and credit) Village shops (with credit) Dairy goats (with training and credit) Sheep/goat rearing (with credit)
7. Wives of DS in the villages	45,000	As above and additionally: Cash for Work (if other household members can participate) Some of the ERP activities- e.g. backyard poultry- address the needs of this target group
8. DS who want to go to fisheries	Not known	Identify employment opportunities in seawater farming, weed collection and fish drying for animal feed Fishing cooperatives (?)

Source: Sorensen et al. (2002:16)

ANNEX E

LIST OF REFERENCES

LIST OF REFERENCES

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ANNEX F

PERSONS CONTACTED

PERSONS CONTACTED

United States Agency for International Development
Dr. Jatinder K. Cheema, Mission Director
Ms. Linda Lou Kelley, Team Leader, Health Strengthening Office, SO1
Mr. David E. Billings, Program Coordinator and SO3 Acting Director
Mr. Jeffrey H. Allen, Team leader, Enterprise Development, SO2
Mr. Semere Gebregiogis, Project Management Specialist, SO1
Mr. Stephen C. Wingert, Consultant
Ms. Tsega Ogbarebi, Program Assistant, SO3
Ms. Carol Horning, Human Capacity Development, SO3
Ms. Kathrin Lauer, Food Security Advisor SO2

Ministry of Health
Dr. Berhana Haile, Head of Zonal Affairs

Ministry of Education
Mr. Osman Saleh, Minister
Mr. Geberezghi Dimam, Director of Adult Education
Mr. Simon Negash, Department of Adult Radio Program
Ms. Measho Gebretnsae, Technical Education and Vocational Training
Mr. Kiflom Michael, Dept. of Technical and Adult Education

Ministry of Labor and Human Welfare
Ms. Askalu Menkerios, Minister
Ms. Alganesh Beldemariam, Child Protection
Mr. Habte Sium,

Ministry of Agriculture
Mr. Warwick Thomson, Chief Technical Advisor, Agriculture Sector Support Program

Demobilization and Reintegration Program
Dr. Tekeste Fekadu, Commissioner
Mr. Ainalem, Training Specialist

Eritrean National Chamber of Commerce
Mr. Akberom Tedla, Secretary General
Mr. Taddese Beraki, Trade Promotion Head
Mrs. Saba Mebrahtu, Business Woman

National Union of Eritrean Women
Ms. Luul Gebreab, President

National Union on Eritrean Youth
Mr. Osman Idris, Deputy Manager
Mr. Abdu Rouf

Employers' Federation of Eritrea
Mr. Mengsteab Teklezion, President
Mr. Seyoum Woldu, Secretary, General Executive Director
Mr. Solomon Woldemariam, HRD
Mr. Yhdego Tesfaezgy, PRO

National Confederation of Eritrean Workers
Ms. Lia Fessahaie, Women Workers Committee Coordinator

Haben
Dr. Berhane Woldemariam, Executive Director

CARE Eritrea
Ms. Liz Sime, Team Leader
Ms. Wendy-Lin Bartels, Intern

Vision Eritrea
Dr. Tseggai Gherezghiher, Director

United Nations Development Programme
Ms. Rita Mazzochi, National Program Officer
Ms. Yodit Ghebresellassie, UNDP/DRP Program Associate

JSI - TASC
Dr. Dan Wenda, Team Leader and Senior Technical Advisor
Sister Kidisty Habte, Training Advisor
Dr. Abrehet Kidan, Consultant

Rural Enterprise Unit
Dr. Kifle Teclay, Program Manager

The Seawater Forest Initiative
Ms. Elizabeth Swilling Hodges
Mr. Carl Hodges

University of Asmara
Dr. Wolde'ab Yisak, President
Dr. Alexander Naty, Dept. of Anthropology and Archeology
Dr. Senait Bahta, Dept. of Anthropology and Archeology
Dr. Abdulkader Saleh Mohammed, Chair, Dept. of Sociology and Social Work

Consultants
Ms. Tsehainesh Tekle, Social Anthropologist, Eritrean Consulting for the Horn of Africa
Ms. Saba Issayas

Rotary Club, Asmara
Mrs. Dehab Abraha, Treasurer
Mr. Berhe Tekie, Charter President

ANNEX G

USAID/ERITREA
WIDTECH SCOPE OF WORK

July 11, 2002

USAID/ERITREA
WIDTECH SCOPE OF WORK

BACKGROUND

USAID has been providing assistance to Eritrea since 1993, contributing to the GSE's goal of a peaceful, just and prosperous society. Until recently, U.S. assistance has focused primarily on healthcare, enterprise development, and democracy and governance objectives. The new integrated strategic plan (ISP) will refine the Mission's focus on primary health services, rural enterprise, human capacity development, information communications technology, and community-based development, especially in areas of demobilization and reintegration.

It is within this context that USAID's Office of Women in Development provided two gender specialists in 2001 to undertake preliminary gender assessments of challenges and opportunities for strengthening human capacity development and microenterprise programming in Eritrea through attention to gender. The first of these assessments contained: (1) an analysis of women's traditional status and changes launched by the Eritrean People's Liberation Front (the "EPLF") and furthered by the new Government of Eritrea; (2) the challenges encountered when seeking new attitudes toward and opportunities for women in various sectors: education, economic opportunity and business, agriculture and the national service; (3) lessons learned or guidelines for the Mission to pursue, with some illustrative activities; and (4) tentative recommendations—tentative due to the short time spent on the gender assessment and the undecided focus of the future strategy, at that time.

The second assessment contained a broad assessment of women's participation in the Eritrean economy, including microenterprise, employment, and donor activities in this sector. In addition, the report proposed guidelines for USAID assistance related to promotion of microenterprises and business development services, with an emphasis on empowerment, training for women workers, increased awareness of gender issues and institution building and sustainability.

The time is ripe for the Mission to reexamine goals and directions for its possible future support of gender equity investments in the context of a new Mission strategy. In a concept paper submitted in late April, USAID/Eritrea proposed three strategic objectives. In draft form, these are:

- S01—Use of primary health services increased
- S02—Rural household incomes increased
- S03—Increased capacity and broad-based participation to meet reintegration and development needs

These SOs represent a continuing transition from humanitarian assistance to development programming. The Mission will propose cross-cutting themes of gender equity, HIV/AIDS, community participation and human capacity development, and reintegration.

PURPOSE OF WORK

The purpose of this scope of work is to obtain the services of two gender specialists (hereafter referred to as "consultants") to complete four interconnected objectives:

A. To update the assessment of Eritrean women's access to resources and participation in relation to human capacity development and microenterprise.

B. To provide new assessments of Eritrean women's access to resources and participation in relation to primary health services, urban and rural enterprise and household/community and food security.

C. To identify options and opportunities to address major barriers to women's and men's equitable contribution to the development of Eritrea through USAID/Eritrea's next Integrated Strategic Plan, FY2003-2008. Any activities defined by the consultant(s) will need to fulfill the following criteria:

— be 'demand driven', i.e. respond to the needs expressed by the potential or current customers of USAID/Eritrea;
— build on USAID's experience and comparative advantage in specific areas;
— complement other donor efforts;
— address issues likely to yield visible quick to medium-term results; and
— maximize opportunities to mainstream and accommodate within existing Mission activities or Africa Bureau-specific or Agency-wide mechanisms.

D. To recommend a general approach to funding, managing, monitoring, and coordinating the Mission's cross-cutting emphasis on gender equity and increased participation of women and men in Mission programs.

TASKS

A. In early May, a Washington-based consultant shall: conduct a short literature search, review available documentation and develop a two-page document to brief the Mission Director on current gender issues before her meeting on the strategy concept paper on May 22, 2002. (Note: This consultant will not travel to Eritrea to do the field work.)

B. Prior to departure for Eritrea, the consultant who will do the in-country work shall review documents to be forwarded to them by the Mission and WIDTECH. These will include Mission documentation related to the future CSP, past and future activities, current

background information available on gender issues in Eritrea and other in-country data; gender assessment reports and action plans from partners or donors.

C. Collect data through personal interviews, meetings, and roundtables with a wide variety of sources, including:

— Members of the Missions' SO Teams and the Program Office, and the Gender Action Committee.
— A list of USAID implementing partners, as identified by the Mission in advance (in order to facilitate appointments) and approved by the Mission.
— A range of women professional NGOs and interest groups as identified by the Mission in advance (in order to facilitate appointments) and approved by the Mission.
— Representatives from the GSE, major donors or other international organizations, which have important gender programs as, identified by the Mission in advance (in order to facilitate appointments) and approved by the Mission.

D. Discuss a proposed outline of the assessment report with Mission contact early in the process. The consultants will use this outline to highlight findings contained in the draft report and Mission debriefing, delivered at the end of the in-country portion of the assignment.

DELIVERABLES

By May 15th, the Washington-based consultant shall submit a draft two-page document summarizing current gender issues in Eritrea, based on available documentation. The Mission will provide written comments to the consultant within two (2) working days of receipt of the draft briefer. The final version of the briefer will be submitted to the Mission within two (2) working days after receipt of written comments from the Mission.

Prior to departure from Eritrea, the Consultant undertaking the in-country work will:

- Submit a detailed outline of the report to USAID/Eritrea for feedback before completion of the assignment; and

- Hold a debriefing with the Mission Front Office, CTO, Team Leaders, and activity managers.

Within 5 working days after returning to the U.S., the consultant will provide the Mission and WIDTECH with a complete draft report. USAID/Eritrea and WIDTECH will provide written comments to the consultant within five (5) working days of receipt of the draft report. The final report will be submitted to USAID/Eritrea and WIDTECH five (5) working days after receipt of written comments from the Mission and WIDTECH.

ESTIMATED LEVEL OF EFFORT

The estimated amount of LOE is 35 days. The Washington-based Consultant will have up to 4 days for preparation of the briefer. The Field Consultant will have up to 31 days including 3 days for preparation beforehand, 4 days for travel (RT), 14 work days in the country, and 10 days at home to complete the final report. A six-day workweek will be authorized overseas, if necessary.

PERFORMANCE PERIOD

It is anticipated that the period of performance will involve two phases. The first will begin on/or about May 6, 2002 and continue until May 21. The second will begin June 24 with preparation for the field and continue until the work is completed on/about August 8, 2002. In-country work is expected to occur between July 1 and July 18. This two phase approach will: (1) permit the Washington-based Consultant to provide the USAID/Eritrea Mission Director a briefing document in a timely manner for use in defending the Mission's Strategy Concept Paper in Washington on May 22, 2002; and (2) at a later date, allow Mission teams to participate more fully in the assessment process.

RELATIONSHIPS AND RESPONSIBILITIES

The consultants shall report to the Tsega Ogbarebi, USAID/Eritrea, and to the WIDTECH Task Manager for this assignment.

WIDTECH will provide a team of two consultants, one for the first, Washington-based phase, and another for the in-country and reporting phase. The second consultant should have previous experience with addressing gender issues in development programs, including issues related to women's leadership and participation, experience in community based organization and rural development concerns, work experience with USAID, experience working in Africa, and familiarity with the overall socio-political situation in Eritrea, preferably with direct experience working in Eritrea. The contractor shall be responsible for making sure the mix of professional skills and experience on the team are appropriate for successful completion of tasks (see Section III). WIDTECH will cover the cost of the consultants' daily rates, per diem, additional materials lodging and in-country travel and assistance to in-country consultant.

The Mission will provide the following support: interpreter services as needed; office space and office supplies; administrative support (e.g. arranging appointments, copying services); access to in-country transportation; and other support as deemed necessary by the Mission.

REPORTING REQUIREMENTS

The consultants will work closely with Tsega Ogbarebi, in USAID/Eritrea, who will provide oversight while in country, in collaboration with SO Team Leaders. Entry and exit meetings of the consultant with the Mission Director or her representative will be organized. WIDTECH will provide overall direction as necessary. All technical assistance deliverables will be provided for comment to USAID/Eritrea and WIDTECH.

ANNEX H

GENDER ISSUES IN SO2

NEW SCOPE OF WORK, FOOD SECURITY STRAGEGY PAPER, AND RURAL ENTERPRISE INVESTMENT PARTNERSHIP/RURAL ENTERPRISE UNIT PROJECT

PART 1: GENDER ISSUES TO CONSIDER FOR THE SCOPE OF WORK: "ECONOMIC GROWTH AND FOOD SECURITY"

As requested by the USAID Mission, the following gender assessment is included for the new SOW that will be carried out in the next few months.

The objectives of the revised approach in this sector is "to accelerate the expansion of the small and medium enterprise sector," and to expand the SO by "focusing on agriculture, particularly the agribusiness sub-sector." Due to the conflict situation, previous SO2 projects, particularly REIP, took the form of "replenishing the inventory of small business ravaged during the May 2000 round of fighting", and the rest of USAID's portfolio in the Mission's enterprise development Investment Objective (IO1) consisted of projects related to food security and humanitarian assistance, mostly carried out by NGOs, especially CARE.

Data on the loans are shown in Tables SO2.14 and SO15a and b, Annex C. They were given under REIP to help re-establish businesses, but many of the recipients were traditional bank clients. The project listed the sex of each recipient, but no tabulations by gender were made; however, the enterprise monitoring report had a gender-dissagregated data base and summary that was used for reporting. At my request, the project did carry out a gender disaggregated summary which shows that 25.5 percent of loan takers were women and they received 25 percent of the total loan disbursement amounts. The range of loan size is the same for men and women, but more women than men are in the smaller loan amounts categories. Most businesses for both sexes were in domestic trade services, and both sexes were in manufacturing. However, only men are listed in agriculture.

The new SOW wants to expand opportunities for economic growth by focusing on agriculture, especially agribusiness. The SOW asks the consultants to identify the context and roles of individuals in the public and private sectors and to identify key production constraints. Gender factors need to mentioned here. Women are involved in commercial poultry, bee-keeping, and livestock raising. Tables SO2.2 and SO2.3. Annex C shows them in 7.5 percent of irrigated agriculture, and data on Chamber of Commerce members list women as 8 percent of commercial agriculture—these include hot red peppers, poultry, agricultural infrastructure construction, horticulture, landscaping, and agroprocessing) as well as various aspects of agro- and food-processing linked to agriculture. There are women involved in irrigated vegetable production. However, these need to be located, and in particular, the potential for women's involvement needs to be discussed, along with appropriate strategies for gaining their participation. It is also suggested that "Section D. Cross-strategic issues" consider gender issues as discussed in other sections of this document such as: (1) food security; (2) enterprise development (including FHH; and (3) HIV/AIDS.

Especially in "Section C: Small and Medium Enterprise Development," the characteristics of these enterprises need to be identified by gender. That is the sector, level of capitalization, number of employees, and other variables need to be discerned for women's and men's participation. If data can be gathered on whether or not women are in married households or are female heads of households (FHHs), this would also be advisable. Data from the

Chamber of Commerce, EFE, and the Confederation of Eritrean Workers show women in all categories, and these agencies can provide gender-disaggregated data, if requested. They all have printed lists of women and men members by sector.

PART 2: GENDER ISSUES FOR THE "FOOD SECURITY STRATEGY PAPER" (FSSP)

A memo of July 9, 2002 from the Food Security Advisor at USAID outlines a briefing on the Conceptual Framework of the Food Security Strategy Paper and the Interim Poverty Reduction Strategy Paper. This assessment is scheduled for the next six months. In terms of its contents, there is hope that these studies will provide a better understanding of food security and household coping mechanisms. The question to be asked is whether or not only household heads will be surveyed at the HH level, and if mainly male administrative personnel will be queried at village and zoba levels. A participatory self-assessment and self-perception is planned, but questions concerning the methodology and the inclusion of women are of utmost concern. Will there be both female and male enumerators? Will all food items, not only field crops and grains be considered? Will both husband and wife (wives) be queried? Will FHH in the general population, as well as among refugee and IDP populations be included in the samples and disaggregated in the results? Will vulnerable households be noted in terms of headship (male or female)? What types of monitoring and evaluation systems will be put into place, and will they be gender-disaggregated?

But most importantly, who will instruct communities and CBOs on participatory methods? Current structures tend to be either based on top-down approaches from administrative personnel or traditional leaders, or consensual agreements among various peer groups. Participatory techniques usually require a "hands-on" approach to get people used to the idea at all.

PART 3: REIP—ENTREPRENEURIAL CAPACITY BUILDING ASSISTANCE PROJECT: GENDERIZING THE ANNUAL REPORT, REPORTING FORMATS, AND PLANNED INTERVENTIONS

I. Rural Enterprise Unit (REU)

The project aims to introduce IYB training to improve the business management knowledge and skills of SME managers and to initiate non-IYB training program interventions designed to promote the business formation knowledge and skills of aspiring SME entrepreneurs and other knowledge areas that have a bearing on the performance of their businesses ("Entrepreneurial Capacity Building Assistance Project," March 2002:iv). The following recommendations genderize some of the project's activities, and suggests additional strategies to include women entrepreneurs.

Promote equitable governance of the training program. The Steering Committee membership consists of the REU Program Manager, Chair of EFE, and Chair of Chamber of

Commerce. These are all men. Similarly, the Zoba Project Committee consists of the zoba representative of EFE, the REU zoba enterprise development assistant coordinator, and the project manager. A strategy to include women on these committees needs to be devised.

II. Reporting, Monitoring and Evaluation

Promote gender-disaggregated participation, performance, and results formats. The following have been designed as examples. The examples below are taken from REU (March 2002) and have been genderized.

A. Performance Indicators: Participation

	Men	Women
BPD program TOT program		
TOE program		
Labor management program TOE program		
Tax awareness training TOE program		

B. Sector Capitalization Levels of Participants

	Men	Women
>5000		
5000-10,000		
10,000-50,000		
50,000-100,000		
100,000-500,000		
500,000-1,000,000		
>1,000,000		

C. Licensing Sector of Participation (by licensing categories)

	Men	Women
Food and beverages		
Hotels and Tourism		
Textile manufacture		
Leather/shoe manufacture		
Agriculture		
Livestock		
Fisheries		
Transport		
Construction		

D. Performance Indicators: Impacts of Business of Performance

Area for Improvement	Improvement	Businesses Owned by Men	Businesses Owned by Women
Improved efficiency	**Efficient maximizing management practice**		
	Proper practice of product costing		
	Presence of smart buying strategy		
	Improved record keeping		
	Income maximizing management practice		
	Improved product marketing		
	Improved stock control		
	Improved business planning		

E. Information learned as a result of taking training courses

Prepare a questionnaire to assess the participants' knowledge of labor regulations, tax system, and commercial laws, on the one hand, and appropriate management principles in marketing, record keeping, stock control, buying, costing, and financial planning, on the other. Ascertain which subjects and knowledge fields are known or misunderstood by women and men.

III. Training Materials

A. Promotion of Gender-Sensitive Materials

1. Promote the inclusion of gender issues and gender-free language.

2. Do not re-enforce stereotypes, for example, that women are only in domestic trading and men in agricultural production domestic trading and services. Materials must be gender sensitive.

3. Develop case studies based on real people on successful women entrepreneurs in usual female sectors, as well as main steam sectors.

4. Develop business case studies for discussion by participants that have both gender related and gender-free problems.

5. Prepare some parts of the training materials in local languages, in addition to English, in order to recruit more women.

B. Promotion of Women as Trainers and Participants

1. Trainers (both male and female) must be gender sensitive.
2. In the selection of the participants, try to include 30 to 40 percent women. Carry out a survey to identify women business owners for potential participation in the Massawa, Keren, and Barentu areas
3. All monitoring formats should be gender based

C. Motivating Women Entrepreneurs to Participate

1. Develop scheduling convenient to their needs, including household responsibilities. including spacing the days and giving attention to the appropriate duration of courses.
2. Give potential participants a good explanation of the course content, materials, and expected results.
3. Be sure there are adequate toilet and housing facilities.
4. Prepare materials in some of the local languages to prevent women from not attending.

IV. Commercial Poultry Sector

The project aims to provide training and technical assistance in poultry management, to provide technical assistance to commercial poultry farmers and feed producers, and to identify opportunities for direct assistance grants.

The REU's Business Development Assistance Project for the Promotion of Eritrea's Poultry Sector" (2002) notes in the section entitled "Overview of the Commercial Poultry Sector," that one of the constraints facing agricultural development is "a gender bias that has kept women out of mainstream agriculture…[this is] important because women now head about 45 percent of the households (REU 2002:1)." However, women are not mentioned again in the report.

The project needs to disaggregate by gender, the owners of poultry sector businesses (hatcheries chick importers, feed businesses, grain mills, farm managers and owners). The project document defines the trainees, who will trained free of charge, as "poultry farmers and managers feed suppliers and importers, agricultural training schools, and…REU staff (REU 2006:6)." Most in these categories are men. However, women's participation should be promoted in the project. The following are suggested as strategies:

- Individual women investors and small groups of women should be assisted to own grain mills for Starter, Grower and Layer feeds.

- Women demobilized soldiers could start hatcheries as production unit.
- Women home economists in the MOA should be trained in the use of vaccines for Newcastle and Infectious Laryngotracheitis diseases.