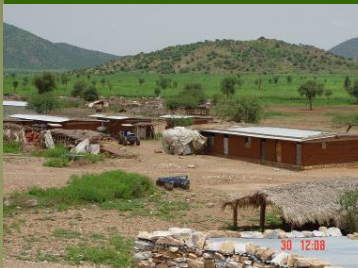




Eritrea



***Common Country Assessment
(CCA)
(2007 - 2011)***

The State of Eritrea

in partnership with

The United Nations

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ACRONYMS

AIDS	Acquired Immunity Defficiency Syndrome
ADR	Alternative Dispute Resolution
ANC	Antenatal Clinic
ARI	Acute Respiratory Infection
CAP	Consolidated Appeal Process
CCA	Common Country Assessment
CBO	Community -based Organizations
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CHPs	Community Health Promoters
CPMS	Community Participation and Management System
DP	Development Partner
EDHS	Eritrea Demographic and Health Survey
EEBC	Eritrea -Ethiopia Boundary Commission
EFA	Education for all
ESDP	Education Sector Development Program
FGM	Female Genital Mutilation
FHH	Female -headed Household
GBV	Gender Based Violence
GDP	Gross Domestic Production
GOE	Government of Eritrea
HAMSET	HIV/AIDS, Malaria, Sexually transmitted diseases, and Tuberclosis
HDI	Human Development Index
I-PRSP	Interim Poverty Reduction Strategy Paper
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IGA	Income Generating Activity
LIS	Landmine Impact Survey
LMS	Labor Market Information System
LSMS	Living Standards Measurement Survey
MDG	Millennium Development Goal
MDGR	Millenium Development Goals Report
MLA	Monitoring of Learning Achievement
MLHW	Ministry of Labor and Human Welfare
MND	Ministry of National Development
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOEM	Ministry of Energy and Mines
MOH	Ministry of Health
MOLWE	Ministry of Land, Water and Environment, Water Resources Department
MSY	Maximum Sustainable Yield
NWSEAP	National Water Supply Emergency Action Plan
NGO	Non-governmental Organization
ODA	Official Development Assistance
OCHA	Office for the Coordination of Humanitarian Affairs
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV/AIDS
PME	Planning, Monitoring and Evaluation
RH	Reproductive Health
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TVET	Technical Vocational and Education Training
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework

UXOs	Unexploded Ordinances
VCT	Voluntary Counseling and Testing
VIP	Ventilated Improved Pit
WRD	Water Resources Department

FOREWARD

The first Common Country Assessment (CCA) for Eritrea was prepared in 2002 and formed the basis for the first United Nations Development Assistance Framework (2002 -2006). The Government of Eritrea and the United Nations Country Team jointly, in the spirit of co-ownership, launched the preparation of the second CCA at the beginning of 2005. The CCA has drawn from national documents, the Millennium Declaration, Millennium Development Goals, international conferences' declarations, and existing data that respond to national priorities.

The organizational structure for preparing the CCA had three levels of joint Government/UN teams: a Steering Committee, a Task Force, and nine thematic groups. Under the leadership of the Steering Committee (co-chaired by the Minister for National Development and the UN Resident/Humanitarian Coordinator) and through a long process of Government and UN working together, clear priorities have emerged where the UN has a comparative advantage to support the Government of Eritrea as it tackles the challenges articulated in this CCA. These priorities are basic social services, emergency/recovery, capacity development, food security, and gender.

The CCA document underscores that consolidation of the peace process including speedy demarcation of the common Eritrea -Ethiopia border needs to be a priority for all parties involved so that people's vulnerabilities are reduced and they are enabled to realize a life free of hunger and absolute poverty.

We thank all those involved in the preparation of the CCA for Eritrea, and we are confident that this CCA document will make a significant contribution to development planning in Eritrea in the next five years.

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EXECUTIVE SUMMARY

1. The United Nations' Country Team and the Government of Eritrea (GOE) prepared the 2005 Common Country Assessment (CCA) jointly in the spirit of co-ownership to update the 2001 CCA. The UN and the Government co-chaired the Steering Committee and appointed a Task Force to guide the process with technical inputs from nine thematic groups comprising: emergency and recovery; food security; economic growth and development; education; health and nutrition; water, sanitation and shelter; governance; HIV/AIDS; and environment and energy. A policy retreat further defined the strategic focus of the final CCA.
2. Since the last CCA, the GOE is taking critical measures in the areas of policy reform. The Interim Poverty Reduction Strategy Paper (I-PRSP), Education Sector Development Program (ESDP), HIV/AIDS, Malaria, Sexually transmitted diseases, and Tuberculosis (HAMSET) Project, Integrated Recovery Program and the National Gender Policy, the National Water Supply Emergency Action Plan and the Rural Electrification Fund are among some of the key policies, plans and programs formulated to guide the country. The effort to implement the decentralization policy as a means towards greater involvement of communities is underway. The country's commitment to achieving the Millennium Development Goals (MDGs) and its ratification of international human rights' instruments strengthens the commitment of Eritrea to rebuild the nation through engagement in community and entrepreneurial activities. Eritreans within the country and in the Diaspora remain a foundational socio-economic and knowledge base for the recovery and reconstruction effort.
3. Since the end of the border war, the average annual growth of the Gross Domestic Product (GDP) has been low, with an annual average of 1% (1998 – 2004). Combined with prevailing population dynamics, the result has increased poverty incidence and vulnerability. Two main factors provide a context for these developments. The first is the border stalemate, entailing diversion of financial and human resources to defense, which has made it difficult for the country to implement long-term policies. The second is drought, which has led to poor crop harvests over the past five years.
4. Thus vulnerability has increased in the face of reduced economic opportunities and depletion of assets. The main vulnerable groups are the disabled, internally displaced persons (IDPs - some of whom have returned home and others are still in camps), deportees from Ethiopia, refugees who have been repatriated to Eritrea, pastoralists, female-headed households (FHH), the urban poor, high-risk HIV/AIDS groups and orphans.
5. The Millennium Development Goals (MDGs) provide a foundational point for assessment of the situation and key challenges in each of the thematic areas. According to the first MDG report, Eritrea is on track to achieve the MDGs dealing with gender equality at the primary school level, child health, maternal mortality, HIV/AIDS, malaria and other major diseases, and access to safe water. But it is off-track with respect to the eradication of extreme poverty and achievement of universal primary education. More importantly, without the resumption of rapid economic growth the gains made so far to achieve the MDGs are at risk.
6. Eritrea has a Constitution, ratified by a Constituent Assembly in May 1997. In order to effect its full implementation, building capacity for accountable and efficient administration of justice is a top priority of the Government.
7. Rapid economic growth, the foundation for poverty reduction, has eluded Eritrea since the end of the

border war. Though such growth on its own is not a sufficient condition for reducing poverty and raising living standards, it is indispensable for achieving these goals. Furthermore, it is crucial to achieving the MDGs as a whole and, in particular, the MDG dealing with the eradication of extreme poverty. The key challenge is to embark on the economic growth and development path that had commenced in the period preceding the border war.

8. Food security is the top priority for Eritrea. However, Eritrea remains in the grip of an emergency that has been prolonged and deepened by recurring droughts and the stalemate over the demarcation of the border. Successive CAPs have sought to combine recovery with emergency. But given the sheer scale of the humanitarian needs, resource mobilization efforts in aid of recovery programs have not always succeeded. The key challenge in the emergency area is resource mobilization. The broader economic context for recovery as well as for disaster prevention and mitigation is important. The challenge is to trigger rapid economic growth in which the poor can participate. Landmines also pose problems for the resumption of normal activities in war-affected areas.
9. The Government recognizes education as one of the priority sectors in its quest for national development and overall poverty reduction. In order to speed up development of the education sector, the GOE with the support of the development partners (DPs) has prepared an Education Sector Development Program (ESDP) to guide, scale up and speed up developments in the sector. Within the context of the ESDP the Government is redoubling its efforts to achieve universal primary education and gender equality at all levels of education as called for under the MDGs. The key challenges in education include: increasing access at all levels, particularly for girls; reducing repetition and dropouts; and improving the overall quality of education.
10. In the area of health, Eritrea is on track towards achieving the MDGs relating to child and maternal health and malaria. Health facility data for 2003 indicate that non-communicable diseases such as hypertension, diabetes mellitus and liver diseases are on the increase, a reflection of increasing urbanization and lifestyle changes. However, communicable diseases remain the overwhelming cause of morbidity and mortality. Despite the progress made to date, maternal health remains a key challenge, particularly in the area of reproductive health such as early marriage of girls and teenage pregnancy and abortion. Tuberculosis is a challenge which, in combination with HIV/AIDS, could become a major health problem. Another challenge is emphasizing the role of broad public health measures that are needed to prevent the spread of diseases.
11. Malnutrition remains severe in Eritrea, reflecting in large part the problem of food insecurity. The worst affected are women and children. In some regions more than 40% of under-five children are stunted. Iron, iodine and vitamin A deficiencies are as much a health concern in Eritrea as in many other developing countries.
12. The Government's priorities, situation analysis, opportunities and the lessons learnt through the UN's current United Nations Development Assistance Framework (UNDAF), and the UN's own comparative advantage delineate the areas of cooperation. These are: a) capacity building of public service providers in all strategic sectors of focus, especially in order to meet basic needs and to sustain the progress towards the achievement of the MDGs; b) strengthening data availability and accessibility for policy development, monitoring and evaluation to support needs-based development interventions; c) disaster prevention, preparedness and mitigation with special focus on the most vulnerable; and d) building a resource base for broad-based economic growth.

CHAPTER 1: INTRODUCTION - PROCESS AND PRINCIPLES

13. Eritrea prepared its first CCA in 2001, soon after the border war with Ethiopia ended in June 2000. The CCA provided the basis for the 2002-06 UNDAF. Implementation of the UNDAF commenced in 2002 and during that time the Eritrea-Ethiopia Boundary Commission (EEBC) proclaimed its border decision that would lead to the demarcation of the border. The expectation was that demarcation would soon take place and, in turn, this would pave the way for the normalization of relations between the two countries. This optimistic scenario has not materialized due to Ethiopia's refusal to accept and implement the Boundary Commission's decision.
14. A number of lessons can be drawn from the 2001 CCA and the implementation of the UNDAF. Some of these are:
 - 1 The no-war-no-peace situation has raised difficult questions as to the juxtaposition between emergency assistance and development assistance. Over the past five years the Government and Eritrea's DPs have had to focus on meeting the emergency needs of those affected by the border war, the stalemate over demarcation and drought.
 - 2 The Eritrea UNDAF has notable examples of joint programming through resource pooling and cash transfer systems, as a result of the determination of the agencies to work together and, more importantly, because of Government leadership and ownership of the process. The experiences will be assessed in greater detail so that the preparation of the next UNDAF is better informed.
 - 3 Resource mobilization succeeds with greater teamwork as illustrated by the CAPs.
15. Preparation of the 2005 CCA for Eritrea has been undertaken against the background of the stalemate over the demarcation of the border with Ethiopia. However, the assessment and analyses were guided by a number of principles. These are that: a) despite the demarcation problem Eritrea remains driven by the underlying long-term agenda to end poverty and deprivation particularly by ensuring gender equality and protecting the basic needs of the most vulnerable groups; b) all efforts must strive to attain the MDGs.
16. The National Economic Policy Framework and Program, 1998-2000; the Transitional Economic Growth and Poverty Reduction Strategy, 2001-2002; the Interim Poverty Reduction Strategy Paper (I-PRSP), 2004; the Food Security Strategy Paper (FSSP), 2004; and the Millennium Development Goals Report (MDGR) 2005 provided the national development context for the CCA. The Government's long-term goal remains that of poverty reduction through rapid economic growth and accelerated human development.
17. The organizational structure for the preparation of the CCA comprised joint Government/UN teams at three levels: a Steering Committee, a Task Force and nine thematic groups. On the recommendation of the designated Task Force, the Steering Committee (co-chaired by the Minister for National Development and the UN Resident Coordinator) led the co-chairs of the thematic groups in the adoption of the CCA 2005 outline, its completion timeframe, and scheduling of the UNDAF retreat. The Task Force, made up of three Government members and three UN members, included individuals familiar with gender analysis on each side and worked closely with two consultants to prepare the CCA outline, timeline and draft document for consideration by the Steering Committee. The nine thematic groups made up of members of national bodies directly involved in implementation of programs falling under each theme and their UN counterparts, provided background documentation for inclusion in the draft CCA: The 2005 CCA is an updated version of the 2001 CCA, with the addition of HIV/AIDS as the ninth theme to the same eight themes in 2001. The process lasted a total of 6 months starting in February 2005. Two consultants were recruited to help in the exercise based on the inputs developed by the senior program officers and complemented by one-on-one interviews with select Government counterparts as required. Three meetings of the Steering Committee were held to agree on the outline of the content and the timeframes, including the CCA retreat. Four months into the process a retreat

was held with selected government officials from key public sectors to review the findings of the CCA and make recommendations for improving the analysis. A facilitator with experience in gender, vulnerability analysis and rights-based programming, familiar with the UN system processes in particular, CCA and UNDAF, was recruited for the retreat. During the preparation of the CCA, workshops on Human Rights Based Approach to Programming (HRBAP) and Results Based Management (RBM) were conducted for the benefit of both government and UN agencies' representatives involved in the process. The Task Force, in collaboration with the UN Country Team, was responsible for finalizing the CCA for the consideration of the Steering Committee.

CHAPTER 2: DEVELOPMENT CONTEXT

18. The population of Eritrea is estimated at 3.66 million, some 11.25% points above the 3.29 million estimated in 2000. The sex ratio shows that the number of females is slightly higher than males. A significant proportion of the population, 16.3%, falls between the ages of 15 to 24 years. According to the Living Standards Measurement Survey (LSMS), the dependency ratio is estimated to be 116. The majority of the population (68.8%) live in rural and semi-rural areas and average family sizes are relatively large (5.1 persons per household). In terms of the key social indicators (see Table 1 in Annex for details), life expectancy at birth is 52 years; child mortality (under five years) now stands at 93/1000, while maternal mortality is 630/100,000. The country's HIV/AIDS prevalence is estimated to be 2.4%.
19. Immediately after independence, Eritrea formulated and implemented socio-economic policies and strategies between 1993-97, which led to a notable rise in economic growth (an average of 7%), increases in per capita income and other marked improvements (GDP, schools, health facilities, etc). These strategies/policies contributed strongly towards improving the living conditions of the population. During the same period, Eritrea acceded to a number of key international human rights treaties.
20. Since the end of the border war and as a result of the stalemate over the border demarcation and recurrent drought, the economy did not perform as well over the past five years compared to 1993-97. Real economic activity has fluctuated significantly. In 2000 the economy contracted by over 10%, followed by a 9.2% rebound the following year. Between 2002 and 2004 the economy grew by an average of 2.2% a year. Taken as a whole, the post-war period has seen very little economic growth, with serious implications for poverty reduction. This development and related ones such as increased vulnerability have to be seen in the context of three main influencing factors:
 - 1 The stalemate over demarcation of the border with Ethiopia;
 - 2 Recurring droughts and the resulting food insecurity; and
 - 3 Severe resource constraints, including human capacity gaps.
21. The stalemate caused by Ethiopia's refusal to abide by the decision of the Eritrea-Ethiopia Boundary Commission (EEBC), has led Eritrea to pursue economic policies that are dictated by the exigencies of the no-war-no-peace situation. Under these circumstances, there is still the need to tie up significant resources for defense that could have gone towards the development effort, including investments in critical social infrastructure.
22. Drought is another factor that has adversely impacted economic performance over the past five years. A significant portion of Eritrea is arid, with mean annual rainfall ranging from less than 300 mm in the coastal areas to 1,000 mm in the western lowlands. As a consequence it suffers from chronic food deficits. Even in years of good rainfall and adequate inputs, it is able to produce only 60-70% of its domestic food needs. Since independence, and especially in recent years, Eritrea has had to cope with severe droughts, the worst being experienced in 2002, when crop production dropped to 61,591 metric tonnes, the equivalent of some 10% of annual national consumption requirements. During 2001-2004, the crop harvest averaged only 139,000 metric tonnes a year, one-third of the good harvests achieved in 1998 and 1999. Although the share of agriculture in GDP is remarkably small (10-15%), the impact of drought on aggregate growth has been remarkable. However, the impact on the livelihood of over 70% of the population, which resides in the rural areas is severe. Many poor rural households (some 30% of them women-headed) cultivate only 0.9 hectares of land, less than the average of 1.1 ha for each household, which reduces their ability to diversify and so increases their susceptibility to natural and economic shocks.
23. Economic and social performances have also been affected by the shortage of resources, both local and foreign. At 30.1% of GDP during 2001-2003, Eritrea's domestic revenue effort was above the Sub-Saharan average of 24%. However, foreign exchange has become more and more scarce as a result

of the decline of exports in recent years. Official Development Assistance (ODA) Foreign -per capita had risen from \$33 in 1997 to \$54 in 2002, but it has been on the decline in recent years, as the development assistance pipeline of some of the major development partners has shrunk. Gross foreign exchange reserves have been sufficient to cover only 1 to 2 months of imports.

24. While the key economic policies and strategies that were introduced during 1993 -97 are still in place, the stalemate over the demarcation of the border has been affecting the performance of the economy. The challenges could be categorized into two. First, the appreciable economic growth achieved by 1997 gave way to macroeconomic imbalances, which have yet to be brought under control. Secondly, the economic policies pursued prior to the conflict have been compromised by the need to deal with the impact of the no -peace–no-war situation.
25. Interrelated factors mentioned earlier explain the situation. The stalemate affects economic policy, which in turn affects the capacity of the economy to grow and generate more resources, including foreign currency. The stalemate also affects labour supply to agriculture and other sectors of the economy and thus depressing growth. The economic policy stance affects flows of foreign aid, investment and remittances, which in turn affect economic performance. In addition to these, population growth of approximately 2.7% requires increased resources to meet basic social needs.
26. The government's long -term goal remains that of poverty reduction through rapid economic growth and accelerated human development. In response to the above development challenges, the GOE prepared the first I-PRSP, which provides an overview of the nature of poverty in the country and outlines the overall strategy the Government would pursue to resume rapid, but pro -poor, economic growth, and implement targeted interventions aimed at poverty reduction. Simultaneously, the Government prepared a draft Food Security Strategy (FSS) which together with the I-PRSP lays out the Government's broad strategy to bring about food security and reduce poverty.
27. The I-PRSP which outlines key targets for 2004 to 2007, is built on four pillars: (1) reinvigorating economic growth, whilst making it equitable, broad -based and pro-poor; (2) creating income -earning opportunities for the poor; (3) enhancing access to and utilization of essential services for human development; and (4) promoting active participation of the people in the political, economic and social aspects of nation building by putting in place an enabling environment and strengthening the institutional capacity.
28. Eritrea's Human Development Index (HDI - encompassing life expectancy, school enrolment, literacy and income parameters) showed improvements over the period 1999 -2001 from 0.416 to 0.446 but declined to 0.439 in 2002. Population movements (internal displacement, resettlement, and rural -urban migration) are increasing pressure on basic social services especially in urban areas.
29. In conclusion, the stalemate over the demarcation of the border, the drought and the shrinking of development assistance to Eritrea has constrained implementation of long-term development programs. The 2005 CCA uses this background as a platform.

CHAPTER 3: VULNERABILITY

30. After the period of 1993 -1997 when average income was rising in Eritrea, the situation changed with the start of the border war. As a result of the war, the economy stagnated with poverty approaching 66% (2003).
31. The stalemate over the demarcation of the border combined with recurring droughts and stagnation of the economy have exacerbated the hardship and vulnerability of various population groups. The main vulnerable groups are the disabled, IDPs (some of whom have returned home, whilst others are still in camps), expellees from Ethiopia, refugees who have been repatriated to Eritrea and their host communities, refugees and asylum seekers in Eritrea, pastoralists, FHHs, the urban poor, street children and high-risk HIV/AIDS groups. Within these groups, women and children continue to be the most disadvantaged, both socially and economically. Similarly for refugees and IDPs who are still in camps, economic and self-reliance opportunities are reduced and vulnerability is high. There are 50,509 IDPs of which 42,821 are in camps, 120,000 returnees since 2001, 18,464 rural expellees and a number of refugees hosted in Eritrea.
32. Based on the 2002 Eritrea Demographic and Health Survey (EDHS), FHHs range from 38% to 52% of all households across the zobas (regions). Traditionally, Eritrean women and girls assume the responsibilities of caring for their families and fulfilling domestic duties with an increase in intensity and magnitude in times of hardship. One livelihood survey conducted in March 2002 showed that one-half of rural households headed by women were below the poverty index.
33. One of the main social problems resulting from years of war, drought and dislocation has been the high number of orphans. A survey on the most vulnerable children conducted in 1999-2000 identified 51,000 orphans in need of urgent support. In recent years, 53,000 orphans have been provided with assistance and reunified within the extended family system (UNICEF, WB & MLHW). The precise number of AIDS orphans remains unknown.
34. While some up-dated data are available, Eritrea still relies on the 1999 National Survey, which indicated about 3,000 street children in the country. An update would be desirable if programs targeting street children are to be developed.
35. A national survey on commercial sex workers conducted in 1999 reveals that out of the 4,579 sex workers identified, 225 were between the ages of 14 and 17. These groups are vulnerable to pregnancy and sexually transmitted diseases, including HIV/AIDS, and suffer social stigmatization affecting their development.
36. With regard to disabled children an assessment carried out through the Community-based Rehabilitation Program (CBR) after 1994 put the number of disabled children nationwide at 30,000. Disabled children suffer from stigmatization and inadequate health services and little access to education or recreational facilities.
37. The Government has been taking concrete initiatives to address some of the above issues. It has developed an Integrated Recovery Program (2004) to especially address the issues of IDPs, deportees and host communities. The sectoral plans being developed in social welfare, education, HIV/AIDS, health and food security seek to address the needs of some of the vulnerable groups, with a conscious attention to women and girls. School feeding, water and sanitation projects are ongoing in the drought stricken areas with the support of the UN and other partners. The National Nutritional Surveillance that is in place provides constant data on the situation and the trends. Traditional coping mechanisms and societal safety nets within families and communities are functioning well within their own communities to alleviate their situation.

38. In line with the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination Against All Women which Eritrea signed in 1994 and 1995 respectively, the protection of the most vulnerable groups of children and women, comprising IDPs, returnee and refugee populations, will remain a national priority and the situation will be continuously monitored by the Government.

CHAPTER 4: KEY DEVELOPMENT ISSUES IN THE CONTEXT OF MDGs

39. The MDGs form a core agenda for development upon which the international community reached consensus at the Millennium Summit in September 2000. The 8 Goals, 18 targets and over 48 indicators address issues ranging from eradicating poverty and hunger; access to quality universal primary education; improvements in gender equality and maternal and child mortality; the reduction in major diseases; to reversing the destruction of the environment. While most of these require concerted action on the part of developing countries like Eritrea, the 8th Goal – develop a global partnerships for development which is directed at the rich countries and highlights increased foreign aid, debt write-offs and enhanced access to markets, etc - has a direct bearing on the development challenge of the developing countries. The goals do not encompass the whole of Eritrea's development agenda, though they are a major subset of the nation's development goals. Achievement of the MDGs by the target date of 2015 would represent a major milestone in Eritrea's development efforts.
40. The first Millennium Development Goals Report (MDGR) for Eritrea assessed progress towards the MDGs, evaluated the prospects for achieving the goals by 2015 and provided an assessment of the resources needed to achieve the goals. The MDGs derive from the premise that people's basic rights and needs have to be protected. They have a right to be assisted to escape extreme poverty, enjoy equality as between the sexes, have access to safe water and sanitation and decent shelter, lead a healthy life free from easily preventable diseases, attain a basic level of education and enjoy an environment that is protected for future generations. This chapter picks up on each of these and related themes.
41. It is crucial to bear in mind that each of the nine themes extrapolated below are deeply affected by the stalemate over the demarcation of the border, the drought, and the shrinking of development assistance to Eritrea, which in turn constrain implementation of long-term development programs.

4.1 Governance

Preliminary

- Good governance is practiced and development fostered when governments: build an accountable and efficient system of public administration; pursue sound economic policies; uphold the rule of law; protect human rights; make the necessary public investments which address gender needs; create a conducive environment for the private sector to flourish; encourage effective participation of civil society organizations; empower the people to influence and participate fully and effectively in the development and political processes; and encourage the free flow of and access to information.
- The Eritrean Constitution provides for the legislative framework and procedural mechanisms for the protection, respect and fulfillment of rights. It further provides the instrument for ensuring that there is adequate balanced attention to social and economic issues as well as the necessary institutional mechanisms for addressing the needs and priorities of women, children and other vulnerable groups.
- The Government has also ratified key international conventions and treaties. The international treaties of relevance here are the UN human rights conventions
- Eritrea has submitted and received recommendations on the country's first report to the Committee on the Rights of the Child and is in the process of preparing reports to the Committee on the Convention on the elimination of all forms of Discrimination Against Women for presentation in 2006.

Progress made towards national priorities

- A demonstrated strong commitment to design and carry out a host of development projects, often using its own limited resources and maintaining a strong anti-corruption stance.
- The sheer commitment of Eritreans, war veterans and non-veterans alike, to their country and their willingness to make sacrifices for the good of the country.
- Drafted and harmonized Civil Code, Civil Procedures, Commercial Code, Penal Code and Procedure, which are needed to enforce the implementation of the Constitution. A process has also been initiated to consolidate all laws, conventions and other instruments
- Progress has been made in the empowerment process and decentralization, part of the public sector reforms initiated in 1996. At local and zoba (regional) levels, elections for local administrators, village councilors and regional assemblies were conducted in 2002 and 2005. The elections were aimed at fostering active popular participation and strengthening the existing administrative networks in the country. Recognizing the role of Alternative Dispute Resolution (ADR) mechanisms as part of the judicial system the Government has established 683 community courts to enhance access to the justice system by the population. In 2004 the people directly elected the village judges, 22.5% of whom are women, for the community courts.
- According to the 2005 Eritrea CEDAW report, women's participation in the regional assemblies has increased from 20% in 1996 to an average of 30.5% in 2005 across the six zobas with the highest in Zoba Maekel (37%) and the lowest in Zoba Southern Red Sea (27%). Interventions are being undertaken to strengthen their capacities to participate in the decision-making process.

Situation analysis

- At the time of independence, the Government had to create, almost from scratch, a system of public administration including the administration of justice. The basic institutions are in place but suffer from internal capacity constraints (plagued by a severe shortage of qualified/experienced staff) and often lack adequate procedures for day-to-day administration of regulations.
- The severe macroeconomic imbalances triggered by the border war still persist, making the policy environment less than optimal for growth and development.
- Notwithstanding the fact that Eritrea has made much headway within a short period since its independence, there is need to sustain and deepen the gains especially in ensuring that the law enforcement mechanisms such as the court systems, the police system, the correctional services, and the Attorney General's office/public prosecution services function efficiently. Competencies and skills are still limited related to the aforementioned issues.
- The Government has recently issued an NGO Proclamation with the aim of making the work of NGOs more transparent and accountable. At some point, it will be useful to review how the new Proclamation is facilitating effective Government-NGO partnership in the delivery of services to poor communities in line with Government objectives to reduce deprivation.
- Despite the legal and political commitment and the relative progress that has been made, women's participation in governance institutions remains low

Governance (cont'd)		
<p style="text-align: center;">Causality analysis</p> <ul style="list-style-type: none"> • The root cause is the pressing challenge of balancing security (border stalemate) and development needs in the face of limited resources. • Capacities are limited for a more accountable and efficient public administration and full decentralization. 	<p style="text-align: center;">Capacity gaps and key challenges</p> <p>Lack of requisite capacity - Impacting all sectors, including:</p> <ul style="list-style-type: none"> • Implementation of sound economic policies • Building and maintaining infrastructure: ensuring efficient administration of justice. • Providing a more favorable climate for private investment; collecting, analyzing and disseminating socio-economic data. <p>Demographics</p> <ul style="list-style-type: none"> • Public administrators are aging and, until recently, the lack of an established pension scheme created a disincentive for retirement. The new scheme lacks seed capital to pay those retiring in the short term. • Freeze on public sector pay since 1997: real wages and other incentives have fallen drastically. • The education and training system has not produced the requisite numbers and categories of skilled people needed by the public and private sectors as fast as had been expected, creating large the public and private sector skill gaps. <p>Administrative decentralization</p> <ul style="list-style-type: none"> • Despite the policy in place and progress made, the severe shortage of skilled labour has caused a slower pace of decentralization. <p>Private sector and civil society</p> <ul style="list-style-type: none"> • In the absence of a conducive, secure climate, the track of implementing long-term objectives of making the private sector the engine of economic growth has been de-railed. (Refer to section on economic growth and development for details). The important contributions of non-governmental organizations and civil society organizations during the recent war and drought-related emergencies are well known. 	<p style="text-align: center;">Potential areas for UN system cooperation</p> <p>Strengthen capacities of national institutions</p> <ul style="list-style-type: none"> • Augment an efficient and effective civil service. • Develop and support implementation of legal and regulatory frameworks to embody international conventions that Eritrea has acceded to, as well as to ratify others. • Assist the government in the on-going implementation of the decentralization policy. • Assist in the establishment of a Juvenile Justice system, strengthening efficiency within the police and correctional services and enhancement of gender equality. <p>Promote community participation in recovery and management of development</p> <ul style="list-style-type: none"> • Support social and economic empowerment of communities and vulnerable groups to acquire skills and organizational capacity, with training, increased information and literacy support, etc. • Foster representation of the persons with disabilities, women, young people, and displaced persons in the decision making structures of the various institutions, especially building on the decentralization efforts. • Prioritize pro-poor/gender-responsive budgeting approaches to ensure continued commitment to protect the most vulnerable. <p>Support of reporting on MDGs and human right instruments' progress</p> <ul style="list-style-type: none"> • Serve as a monitoring instrument both internally and for the world community, with the recommendations of the various treaty bodies providing norms and standards against which to review national policies and results. • Assist in bringing visibility to the international community's own compliance with commitments made towards supporting least developed countries and post conflict democracies, in line with MDGs and the Monterrey Consensus.

4.2 Economic Growth and Development

Preliminary

Rapid economic growth is a key objective of development policy in Eritrea. Though economic growth is not a sufficient condition for reducing poverty and raising living standards, it is indispensable to achieving these goals. Indeed, it is crucial in the attainment of the MDGs, particularly for eradication of extreme poverty. Accordingly, since independence high priorities have been given to policies and programs aimed at achieving it. Though there isn't a blueprint, certain factors underlie the success of some countries: women's empowerment; peace and security; a stable macroeconomic framework; a strong partnership between the public, private and civil sectors; adequate infrastructure; and a high rate of literacy.

Progress made towards national priorities

- The Government has established and strengthened economic and technical cooperation ties with a broad spectrum of countries.
- The country's recent move to establish a policy framework such as the I-PRSP for addressing poverty and catalyzing economic development is critical. Engagement with IMF and continued cooperation and partnership with other development actors such as the World Bank and the UN itself is a positive factor for mobilizing technical and expert assistance in promoting economic development.
- The Government has identified key sectors and potential economic resources, and is designing strategies and programs including a free trade zone to be set up in Massawa, to optimally use these sectors that include agriculture, fisheries, industry and services, especially tourism, to expedite economic growth. Furthermore, the Government is pressing ahead with infrastructure development in key sectors.
- At community level, the institution of credit schemes and income generating activities has been intensified with significant success stimulating broader community participation and small-scale enterprise development. In addition, the mobilization of remittances from the Diaspora is an important source of national revenue at household level as well as budget support.

Situation analysis

- The global environment for finance, investment and trade plays a role in a country's ability to promote economic growth and development. Small countries such as Eritrea are working through the regional and international channels to influence the global environment. In country, the focus has been on domestic policies and programs. Up until 1998 the domestic environment and the associated policies and programs proved quite successful in terms of engendering growth. Peace and security prevailed. Relations with Eritrea's neighbors were good and trade flourished between them. The Government pursued sound macroeconomic policies. The result was that by 1997 the Government budget deficit was reduced to about 6% of GDP, inflation was down to 5%, foreign exchange reserves were sufficient to cover seven months of imports, and the black market in foreign currency was a marginal phenomenon.
- A strong partnership was developing between the public and private sectors. Among other things, this was attested to by the revision of the investment code, the efforts made to strengthen the Eritrea Investment Center, and streamlining of licensing procedures. Good progress was made in reconstructing infrastructure (roads, the seaports, schools, health facilities, etc.) devastated or neglected because of the liberation war. Adult literacy increased and the push to increase school enrolments meant that youth literacy was on the rise. In reflection of the economic environment and the policies and programs described above, GDP grew at an average annual rate of 7% between 1993 and 1997. The border war with Ethiopia and its lingering effects have eroded these gains as shown in Table 2 (Annex 1, page 36).
- The average annual rate of economic growth has been close to 1% (1999-2002) and 2.2% since then; while the population has been estimated to grow 2.7% annually. Low economic growth therefore translates directly into falling incomes for households as well as for businesses and it has also adverse effects on Government revenue. This in turn limits the Government's ability to provide infrastructure, to deliver public services such as education and health, and to meet the needs of the vulnerable members of society. It limits the ability of communities to be self-reliant and impairs the family's coping response mechanisms. In addition, the threat of HIV/AIDS (though contained at present) requires considerable investment in HIV prevention and AIDS care treatment and support programs.

Economic Growth and Development (cont'd)		
<p>Causality analysis The root problems causing slow economic growth and development are:</p> <ul style="list-style-type: none"> • Damaged infrastructure • Inability to mobilize external resources for development projects and budget Support. • Macroeconomic imbalances 	<p>Capacity gaps and key challenges Reversion to conducive economic environment</p> <ul style="list-style-type: none"> • How to return to the climate and policies that proved so conducive to the achievement of rapid economic growth in the period preceding the border war, even while the border stalemate persists. • The Government realizes that more needs to be done to reduce the macroeconomic imbalances, with less reliance on controls and more on market forces, and enhancement of partnership between the public and the private sector with attraction of investment. <p>External resource mobilization</p> <ul style="list-style-type: none"> • External resources are needed to support the Government budget and the balance of payments. A large proportion of these resources would have to come from the development partners in the form of official development assistance (ODA) and humanitarian assistance and remittances. Since the outbreak of the border war and the onset of droughts, humanitarian assistance has become the main form of assistance to Eritrea. • Eritrea needs more development assistance, greater foreign investment and sustained flow of remittances. In addition, all development partners would need to intensify their efforts to assist in the achievement of MDG 8 targets. <p>The revival of exports</p> <ul style="list-style-type: none"> • Exports of goods and services covered 18% of imports in 1998. In 2000 the coverage was down to 15%. <p>Potential sources of growth</p> <ul style="list-style-type: none"> • These include agriculture, fisheries, industry and services, especially tourism. The challenge is to create favorable conditions for investment in these sectors. 	<p>Potential areas for UN system cooperation Building data and information</p> <ul style="list-style-type: none"> • Data and information are central to economic planning and monitoring. The UN system could effectively assist the Government in the collection, analysis, dissemination and utilization of gender disaggregated data including the conduct of population and housing census and other sectoral surveys. A functional and easily accessible database can be established using such existing tools like DevInfo could be facilitative. <p>Capacity building in the production sectors</p> <ul style="list-style-type: none"> • This should focus on both the policy issues as well as the technical expertise necessary within the various sectors.

4.3 Food Security

Preliminary

- Achieving food security is one of the main objectives of national development policy. Eritrea's household food insecurity is closely linked to poverty. Improving food security would therefore make an important contribution towards the MDG achievement of eradicating extreme poverty and reducing hunger. In terms of context, the crop production and livestock-carrying capacity of Eritrea's semi-arid climate is subject to severe natural limitations. Even in years of exceptionally good rainfall, domestic production meets about 60% of estimated total food requirements. When drought strikes domestic food production can fall to as little as 25% of national consumption. To enhance food availability, increasing national capacity to import an adequate quantity of food supply is adopted as a strategy. Increased food production hinges on a number of factors namely: irrigation development, water control and management; land tenure; agriculture infrastructure; research and innovation; labor supply and appropriate technology; women's increased participation in modern agriculture; marketing; institutional capacity building; and agricultural data collection, processing and dissemination.

Progress made towards national priorities

- The National Food Security Strategy was completed in 2004 and complements the I- PRSP document. The final drafts of both these documents have been widely circulated to development partners; follow-up including the design and development of implementation action plans is pending.
- A National Food Information System (2004) has also been developed and is operational at national level and in all 6 zobas, which together with the National Nutrition Surveillance system is a critical component of the humanitarian response.
- It is a strategy, in areas where there are comparative advantages, to produce high value cash crops and peri-urban dairy products.
- A new policy " cash-for-work" was adopted to eliminate the culture of dependency, to increase employment opportunities while ensuring minimum income to vulnerable groups, and to eliminate market distortions.

Situation analysis

- EDHS (2002) shows that the average household size has increased from 4.4 to 4.8 persons, being larger in rural than in urban areas (4.9 and 4.7 respectively) coinciding with higher rates of poverty in rural areas. The Northern Red Sea and Anseba are the poorest zobas, with over 75% of the population being poor and around half extremely poor. These zobas are even more drought-prone than the other zobas making them highly food insecure. Food insecurity is also widespread in the central highlands and in the western and eastern lowlands (pastoral areas) of Eritrea. The central zoba, the least poverty-stricken has 54% of poverty incidence and 21% of extreme poverty incidence. The incidence of food poverty is very high covering 70-80% of the population (i.e. 80% in the rural areas and 20% in the urban areas). The natural resource base upon which the poor depend is very fragile and needs early interventions.
- Regarding household wealth (an important determinant of household access to food in times of economic shocks) according to the LSMS (2003), in rural areas, households have livestock worth about Nfa 5,000 (US\$ 333.30). Including other assets but excluding the value of owned house, the average worth of assets is approximately Nfa 7,000 per household - not adequate enough to provide cushion against shocks. According to the LSMS, on average about 40% of income is obtained from wages and about 22% from cultivation. The magnitude does not vary across poverty status. About one-fourth of household income is in the form of aid and transfers. Other incomes, comprising mainly loans and sale of household assets, account for about 17% of total income. Altogether, about 50% of household income comprises aid, transfers from abroad, loan, sale of assets and charity; the other half comes from economic activities.
- Female-headed households (FHH) represent a typical group of the vulnerable segment - they have low farm production and income largely because they lack manpower and fewer assets than an average poor household. FHHs consume less of nutritious foods. In 2002 they planted only 4.6% of the cultivated area with fruits and vegetables as compared to 10.4% planted by an average poor household. The poor-FHH on average get Nfa 222 from all crops, compared to Nfa 400 for an average poor non-FHH. According to EDHS (2002), only 8% of women are engaged in irrigated agriculture indicating the need for reproductive health services, labor saving devices, and appropriate technology to ensure their increased participation in alleviating food insecurity.
- Recurring droughts over the past five years, and particularly poor crop harvests in 2000 and 2002 have had adverse effects on food security. Table 3 (Annex 1, page 37) presents production of the main crops since independence. Cereal production in 2002 was estimated at only 61,591 metric tons, the lowest production on record since independence.
- The shortfall in domestic food production relative to national consumption requirements had to be filled through commercial imports and food aid. The volume of commercial food imports depends on the availability of foreign currency and the vibrancy of the private sector. Since the border war, Eritrea has been facing a severe foreign exchange shortage. In some years food aid covered the residual gap between requirements on the one hand and production and imports on the other hand. The national cereal balance sheet for recent years is presented in Table 4 (Annex 1, page 37).

Food Security (cont'd)

Causality analysis

- The root cause is low domestic production due to the prevailing semi-arid climate, characterized by erratic rainfall and frequent droughts: Eritrea is not likely to produce food in abundance, livestock farming and drinking water supplies are adversely effected.
- War damage to agricultural infrastructure, machinery and inputs; loss of livestock; population displacement and dislocation, which disrupted farming activities; some farmlands remaining idle because of landmine infestation.
- Predominance of low-productivity owing to subsistence farming, fragmented land ownership, poor farm management, deforestation and uncontrolled over-grazing contributing to water-table depletion.

Capacity gaps and key challenges

Management of water resources

- Eritrea now depends overwhelmingly on rain-fed agriculture. More intensive production using irrigation is needed to promote commercial irrigated agriculture and increase yields. Foremost, this must be preceded by a careful assessment of the water resources of the country.

Modernization of traditional agriculture

- Reliance on traditional practices and crop varieties entails low production even in years of good rainfall.
- A cautious but widespread dissemination of high-yielding crop varieties and modern inputs such as fertilizer and pesticides and adoption of improved storage practices are required.

Shortage of labour

- Even in years of good rainfall, the shortage of agricultural labour limits the area of land that households can cultivate.
- Female-headed households are particularly hard hit by the labour shortage.

Land tenure and fragmentation

- Land holding, especially in the highlands and midlands (Anseba) is fragmented, and it discourages users to invest in soil conservation and tree planting improvements.

Increasing production of high value crops

- Eritrea has comparative advantages in the production and exportation of high value agricultural products.

Operationalizing MDG 8 in support of national food security

- A central feature of such a mobilization effort would be the articulation of a budgeted plan of action.

Potential areas for UN system cooperation

Capacity building to collect, analyze and disseminate national and household food security information

- Essential for policymaking and early action to avert hunger and famine.

Diversification of opportunities for sustainable livelihoods in agriculture and fisheries

- This should include assistance to pastoralists to create sustained increases in productivity without affecting their environment adversely.

Land use planning

- Assistance is required in the finalization and implementation of policies, strategies and laws related to land and land use planning, agriculture, forestry and fisheries.

Water harvesting, management and soil conservation

- Water and soil are the greatest assets for the poor in rural areas. Improved water harvesting and soil conservation are crucial for rural livelihoods.

4.4 Emergency and Recovery

Preliminary

- Since the last CCA, Eritrea remains in the grip of an emergency prolonged and deepened by recurring droughts and the border stalemate. Successive CAPs have sought to combine recovery with emergency. But given the sheer scale of the humanitarian needs, resource mobilization efforts in aid of recovery programs have not fared very well. Since the formulation of the 2001 CCA the emergency situation has worsened while recovery efforts have been lagging. At the end of the border war 1.1 million Eritreans were in need of humanitarian assistance. By the time of the 2005 CAP the number had doubled to 2.2 million. Of this number 18% are women of childbearing age and 5% pregnant women. Progress has been made in addressing the emergency and recovery needs of individuals and communities but much remains to be done.

Progress made towards national priorities

- Government budget and contributions from the Diaspora have been committed to relief and recovery efforts over the years. In addition, more than 50% of ODA is humanitarian assistance. In 2003, Eritrea was designated one of the four countries to be supported in the implementation of a joint UN transitional recovery response effort: the 4R's (repatriation, reintegration, rehabilitation and reconstruction).
- Considerable effort (including joint multi-donor field visits) was exerted in the development of a US\$ 135 million Integrated Recovery Program (IRP) designed on the 4R's principles, though it has not been possible to mobilize resource for the whole IRP package. Resource mobilization efforts have to date resulted in a commitment of only US\$ 24 million. An initial phase of the IRP entailing a joint program to resettle 30,000 IDPs and expellees is underway. So far, 19,000 have been resettled from Adi Keshi Camp to their original villages.

Situation analysis

- The emergency and the response to it as well as the associated recovery efforts have been the subject of successive appeals for humanitarian assistance and periodic updates since 2000. The needs remain enormous and the international response to the appeals for assistance has often proved inadequate. The predominant need has been for food - the 2005 CAP seeks \$157.2 million of which food accounts for 73%. Generally, food needs have more or less been met but are not always adequate to permit the distribution of full rations to those in need. Besides, some deserving groups such as the urban poor have not been covered. The ranks of the urban poor have continued to swell as more people migrate from the rural areas in an effort to escape the effects of drought, and in search of jobs. Water is also of such huge scarcity that some populations rely on trucked water supplies.
- The protracted drought has stretched the coping mechanisms of the different vulnerable groups. There are about 100,000 landmine survivors in Eritrea who need access to the same basic social services as the rest of the community, as well as resources for reintegration and rehabilitation. Furthermore, though the vast majority of IDPs have returned to their villages, the nowar-no-peace situation, coupled with drought, has made it difficult for them to resume their normal lives. About 186,000 IDPs who have returned home continue to require humanitarian assistance. 19,000 of the 60,000 IDPs left in the camps were recently resettled. Those remaining in are there due to proximity to the border and the attendant fears of incursions, destruction of homes, and/or Eritrean territories not having been returned as per the EEBC decisions.

Emergency and Recovery (cont'd)		
<p style="text-align: center;">Causality analysis</p> <ul style="list-style-type: none"> The root cause is drought over which people have little control. The current border stalemate is such a big source of uncertainty that while it lasts the specter of conflict with Ethiopia and the attendant need for emergency assistance will not reduce. The past conflicts within the sub-region have been a major cause of international displacements, injuries and deaths from landmines and UXOs. Emergencies (drought or conflict) in themselves create vulnerabilities of many people especially those in emergency's epicenter. Emergencies do worsen the situation by further destroying or weakening the coping mechanisms that these communities would have been nurturing. The Landmine Impact Survey (LIS) found over 650,000 people living in 481 landmine-impacted communities throughout all the six zobas in Eritrea. This makes Eritrea one of the highly mine-affected countries in the world. Although de-mining is underway, the presence of landmines prevents villagers, IDPs, returnees, deportees etc. from utilizing some of the fertile lands in Debub and Gash-Barka, thus making it difficult for them to re-establish their normal agricultural activities, including the grazing of cattle. 	<p style="text-align: center;">Capacity gaps and key challenges</p> <p>Resource mobilization</p> <ul style="list-style-type: none"> The Eritrea Relief and Rehabilitation Commission (ERREC), the Government's relief agency, has the capacity, with the support of the international humanitarian community, to manage large-scale emergency operations. Since the outbreak of the border war and the onset of drought in recent years the UN has been in the forefront of efforts to mobilize emergency and recovery assistance for Eritrea. The requirements are never fully met. The international community must respond to this emergency building on the commitment to partnership expressed in MDG 8 and the Monterrey Consensus. <p>Support of vulnerable groups</p> <ul style="list-style-type: none"> The specific vulnerable groups as IDPs, refugees and expellees who have returned to their villages or alternative locations need basic production and survival kits to become productive and self-supporting again. Support for individuals and communities to help them resume income-generating activities are necessary but not sufficient. The broader economic context for recovery is equally important. The challenge is to recreate the conditions for rapid economic growth in which the poor can participate. <p>Prevention and mitigation of disasters</p> <ul style="list-style-type: none"> There is a need for increased focus on prevention and mitigation of disasters by building capacities as well as introducing systems and practices that focus individual and institutional attention on the benefits to be derived from prevention and mitigation measures. 	<p style="text-align: center;">Potential areas for UN system cooperation</p> <p>Social protection</p> <ul style="list-style-type: none"> Support to this sector must continue to save lives, and provide dignity to the most vulnerable, especially women and children. Efforts must focus on providing emergency relief to the affected population; and support for mine-action. Special attention must be paid to women and child-headed households in the emergency and recovery programs while at the same time strengthening communities' safety-nets so as to cater the special needs of IDPs, expellees, unaccompanied children, the disabled, the elderly and other disadvantaged groups. <p>Continuation of 4Rs</p> <ul style="list-style-type: none"> The 4R principles must be central to the transition from relief to development. Provision of water and sanitation, shelter, education, sustainable livelihoods emergency reproductive and other health services must be an integral component of this integrated support. <p>Disaster preparedness and early warning</p> <ul style="list-style-type: none"> It is critical that the existing internal capacity of the state and its institutions for disaster preparedness through policy framework and other mechanisms be strengthened further. While efforts continue to manage responses to emergencies and disasters, increased attention has to be shifted to disaster prevention and mitigation. The establishment of an early warning system and preventive systems will help policy and decision-makers undertake appropriate measures to prevent or mitigate the impact of disasters. Specific and conscious inclusions should include measures that will mitigate the social, economic and psychological impact of the disaster on the most vulnerable, with a special attention to women, children and persons with disabilities. <p>Promoting participation</p> <ul style="list-style-type: none"> Participation of the most vulnerable persons in the conceptualization and planning processes is critical. Noting that the country had developed an Integrated Recovery Program in 2004, more effort must be placed around resource mobilization for its implementation. In the same vein, adequate support must be provided towards supporting community initiatives, building economic and recovery social networks for the vulnerable groups and up-scaling on their on-going innovations (cross-reference section with Vulnerability in Chapter 3).

4.5 Education

Preliminary

- The GOE recognizes education as one of the priority sectors in its quest for national development and overall poverty reduction. Education and training foster social development and equality among the people, enabling them to generate increased income and lift themselves out of poverty as they develop the knowledge and skills required for a vibrant, competitive economy.

Progress made towards national priorities

- The Government with the support of DPs has prepared an Education Sector Development Program (ESDP) to guide, scale up and speed up developments in the sector. Within the context of the ESDP the Government is redoubling its efforts to achieve universal primary education and gender equality at all levels of education as called for under the MDGs.
- The Government introduced an overall education sector program reform. Among others, new curriculum and books for grades five and six have already been issued and the preparation of books for grades two and four will also be completed in 2005. Furthermore, capacity building of teachers and the learner-centered interactive pedagogy has already been implemented.
- The net enrolment rates at the elementary, middle and secondary school levels have increased from 30, 6 and 10%, respectively, in 1993-95 to 51.5, 18.0 and 14.1% in 2003/04. Eritrea thus continues to make progress towards the MDGs but it will not achieve universal primary education by 2015.
- With respect to gender equality in education, Eritrea had made remarkable progress until the 1998 border war. As the MDG Report found, the ratio of girls to boys at the elementary, middle and secondary levels had reached 80, 84 and 65%, respectively, by 1993-95. The comparable figures for 2001-03 were 81, 80 and 57%, respectively.
- At the tertiary level the Government has established the Mai-Nehfi College of Science, the Marine Sciences and Fisheries College in Massawa, the College of Agriculture at Hamelmalo, and the Orotta School of Medicine in Asmara, the College of Business and Economics (temporarily in Mai Nefhi) and other specialized institutes to train teachers, technicians and other skilled workers are being established in the regions.
- Efforts have been made to increase the presence of female teachers in primary schools. For example the proportion of female primary school teachers increased from 34.9% in 1998/99 to 36% in 2000/1. However, there is need for more effort to increase female teachers at all levels. In addition, there are ongoing efforts to ensure collaborative efforts between the health and education sectors.

Situation analysis

- Access to education has remained low as about a quarter of a million school age children are out of school. Big disparities remain between boys and girls, as indicated above. There are also wide disparities between income groups. The elementary school attendance ratio for children from households belonging to the highest income quintile is 85%, compared to 40% for those from the lowest income quintile. In addition, there are big gaps among regions, with Debub and Maekel having the best enrollment rates. There is also a wide gap between urban and rural areas.
- Low quality of education is another area of concern. The Monitoring of Learning Achievement (MLA) study in 2001 "...found reason for deep concern that the massive effort done at extending educational access is not producing the desired quality." Specifically, it found that:
 - None of the regions or grades tested (3 and 5) achieved the minimum mastery level in any subject, but mother tongue came closest.
 - Low performance in mathematics is a matter for national concern, and so are the regional variations.
 - Performance was markedly lower in Grade 5 than in grade 3.
 - An improvement in girls' education not only requires better access to school, but also greater success in school. Girls' combined scores compared favorably with males at grade 3, but significant differences emerged at grade 5 with girls performing 21%age points below boys. Another study highlighted the low performance in English at grades 7 and 11.

Education (cont'd)		
Situation analysis (cont)		
<ul style="list-style-type: none"> The country lacks an effective labour market information system (LMIS) by which to guide the direction of the system, given that employers have virtually no input into the training programs. Institutional rigidity also contributes to lack of demand responsiveness. Formal skills training programs are long (three years) and limited to traditional trades. Moreover, technical schools are marginal in the overall education system and account for only 5% of enrolments at secondary level. Public non-formal skills' training is negligible. Those working in the informal sector have practically no chance to acquire the skills they need. The current training system will not cope with the demand arising from eventual demobilization. The quality and effectiveness of Technical Vocational and Education Training (TVET) also present challenges. Uniform standards are lacking, external assessment is not practiced and, consequently, quality varies widely by institution. TVET institutions lack the main inputs required for proper training: qualified and experienced instructors, textbooks and teaching materials and operational, reasonably up-to-date equipment. In reference to gender disparities in education, the 2002 EDHS report shows that education is the most important factor in determining the health patterns, economic status and general empowerment of women. For every additional year of education up to secondary level, a woman's status is improved in every sector. The important relationship between child mortality and women's education is also clear. Indeed, 2002 EDHS reported that the children of uneducated mothers experience an under-five mortality rate of 158 deaths per 1000 live births, compared with 99 deaths per 1000 live births for children of women with secondary or more education. The statistics on the current situation of women and girls in education show a great improvement in the school enrolment in the primary and middle levels as a result of government efforts to enhance the educational opportunities of all Eritreans. The gap between enrolment at elementary and middle level is very small but it begins to widen at secondary level as can be seen in this figure. Indeed, the enrolment of girls in technical and vocational training is 25% compared to males (75%) and in teacher training, the enrolment of females is 21% compared to males (79%). The EDHS 2002 shows that there are still many women not going to school or have little education. Those who have never attended school aged 15-19 amount to 21%. The corresponding figure for those aged 20-24 is 42.2%. Also those who have completed secondary school are very few, 3.2% among 15-19, 8.8% among age 20-24 and 10.2% in age group 25-29. Several studies have revealed that economic and social factors are the major causes of girls' lower participation, retention and achievement in education. Customary and traditional attitudes, early marriages, and heavy domestic responsibilities combined with inadequate facilities for girls, shortage of female teachers continues to affect girls' effective participation in education. 		
Causality analysis	Capacity gaps and key challenges	Potential areas for UN system cooperation
<ul style="list-style-type: none"> Root causes are poverty, financial constraints which cut across all sectors of the economy, social and cultural norms that encourage early marriage and also undervalue the benefits of girls' education, difficulty to reach population groups such as nomads and those living in remote or sparsely populated areas, and parental attitudes that keep children out of school and also affect their ability to remain in and do well in school. Other causes also include high repetition and drop-out rates at all levels, inefficiency inherent in the education system, family demands on girls, shortages of schools, textbooks and teacher training colleges, and low pay for teachers and administrators, and inadequate curricula 	<ul style="list-style-type: none"> More effort must be exerted to remove the barriers to an equal access of both sexes to all levels education and also in mobilizing communities to send girls to schools. The key challenges to education can be summarized as follows: increasing access at all levels, particularly for girls; reducing repetition and dropout rates, especially among girls; improving the quality and relevance of education; improving performance and learning achievement; increasing school facilities and texts; ensuring an inclusive education to accommodate children with special learning needs and children with physical disabilities; and providing life skills education to all children, in and out of school. 	<ul style="list-style-type: none"> Access to quality basic education The key areas of cooperation and support must focus on increasing access to quality basic education for all children especially the most vulnerable and disadvantaged groups. Girl education is a priority in this effort. Emphasis must be placed on assisting in improving the quality of basic education and training including quality secondary and vocational/technical education. Learning and life skills education It is critical to assist in the provision of appropriate learning and life skills education for young people and adults, institutional and community capacity development at all levels, including teacher education, research, monitoring, management and information systems which are central to sustaining such efforts for all to enjoy the right to education. Campaign to keep girls in school There is urgent need to change parental and community attitudes towards keeping girls in school. Use of micronutrients to improve students' low performance in Math and Languages. Revisit curricula to incorporate higher order skills such as understanding, analysis, problem solving and application of ideas.

4.6 Health and Nutrition

Preliminary

- Notable progress has been made towards improving the health status of the population especially in the post war period. The health facilities previously damaged have been repaired and new ones constructed; more health personnel have been trained; and a steady supply of drugs and other requisites has been maintained. The result is that Eritrea is on track to achieve the MDGs relating to child and maternal mortality and malaria. Health facility data for 2003 indicate that non-communicable diseases such as hypertension, diabetes mellitus and liver diseases are on the increase, a reflection of increasing urbanization and lifestyle changes. However, communicable diseases remain the overwhelming cause of morbidity and mortality. Malnutrition is a serious problem in Eritrea. It is a health-related issue but it cuts across many sectors. A fistula needs assessment study conducted in 2003 revealed a significant prevalence of this condition, highlighting the risks of adolescent pregnancy, early marriage and inadequate safe motherhood services.

Progress made towards national priorities

- Over the past five years Eritrea has scored successes on a wide front in the health sector. As presented in the 2004 MDGR, the progress described earlier has translated into the following:
 - Mortality among children under five years of age fell from 136 deaths per 1,000 live births during 1993-9 to 93 in 2001-03.
 - Infant mortality declined from 72 deaths per 1,000 live births to 48 over the same period.
 - Maternal deaths per 100,000 live births during 1993-95 were put at 983 and are estimated to have dropped to about 581 during 2001-03. Health facility data, which do not give a full picture of deliveries in the country, yielded a maternal mortality ratio of 230 for 2001-03.
 - The number of outpatient and inpatient cases of malaria per 1,000 was 22 in 2001-03; comparable data are not available for the 1993-95 period. Malaria deaths in health facilities declined sharply from a little over 400 in 1998 to 16 deaths in 2004.
- The gains can be attributed to a number of factors. One important factor is the extensive health infrastructure that has been constructed all over the country. This has improved access to trained health personnel and medicines considerably. The second factor is the focus on primary health care. In practice, this focus has translated into programs aimed at addressing the main communicable diseases: malaria, HIV/AIDS, TB and the vaccine-preventable diseases.
- The third factor is the significant level of support from the development partners. No other sector has received sustained support on a scale comparable to that of health. With regard to communicable diseases, key factors are improved case management skills of health workers, effective environmental control measures, the use of insecticide treated mosquito nets and improvement in the health-seeking behaviour of the population.
- Furthermore, food supplementation provided to children through collaboration between Health and Education sectors and the multiplicity of partners active against the practice of FGM have been instrumental in saving the lives of women and children and the modest decline in the incidence of FGM, most noticeable in young people.

Health and Nutrition (con't)

Situation analysis

- Progress has been made to reduce neonatal, infant and child mortality rates. Acute respiratory infections (ARI) and diarrhea diseases, which are often accompanied by malnutrition, come first as the main causes of child morbidity and mortality. ARI, particularly pneumonia, is one of the leading causes of childhood morbidity and mortality. According to the 2002 EDHS under-five children with ARI symptoms made up 19% of outpatient cases. The EDHS also showed that 13.2% of under-five children had diarrhea during the two weeks preceding the survey. Forty-two% were taken to a health facility or health professional for treatment. Vaccine preventable diseases no longer threaten child survival as in the past because of the achievements in controlling diseases such as measles, poliomyelitis, neonatal and maternal tetanus, diphtheria, and pertussis. However, according to the 2002 EDHS only 69.2% of Eritrean children age 12-23 months were fully immunized, while 7.9% had received no vaccination at all. Eritrea has been polio free for more than eight years. Eritrea is one of the few African countries, which has eliminated maternal and neo-natal tetanus (MNT), as per the MNT survey of 2003 done by MOH with the support of WHO. Morbidity and mortality due to malaria have declined.
- There are clear indications that the incidence of tuberculosis (TB) is on the rise. The 2003 Eritrea Health Management Information System (EHMIS) revealed that tuberculosis is the second leading cause of mortality in health facilities. With the advent of HIV/AIDS, this is a worrisome development. Accordingly, the Government has stepped up its efforts to fight TB. In spite of cultural norms favoring early marriage and childbearing, the median age at marriage is relatively high (18 years). However, about 14% of girls aged 15–19 years have a child or are currently carrying a child (EDHS, 2002). This is the group that is likely to develop fistula during childbirth.
- Ministry of Health sentinel survey data 2003 on HIV/AIDS shows that though overall prevalence is approximately 2.4%; the young, urban and unmarried population group has higher rates (2.7% in the 20-24 age group; and 3.6% in the 25-29 age group). Prevalence in the age group 15-19 years is lower (1.2%) than the national average. The indications, therefore, are that HIV/AIDS is the greatest threat to the health and well-being of adolescents at present
- The war of liberation and the recent border war substantially increased the population of the disabled. Currently, there are 150,000 disabled persons representing 5% of population.

Nutrition

- Dietary diversity is low which predisposes to micro nutrient deficiency. In rural areas the estimated shares of the dominant food items in quantity consumed are as follows: cereals and cereal products 55%, pulses 15%, vegetables and fruits 9%. The corresponding figures for the urban areas are cereals 55%, vegetables and fruits 25% and pulses 10%. Very low shares of animal and fish products (6-7%) in the diets of both rural and urban residents indicate a low nutritional status.
- Stunting is a measure of chronic food shortage. The lack of adequate nutrients causes the body to respond by reduction in size. As Table 5 (Annex 1, page 37) demonstrates, in Eritrea stunting is very high, a key feature of poverty.
- Malnutrition among women of reproductive age is serious problem as shown in Table 6 (Annex 1, page 38) and results in increased maternal mortality, maternal morbidity, and increase in low birth weight babies.
- Iron, iodine and vitamin A deficiency is a health concern in Eritrea as in many other developing countries. Another concern is anaemia in preschool children. The national micro-nutrients survey indicated that 33.9% of preschool children were anaemic. The best iron sources are of animal origin, which poor families cannot afford. About 43% of preschool children had Vitamin A deficiency indicated by serum retinol below 0.70umol/L. The micronutrient study also indicated that vitamin A deficiency based on night blindness was very high among pregnant and non-pregnant women in Eritrea. The prevalence of anaemia among pregnant and non-pregnant women was 11.8% and 13.5%, respectively. Iodine deficiency is another problem. Only 67.9% of households use adequately iodized salt (EDHS, 2002). This is below the WHO recommended level of 90% or more. Iodine deficiency causes goitre and brain damage at all ages beginning with the fetes during pregnancy.

Health and Nutrition (con't)		
<p>Causality analysis</p> <ul style="list-style-type: none"> • The major root cause includes poverty, malnutrition, traditional practice that requires girls to marry early coupled with inadequate law enforcement of age of marriage, and female genital mutilation (FGM) . • The underlying causes of health problems include unbalanced diet, poor sanitation, and lack of child spacing, low contraceptive prevalence rate, and inadequate condom use for protection from HIV infection. • Poor maternal and reproductive health services, communicable diseases, unsafe abortion, resulting in obstetric deaths, malnutrition resulting in high rates of anaemia, home delivery and inadequate antenatal care, lack of emergency obstetric care, lack of postnatal care, lack of adolescent friendly and accessible services, and lack of information and education are among the main immediate causes of morbidity and mortality. 	<p>Capacity gaps and key challenges</p> <p>Primary health care</p> <ul style="list-style-type: none"> • This is critical at the community level. There are some important capacity gaps in terms of skills and personnel of health officers at this level. • Therefore, training of middle cadre personnel at community level for areas where there are no doctors need to be stepped up to ensure that they have such skills as recognition and treatment of communicable diseases, skills to provide basic emergency obstetric care and to refer promptly and to provide counseling and services in child spacing, HIV/AIDS as well as on gender related issues. <p>Maternal and gender-based care</p> <ul style="list-style-type: none"> • Firstly, maternal health remains the key challenge. • Secondly, FGM, which is a harmful traditional practice, is still widely practiced. It constitutes one of the main factors contributing to maternal morbidity and mortality, and according to the MOH, it is a priority area for intervention. Increasing access to emergency obstetric care and child spacing as well as changing community health seeking behaviors will be key requirements in reducing maternal morbidity, fistula conditions and maternal mortality. <p>Communicable diseases</p> <ul style="list-style-type: none"> • Tuberculosis in combination with HIV/AIDS, could become a major health problem. <p>Public health</p> <ul style="list-style-type: none"> • The role of public health in the overall health strategy entails broad public health measures needed to prevent the spread of disease through poor hygiene, indiscriminate spitting, defecating and urinating in public places, etc. • A proper balance needs to be struck between investments in infrastructure on the one hand and investments in education and training of health personnel and spending on operations and maintenance on the other hand. Given the huge increase in the number of health facilities in recent years, the more pressing need is to be able to put the existing facilities to maximum use. <p>Reproductive and sexual health</p> <ul style="list-style-type: none"> • Issues of adolescent sexual and reproductive health such as early marriage of girls and teenage pregnancy and abortion need to be addressed. This also includes ensuring Reproductive Health Commodity Security to meet the needs of women in reproductive age such as child spacing, emergency obstetric care and HIV/AIDS prevention. 	<p>Priority areas for UN system support</p> <p>Communicable diseases control and prevention</p> <ul style="list-style-type: none"> • This should include malaria and tuberculosis; reduction of maternal and neonatal morbidity and mortality; reduction of infant and under five morbidity and mortality; reduction in child and adult malnutrition; reduction of non-communicable diseases including disability; and improvement of adolescent sexual and reproductive health.

4.7 HIV/AIDS

Preliminary

- Eritrea has a relatively low HIV prevalence rate. The MDG is to halt and begin to reverse the spread of the disease. The MDGR found that Eritrea is on track to achieve this MDG. This is, however, no cause for complacency and the Government is determined to reduce the prevalence rate, paying particular attention to high-risk groups.

Progress made towards national priorities

- With the support of DPs, the GOE has stepped up HIV/AIDS awareness and prevention efforts in the recent past. Spurring action was the fear, exemplified by other conflict countries, that the population movements caused by the war, together with the demobilization of soldiers, could lead to the rapid spread of the disease.
- Considerable progress has been made in awareness raising over the past five years. For example, the Eritrean Defense Forces Community HIV/AIDS change agents sensitized people; about 10 million condoms were distributed and sold annually since 2003; availability of VCT services increased significantly; and home-based care service providers were trained and services were provided to affected and infected families.
- There are national and zoba steering committees to monitor HIV/AIDS interventions.
- The HIV/AIDS control program is entering a more holistic phase. The focus has been on prevention and care and the stage is set for patients to receive anti-retroviral treatment. The physical infrastructure is in place, health personnel have been trained and the drugs are being procured.

Situation analysis

- The 2003 country-wide antenatal clinic (ANC) sero-surveillance found the un-weighted 2003 national HIV prevalence rate was 2.4%. Prevalence rates were highest in: Southern Red Sea (7.2%) and Maekel (3.6%) regions and women aged 20–24 years and 25–29 years have higher-than-average rates of infection (2.7 and 3.6%, respectively). Prevalence among pregnant women is higher in urban ANC surveillance sites (3.3%) than in rural sites (0.9%). In urban sites, unmarried women aged 15–24 constitute an extremely vulnerable group. Even though they made up a small proportion of the entire sample, their rate of HIV infection was 7.5%.
- The country situation shows a high rate of risk and vulnerability of women and girls to infection. Most of the people affected are women, especially young women of the reproductive age group. The data analysis is also pointing to the service sectors in which mostly women are the majority at risk. This demonstrates the intersection between gender relations, women's rights and vulnerability and risk. The HIV/AIDS situation also reflects that the majority of the people infected and living with HIV/AIDS are female and young, while the community and home based care responses are mostly women-centric.
- In 2001 the MOH conducted a HIV/AIDS/STI behavioral and HIV serological survey, covering a total of 583 ANC attendees. The weighted HIV prevalence among ANC attendees was 2.8%, compared with weighted HIV prevalence rates of 2.4% in the general adult population, 0.1% among secondary school students, 4.6% among military personnel, and 22.8% among female bar workers.
- The 2003 data show that the following occupational categories have HIV infection rates above the national rate: bar, hotel, or tea shop workers (11.9%), housemaids or servants (9.5%), military or National Service personnel (6.0%), and private-sector workers (4.1%). The majority of women in the sample (88%) reported their occupation as 'housewife'. Thus, the 2003 data simply highlights occupational categories that warrant further investigation in terms of HIV burden and risk. The following groups of women also have higher rates of infection: those whose husbands or partners are bus or truck drivers (4.1%), merchants (3.1%), or serving in the military or National Service (3.0%).
- Condom use has been particularly low. According to the 2002 EDHS, the current use is less than 1% and "ever use" is 2.6%. Amongst commercial sex workers in the three main urban areas, condom use is higher and is used 91-98% of the time. Ever use of female condoms ranged from 11.0% - 26.6%. However since 2003, social marketing programs have recorded sales of 10 million condoms annually indicating a rising trend in male condom use. There is clearly room for improvement to educate the people on safe sex practices, especially for the young, commercial sex workers and the military.

HIV/AIDS (con't)		
<p>Causality analysis</p> <ul style="list-style-type: none"> • Stigma and discrimination call for a comprehensive legal framework for rights of people living with HIV/AIDS. Limited infrastructure including budgetary allocations as well as illiteracy and cultural and religious factors are the root causes. • Limited capacities of the state and the other institutions to provide accessible, affordable and adequate health, education, legal, recreational and psychosocial support services, inadequate health and gender specific information, limited investment and support mechanisms are profound challenges and pressures leading to possible HIV and other STI infections. • Other causes include lack of women's empowerment about their reproductive rights and about their sexuality and relationships, compounded by the possible mother to child transmission of HIV/AIDS, risk through unsafe blood, and risky behaviors especially among young people. 	<p>Capacity gaps and key challenges</p> <p>Halting and reversing the spread</p> <ul style="list-style-type: none"> • Vital amongst vulnerable groups such as the mobile population, the military, urban unmarried young women, casual sex workers, the youth, etc. If the prevalence rate among these groups stays high or escalates it would seriously undermine efforts to control the spread of the disease among the general population. <p>Creation of an enabling environment to fight stigma and discrimination attached to HIV/AIDS</p> <ul style="list-style-type: none"> • Establishment of work-based prevention. • Providing quality care and support services for people infected and affected by HIV/AIDS. • The capacity of the national response mechanisms and their out-reach communities. 	<p>Priority areas for UN system support</p> <p>Development of integrated and multi-sectoral interventions</p> <ul style="list-style-type: none"> • Strengthening national capacity in the development of integrated and multi-sectoral interventions. Such support must aim to improve capacity of Steering Committees at Zoba level to build skills for developing fundable proposals, presentation of programs, planning and undertaking baseline surveys and monitoring interventions. • Such a program must be accompanied by establishing workplace-based prevention and care programs in key national economic and social sectors, and in the private sector <p>Supporting national behavior change and communication strategy and prevention messages</p> <ul style="list-style-type: none"> • These should build on Eritrea's strong social, cultural and religious values, through active community participation and sound formative research is central. • This must also include clear prevention, care and support programs to address the needs of military personnel to be demobilized, internally displaced persons (IDPs) and of women and girls (female headed households, sex workers and urban unmarried young women). <p>Home and community based care programs</p> <ul style="list-style-type: none"> • Address issues related to the role of women and impact of poverty. Such a focus must protect children and recognize the increasing role of children as care-givers. • Strengthen existing social and community "safety nets", i.e. by government, community based organizations (CBO) and non-governmental organizations (NGOs) in undertaking mitigation interventions such as home-based services, food distribution, etc, especially for OVCs, vulnerable groups, and PLWHAs.

4.8 Water, Sanitation and Shelter

Preliminary

- Water is a very scarce resource in Eritrea. The country has no perennial rivers. Average annual rainfall is very low and often erratic. Drought is a frequent occurrence. As a result access to safe drinking water remains limited. According to the 2004 MDGR, based on the most recent data from the LSMS, Eritrea is on track to achieve the MDG of halving the proportion of the population without access to safe water by 2015. This optimistic scenario should be treated with caution because the LSMS data appear to overstate the actual situation with respect to access to safe water. Water for other uses, principally for livestock, irrigation and industry, is also scarce.
- The lack of proper sanitation and improper hygiene practices is a major problem in Eritrea with scarcity of water, low awareness of importance of sanitation and hygiene, low community capacity and high cost of appropriate latrines due to unavailability of key construction materials such as wood, low commitment at all levels cited as the main reasons.
- The problem of shelter is related to scarcity of local materials such as wood and communities find it very difficult to build more permanent houses, especially in the lowlands

Progress made towards national priorities

- The GOE has established a National Committee and Action Plan to guide future thinking and planning of water resources, shelter and sanitation. The Water Resource Department (WRD) under the Ministry of Land, Water and Environment was established to strengthen water resource management in the country.
- WRD in 2004 prepared a National Water Supply Emergency Action Plan 2004-2007 to address the immediate domestic water needs. Following the UNDAF framework and in support of the action plan, a joint program on a water supply and sanitation (2005-2006) has been prepared. These processes can further be enhanced to prepare a comprehensive master plan for water supply and sanitation for Eritrea. A lot of work has been done to support IDPs. The IDPs had to live under poor shelter conditions for years. The plight of most of them with regard to shelter has ended but some have returned to homes that were destroyed and have yet to be rebuilt. Another area of improvement is the allocation of residential land by local governments or village authorities. This is assisting satellite communities to grow bigger on the edges of Asmara and other towns; as a result they are helping to relieve the congestion in these towns.

Situation analysis

Water

- During the 1998 border war, water supply and irrigation installations suffered extensive damages. Most of the damaged water infrastructure have been repaired and supplies restored. Most of the Eritrean population is dependent on groundwater to meet their water supply needs especially in rural areas. Eritrea is currently in the grip of a severe water shortage brought about by recurrent droughts and recharge mechanisms are low. It is estimated that the water table has been going down by about one meter a year in the face of the persistent droughts. As a result not only are many water sources drying out but also deterioration of water quality at source has been encountered due to over-pumping and surface contamination. In some coastal areas, brackish water infiltrations have also been noticed.
- Shortage of water supply has been felt in Asmara, with water rationing in the city, although water supplies to Asmara have been boosted as a result of the construction of the Toker dam and the rehabilitation of the city's water distribution infrastructure and the Sembel water treatment plant. The seriousness of the situation is shown by the fact that the Mai Nehfi dam is almost dry. Other towns, especially Keren, Massawa, Adi Keih and Mendefera, which even under normal circumstances face water shortages, are now facing an acute water problem. Since 2002, water trucking has been the only option to provide water to many parts of the NRS and Anseba regions acutely affected by drought not only to the rural villages but also to the major cities such as Massawa and Keren as well as schools. Tanker trucks now serve about 900,000 people. But given the widespread nature of the problem and the sparsely distributed rural population, water trucking has its limits.

Sanitation

- Many water supply systems built in the past have encountered management problems related to poor operation and maintenance, including the inability to pay for major repairs and the inadequate involvement of women. Within the limits of water availability, basic sanitation access at the household level is very low; general standards of personal and domestic (food and water) hygiene are poor. They are slowly changing. Although the solid/liquid waste disposal is not generally considered a major problem, the growing periphery areas of towns such as Asmara and Ghinda are encountering garbage disposal problems.

Water, Sanitation and Shelter (con't)

Shelter

- Since independence no housing census has been carried out in Eritrea. There are therefore no reliable data on shelter but the indications are that Eritrea suffers from a huge shelter deficit, dating back from the pre-independence era. Indeed, urbanization is putting increasing pressure on the limited housing facilities available in Asmara and other towns. There was considerable destruction of houses in Gash Barka and Debub regions during the border war. An assessment of accessible areas carried out by the University of Asmara soon after the war ended reported more than 100,000 houses to be totally destroyed; seriously damaged or partially damaged. Most of these houses have been rebuilt or repaired, with or without Government support. This has made it possible for the majority of most IDPs and expellees to return to their villages. Until recently, relative to the demand, little land was allocated for housing in Asmara and other towns. In the meantime, the land allocation policy, or the lack of it, or if land is available, the high cost of construction, have been the principal causes of the shortage of housing in urban areas. In rural areas the local materials used for shelter, especially wood, have become scarce, thus affecting the supply of shelter.

Population dynamics

- Population growth is somewhere between 2.5 and 3.2% per year and affects water resources, shelter and sanitation. Although there has never been a population census, the population of Asmara and other urban areas is swelling as a result of rural-to-urban migration. Overcrowding is, indeed, a major problem as it creates tension and poor health. The 2002 DHS found that in 40% of households 5, 6, 7 or more persons slept per room. The present urban share of population is estimated at 18.7 to 20.0%. Thus there is heavy infrastructure taking place to meet the needs of population. In the absence of adequate water resources, shelter and sanitation, population pressure in these urban centers becomes a major constraint to accessing water, sanitation and shelter. Demand for water has been increasing especially in the cities; limited supply has created competition as well as increased tension among the communities. Families living in the urban slums/peripheries have the lowest level of service provision while paying a much higher proportion of their income to meet their daily water needs. Not in all cases, but women and girls, the traditional drawers of water, have to walk long distances to fetch water, hence increasing burden on females.

Causality analysis

Water

- The root causes include recurrent drought, and the low level of investment due to limited domestic and external resources for the development of water, and water source securing activities.

Sanitation

- The root causes are poverty, low levels of awareness and lack of technical skills. There is a need to motivate communities to adopt better sanitation and hygiene skills. There is little or no public investment in sanitation in poor areas of cities, and in rural areas, and no environmental sanitation coverage in education and health programs.

Shelter

- Access to housing and urban infrastructure services is severely constrained by poverty and an inadequate institutional capacity to deliver the inputs critical to housing and urban development such as land, urban planning services, infrastructure, finance, skilled construction labour, and building materials. The unavailability of common construction materials such as wood or the lack of affordable locally available

Capacity gaps and key challenges

Lack of integration and coordination

- This is required at all levels to address the increasing water problem. Adequate institutional capacity is needed to regulate and manage the water sector at the public and private levels.
- The water sector requires strengthening of resource planning and management of the resources. Related to this is the need to carry out a systematic and detailed investigation of the water potential of the country.
- Creating awareness of the health risks of poor sanitation, which requires a major effort on the part of the government, communities and families.

Lack of national level policies and strategies

- Water and shelter policies and laws have been drafted and are awaiting enactment while comprehensive sanitation policy and strategy need to be developed. Equally important is availability of technical, human and financial resources to support in the formidable task of ensuring sustainable water resources, adequate shelter and well-planned sanitation facilities at all levels. Women and communities need to be involved in decision-making and planning of these critical resources.

Potential areas for UN system cooperation

Focus on support in the assessment of national water resources

- This includes development of short- and medium-term water resources master plan, and enactment of water policy.
- Support availability of critical data, research and analysis
- This will enhance the response framework. This could include supporting integrated water resource management as well as systematic and detailed investigation of the water potential of the country. This will promote water harvesting knowledge and systems.

Development of institutional and legal framework for shelter

- This includes development of affordable and low-cost building materials as a priority.

Advocacy and awareness on proper use of water resources

- Focus on development of water capacity and consciousness of sanitation issues and to be efficient in using materials for shelter at all levels.

building materials in the rural areas, and escalating prices of construction materials, are also among the root causes.

Involvement and participation of women and communities at all levels to identify innovative ways of managing water resources and provision of shelter are necessary.

4.9 Environment and Energy

Preliminary

The environment in Eritrea is naturally fragile. The climate is semi-arid and water is very scarce. The 30-year war of liberation took its toll on the environment. Moreover, poverty drives people to extract environmental resources in unsustainable ways, leading to a vicious cycle of environmental degradation and increased poverty. Ensuring environmental sustainability is therefore an important component of the MDGs.

Progress made towards national priorities

- Determined to reverse environmental degradation, the GOE has undertaken integrated land reclamation activities particularly in the highland areas considered vulnerable to continuous land degradation and abuse. The GOE has been achieving significant results by taking consistent watershed protection measures in the last several years.
- In the rural areas, people cannot afford access to electricity from the grid. The government is introducing Rural Electrification Fund, where its main source of income is from the Government/Donor/Financiers and electricity levy. The GOE covers the medium voltage transmission line cost to the village and the villagers cover the low voltage distribution line cost. The GOE is carrying out pilot wind power projects in some of the most promising parts of the country. More importantly, preliminary studies have given indications of abundant geothermal energy. More detailed studies are needed.
- Since 1992, Eritrea has acceded to seven new global conventions and international agreements in the area of environment and energy. These are related to the Basel convention on Chemicals, international convention on migratory birds, the Stockholm Convention on Persistent Organic Pollutants, Protection of Ozone Layer, and Rotterdam Convention on Prior Informed Consent, Cartagena Protocol on Bio-safety, and Montreal Protocol on Substances that Deplete the Ozone Layer. The Ramsar Convention and Kyoto Protocol will also be signed in 2005.

Situation analysis

- About 80% of the population depends on the land for their livelihood but the land suffers from severe degradation. No systematic land classification survey has been carried out. It is, however, estimated that about 2.089 million hectares (17.13%) of the total land area are arable; of this only about a quarter is actually cultivated. In the absence of a population census, the total population and its distribution are unknown. But estimates suggest that about 65% of the population live in the highlands, which accounts for only 5-10% of the total land area. Population pressure on the land is therefore intense in the highlands.
- Soil erosion is a very serious problem. Other forms of land degradation include seepage of salt water into underground water and soil salinization in the Red Sea coastal plains. The proportion of land affected by degradation ranges from 10% to 20%. The program of soil and water conservation launched by the Government soon after independence was disrupted by the border war. The program involved hillside terracing, check dam construction, stone band laying on farmland, tree planting and establishment of enclosures, greater efforts are needed in on-farm soil and water conservation.
- The scarcity of water affects livestock too. There is increasing competition for the deteriorating pasture and the few water points available. The quality of the livestock has deteriorated. Despite these adverse conditions, livestock numbers have been increasing, with detrimental effects on an already fragile environment.
- The efforts made after independence to halt and reverse the loss of forest cover suffered a setback during the border war, though with no apparent long-term damage to the environment. The 2003 UN Human Development Report (HDR) put the land area of Eritrea under forest cover at 13.9%. A recent GIS mapping carried out by the Ministry of Agriculture (MOA) distinguished between land covered by trees and land covered by shrubs. The land area covered by trees was estimated at about 2% while that covered by shrubs was put at 30%. If trees and shrubs are taken to represent forest cover then the loss of forest cover is being reversed.
- Although detailed stock surveys and analyses have not been done, the available data suggest that the Eritrean Red Sea is rich in marine resources. The maximum sustainable yield (MSY) is estimated to be in the range of 70,000 – 80,000 metric tons of fish per year. The great expectations of Eritrea developing a major industry based on fishing have remained unfulfilled. The fish catch is still low. It has never reached 10,000 metric tons in any given year. At current catch levels there is little or no risk of over-exploitation of the fish stocks. However, there is the threat of illegal fishing by foreign vessels in Eritrean waters.
- Total energy consumption in 2003 is estimated at about 718,000 metric tons of oil equivalent. Biomass accounted for 65% of the total, imported oil 32.3% and electricity only 2.7%. Per capita consumption of electricity, based on an estimated population of 3.7 million, was 62kwh compared to an average of 113 kwh for Sub-Saharan Africa. The 2002 DHS found that only 3% of the rural population had access to electricity while 78% had access in the urban areas. Nationally 32% had access to electricity. The Hirgigo Power Plant and power generating units in several towns suffered severe damage during the border war. They were repaired at enormous cost. With a power generation capacity of 136 megawatts, Eritrea has enough power to meet demand in the medium term.
- Biomass accounts for 96% of energy consumption in the rural areas. Biomass resources are becoming more and more scarce as forest resources are harvested and used as fuel wood and for charcoal making. Forest off-take for energy is estimated to be in the order of 2.5% a year, which is about double the sustainable rate of extraction. Diversion of cow dung and crop residue for fuel

deprives the soil of its sources of organic nutrients, depressing productivity. Women and children bear the burden of collecting the traditional forms of energy and are more exposed to the smoke from burning of biomass and the attendant health hazards.

- Renewable energy sources such as solar, wind and geothermal energy now play little or no role in meeting Eritrea's energy needs. That could change. The Government is carrying out pilot wind power projects in some of the most promising parts of the country. More importantly, preliminary studies have given indications of abundant geothermal energy. More detailed studies are needed.
- In the case of marine resources the conservation of fish stocks is by default rather than design, reflecting the inability of the fishing industry to take off. The energy situation, dominated by the overwhelming reliance of the rural population on biomass, arises from absence of widely disseminated, low-cost alternatives to traditional forms of energy.

Environment and Energy (con't)

Causality analysis

- The no-peace-no-war situation has hindered the implementation of the land proclamation and the application of proper land use planning. Furthermore, recurrent drought affects agricultural production as the soil loses its cover of forest and grass and is exposed to erosion. Increase in population and poverty is putting pressure on land, water and forests.
- Deforestation is resulting from overuse of biomass for fuel. About 96% of energy consumption in the rural areas is biomass and people are using forest resources due to lack of affordable alternative source of energy. Because of lack of know how and not knowing what the consequences would be the forest off-take for energy is double the suitable rate of extraction. The other cause is that livestock numbers are increasing for a deteriorating pasture and the few available water points. As a result, the quality of livestock is deteriorating because of the unsustainable livestock carrying capacity. The farming practices are such that they contribute to soil degradation and erosion.
- About 80% of the population depends on the land for their livelihood and about 60% of them live in the highlands, that account for only 5-10% of the total land area. Consequently, land degradation and soil erosion are serious problems.

Capacity gaps and key challenges

Providing alternatives to biomass energy

- Without alternatives, the pressure on Eritrea's limited forest resources would increase rather than diminish and conflicts would arise between national conservation measures and local needs for energy.
- Low-cost rural electrification, which is receiving greater attention, is part of the answer.

Degradation of land resources

- A severe problem, the over-exploitation of farmlands, encroachment of crop farming to grazing land, land clearing/deforestation and improper agricultural practices contribute to loss of terrestrial biodiversity and pollution of the environment.

Implementation of the Land Proclamation of 1994

- Partly due to the no-peace-no-war situation, the Proclamation has not been fully implemented.

Potential areas for UN system cooperation

Diversification and promotion of rural energy

- This entails an emphasis on renewable energy as well as supply and efficiency improvement.

Implementation of land policy

- This includes land classification and land use planning maps and measures to arrest land degradation for the promotion of natural resources in both pastoral and subsistence farming communities

Strengthening national and local capacities for collection and dissemination of environmental information and statistics

- Including data on natural resources, and in building capacity for women as key partners in community-based natural resources and environmental management

Implementation of global conventions and international agreements (protocols)

- These are the ones to which Eritrea ratified or acceded. Assistance is also required with finalization and implementation of legal and regulatory frameworks related to environment and energy.

CHAPTER 5: CONCLUSIONS AND THE WAY FORWARD

41. While the CCA analysis is thematic based, there are some common underlying and root causes that have an impact and implication on all the sectors. UN support to Eritrea will aim to accelerate implementation of actions towards the achievement of the MDGs, while facilitating progressive realization of the provisions contained in the national constitution and the ratified instruments. It is imperative, however, that strategic choices be made in this regard. Such choices must be based on the need to ensure that there is a reduction of vulnerabilities that undermine people's potential to contribute to their country's rapid recovery and development, while nurturing the innovation, creativity and commitment of the citizenry. Such choices must also be based on a clear and objective assessment and appreciation of the internal capacities of the institutions and the people, as well as acknowledging and affirming the on-going actions and initiatives. The following are the critical elements that are based on the common understanding that the Policy CCA Retreat of May 31, provided guidance on:
 42. Capacity Building: In and across all the sectors, the running theme and common message was the need to enhance the internal capacities of Eritrea. These are critical for enabling the state and its institutions to deliver effective services to the people. Such capacity building must be inclusive of the policy and legal frameworks across all sectors to ensure a positive and facilitative environment for various actions and responses. Secondly, a critical mass of expertise for planning, information managing, communication, policy analysis and advocacy is required. This will ensure that the country has an internal means to analyze, respond to an ever-evolving situation and to strategically position and advocate for the best interests of its people grounded on sound technical knowledge within the sector. Thirdly, a human resource base with skills and competencies to deliver services to the people and especially to the most vulnerable is critical. Such capacity among the front line turns policy commitments to direct benefits for the people, the poor and those at the margins. The last, but vital, dimension relates to capacity building to ensure effective participation of citizens in the recovery and development effort and especially women's representation in decision making in all sectors and at all levels. Civic education, legal and economic literacy as well as support to wealth creation/income generating opportunities for the people is central.
 43. Availability of Data and Information for Evidence Based Planning: The country's recent efforts to generate data through EDHS, to have macro and sector based analysis i.e. through the I-PRSP and Education Sector Plan, are critical building blocks for sustaining the country's efforts to build a solid data platform for planning, policy development, service delivery and advocacy. The population and demographic data appropriately disaggregated by gender, age and livelihood is critical in informing the country's long-term perspectives to addressing poverty through wealth creation and rapid recovery, as well as adequate disaster preparedness.
 44. Disaster Prevention, Preparedness, Mitigation and Response: Disaster and drought-induced famine, will continue to exist in Eritrea well into the foreseeable future. Implementation of continuous and successful development policies and initiatives would eventually prevent food shortages. For such objectives to be realized, establishment and development of a specific structure and a national policy on disaster management would ensure implementation of disaster prevention, preparedness, mitigation and response. To run such a scheme effectively, development of capability at the local and national levels will entail establishing an early warning unit responsible for data collection, analysis and communication functions for preparedness, mitigation and response. These units would produce an early warning system based on reliable and valid information and a rigorous method for monitoring and documenting the use of disaster commodity assistance, both of which are fundamental to disaster assistance capability. Consistent methodologies need to be applied to provide credible information based on local realities that would be acceptable by all stakeholders.
45. In conclusion, it is important to stress that the country remains stretched and people's vulnerabilities continue

to increase as long as the lack of progress in demarcation of the border remains, and as long as the country does not have adequate internal capacities to respond to the issues of food and water security. The UN efforts in support of development will continue. However, there is a need for the international community and other development partners to ensure that the aspirations of Eritrea for peace and a life free of poverty will be realized.

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Annex 2: Causality Analyses

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority

	<ul style="list-style-type: none"> • Inadequate institutional capacity (manpower, laws/ regulations, communication channels) for accountable, efficient public administration 	<ul style="list-style-type: none"> • Slow public sector reforms • Delay in promulgation /implementation of key laws (decentralization, budgetary, civil service, electoral) 	<ul style="list-style-type: none"> • Inadequate level of skilled manpower and material resources • Concerns associated with lack of progress with border demarcation 	<ul style="list-style-type: none"> • Lack of border demarcation 	<ul style="list-style-type: none"> • Public-Private-Civil society roles/ regulations • Executive-Legislative-Judiciary roles/ regulations • Civil service and electoral laws' development • Civic education, legal rights literacy/ awareness
	<ul style="list-style-type: none"> • Inadequate participation of vulnerable groups 	<ul style="list-style-type: none"> • Inadequate civic and legal rights • Illiteracy (esp. female) • Disability • Under-utilization of RH services • Lack of domestic labour-saving devices and services (eg. child care) • HIV/AIDS stigma and discrimination 	<ul style="list-style-type: none"> • Limited active civil society • Budgetary constraints • Inadequate access to RH services • Inadequate access to domestic labour saving devices and child care facilities 	<ul style="list-style-type: none"> • War effect • Tradition/ custom • Financial constraints 	<ul style="list-style-type: none"> • Refugee/Returnee/IDP programs • RH service support • Education/ mobilization on prevention of harmful traditional practices and gender-based violence • Gender equity and empowerment
	<ul style="list-style-type: none"> • Slow pace of decentralization 	<ul style="list-style-type: none"> • Inadequate human and material resources 	<ul style="list-style-type: none"> • Slow pace of human resource development and deployment • Competing priorities 	<ul style="list-style-type: none"> • Low GDP • Lack of border demarcation 	<ul style="list-style-type: none"> • Primary and secondary education • Public administration education

CAPACITY GAPS

Duty Bearers: 1) Public sector: PME for accountable efficient public administration, involvement of civil society and private sector, women's empowerment decision-making at all levels, separation of powers. 2) Community leaders: promotion of civic education/legal rights literacy, female participation including care facilities, labour saving devices. 3) Family: promote female participation, utilization of RH/HIV prevention and treatment services, and use of labour-saving devices. Rights Holders: 1) Public sector: freedom from threat of war. 2) Community leaders: information on due process, participation in governance mechanisms execution 3) Family: information on due process, promotion of participation in governance mechanisms, laws, policies' formulation and execution, promotive decision-making; redress for gender-based violence.

Annex 2: Causality Analysis (continued)

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority
	<ul style="list-style-type: none"> • Shortage of foreign currency 	<ul style="list-style-type: none"> • Low volume and limited diversity in exports • Low level of foreign investment • Insufficient level of remittances 	<ul style="list-style-type: none"> • Limited access to market information • Decreased production levels • Decreased trans-border trade • Monetary risk aversion 	<ul style="list-style-type: none"> • Drought • Lack of border demarcation with Ethiopia 	<ul style="list-style-type: none"> • Production of selected export products
	<ul style="list-style-type: none"> • Inadequate employment opportunities 	<ul style="list-style-type: none"> • Unattractive credit facilities • Poor entrepreneurial skills (esp. females) • Low access to information • Weak ICT infrastructure • Inadequate internal economic controls (revenue collection etc) • Restrictions on import licensing, foreign currency 	<ul style="list-style-type: none"> • Gender biased recruitment practices • Low economic status of women • Monetary risk aversion • Inadequate training in business development • Productive/Reproductive time constraints • Inadequate level of available manpower (skilled and unskilled) • Budgetary constraints 	<ul style="list-style-type: none"> • Scarcity of investment capital • Lack of border demarcation 	<ul style="list-style-type: none"> • Infrastructure dev/rehabilitation • HIV/AIDS prevention/treatment • Gender-sensitive entrepreneurial development and credit schemes • Markets (economic cooperation agreements)
	<ul style="list-style-type: none"> • Large budget deficit/high external debt 	<ul style="list-style-type: none"> • Inadequate budget support (ODA/humanitarian) • High infrastructure requirements • Increasing social sector requirements 	<ul style="list-style-type: none"> • Low level of national institutional capacity • Limitation of resources • War effects • Population dynamics 	<ul style="list-style-type: none"> • Lack of border demarcation 	<ul style="list-style-type: none"> • Self-reliance/ community mobilization/ volunteerism

CAPACITY GAPS

Duty Bearers: 1) Public sector: housing and population census data collection, analysis and dissemination, PME, private sector promotion, multisectoral treatment, resource mobilization including reproductive health commodity security, entrepreneurial skills development not excluding females. 2) Community enterprises, promotion of female participation, reproductive health and HIV prevention. 3) Family: gender equity, female empowerment.

Rights Holders: 1) Public sector: information, technical expertise, resource mobilization. 2) Community leaders: information, skills' development, partici to health services including RH/HIV prevention and treatment services.

Annex 2: Causality Analysis (continued)

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority
	<ul style="list-style-type: none"> • Shortfalls in domestic food production 	<ul style="list-style-type: none"> • Low productivity • Low use of arable land • Inadequate infrastructure, machinery, inputs • Population displacement/ dislocation 	<ul style="list-style-type: none"> • Subsistence farming • Low yielding crop varieties • Loss of grazing areas • Inadequate management of fish/livestock sectors • Deforestation • Landmine infestation • Fragmented land ownership • Inadequate land use planning • Labour shortage • Budgetary constraints • War effects 	<ul style="list-style-type: none"> • Drought/erratic rainfall patterns/ rain-fed cultivation • Stalled border demarcation 	<ul style="list-style-type: none"> • Productivity (soil, water conservation) • Irrigation • Fertilizer • Pesticides policies, strategies, laws • Population resettlement (4R's) • Demining • Integrated food information system
	<ul style="list-style-type: none"> • Inadequate level of commercial food imports 	<ul style="list-style-type: none"> • Low participation of private sector • Foreign exchange constraints 	<ul style="list-style-type: none"> • Insufficient issuance of import licenses 	<ul style="list-style-type: none"> • Budgetary constraints 	<ul style="list-style-type: none"> • Food security strategy implementation
	<ul style="list-style-type: none"> • Malnutrition 	<ul style="list-style-type: none"> • High household dependency ratio • Insufficient access to food • Insufficient availability of food • Food price inflation 	<ul style="list-style-type: none"> • Low income levels (esp. urban FHHs, etc) • Inadequate diversification of opportunities for sustainable livelihoods (agric/fisheries) • Low female employment rate • Insufficient access to household credit/loans • Under-utilization of RH services • Rural-urban migration • Inadequate food production (incl. fish/ livestock) 	<ul style="list-style-type: none"> • Budget constraints • Drought/erratic rainfall pattern/rain-fed cultivation 	<ul style="list-style-type: none"> • Female inclusive sustainable livelihoods/income generation activities for vulnerable populations • Gender-disaggregate labour force participation statistics

CAPACITY GAPS

Duty Bearers: 1) Public sector: PME (demining, land tenure, water/soil management, appropriate technology, availability of labour, social safety nets, disaster resource mobilization, skills development. 2) Community leaders: awareness raising, PME, community mobilization. 3) Family: improved agricultural, water Rights Holders: 1) Public sector: information, skills development, technical expertise. 2) Community leaders: information and training, participation in PME, access to technology without gender bias; care/protection for the vulnerable.

Annex 2: Causality Analysis (continued)

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority
	<ul style="list-style-type: none"> Increasing numbers of urban poor 	<ul style="list-style-type: none"> Rural -urban migration 	<ul style="list-style-type: none"> Decreasing rural subsistence production Lack of alternative rural livelihoods 	<ul style="list-style-type: none"> Recurrent drought Population growth Insufficient "off-farm" IGAs 	<ul style="list-style-type: none"> Increased nation food production
	<ul style="list-style-type: none"> Depleted household coping mechanisms 	<ul style="list-style-type: none"> Loss of household assets (sale/death) Increased out-migration of male household heads 	<ul style="list-style-type: none"> Decreasing subsistence production Lack of alternative rural livelihoods 	<ul style="list-style-type: none"> Recurrent drought Insufficient "off-farm" IGAs 	<ul style="list-style-type: none"> Increased nation food/livestock/ fisheries product
	<ul style="list-style-type: none"> Inadequate levels of food aid/imbalance with non-food items (basic social services i.e. water, sanitation, shelter, RH/HIV, education; demining) 	<ul style="list-style-type: none"> Insufficient private sector food imports Delayed sub-optimal emergency/recovery aid response Weak donor response to non-food requests Inadequate national (Govt/NGO) resources incl. trained personnel Weak targeting mechanisms (community response distribution systems) 	<ul style="list-style-type: none"> Low access to food Inadequate prioritization in allocation of national budget Unwieldy donor response mechanisms Insufficient data on vulnerable/needly 	<ul style="list-style-type: none"> Stalemate in border demarcation with Ethiopia 	<ul style="list-style-type: none"> Land allocation, water supply and conservation, sh construction and reconstruction Nutrition surveill
	<ul style="list-style-type: none"> Continuous presence of large external and internal displacement 	<ul style="list-style-type: none"> Inappropriate conditions for recovery and dev. programs Inadequate national budget allocation Inadequate donor response to repatriation, resettlement, rehabilitation and reconstruction 	<ul style="list-style-type: none"> Low exports/GDP Competing budget demands Donor unwillingness to supply "new" funds 	<ul style="list-style-type: none"> Stalemate in border demarcation with Ethiopia 	<ul style="list-style-type: none"> Return, Resettlement, Rehabilitation Reconstruction

CAPACITY GAPS

Duty Bearers: 1) Public sector: identification of vulnerable groups, PME, coordination of assistance, resettlement, rehabilitation, reconstruction, reintegra leaders: targeting of assistance to most needy, resettlement, rehabilitation, reconstruction, and reintegration. 3) Family: protection of the most vulnerable. Rights Holders: 1) Public sector: adequate resources (human material, financial), humanitarian response assistance. 2) Community leaders: informatio monitoring mechanisms. 3) Family: household coping mechanisms

Annex 2: Causality Analysis (continued)

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority
	<ul style="list-style-type: none"> • Low access (girl<boys) 	<ul style="list-style-type: none"> • Distance to schools • Household responsibilities (esp. girls) • Shortage of schools, teachers (esp. female), textbooks 	<ul style="list-style-type: none"> • Low pay for teachers/ administrators • Budgetary constraints • Household poverty 	<ul style="list-style-type: none"> • Low GDP • Competing demands on national budget 	<ul style="list-style-type: none"> • ESDP
	<ul style="list-style-type: none"> • Low quality 	<ul style="list-style-type: none"> • Unsuitable curricula and textbooks • Low qualification of teachers • Double shift system (urban) 	<ul style="list-style-type: none"> • Focus on higher education • Inadequate teacher training intake • Low teacher motivation • Budgetary constraint 	<ul style="list-style-type: none"> • Failure to link education to labour market needs • Competing demands on national budget 	<ul style="list-style-type: none"> • ESDP
	<ul style="list-style-type: none"> • Low performance (girls<boys), high drop-out and repetition rates 	<ul style="list-style-type: none"> • Weak school health program (Iron deficiency anemia; lack of consistent de-worming programs; inadequate RH facilities in schools) • Low quality tuition and insufficient qualified teachers (shortage of training colleges) • Unsuitable curriculum • Parental attitudes 	<ul style="list-style-type: none"> • Lack of a School Health policy • Budget constraints • Tradition/custom (girls, nomads) • Household poverty 	<ul style="list-style-type: none"> • Inadequate collaboration between health and education sectors • Low GDP • Inadequate community outreach 	<ul style="list-style-type: none"> • ESDP • School health program • School water, sanitation and feeding program • Curriculum revision • Life skills education • Increased efficiency in education system • Community mobilization

CAPACITY GAPS

Duty Bearers: 1) Public sector: PME with community participation, adequate facilities, textbooks, teacher training/certification. 2) Community leaders: orphans etc; PME, community mobilization. 3) Family: ensure participation/retention esp. of girl child.
Rights Holders: 1) Public sector: budget allocation; technical expertise. 2) Community leaders: information, PME. 3) Family: information, accessible q

Annex 2: Causality Analysis (continued)

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority
	<ul style="list-style-type: none"> Poor reproductive health 	<ul style="list-style-type: none"> Low level of skilled attendance at birth High levels of malnutrition/ anaemia amongst pregnant and lactating women Obstetric complications Unsafe abortion (unmet need for child spacing) 	<ul style="list-style-type: none"> Long travel times/bad roads Lack of skilled attendants Food and dietary insufficiency Home deliveries Early marriages FGM/C Weak family planning program 	<ul style="list-style-type: none"> Budgetary constraint Inadequate human resource development Recurrent drought Harmful traditional practices 	<ul style="list-style-type: none"> Improving access to obstetric care (training, equipment, supplies, commodity security) Prevention of unwanted pregnancy Treatment of obstetric Prevention of FGM/FC
	<ul style="list-style-type: none"> Increasing TB incidence 	<ul style="list-style-type: none"> HIV prevalence (young, urban unmarried) Adult malnutrition Overcrowding 	<ul style="list-style-type: none"> Unsafe sex practice (# of partners and condom use) Food and dietary insufficiency Inadequate urban housing 	<ul style="list-style-type: none"> Inadequate HIV/AIDS programs Weak TB programs Recurrent drought Population pressure 	<ul style="list-style-type: none"> Prevention/treatment of STI/HIV/AIDS (esp. to adolescents and new) Treatment of TB Food security Urban planning
	<ul style="list-style-type: none"> Lack of adequate and balanced diet 	<ul style="list-style-type: none"> Food insecurity Low dietary diversity 	<ul style="list-style-type: none"> Subsistence farm production inadequate (esp. FHHs) Dietary habits 	<ul style="list-style-type: none"> Recurrent drought Tradition/custom Poverty 	<ul style="list-style-type: none"> Food security incl. food micronutrient supplement Preventable childhood reduction
	<ul style="list-style-type: none"> Malnutrition 	<ul style="list-style-type: none"> Inadequate dietary intake and disease 	<ul style="list-style-type: none"> Insufficient household food security Inadequate maternal and child care 	<ul style="list-style-type: none"> Budgetary constraints Household poverty 	<ul style="list-style-type: none"> Food security incl. food micronutrient supplement Preventable childhood reduction
	<ul style="list-style-type: none"> Poor environmental sanitation and hygiene 	<ul style="list-style-type: none"> Inadequate town planning 	<ul style="list-style-type: none"> High rate of urbanization 	<ul style="list-style-type: none"> Population dynamics Budget constraints 	<ul style="list-style-type: none"> Mosquito bed-nets Water and sanitation Health education program Public health law

CAPACITY GAPS

Duty Bearers: 1) Public sector: PME with community participation; adequate facilities, staffing, equipment and supplies esp. at primary health care level; leaders: information, PME, community mobilization. 3) Family: protection/prevention and early treatment for the vulnerable.
Rights Holders: 1) Public sector: information, training, technical expertise, budget allocation. 2) Community leaders: information/training, services PME quality services.

Annex 2: Causality Analysis (continued)

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority
	<ul style="list-style-type: none"> Low condom use 	<ul style="list-style-type: none"> Negative attitudes to condom use Insufficient condom distribution systems (<10 condoms/person/ year) Inadequate promotion of female condom Lack of women's SRH empowerment 	<ul style="list-style-type: none"> Stigma Tradition/custom/ religion Weak LMIS Slow integration of female condom in health delivery system 	<ul style="list-style-type: none"> Limited information and service delivery points 	<ul style="list-style-type: none"> HIV/AIDS awareness, community mobilization; sentinel and behavioral surveillance Programs for mobilized personnel/NSC, commercial sex workers; youth (15-24), home care, workplace Promotion of female condom
	<ul style="list-style-type: none"> Occupational 	<ul style="list-style-type: none"> Low risk perception 	<ul style="list-style-type: none"> Stigma and 	<ul style="list-style-type: none"> Tradition/ 	<ul style="list-style-type: none"> Behavior change communication

	burden/risk categories (housewives; military personnel; sex workers; urban residents; unmarried girls)	<ul style="list-style-type: none"> • Mobile population groups • Financial need 	discrimination <ul style="list-style-type: none"> • Unemployment 	custom/ religion <ul style="list-style-type: none"> • Border demarcation issues 	programs for mobilized personnel/NSC, commercial sex workers, workplace <ul style="list-style-type: none"> • Home based care programs
	<ul style="list-style-type: none"> • HIV infection rate (2.4%) esp. in urban female 15-24 yr age gap (7.5%) 	<ul style="list-style-type: none"> • Unsafe blood Transfusion, un-sterilized medical and other sharp equipment • Unsafe sex practice 	<ul style="list-style-type: none"> • Low risk perception • Stigma 	<ul style="list-style-type: none"> • Limited outreach programs • Harmful and traditional practices 	<ul style="list-style-type: none"> • Behavior change communication programs for youth (15-24)

CAPACITY GAPS

Duty Bearers: 1) Public sector: behavior change communication; behavioral surveillance; budget allocation/programs; de-stigmatization. 2) Community based condom distribution; de-stigmatization. 3) Family: sexual and reproductive health information; safe sex practice.
 Rights Holders: 1) Public sector: information/training; budget allocation, manpower and materials. 2) Community leaders: information/training; access to information; participation in services PME; access to quality services.

Annex 2: Causality Analysis (continued)

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority
	<ul style="list-style-type: none"> • Low community capacity 	<ul style="list-style-type: none"> • Shortages/high cost of materials • Shortage of technical personnel • Inadequate community knowledge and skills for management of water resources • Lack of awareness of personal and environmental hygiene 	<ul style="list-style-type: none"> • Budget constraints • Inadequate community based maintenance training • Inadequate hygiene education 	<ul style="list-style-type: none"> • Border demarcation issues • Weak local govt. institutional capacity 	<ul style="list-style-type: none"> • Policy, laws and institutional development to ensure sustainable water sources • Research and analysis •
	<ul style="list-style-type: none"> • Water shortages, poor sanitation (esp. urban), and poor hygiene practices 	<ul style="list-style-type: none"> • Decreasing water table • Residual war effects • Poor operation and maintenance systems • Lack of awareness of good hygiene practice 	<ul style="list-style-type: none"> • Population pressure and displacement • Low level of technical skills • Inability to pay for major repairs • Inadequate involvement of women • Lack of environmental hygiene content in education and health programs • Low level of basic education • Poor adherence to sanitary regulations 	<ul style="list-style-type: none"> • Recurrent drought • Border conflict • Budgetary constraints 	<ul style="list-style-type: none"> • Advocacy/ awareness raising, community mobilization; and health education
	<ul style="list-style-type: none"> • Over-crowding (esp. in urban areas) 	<ul style="list-style-type: none"> • Rural-urban migration • Inadequate income levels 	<ul style="list-style-type: none"> • Food insecurity • Lack of rural off-farm livelihoods 	<ul style="list-style-type: none"> • Cost of building materials • Slow pace of land allocation • Poverty level • Drought 	<ul style="list-style-type: none"> • Development of cost building materials • Allocating land housing
<p>CAPACITY GAPS Duty Bearers: 1) Public sector: policy development, service provision, development of low cost materials; community training and health education; budget 2) Community leaders: awareness raising and community mobilization; planning management and evaluation; maintenance of facilities. 3) Family: personal management of facilities. Rights Holders: 1) Public sector: technical knowledge and expertise; affordable resources. 2) Community leaders: information, knowledge and skills. 3) Family: information, knowledge and skills.</p>					

Annex 2: Causality Analysis (continued)

Thematic Area	Manifestation	Immediate causes	Underlying causes	Root causes	National priority
	<ul style="list-style-type: none"> • Severe degradation 	<ul style="list-style-type: none"> • Soil erosion • Seepage of salt water into underground water • Soil salination 	<ul style="list-style-type: none"> • Farming practices • Proximity to the sea (coastal) • Livestock overgrazing 	<ul style="list-style-type: none"> • Land distribution • Knowledge and technology for environmental management (esp. women) • Population pressure and poverty 	<ul style="list-style-type: none"> • Legal and regulatory frameworks • Women and environmental
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Fuel wood 	<ul style="list-style-type: none"> • Slow development of 	<ul style="list-style-type: none"> • Budgetary constraint 	<ul style="list-style-type: none"> • Developer

	Deforestation/loss of biomass	<ul style="list-style-type: none"> Charcoal making Soil degradation 	<ul style="list-style-type: none"> alternatives to biomass fuel (e.g. wind, solar, geothermal energy) Population pressure Poverty 	<ul style="list-style-type: none"> Inadequate human resource dev Recurrent drought Harmful traditional practices 	renewable energy systems
	<ul style="list-style-type: none"> Low access 	<ul style="list-style-type: none"> Urban bias in distribution Absence of widely disseminated low cost alternatives to traditional energy forms Cost barrier 	<ul style="list-style-type: none"> Budgetary constraint Inadequate technical expertise Household poverty 	<ul style="list-style-type: none"> Insufficient GDP Inadequate human resource development Inadequate job/income creation 	<ul style="list-style-type: none"> Low cost rural electrification

CAPACITY GAPS

Duty Bearers: 1) Public sector: legal and regulatory frameworks; development of renewable energy systems. 2) Community leaders: awareness raising management of environmental resources and energy use.

Rights Holders: 1) Public sector: technical expertise, budget allocation. 2) Community leaders: information and management skills. 3) Family: informal energy/increased income.

Annex 3: Core CCA Indicators

1. Governance Indicators
Persons per Para -legal personnel at Sub -Zoba Level
Percentage of total seats held by women in the regional assemblies
Percentage of international conventions ratified by Eritrea reported
Public expenditure on basic social services per person at Zoba level

2. Economic Growth and Development (Basic economic and social indicators)			
Indicator	2000	2004	Remarks
Population	3.29 million	3.66 million	CCA for 2002 -06 figures; IPRSP 2004
-3 urban	31.2 %	30%	
-4 rural	68.8 %	70%	
-5 male	n/a		
-6 female	n/a		
Composition of GDP			
-7 Agriculture	15%	15%	
-8 Manufacturing	23%	24%	
-9 Services	62%	62%	
GDP per capita		US\$ 190	I-PRSP, 2004
HDI	0.416 (1999)	0.444 (2003)	HDI Reports - 2005
Poverty (% of population below the national poverty line)*	53% (1993/95)	66% (2001 -03)	I-PRSP, 2004
- rural		64.6%	I-PRSP, 2004
- urban		70.3%	I-PRSP, 2004
Life Expectancy	51.1 years	51.9	I-PRSP, 2004
-1998 Female	52.6 years	53.3	
-1999 Male	49.6 years	50.6	
Infant mortality	70/1000	47.7	I-PRSP, 2004/EDHS, 2002
Adult illiteracy			I-PRSP, 2004 FSS, 2004 (p 19)
-2000 female	61% (2001)	44%	
-2001 male	33% (2001)	N/A	
Net primary enrolment rate	42%	52% (2003/04)	MOE, Eritrea Essential Indicators, 2003/04

* The national poverty line expressed in purchasing power parity (ppp) terms.

Sources: 2001 CCA, Draft I -PRSP, Draft Food Security Strategy, Draft MDGR, E DHS (2002), and HDI Reports

GDP growth at constant market prices

Year	1998	1999	2000	2001	2002	2003	2004	2005
Annual % change	3.9	0.3	-13.1	9.2	0.7	3.0	3.0	4.8

Source: Ministry of National Development

3. Food Security Indicators					
Description/Year	2000	2001	2002*	2003	2004
Consumption Requirements (MT)	536,643	582,539	600,000	600,000	612,000
Domestic Production					
-Cereals	124,548	219,051	54,530	105,944	84,984
-Pulses	6,899	16,413	7,061	2,380	4,270
-Oil crops	1,765	2,527	2,698	7,006	NA
Sub total domestic production	133,212	237,991	64,282	115,330	89,254
Imports	50,000	90,000	152,132	112,000	80,000
Food Aid	229,811	221,502	76,031	240,000	225,000
Sub Total imports and Food Aid	279,811	311,502	228,163	352,000	305,000
Total Supply (MT)	413,023	549,493	292,445	467,330	394,254
Shortfall (Gap)	(123,620)	(33,046)	(307,555)	(132,670)	(217,746)

* 2002 was affected by severe drought and the food requirement for 2002 was supplemented by the 2001 domestic production, food imports and food aid.

Source: Ministry of Agriculture

4. Emergency and Recovery indicators								
Indicator / Value	Units	2000	2001	2002	2003	2004	2005	Source
Returnees (cumulative totals)		50,500 (50,500)	32,675 (83,175)	19,038 (102,213)	9,420 (111,633)	9,389 (121,022)	18 (121,040)	UNHCR / ERREC records
Refugees (Somali and Sudanese in camps)			2,230	3,610	3,900	4,200	4,236	UNHCR
IDPs in camps						72,021 - Gash Barka (45,437); Debub (25,941) NRS (643).	55,000	OCHA Mar 2005 :WFP
Urban vulnerable individuals. Incl. very poor, disabled, elderly persons, socially & economically marginalized persons.	Persons						Approx. 290,000	CAP - 04
Female Headed Households	Women			47% of Households are female-headed.				DHS -2002
Orphans	Children		51,000	9.8% of children < 15 years of age of the country are orphans				MLHW Orphans Survey & DHS -2002
Landmine affected contaminated Landmine/ UXO	Communities						480	UNMACC
Landmine Victims-	persons	35	195	87	64	46		UNMACC
Mine Risk Education (MRE)	persons						87,800*	UNICEF Report
People trained in MRE							420**	UNICEF Report

* Of the 87,800 people trained, 69,200 are people living in highly mine affected areas and 18,600 are IDPs.

** Of the 420 trained, 70 were community volunteers for data collection and reporting.

Annex 3: Core CCA Indicators (continued)

5. Education Indicators									
Indicator / Value	Units	1998	1999	2000	2001	2002	2003	2004	Source
Net enrolment ratio %									
Primary level									
Total		30.9	33.3	41.4	42.3	46	50	51.5	MOE
Female		29.3	31.3	39	39.7	43	46.7	48.2	MOE
Middle level									MOE
Total		9.1	9.5	11	12	12.7	13.8	18.9	MOE
Female		8.6	9.3	10.5	11.5	12.1	12.9	16.8	MOE
Secondary level									
Total		10.3	11.4	14.3	13.5	14.2	16.3	14.1	MOE
Female		9.7	10	12.2	11.4	11.8	13.6	11.1	MOE
Net enrolment rate by zoba at primary level									
Anseba		26.5	30.8	37	38	45.1		51.5	MOE
Deb.KB		8.3	7.2	8	7	18		30	MOE
Debub		37.7	43.5	51	52	67.6		73	MOE
Gash B.		20.7	21.5	37	32	35.8		44.8	MOE
Maakel		55.8	55.2	56	55	57.8		59.2	MOE
Sem.KB		15.4	17.5	20	20	18.2		23.1	MOE
Total		30.9	33.3	37.9	38.9	46		51.5	MOE
Percentage of repeaters									
Primary level									
Repetition Rate									
Total		22.7	19.4	19.4	13.9	14.3	20.3	21.3	MOE
Female		24.6	20.8	20	14.1	17.9	21.1	22.2	MOE
Middle level									
Repetition Rate									
Total		15.2	18.1	21	22	21.5	26.6	17.4	MOE
Female		22	24.2	25.8	25.2	24.2	29.7	17.7	MOE
Secondary level									
Repetition Rate									
Total		18.4	12.4	13.3	18.2	19	19.1	16.8	MOE
Female		26.4	17.6	17.5	20.7	21.6	21.2	17.5	MOE
Transition rate from primary to middle level (no national exam)		71.39%	55.40%	45.3	64.9	66.7		76.7	MOE
Proportion of children starting grade 1 who reach grade 5 (MDG 2)							81	81	MOE

Annex 3: Core CCA Indicators (continued)

6. Health and Nutrition Indicators			
Indicators	2004	2005	Sources
Population with access to basic health services		75%	HMIS, Maternal Mortality Survey and Population and Housing Survey
Under 5 Mortality Rate		93/1,000 live births	DHS, 2002
Maternal Mortality Rate		998/100,000 live births 630/100,000 live births	DHS, 1995 Estimated by WHO/UNICEF/ UNFPA, 200
Immunization coverage rate			
Measles		74%	HMIS, 2005
Vitamin A supplementation – routine		38%	DHS, 2002
Vitamin A supplementation - campaign		95%	MOH Report, July 2006)
Neonatal tetanus protection		93%	HMIS, 2005
Skilled care attendance during delivery		28%	DHS, 2002
		26%	HMIS, 2005
Proportion of trained health workers/population		Physician / 13,144 Nurse / 2,804	WHO, 2002
Proportion of national households that own insecticide treated mosquito net (ITN)		34%	DHS, 2002
Under-weight prevalence in children under-5 (deficit in calories) - nationally		40%	DHS, 2002
Under-weight prevalence in children under-5 by region (acute malnutrition -weight for height)		Anseba: 15% Debub: 11% Gash Barka: 21% Maekel: 11% NRS: 15% SRS: 12%	National Nutrition Surveillance System, 2005 & 2006
Need for obstetric care including complicated abortions met by		46.3%	HMIS, 2005
Contraceptive prevalence rate – any method all women		5.8%	DHS, 2002
Percentage of access to safe drinking water - national		57%	UNICEF/WHO, Water and Sanitation Mid-term Assessment of Progress, 2004
- Urban		72%	
- Rural		54%	
Percentage of communities with access to sanitary facilities- nationally		9%	UNICEF/WHO, Water and Sanitation Mid-term Assessment of Progress, 2004
-Urban		34%	
-Rural		3%	
Proportion of health facilities providing basic obstetric care		58.5%	Ministry of Health, 2006
Proportion of health facilities providing comprehensive obstetric care		55%	Ministry of Health, 2006
TB Treatment Success rate		83.5%	NATCOD, MOH, 2005
Tuberculosis Incidence		271/100,000	WHO HQs Estimate, 2005
TB/HIV co-infection		11.8%	Prevalence survey, MoH, 2005
Malaria Incidence	5.08/100,000		HMIS, 2005
Proportion of population residing in the malarious areas that have ITNs	79%		Household Survey, 2004

Annex 3: Core CCA Indicators (continued)

7. HIV/AIDS								
Indicator / Value	1998	1999	2000	2001	2002	2003	2004	Source
HIV/AIDS prevalence rate among antenatal attendees		4.2%		2.87%		2.4%		HIV/AIDS/STI: situation analysis 2003 MOH
HIV/AIDS prevalence rate among CSW		35%		22.8%				HIV/AIDS/STI: situa. Analysis 2003 MOH
HIV/AIDS prevalence rate among STI patients		14.6%						HIV/AIDS/STI: situa. Analysis 2003 MOH
AIDS cases reported to MOH	1610	2467	2759	2462	2223			HIV/AIDS/STI: situa. Analysis 2003 MOH, SEMISH
Male to female sex ratio of reported AIDS cases	1.67	1.61	1.55					HIV/AIDS/STI: situa. Analysis 2003 MOH
Outpatient incidence of HIV/AIDS at Health facilities (%) (Hospitals+HC)	0.07%	0.07%						SEMISH
Outpatient incidence of STDs at Health facilities (%) (Hospitals+HC)	0.2%	0.2%				0.4%		SEMISH

8. Water, Sanitation and Shelter			
Indicators	2005		
1. WATER			
	Settlement Type		
	Primary Cities	Secondary Towns	Villages
In-house private tap	16.7	6.8	1.0
Tap in plot	30.7	6.8	2.9
Public tap	3.1	28.4	50.9
Vendor/truck	48.9	52.3	34.6
Well/spring/river	0.6	5.7	10.6
2. SANITATION			
Sanitation type (%)			
Private WC	31.2	11.1	5.7
Shared WC	17.4	6.5	1.9
Private Pit	19.3	26.9	12.3
Shared Pit	5.6	4.4	2.8
Public Toilet	5.0	-	-
None	21.5	51.1	77.3
Sewage Disposal			
Sewerage System (%)			
Municipality Network	64.4	14.2	6.6
Septic Tank	12.8	12.6	5.7
None	22.8	73.2	87.7

Source: March 2005 Household Survey

3. SHELTER	Settlement type			
	Asmara	Medium Size Towns (20,000 – 100,000 inhabitants)	Small Towns (8,000 – 20,000 inhabitants)	Rural Areas (Villages)
Ave. # of rooms/HH	1.5	2.0	1.6	1.5
Ave. HH size	4.7	5.6	5.6	5.3
Ave. # of persons/room	3.2	2.8	3.4	3.6
Ave. # of HH/plot	2.4	1.3	1.3	1.3

Source: March 2005 Household Survey

9. Environment and Energy indicators by Sector						
INDICATORS/DATA	UNIT	2000	2001	2002	2003	2004
1. LAND RESOURCES						
1.1. Arable land	Ha.	2,089,000	2,089,000	2,089,000	2,089,000	2,089,000
1.2. Cultivated land	Ha.	358,550	386,696	393,267	468,093	451,432
1.3. Pr capita arable land	Ha.	0.68	0.66	0.64	0.62	0.60
1.4. Per capita cropped land	Ha.	0.12	0.12	0.12	0.14	0.13
1.5. Hillside terracing	Ha.	1,025	1,208	1,807	2,338	1,013
1.6. Hillside terrace maintenance	Ha.	-	165	85	55	263
1.7. Check dams const.	Km	127	124	97	86	725
1.8. Stone bund on far. lands	Km	258	392	765	2,896	1,804
1.9. Soil bund on farm lands	Km	2,138	1,292	5,287	444	3,560
2. BIODIVERSITY						
2.1. Seedling planting total	Mill.	2,943	2,082	2,495	2,48	3,75
2.2. Enclosures	Ha	11,745	771	658	392	-
2.3. MSY of fish	Ton	70-80,000*	70-80,000*	70-80,000*	70-80,000*	70-80,000*
2.4. Fish harvest (commercial)	Ton	10-15,000	10-15,000	10-15,000	10-15,000	10-15,000
3. ENERGY SUPPLY						
3.1. Energy production						
Indigenous biomass	Toe ('000)	481.13	492.62	499.75	508.51	
Oil products imports	Toe ('000)	205.59	236.40	273.52	262.52	
Total energy supply	Toe ('000)	686.72	733.08	787.73	798.36	
Total per capita energy supply	Kgoe ('000)	196.94	210.24	219.13	215.60	
3.2 Energy Consumption						
Biomass fuels	Toe ('000)	428.37	447.07	455.70	467.40	
Oil products	Toe ('000)	205.59	229.10	228.61	230.98	
Total energy consumption	Toe ('000)	633.93	676.17	702.36	717.91	
Total per capita energy consumption	Kgoe ('000)	181.80	193.92	195.38	193.89	
Per capita oil products consumption	Kgoe ('000)	58.96	65.70	63.59	62.38	
3.3 Electricity						
Electricity Generating Capac.	MW	134.0	134.0	176.03	176.03	
Electricity generated	Gwh	210.35	233.66	259.17	276.82	
Electricity consumed	Gwh	166.93	183.28	200.99	213.63	
Per capita electricity consumption	Kwh	47.87	52.56	55.91	57.70	

Sources: Data obtained in May 2005 from Planning Units of the Ministries of Agriculture, Fisheries and Energy and Mines, Local Government

* Source: Fish Stock estimates in Eritrean Waters, Ben Yami, 1964. (N.B.= IFREMER and MoFish study of 1997 roughly estimates annual

Annex 4: List of CCA Participants (Institutions and Agencies) Contributing to Development of 2005 CCA

1. UNDAF Steering Committee	
Government	UN Agencies
Ministry of National Development	United Nations Resident and Humanitarian Coordinator
Ministry of Education	United Nations Children's Fund
Ministry of Health	World Health Organization
Water Resources Department	United Nations Population Fund
National Statistics office	United Nations Development Programme
	United Nations High Commission for Refugees
	Food and Agriculture Organization
	World Food Programme
	UN Resident Coordinator Support Unit

2. CCA Task Force	
Government	UN Agencies
Ministry of National Development	United Nations Population Fund
National Union of Eritrean Women	United Nations Development Programme
	World Food Programme
	UN Resident Coordinator Support Unit

3. CCA Theme Groups	
<u>CCA Theme Groups</u>	
1 GOVERNANCE	6 WATER, SANITATION AND SHELTER
2 ECONOMIC GROWTH & DEVELOPMENT	7 ENVIRONMENT
3 FOOD SECURITY	8 EMERGENCY AND RECOVERY
4 EDUCATION	9 HIV/AIDS
5 HEALTH & NUTRITION	
Government Institutions Participation* in Theme Groups	UN Agencies Participation in Theme Groups
Ministry of National Development	United Nations Development Programme (UNDP)
Ministry of Agriculture	United Nations Population Fund (UNFPA)
Ministry of Education	United Nations Children's Fund (UNICEF)
Ministry of Health	United Nations Volunteers (UNV)
Department of Energy	World Health Organization (WFP)
National Statistics Office	Food and Agriculture Organization (FAO)
Water Resource Department	World Food Programme (WFP)
	UNDP/Mine Action Capacity Building Programme (MACBP)
	United Nations Mission in Eritrea and Ethiopia (UNMEE)
	United Nations High Commissioner for Refugees (UNHCR)
	Office for the Coordination of Humanitarian Affairs (OCHA)
	United Nations Human Settlements Programme (UN -HABITAT)
	United Nations Programme on HIV/AIDS (UNAIDS)

*Government Institutions' representatives were interviewed on one-on-one basis by MND to complement the UN agencies' participants work in the theme groups.

4. CCA Workshop	
Government	UN Agencies
Ministry of National Development-	United Nations Resident and Humanitarian Coordinator
Ministry of Education	United Nations Children's Fund (UNICEF)
Ministry of Health	World Health Organization (WHO)
Ministry of Land, Water and Environment	United Nations Population Fund (UNFPA)
Water Resources Department	United Nations Development Programme (UNDP)

Ministry of Energy and Mines / Department of Energy	United Nations High Commissioner for Refugees (UNHCR)
Ministry of Agriculture	Food and Agriculture Organization (FAO)
National Union of Eritrean Women	World Food Programme (WFP)
National Statistics Office	World Bank (WB)
	UN Resident Coordinator Support Unit
	United Nations Fund for Women (UNIFEM)

* CCA Workshop was held on 31 May 2005 at the National Confederation of Eritrean Workers Conference Hall.

Annex 5: Footnotes