



**Convention on the
Rights of the Child**

Distr.
GENERAL

CRC/C/ERI/3
23 October 2007

Original: ENGLISH

COMMITTEE ON THE RIGHTS OF THE CHILD

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION**

Second and third periodic reports of States parties due in 2006

ERITREA* **

[14 June 2007]

* For the initial report submitted by Eritrea, see document CRC/C/41/Add.12. For its consideration by the Committee, see documents CRC/C/SR.865 and 866 and CRC/C/15/Add.204.

** In accordance with the information transmitted to States Parties concerning the processing of their reports, the present document has not undergone formal editorial revision before being sent to the United Nations translation services.

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Acronyms/abbreviations

AFP	-	Acute Flaccid Paralysis
AIDS	-	Acquired Immune Deficiency Syndrome
ANC	-	Antenatal Care
ARI	-	Acute Respiratory Infection
ART	-	Antiretroviral Therapy
BCC	-	Behavioural Change Communication
CAO	-	Cultural Affairs Office
CBR	-	Community Based Rehabilitation
CCWL	-	Children in Conflict With the Law
CRC	-	Convention on the Rights of the Child
CSEC	-	Commercially Sexually Exploited Children
CWDs	-	Children With Disabilities
DPCE	-	Draft Penal Code of Eritrea
ECCE	-	Early Childhood Care and Education
ECDF	-	Eritrean Community Development Fund
EDHS	-	Eritrean Demographic and Health Survey
EFA	-	Education for All
EHPG	-	Environment Health Policy and Guidelines
EIP	-	Eritrea Immunization Programme
EPI	-	Expanded Programme on Immunization
EPR	-	Education and Poverty Reduction
ESMG	-	Eritrean Social Marketing Group
ESDP	-	Education Sector Development Programme
FGM	-	Female Genital Mutilation
FSS	-	Food Security Strategy
GAVI	-	Global Alliance for Vaccines and Immunizations
GER	-	Gross Enrollment Ratio
GoSE	-	Government of the State of Eritrea
HAMSET	-	HIV/AIDS, Malaria, Sexually Transmitted Infections, and Tuberculosis
HBC	-	Home Based Care
HIV	-	Human Immunodeficiency Virus
ICT	-	Information and Communication Technology
IECD	-	Integrated Early Childhood Development
I-PRSP	-	Interim Poverty Reduction Strategy Paper
ISNE	-	Inclusive and Special Needs Education
ITNs	-	Insecticide Treated Bed Nets
LCIPN	-	Learner Centred and Interactive Pedagogy in the National Curriculum
LLS	-	Life Saving Skills
MDGs	-	Millennium Development Goals
MLHW	-	Ministry of Labour and Human Welfare
MoA	-	Ministry of Agriculture
MoE	-	Ministry of Education
MoND	-	Ministry of National Development
MoF	-	Ministry of Fishery

MoH	-	Ministry of Health
MoI	-	Ministry of Information
MoJ	-	Ministry of Justice
NCDs	-	Non-Communicable Diseases
NCFW	-	National Curriculum Framework
NDA	-	National Demining Authority
NDG	-	National Development Goals
NEPFP	-	National Economic Policy Framework and Programme
NGO	-	Non-governmental Organizations
NID	-	National Immunization Days
NMCU	-	National Malaria Control Unit
NNER	-	New National Education Reform
NRH	-	National Referral Hospitals
NSC	-	National Steering Committee
NSEO	-	National Statistics and Evaluation Office
NSS	-	Nutrition Surveillance Systems
NUEW	-	National Union of Eritrean Women
NUEYS	-	National Union of Eritrean Youth and Students
NWSSEAP	-	National Water Supply and Sanitation Emergency Action Plan
OD	-	Operation Day
OPD	-	Out Patients Department
PEP	-	Post-Exposure Prophylaxis
PHAST	-	Participatory Hygiene and Sanitation Transformation
PHT	-	Public Health Technicians
PLHA	-	People Living With HIV/AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PTA	-	Parents and Teachers Association
PWDs	-	Persons With Disabilities
RBM	-	Roll Back Malaria
RD	-	Recruited Donors
RED	-	Reach Every District
RRI	-	Rapid Results Initiative
SIA	-	Sub-national Immunization Activities
SMCP	-	Savings and Micro Credit Programme
SOS	-	Sustainable Outreach Services
STI	-	Sexually Transmitted Infections
TB	-	Tuberculosis Bacterium
TC	-	Technical Committee
TCCE	-	Transitional Civil Code of Eritrea
TEGPRS	-	Transitional Economic Growth and Poverty Reduction Strategy
TFC	-	Therapeutic Feeding Centres
TOT	-	Training of Trainers
TPCE	-	Transitional Penal Code of Eritrea
TVET	-	Technical and Vocational Education Training
UNDAF	-	United Nations Development Assistance Framework
UNFPA	-	United Nations Population Fund

UNGASS	-	United Nations General Assembly Special Session
UNHCR	-	United Nations High Commissioner for Refugees
UNICEF	-	United Nations Children's Fund
UXOs	-	Unexploded Ordinances
VCT	-	Voluntary Counseling and Testing
VBD	-	Voluntary Blood Donors
VIP	-	Very Improved Piped
WHO	-	World Health Organization
WRD	-	Water Resource Department

Eritrea: basic indicators

I. General

Land area km² - 124,320

Population - 4 million

Growth rate annual percentage - 2.6

Density, per km² - 36.7 persons

II. Social indicators

Literacy rate, 2005: percentage of population aged 15 and over - 56

Pre-primary school attendance, 2005: percentage of age group - 16.3

Elementary enrolment, 2005: percentage of age group - 71.7

Junior Secondary school enrolment, 2005: percentage of age group - 48.4

Secondary-school enrolment, 2005: percentage of age group - 24

Mortality among children: under 5, 2004: per 1,000 births - 85/1,000

Maternal mortality rate, 2004: 752/100,000 live births

Unassisted urban births, 2005: 20 per cent

Unassisted rural births, 2005: 70 per cent

Vaccination against measles, 2005: percentage of children under 5 - 68

Vaccination against poliomyelitis, 2005: 71.4 per cent

Vaccination against BCG, 2005: 72.7 per cent

Vaccination against DPT, 2005: 71.4 per cent

Number of inhabitants per doctor, 2005: 1:15,000

Number of inhabitants per nurse, 2005: 1:3,200

Overall malnutrition, 2005: 9 to 21 per cent in all zones

Incidence of poverty, 2004: 66 per cent

Incidence of extreme poverty, 2004: 37 per cent

III. The economy

Per capital GNP, 2005: US\$ 200

GDP growth, 2005: 4.8 per cent

Agriculture, 2005: as a percentage of GDP - 16

Inflation, 2005: 12.4 per cent

Fiscal deficit, 2005: as a percentage of GDP - 20

Summary

The Government of the State of Eritrea is delighted to present to the Committee on the Rights of the Child Eritrea's consolidated second and third reports under the Convention on the Rights of the Child. The Government believes that, when read together with Eritrea's initial report, it demonstrates the country's commitment to furthering implementation of the Convention. The statistics in the annex to this report provide a snapshot of the Government's efforts to develop a comprehensive data collection system covering children under the age of 18 years, which is vital for the formulation of policies and programmes.

One of the main achievements in the period covered by this report has been increased coordination of policies and monitoring mechanisms. In 2002, the Government established the Eritrean Integrated Early Childhood Development Programme in collaboration with the World Bank and Italian Cooperation to ensure an integrated approach across the spectrum of government policies and programmes for children. In order to coordinate and monitor the implementation of the Convention on the Rights of the Child, the Government has also expanded social welfare services at sub-regional levels.

Other areas where substantial activities have taken place since the consideration of Eritrea's first report are child protection, health and education.

The programmes designed to address vulnerable children have achieved remarkable results: 40,000 orphans were reintegrated with their extended families and 15,600 vulnerable host families were provided with income-generating assets. The Government's deinstitutionalization policy for orphanages has been successfully implemented and as a result, the number of orphans cared for in institutions has decreased to 523 in 2005 from 1,500 in 2002.

Equal access and opportunities for children with disabilities has been achieved in 27 sub-regions where the Community Based Rehabilitation programme is being implemented. Eight thousand children with disabilities have been rehabilitated in their respective communities and 3,500 children with disabilities have been reintegrated into formal schools with the support of assistance devices and provision of school stationery.

The street children prevention and rehabilitation programme has been successfully implemented in that 16,207 high risk and street children have been reintegrated into formal schools with the support of school stationery. One thousand, one hundred and ninety-eight street children took skills training, 713 families of street children benefited from the income-generating scheme, of which the majority (80 per cent) were female-headed households. In order to address concerns relating to children in conflict with the law, the Government has established a separate detention centre and youth rehabilitation centre. The Government has also formulated a programme for the establishment of a probation service, which attempts to provide counselling for children in conflict with the law. The Ministry of Justice has established child-friendly chambers where cases concerning children in conflict with the law are heard separately from adult offenders.

Since the consideration of Eritrea's first report by the Committee, the Government has built up new hospitals, health centres and health stations. They are reasonably equipped and staffed. Specialized health services have been delivered at the national and regional hospitals.

Maternal and child centres have been built and made operational in all hospitals. Public health activities have been implemented nationwide. Mothers and children have been the central beneficiaries of such centres and services. Moreover, the Government has established Orotta School of Medicine, College of Health Science, College of Nursing and Health technology in Asmara and four regional training centres in the regions. These training institutions were made operationally efficient after independence.

Therapeutic feeding centres introduced by the Government have been able to reach 46 per cent of the malnourished children and as a result the fatality rate declined from 10.6 per cent in 2002 to 5.7 per cent in 2005. The death rates from 2003 onwards have been below the acceptable death rate of <10 per cent (Sphere standards), showing the positive impact of the intervention. Other significant measures that the Government introduced are salt iodization and food fortification where children and women are getting benefit from the two measures. Since the consideration of Eritrea's first report by the Committee, the Government has made antiretroviral therapy available to persons living with AIDS. As a result of the integrated approach, the overall HIV prevalence appears to be at least stabilizing and the country has been able to prevent the spread of the epidemic to rural areas.

The Eritrean immunization programme has improved child survival rates by reducing mortality, morbidity and disability among children under 5 years. Childhood immunization, which had coverage of only 10 per cent during independence, has risen to 73.8 per cent. Polio is virtually eliminated from Eritrea as there have not been any wild polio virus cases since 1997 and Eritrea is moving to its polio-free certification. The national immunization days carried out since 1996 have been steadily achieving good results. It is encouraging to report that Eritrea became the first country in the Eastern African region to eliminate maternal and neonatal tetanus. Measles is no longer a public health concern as very few cases are reported. It is also of paramount importance to note that the Eritrean immunization programme has incorporated Hepatitis B vaccination into the routine system since 2002 and Haemophilus influenza vaccine will be introduced soon.

The Government has drawn up a national plan of action to combat female genital mutilation (FGM). The national plan of action is based on a two-pronged approach that aspires both to prohibit the mutilation of girls and to support its victims. A national task force has been established to design legislation on the abolition of female circumcision and to oversee the expedited implementation of the action plan. It has also developed health promotional materials, including the production of a documentary video that has been very important in changing the behaviour of communities. Since the consideration of Eritrea's first report by the Committee, significant success has been exhibited in changing the behaviour and attitude of communities towards FGM through a concerted nationwide sensitization campaign.

The Government of the State of Eritrea regards education for children as a human right, and all children are entitled to equal educational opportunity irrespective of their ethnicity, language, sex, religion, disability, or status. As a result, the Government has increased access to schools, with a particular emphasis on disadvantaged children. Analogous to this, the provision of free basic education, which is compulsory for all school age children, has been one of the Government's top priorities.

Since the consideration of Eritrea's first report by the Committee, kindergartens and rural community children's centres have witnessed a growth of 238.6 per cent. As a result of this, enrolment in pre-primary schools has shown an increase of 111.8 per cent. This achievement is mainly due to the implementation of the Early Childhood Care and Education Programme. The number of primary schools has increased by 23.8 per cent between 2002/2003 and 2004/2005. With regard to basic education, between 2002/2003 and 2004/2005, the gross enrolment ratio in elementary education increased from 70.28 per cent to 71.73 per cent and the net enrolment ratio increased from 50.13 per cent to 52.60 per cent. Similarly, the gross enrolment and net enrolment ratios in middle schools have increased from 44.8 per cent to 48.42 per cent and from 13.80 per cent to 21.01 per cent respectively. The gross enrolment ratio in secondary education increased from 23.4 per cent in 2002/2003 to 24 per cent in 2004/2005.

While the Government is working to ensure access to education, improving quality and relevance of education at all levels have also been amongst the priority areas. In the Educational Reform Programme that started in 2003, the curriculum, policies, guidelines and strategies are undergoing a number of changes.

The Government has designed an Interim Poverty Reduction Strategy and a Food Security Strategy. A National Steering Committee has been formed to guide and oversee the overall implementation of the Interim Poverty Reduction Strategy. It consists of the Ministers of National Development, Agriculture, Labour and Human Welfare, Education and Health. Under the supervision of the National Steering Committee, a technical committee comprised of representatives of the five sectoral ministries and other relevant government agencies is entrusted with responsibility for coordination and for ensuring better integration, so that policies and programmes are more closely linked to national planning and objectives.

The Government sponsored Savings and Micro Credit Programme currently operates in all six regions and 48 sub-Zobas (districts). As of December 2005, it had 20,225 active clients (of whom 40.6 per cent were women) under the first tier loan programme (solidarity group loan) spread over 267 village banks) and another 2,284 active clients (of whom 37.5 % were women) under the second tier loan programme (individual loan). Since it began, the programme has disbursed a total of US\$ 24,890,694.54. An evaluation conducted recently has found that 90 per cent of clients with school age children reported that they were able to send them to school, better fed and dressed as a result of their involvement in the Micro Credit Programme. Other benefits, such as health, could be inferred.

This report also demonstrates Eritrea's commitment to the Optional Protocols to the Convention on the Rights of the Child on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. Eritrea signed the two Protocols on 16 February 2005. Following the signature of the Optional Protocol on the sale of children, child prostitution and child pornography, the Government designed a national plan of action to combat the commercial exploitation of children through preventive and rehabilitation approaches.

Despite the tremendous efforts exerted on behalf of children, significant challenges still linger. The child protection system is one major area of concern. Despite extensive efforts since the Committee's consideration of Eritrea's initial report, the number of children in need of care and protection remains high.

Acute malnutrition in children less than five years of age is still high in all regions ranging from about 9 per cent to 21 per cent, which is above the World Health Organization (WHO) threshold of 10 per cent, except for Maekel region. The maternal mortality rate is very high. Children and women are vulnerable to nutritional and micronutrient deficiencies.

The education reform in Eritrea is taking place under a no war and no peace situation. Consequently, owing to the pressure of the economic problems of this transitional period, the speed of progress has not been as expected and the quality of education at all levels remains a matter of concern.

The Convention on the Rights of the Child is a comprehensive legal instrument for addressing the situation of children. Its provisions cover civil, economic, social and cultural rights that imply the need for profound changes in the perception of the child and in how to approach and establish policies that determine the child's living conditions. The Government of the State of Eritrea is cognizant that the Convention requires allocation of considerable resources over a sustained period of time and has executed most of the above-mentioned activities through the State budget alone.

The Government will continue to address the needs of children, particularly in the areas of protection, health and education. Moreover, The Government will welcome the opportunity to expand on the initiatives that have occurred since the Committee considered Eritrea's first report when the time comes to consider this consolidated second and third report.

Introduction

1. This is Eritrea's consolidated second and third report to the Committee on the Rights of the Child (the Committee) submitted under Article 44, paragraph 1 of the Convention on the Rights of the Child (CRC).
2. Eritrea ratified the Convention on the Rights of the Child on 20 August 1994. Pursuant to Article 49, the Convention came into force for Eritrea on 7 December 1994. Eritrea's first report under the Convention (CRC/C/41/Add.12) was submitted in October 2002 and considered by the Committee, along with updated information, on 6 June 2003 (CRC/C/SR.865 and 866). As Eritrea's second report was due in 2001, the Committee agreed that Eritrea should submit a combined second and third report at the time the third report fell due.
3. This report has been prepared in accordance with the Committee on the Rights of the Child general guidelines regarding the form and contents of periodic reports to be submitted by States parties under article 44, paragraph 1(b), of the Convention on the Rights of the Child (CRC/C/58).
4. The report updates Eritrea's first report and highlights significant changes to policies and programmes that occurred between November 2002 and 31 December 2005, including those that address the concerns and recommendations of the Committee in relation to Eritrea's first report. Areas in which there have been no developments are not commented on in this report; the situation in relation to such areas remains as reported in Eritrea's first report. Where relevant, this report contains cross-references to relevant parts of Eritrea's first report.
5. To avoid adding to the burden on the Committee, the Government has attempted to produce a concise report and has not attached documents relevant to every initiative in this report. The Government looks forward to providing further information on the initiatives, which the Committee indicates, are of interest to it when it comes to consider this report.
6. Following the second restructuring of the civil service in 1996, the Government of the State of Eritrea (GoSE) at the national level has the task of formulating policies, programmes, relevant legislation, training, and research. Moreover, there are six administrative regions: Anseba, Debub, Gas-Barka, Maekel, Northern Red Sea and Southern Red Sea that have been implementing policies and programmes and are responsible for development activities in their respective jurisdictions. The Government at a national level monitors and evaluates all the activities of the six regions.
7. As the six regions are responsible for the implementation of many of the government activities that give effect to the Convention, extensive consultations have occurred with the six regions in the preparation of this report.
8. Non-governmental organizations (NGOs) play an important role in promoting, respecting and implementing the rights of children through advocacy, service provision and fund-raising. The Government sought the views of NGOs i.e. National Union of Eritrean Youth and Students (NUEYS) and National Union of Eritrean Women (NUEW) in the process of drafting the report. The Government is grateful for their assistance and comments.

I. GENERAL MEASURES OF IMPLEMENTATION

A. Implementation of the rights of the child (art. 4)

The GoSE refers to pages 16-24 of Eritrea's first report and paragraphs 7, 9, 11, 13 and 15 of the Committee's recommendations.

1. Legislation

9. Eritrea is a civil law country. As such, it holds codified laws, which are authoritative, comprehensive and systematic collections of general clauses and legal principles, divided into Books and Parts. Taking into consideration the recommendations of the Committee on the Rights of the Child, the GoSE through the Ministry of Justice (MoJ) has reviewed the transitional legislation and has ascertained that the legislation to a large extent reflects the principles and provisions of the Convention. Furthermore, amendments were made to some articles to ensure their compatibility with the CRC. The Government is also conducting studies on the customary laws of different ethnic groups to identify gaps in the legislation, which are not compatible with the principles and provisions of the Convention. The Government is of course taking measures at its own pace, given the fact that full implementation of the Convention requires time and resources.

2. Coordination, monitoring and resources for children

10. Since the consideration of Eritrea's report by the Committee, the GoSE has increased coordination of policies for children.

11. In October 2002, the Eritrean Integrated Early Childhood Development (IECD) programme was created by the Government of the State of Eritrea in collaboration with the World Bank and Italian Cooperation to ensure an integrated approach across the spectrum of the Government's policies and programmes for children. The goal of the IECD programme was to improve the quality of life of children, thereby keeping the young population healthy and productive for the sustainable social and economic development of the country by focusing on young children, children of primary school age, and children in need of special protection measures. The Government believes that the IECD contributes to the coordination of programmes on the rights of the child by providing health care, cognitive development and promoting life security and affection.

12. Since its initiation, the IECD has implemented different components to promote the growth and holistic development of children. The components promote preschool education, child and maternal health, maternal and child nutrition and support for vulnerable children including street and working children.

13. Another major government initiative has been the expansion of social welfare services at the sub-Zoba level. The expansion was made in 2005, in order to coordinate and monitor the implementation of CRC and activities related to the welfare of children and families. Moreover, the recently prepared United Nations Development Assistance Framework (UNDAF) 2007-2011 is an important tool for the Government to monitor the progress of CRC.

14. The Government believes that the creation of the IECD, the expansion of social welfare services at grassroots level and the adoption of UNDAF addresses the recommendations of the Committee, outlined in paragraphs 9, 11 and 13 of its concluding observations on Eritrea's first report. The recommendations were made on the strengthening of coordination mechanisms and allocation of sufficient financial and human resources, the lack of monitoring mechanisms for children at national and local levels and the allocation of sufficient resources to ensure the implementation of the economic, social and cultural rights of children, in particular those belonging to economically disadvantaged groups. The activities carried out throughout the previous five years and the budget allocated for child protection and the promotion of children's rights are discussed in the following sections.

15. Since Eritrea's first report, there has been increased coordination of policies and monitoring mechanisms for children in the six regions and sub-regions. In every region and sub-region, there is a Social Welfare Unit, which is responsible for coordinating policies affecting children. These units often act as monitoring mechanisms for children, together with the IECD in each Region.

3. Data collection

16. The Government notes the concern of the Committee, expressed in paragraph 14 of its concluding observations, that there is a "lack of comprehensive and up-to-date statistical data in the State party's report". In paragraph 15, the Committee has recommended that Eritrea develop a comprehensive system of data collection consistent with the Convention, covering all children up to the age of 18, with a specific emphasis on those who are particularly vulnerable. The Committee has further encouraged Eritrea to use indicators and data in the formulation of policies and programmes for the effective implementation and monitoring of the Convention.

17. Following the consideration of Eritrea's first report, the Government conducted a number of studies on children. The information that is supplied in this report is related to many articles of the Convention. Up-to-date statistical data is given on the demographic structure of the child population of the country. In addition, children's health, school attendance, vulnerable children including orphans, children with disabilities (CWDs), and children in conflict with the law (CCWL) are covered. Demographic data on vulnerable children who were provided with social welfare services are also presented. The idea is to produce similar reports at regular intervals. When plans are made for the following year, a decision will be taken on how often the report will be issued in the future. The content of the report is compiled from the research results of different ministries and NGOs. When the report is prepared, the original materials are reviewed and the data is processed so that it better describes the condition of the child in Eritrea.

18. Indicators illustrating the welfare of children have been developed by the National Statistics and Evaluation Office (NSEO), Ministry of National Development (MoND), Ministry of Health (MoH), Ministry of Education (MoE) and Ministry of Labour and Human Welfare (MLHW). Moreover, disaggregated data on disadvantaged children are also provided. The Government believes that such information would be most useful for intervention programmes aimed at the most disadvantaged children in society.

4. Cooperation with civil society

19. In its concluding observations on Eritrea's first report, in paragraph 16, the Committee expressed concern that, "...the State party has strictly limited its cooperation with international civil society since 1997." The Committee also recommended, in paragraph 17, "that the State party promote closer cooperation with NGOs and consider involving, more systematically, international NGOs, especially rights-based ones, and other sectors of civil society working with and for children, throughout all stages of the implementation of the Convention."

20. The GoSE has established a strong and close cooperation with international and local NGOs to foster the implementation of the Convention. The objective of the cooperation programme is to advance Eritrea's national interest by alleviating poverty and achieving sustainable development. The Government believes that NGOs' contribution should aim at the alleviation of poverty by strengthening frameworks for sustainable and economic growth, supporting the government interventions that enable the poor to increase their productivity, and reducing the vulnerability of children.

21. The Government is executing the provisions of the Convention in collaboration with a number of Eritrean child-focused development agencies, such as the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and the United Nations High Commissioner for Refugees (UNHCR). In addition, there are promotional activities of agencies such as NUEW and NUEYS.

22. The Government acknowledges the modest role-played by NGOs in promoting, respecting and fulfilling the rights of children through raising funds, advocacy and providing targeted community development assistance. Children and women have directly benefited from increased funding by international and local NGOs of social development activities such as education, health, water supply and sanitation, child protection and other social infrastructure and services.

B. Making the principles and provisions of the Convention widely known (art. 42)

23. The GoSE places great importance on the promotion of the Convention. As set out in this section, the Government has undertaken measures to ensure a strong focus on awareness raising activities concerning the principles of the Convention. Through a series of campaigns, the Government and the civil society have made a remarkable impact in making the principles and provisions of the Convention widely known to the public.

24. Since 2002, after due consideration of the first Country report by the Committee, regional and sub-regional CRC Seminars have been convened for 10,000 community members, including influential persons and religious leaders. Furthermore, a series of seminars were conducted for 1,000 elementary and junior secondary school teachers. Among other things, the seminars highlighted the principles of the Convention, the prevention of violence towards children and the protection of children against corporal punishment and HIV/AIDS. Moreover, experts from MLHW, MoH, MoE, MoJ, NUEW and NUEYS have conducted panel discussions through the mass media to make the principles and provisions of the Convention widely known.

25. The MLHW has organized training courses on prevention of violence against children for community mobilizers; the training has focused on issues related to forms of violence against children, effects of violence, prevention of maltreatment and abuse, as well as helping victims of violence. The significance of the CRC from the point of view of this theme has also been discussed in these four-month training sessions.

26. Annually, on the occasion of International Children's Day (December 8), a number of Eritrean children have convened seminars on the rights of the child. In these sessions, the children explicitly expressed their views that all the articles of the Convention are imperative but they are not widely known. Hence, they recommended to the concerned governmental organizations to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike. The children have also developed ideas on how to step up dissemination of knowledge of the rights of the child. They suggested, for example, that schools organize events for children on the anniversary of the Convention and that the content of television programmes targeted at young audiences take the rights of the child into account.

27. The media has been a powerful advocate for children and was central to promoting awareness and understanding of the Convention on the Rights of the Child. A number of initiatives were undertaken to make the principles and provisions of the Convention widely known by appropriate and active means to adults and children alike. Radio, television and newspapers have regularly highlighted children's issues. The radio has broadcast a series of programmes on children's rights. Radio and television producers have been oriented on children's issues with a desired perspective. Media interventions on children's rights have also included special children's issues every Friday, Saturday and Sunday in Hadas Eritrea (a Tigrinya newspaper).

C. Making the report widely available (art. 44, para. 6)

28. The Government refers to paragraph 63 of the Committee's recommendation on the dissemination of the CRC documents. The MLHW has distributed copies of Eritrea's first report to all governmental institutions, regional administrations, civil societies and public libraries. Copies of the first country report were also made available to international and local NGOs and interested members of the public. In all, around 1,200 copies of the report were printed and distributed.

29. In addition, Eritrea's response to the questions on notice from the Committee ahead of the consideration of Eritrea's first report, the summary record of the Committee's consideration of that report and the Committee's concluding observations were distributed to members of CRC committees, governmental institutions and NGOs. The Committee's concluding observations were provided to the six local administrations. There is an intention to disseminate this combined second and third report in the same way.

II. DEFINITION OF THE CHILD (art. 1)

30. When it considered Eritrea's first report, the Committee recommended, in paragraph 19, that a sensitization programme be conducted by involving community, traditional and religious leaders as well as society at large, including children themselves, to enforce legislation and curb the practice of early marriage.

31. Since the consideration of Eritrea's first report by the committee, an assessment has been made on the minimum marriageable age in different ethnic groups so as to develop an appropriate sensitization method pertinent to the context. The customary laws of Eritrea do not specifically define the concept of "legal majority". Under the written customary laws, the legal majority is inferred from marriageable age.¹ For example, the Loggo Chewa Customary Code states fifteen for females and eighteen for males.² Most customary laws do not specifically state the minimum age for marriage and other transactions. The unwritten customary laws determine civil majority according to physical maturity, cultural ceremonies and participation in economic activities. The unwritten customary laws supersede the written customary laws in practice. On the other hand, article 1 of the CRC states that "...a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier." The exception stated in article 1 is consistent with the written and unwritten customary laws of Eritrea. The inconsistency appears in the implied gender differentiation in the attainment of majority stated in the customary laws.

32. Cognizant of the above-identified gaps, the MLHW in collaboration with governmental organizations and civil society has developed a nationwide sensitization programme to promote awareness in Eritrean society of the rights of the child, with a particular emphasis on harmful traditional practices, including that of early marriage.

33. In Eritrea, radio, television and newspapers are the main media outlets where people can find first-hand information on the rights of the child and harmful traditional practices. Since 2004, the mass media have been disseminating information on the rights of the child, harmful traditional practices, including the practice of early marriage, prevention of social problems, and community-based rehabilitation.

34. The MLHW has organized a training programme for community mobilizers on harmful traditional practices and issues related to early marriage. Through a series of campaigns, the community mobilizers have conducted sensitization sessions for community members, including traditional and religious leaders, on harmful traditional practices in general and the practice of early marriage in particular. The Government believes that these campaigns will contribute to curbing the practice of early marriage.

¹ IECD, *The Rights and Duties of Children under Written and Unwritten Customary Laws of Eritrea*, 2001, Asmara-Eritrea, unpublished document.

² The Loggo Chewa Customary Code codified in 1910 and revised in 1935.

III. GENERAL PRINCIPLES

The GoSE refers to pages 31-32 of Eritrea's first report and paragraphs 21, 24 and 26 of the Committee's recommendations.

A. Principle of non-discrimination (art. 2)

35. The Government has adopted initiatives that implement the principle of non-discrimination contained in the Convention. The Government considers that the measures set out below address the concerns of the Committee, expressed in paragraph 20 of its concluding observations that "societal discrimination persists against vulnerable groups of children, including girls, children with disabilities, AIDS orphans and children born out of wedlock."

36. The Eritrean Constitution, the Transitional Civil Code of Eritrea (TCCE) and the Transitional Penal Code of Eritrea (TPCE) guarantee equality of all vulnerable groups in society. Article 14 (2) of the Eritrean Constitution specifically states, "No person may be discriminated against on account of race, ethnic origin, language, colour, gender, religion, disability, age, political view, or social or economic status or any other improper factors." In order to make sure that these provisions are respected and implemented, the MoJ is monitoring the principles enshrined in the Convention, TCCE and TPCE.

37. In order to eradicate the historical and societal ingrained norms and behaviours of Eritrean society that discriminate against vulnerable groups, the Ministry of Labour and Human Welfare (MLHW) in collaboration with the Ministry of Information (MoI) has designed a five-year sensitization programme. The purpose of the programme is, above all, to heighten awareness of discrimination issues against vulnerable groups and to encourage the introduction of best practices. Since 2003, the sensitization programme has been carried out through the media. Moreover, sensitization is also being carried out in the six regions of the country for community, traditional and religious leaders as well as the society at large, by trained community mobilizers and members of regional and sub-regional administrations and their respective councils to eliminate discrimination against vulnerable groups.

B. Principle of the best interests of the child (art. 3)

38. Acting in the best interests of the child remains a key principle underpinning legislation and practices concerning children in Eritrea, including the developments outlined throughout this report. The principles of the best interests of the child are also incorporated into several laws of the State of Eritrea. The Government believes that the measures set out below address the concerns of the Committee, expressed in paragraph 23 of its concluding observations, and the recommendations in paragraph 24.

39. The TCCE incorporates the principles of the "best interests of the child" under the law of persons, family, contract and others. Article 2 of the TCCE states "a child merely conceived shall be considered born whenever his interest so demands..." The interest of a merely conceived child demands the safeguarding of the right to succeed intestate or testate, presumption and proof

of paternity of a child conceived during wedlock and out of wedlock and the right to life provided born alive and viable.³ A conceived child born alive and viable has the right to succeed. A child is deemed conceived in wedlock if born 108 days after marriage and less than 300 days after its dissolution.⁴ The paternity of a child born out of wedlock can be attributed provided circumstantial evidence has been adduced to the effect that a certain man had a relationship with the mother of the child within three hundred days preceding the birth of the child.

40. The best interests of the child are also provided for in the appointment of a guardian and tutor. Article 210 of the TCCE states that parents are guardians and tutors. In default of parents, close relatives are called to perform the function of the family. Nevertheless, relatives by consanguinity and affinity may apply to perform the function of guardian rather than those legally called to do so. The best interest of the child is the determining factor as to whether the application for guardianship is accepted or denied.

41. Article 581 of the TCCE as amended by article 46 of proclamation 1/1991 states that no contract of marriage shall be valid if either of the parties is under eighteen years of age. Apart from this, article 1678 (a) specifically enumerates that for a contract to be valid the contracting parties must be capable of giving their consent. Article 315 of the TCCE also states that a contract made with a minor is not valid unless the contract is one of necessity and is in the best interest of the child.

42. It has always been the practice of the courts to take into account the best interests of the child pursuant to the provisions of the Transitional Civil Code, which provides for this in matters pertaining to the custody and protection of a child. In case of divorce, the TCCE under article 681 (2) states that a child up to the age of five years is to be placed in the custody of his or her mother unless there are serious reasons not to, such as insanity or abuse by the mother. A child above the age of five may decide his or her custody for him/herself. However, children are often placed with the mother unless the father or the best interests of the child so require. It should be noted that although customs differ from community to community, a high value is placed on the welfare of children in all Eritrean communities. A child is an asset of society and it is common for the extended family to take responsibility for the care of the child in circumstances where parents are unable to do so. The involvement of the extended family provides a strong network of resources and guidance to protect the best interests of the child.

43. The Draft Penal Code of Eritrea (DPCE) also takes into account the best interests of the child. According to DPCE article 85 (1) (c), a child offender may be rehabilitated and reformed in the care of the parents or in a suitable home especially established for the care of children, or may be placed under the supervision of professionals qualified to provide medical, emotional or mental curative treatment and measures to child offenders. A juvenile offender is a child who has attained twelve years and is under eighteen years of age (DPCE, article 84). According to the

³ TCCE, articles 2, 3, 739, 740, 742 and 743.

⁴ TCCE, articles 741 and 743.

DPCE, a child offender over twelve could be subjected to probation service or community service. The DPCE also provides for a child offender to be placed in a suitable home especially established for the care of children. Suitable home care for young offenders could include group home care; foster home care and halfway houses.

C. Right to life, survival and development (art. 6)

44. The Government refers to page 31 of Eritrea's first report.

45. The right to life stated under the TCCE, TPCE, the Constitution of Eritrea and customary laws are consistent with Article 6 (1) of the CRC that recognizes inherent right to life.

46. Article 22 (3) of the Eritrean Constitution states that "parents have the right and duty to bring up their children with due care and affection." Article 15 (1) of the Constitution further states "no person shall be deprived of life without due process of law." In addition, the Constitution enshrines the principle that "every citizen shall have the right of equal access to publicly funded social services". The State shall endeavor, "within the limit of its resources, to make available to all citizens health, education, cultural and other social services".

47. Articles 1 and 2 of the TCCE state that a person is subject to rights from conception to death. The TCCE further enshrines the principle that "an obligation to supply maintenance exists between relatives by consanguinity and affinity in direct line". It also exists between brothers and sisters and half-brothers and half-sisters. The obligation to supply maintenance includes the feeding, lodging, clothing, health care and social conditions of the person to be maintained. The father and the mother jointly or severally and relatives by consanguinity or any other capable person may be appointed as the guardian of the child. The guardian is responsible for the proper upbringing of the child, for a permanent residence, for watching over the child's health, directing its education, supervising the social contract and ensuring the general education of the child.

48. The TPCE criminalizes all offences ranging from first-degree murder (article 522) to infanticide (article 527) and down to offences against unborn life (article 529). The penalty for such offences ranges from death for the gravest offences to simple imprisonment or fine for the least serious offences against life. Moreover, the TPCE under article 546 penalizes the exposure or abandonment of infants or minors to imminent danger to health or life, with rigorous imprisonment or with simple imprisonment for not less than six months. Apart from this, the court may also deprive the offender of his family rights. Article 548 of the TPCE expressly states that the guardian of a child who deliberately maltreats a child is subject to criminal punishment.

49. More importantly, the customary laws make express provision against intentional or negligent destruction of the fetus. The customary laws of Eritrea recognize the right to life of the fetus and penalize any act that results in its destruction. The Adgna Tegeleba and Loggo Chewa Codes state that if a person hits a pregnant woman and a miscarriage results, the offender is liable to pay compensation. Therefore, the legal schemes expressly state familial, communal and State obligations to ensure the survival and development of children.

D. Respect for the views of the child (art. 12)

50. Since independence, the Eritrean Government has continued its efforts to ensure that the rights under article 12 of the Convention are fully implemented. The Government trusts that the following corrections of page 32 of Eritrea's first report and updated information outlined in this section address the concern of the Committee, expressed in paragraph 25 of its concluding observations, that "the TCCE guarantees the right to be heard only to children that have attained the age of 15 and that traditional practices and attitudes still limit the full implementation of article 12 of the Convention, in particular girls".

51. The Constitution of Eritrea clearly states "every person shall have the freedom of speech and expression, including freedom of the press and other media." The phrase "every person" certainly includes children irrespective of their age. The TCCE and customary laws and practices also address the issue of respect for the views of children. These are discussed in the subsequent paragraphs.

52. Article 14 of the TCCE states "every person is free to think and to express his ideas." The TCCE provides children with the right to express views taking into account their capability and comprehension of the issue or transaction under consultation. In the unfortunate event of divorce, children are generally placed in the custody of their mother. As enumerated in articles 1 to 4 of the TCCE, a person is defined as one born alive and who has passed the test of viability. Hence, a child who is 48 hours old is a person and is free to think and express his/her ideas though practically speaking he or she may not be able to do it till he or she is able to learn to speak. A child may decide to be placed with his/her mother or father. However, the best interests of the child often require that the child be placed with the mother. The court is obliged to hear the view of an adopted child who has attained ten years before making a decision on adoption. Article 804 of the TCCE that deals with the approval of adoption by a court states, "Before making its decision, the court shall hear the views of the adopted child". Hence, the TCCE provides apposite provisions to respect the view of children in matters that affect their interests.

53. The customary laws and traditional practices regarding the respect for the views of the child differ from one ethnic group to another.⁵ In the Tigre and Hidarb ethnic groups the child's views in familial and communal affairs are respected. A child listens and contributes ideas in family and communal discussions. In the Tigrinya and Saho ethnic groups the child may listen and participate in familial and communal affairs as long as the conversation is not deemed secret and would not bother or mentally disturb the child. They also make distinctions based on age group. A child below three years old is deemed hardly to understand and share familial conversations with others. A child above three should not listen to family and neighbourhood disputes and secrets. Listening to disputes would develop feelings of hostility against one of the parents or neighbours. In contrast, the ethnic groups argue that the child will eventually learn about the neighbourhood dispute and family disagreement and that it is in the best interests of the child to make known the disputes and disagreements rather than leaving the child disturbed and concerned. Therefore, the constitution, TCCE, TPCE and the customary practices, despite variance, remain consistent with article 12 of the CRC.

⁵ IK Pilot Study on the Rights and Childrearing Practices, 12-14.

IV. CIVIL RIGHTS AND FREEDOMS

The GoSE refers to pages 33-36 of Eritrea's first report.

A. Name and nationality (art. 7)

54. In its concluding observations on Eritrea's first report, in paragraph 27 the Committee expressed concern that "although parents are required by law to register the birth of their children, the number of children who are not registered at birth is significant." The Committee also recommended, in paragraph 28, "...to ensure the registration of all children at birth, through, inter alia, eliminating administrative costs for parents, awareness raising campaigns, and the introduction of mobile registration units in rural areas." The Committee also recommends Eritrea to "undertake similar measures to ensure registration of all children who were not registered at birth".

55. In Eritrea, a child shall be registered by any of the religious institutions (the Muslim, Orthodox, Catholic and Evangelical Churches), before the child is two months old.

56. In 2005, the Ministry of Health (MoH) in collaboration with the administration of the six regions as well as UNICEF and UNFPA initiated a project to strengthen the ongoing birth registration that is being carried out by all health-care institutions.

57. The Civil Status Office (CSO) of Eritrea in collaboration with the six regions of Eritrea has introduced birth registration mechanisms by utilizing the existing administrative structures. The CSO is also taking the necessary measures to coordinate the efforts that have been taken by the religious institutions and the MoH.

58. The Government believes that the above-mentioned significant measures address the concern of the Committee expressed in paragraph 27 and the recommendation of the Committee indicated in paragraph 28.

B. Freedom of expression (art. 13)

59. The Government of the State of Eritrea refers to pages 35-36 of Eritrea's first report and paragraph 39 of the Committee's concluding observations with regard to freedom of expression.

60. Freedom of expression is constitutionally guaranteed to everyone irrespective of his or her nationality or age. According to article 19 (1) and (2) of the Constitution of Eritrea, every person shall have the right to freedom of thought, conscience and belief. Every person has the freedom of speech and expression including freedom of the press and other media. The TCCE, article 14 (1) expressly states "Every person is free to think and express his ideas." The term every person includes children. The customary laws also respect the viewpoint of children on familial and communal transactions and affairs.

61. The Government has undertaken a number of initiatives to encourage and enable children to seek, receive and impart information and ideas. For example, a radio *Bana* programme designed by the Ministry of Education and *Chura Teena* (a magazine on health) prepared by the Ministry of Health has enabled children in both rural and urban areas to participate in radio broadcasts and magazines where they can express their views on issues of interest.

62. The Eritrean mass media is providing airtime and a space dedicated to children. Radio, television and newspapers offer a range of activities providing children and youth the opportunity to voice their views. The schools have also been making efforts to make available information and ideas that are necessary for the cultivation of the mental, psychological and physical well being of children.

63. The Internet service, which was introduced at the end of 2000 in limited areas, is expanding to broader areas of the capital city and other towns. The Government has allowed a number of private Internet cafes to flourish. Every person has the right to access the Internet. In addition, the NUEYS established ten youth-friendly recreational and health education centres between 2002 and 2005 in different towns of the country which provide services to young people such as computer lessons, Internet access, basketball and volleyball, playgrounds and indoor games like chess and table tennis.

64. The Government having recognized that some websites deal with pornography, which is not compatible with the desirable constructive educational purpose and distracts the psychological and mental development of children, has issued a strict regulation that forbids browsing pornographic websites. All private and public Internet cafes are seriously observing the regulation.

65. Moreover, the Government has been making efforts to spread public libraries to all the major towns of Eritrea. However, the limited facilities and insufficiency of books remain a challenge. Although the commitment of the GoSE is very strong, the serious shortage of materials and financial resources required to receive and impart information poses a problem.

C. Freedom of thought, conscience and religion (art. 14)

66. Article 15 of the TCCE guarantees “There shall be no interference with exercise, in accordance with the law, of the rites of any religion or creed by the residence of the State of Eritrea, provided that such rites be not utilized for political purposes or be not pre-judicial to public order or morality”. The right of children to freedom of thought, conscience and religion is respected under the TCCE. Article 267 of the TCCE and, article 22 (3) of the Constitution of Eritrea vest in parents and guardians the duty to direct, educate and bring up their children with due care and affection. The parents or legal guardians can direct religious education to their children until they attain the necessary maturity to form their own opinions. Nevertheless, parents or legal guardians must respect the opinions of their children even if they depart from their parents’ religious beliefs. The Constitution of Eritrea safeguards the right to freedom of thought, conscience and religion, including the freedom to adopt a religion or belief. The Constitution does not limit the right to freedom of thought, conscience and religion or the freedom to adopt a religion or beliefs.

67. The Constitution states that fundamental freedoms and rights may only be limited in the interest of national security, public safety, public order, economic well being, health or morality and the protection of the rights and freedom of others. However, the right to freedom of thought, conscience and beliefs is not in any circumstances subject to limitation, even during a state of emergency.

68. The customary laws explicitly state that religion is a personal affair of an individual. The State should not interfere in religious faith and individuals must neither utilize religion for political purposes nor impose their belief upon others. Parents and guardians have the obligation to provide the necessary direction to the child to exercise and respect religious belief. Therefore, freedom of thought, conscience and religion provided under the TCCE, the Constitution and customary laws are consistent with article 14 of the CRC.

69. In its concluding observations on Eritrea's first report, in paragraph 29, the Committee expressed concern that, "measures affecting children and young people were taken against students and religious groups, indicating that these rights were not fully upheld."

70. It should be noted that, the Government adheres to and recognizes the principles of freedom of religion and expression of opinion without distinction of any kind. But activities such as infringing upon national safety, security and supreme national interests, instigating refusal to serve national service and stirring up acts of political or religious disturbances calculated to endanger the independence and territorial sovereignty of the country are illegal under Eritrean law and are not thus tolerated.

D. The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment (art. 37 (a))

71. Eritrea does not accept torture in any form. Prohibition of torture is absolute and no exceptions to this prohibition are possible in any circumstances. In accordance with article 16 (2) of the Constitution of Eritrea, "no person shall be subject to torture or cruel, inhuman or degrading treatment or punishment."

72. Articles 537-544 of the TPCE deal with physical abuse offences. These articles apply to all physical abuse offences irrespective of the age of the victim. The punishment for such offences is up to ten years of rigorous imprisonment for grave willful injury and as low as US\$ 100 for simple assaults. The TPCE also prohibits corporal punishment in homes, schools and any other institutions. A school code of conduct prohibiting physical punishment by teachers has been executed and its implementation is satisfactory.

73. The TPCE provides a variety of mechanisms to rehabilitate and reform juvenile offenders. Child offenders are not subject to any punishment but the court can take measures such as reprimands, placing the child offender under the care of his/her parents or guardians, or in a suitable home established for the care of children or under the care of qualified professionals, to provide treatment when the child is in need of medical, emotional or mental treatment.

74. There has been an ongoing sensitization carried out by the Ministry of Labour and Human Welfare (MLHW) to avoid inflicting bodily punishment as a method of punishment to discipline a child among some segments of the society, as well as to prohibit ill treatment of children.

75. The Labour proclamation No.118/2001, article 3 (17) states that the definition of forced service is when a young person performs work contrary to the provisions of the Labour Code. It also includes work performed involuntarily merely because of someone's influence as a result of his holding public office, traditional status, or chieftaincy.

76. The MLHW has designed a study proposal to collect data on abuse, victims of violence and perpetrators of abuse, disaggregated by gender and age. The study will be carried out in collaboration with the Eritrean police, MoJ and the six regions. The Government believes that the study will help in introducing appropriate policies, programmes and monitoring mechanisms.

77. This goes some way to addressing the concerns of the Committee, expressed in paragraph 31 with regard to lack of available data on ill-treatment of children, including child abuse and corporal punishment, as well as paragraph 37 on the lack of information on the various forms of child abuse in the family, and recommendations 38 (b), (c) and (d) of its concluding observations, on conducting studies on violence, ill-treatment and abuse, developing an effective national system for receiving, monitoring, and investigating complaints, and setting up a comprehensive and nationwide response system.

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

The GoSE refers to pages 37-47 of Eritrea's first report.

78. The belief that the family, as the fundamental unit of society, should be given the greatest possible protection and assistance and that there should be interventions by the Government only if the family breaks down, and only then if the family has failed to reach certain standards of care, continues to form the basis for legal action in this area.

A. Parental guidance and responsibilities (arts. 5 and 18)

79. Articles 265-274 of the TCCE enshrine numerous provisions that deal with parental guidance and responsibilities. The parents or legal guardians have the responsibility to decide the child's residence, watch over the child's health, direct the education and supervise the social contacts of the child, and provide general education, food, clothing and other necessities. Article 204 of the TCCE provides that the father and mother are jointly required to perform the functions of guardian and tutor of the child. In default by one or both parents, the TCCE provides a degree of appointment of guardianship or tutorship in article 205 and subsequent articles. The parent or legal guardian shall take care of, educate and supervise the child. Parents have joint and several obligations to render due care and guidance to their children. The mother or father perform the obligations of guardian and tutor in default of one parent due to death, disability, unworthiness or removal.

80. Article 548 of the TPCE criminalizes any maltreatment of children that includes deliberate neglect, ill treatment and beating. The parent or legal guardian who intentionally fails to perform the duties of feeding, lodging, educating, providing health care and other care necessary for the wellbeing of the child could be liable to criminal charge and punishment.

81. The customary laws of Eritrea provide that parents and the community have an obligation to socialize children and teach them to respect their parents and older persons, to preserve moral standards, religion, culture and custom and uphold the maintenance of law and order in the community and the State. The family and the community have the obligation to educate the child to respect certain moral standards, such as the manner of talking, dressing, eating and places to urinate and defecate. The members of the community believe child education on the norms, rules and procedures of the community are attained intuitively and through the influence of peer group. There is a well-known saying on the role of the peer group in child rearing that states, “tell me who your friend is and I will tell you who you are”.⁶

82. The Government has a strong commitment to supporting childcare services. Childcare is an essential element in helping disadvantaged families to balance their work and parenting roles and provides a stimulating and nurturing environment for children. Although the extended family has been rendering due care to children of working families, the Government has been establishing institutions that assist working families to look after their children during working hours. The Government has been making efforts to expand institutions that assist working families to cater for their children during working hours. The statistical data of 2003 shows that there were 106 kindergartens across the country. The 2004/2005 data indicates this number rose to 324 kindergartens throughout Eritrea. At the same time there were also 306 rural community children’s centres spread throughout the country.

B. Separation from parents (art. 9)

83. The GoSE refers to pages 39-41 of Eritrea’s first report for detailed child placement principles.

84. Articles 681 (1) and (2), 210 and 211 of the TCCE expressly state that a child must be placed in the custody of his or her parents. Only in exceptional circumstances, such as divorce, insanity or serious child abuse is the issue of separation raised; in divorce cases family arbitrators, in other circumstances the judiciary, decide whether the child must be separated from one or both parents. In case of divorce, a child below the age of five years will be placed in the custody of the mother. A child over five is given a choice either to be placed with the mother or father. In most cases children are placed with their mother. An application to remove a child from one or both parents or legal guardian could be made by consanguinity or affinity or public prosecutor. The court makes serious and comprehensive investigations on the adduced reasons for the removal of the child. The court seeks to advise the family council, hears the child and

⁶ Pilot IK Study, Guidance and Education of Children, 14.

examines the report of probation officers or other institutions on the background of a child in conflict with the law. The court may decide upon the removal of the child after undertaking all possible examinations and investigations. The court has the duty to appoint a guardian after deciding to remove the child from one or both parents or any other guardian.

85. The customary laws of Eritrea also provide a variety of mechanisms for placing a child after divorce. The Tigrinya customary law provides that a child below three years is placed in the custody of the mother. The placement of the child over the age of three depends on age and sex. The father becomes the guardian of a female and the mother of the older male. The reason behind the placement of the older female with the father is to assist him in household matters and the older male to assist the mother in farming. The rest of the children are given a choice.⁷ In the Tigre and Hidarb ethnic groups if the spouse is divorced, the guardianship of a female child is vested in the mother and the male in the father due to a belief that the male child would be better socialized with the father and the female with the mother. In extreme cases of child abuse or insanity of parents the extended family bears the responsibility of guardianship.⁸

86. To avoid crowding of cases related to child separation and the legal processing dealing with issues of adoption at the formal courts, and thus to facilitate the handling of such cases, the MoJ is engaged in the establishment of additional communal courts and the allocation of human resources to the courts. The regional administrations, local councils, the National Union of Eritrean Women (NUEW) and the National Union of Eritrean Youth and Students (NUEYS) are being given important advocacy roles to play in the best interest of the child.

C. Orphan reunification (art. 10)

87. The Government refers to pages 41-42 of Eritrea's first report. When it considered Eritrea's first report, the Committee recommended, in paragraph 36 of its concluding observations, that resources be increased to guarantee that orphans are reunified with their parents in a speedy manner.

88. The Government's view, based on the experience gained during the previous years is in the best interest of the social and psychological wellbeing of the child so that he/she can have a sense of belonging to a family. It is, therefore, preferred that orphaned children be reunited with blood relatives or adopted or housed in-group homes, institutionalization being the last resort.

89. Subsequent to the recommendations of the evaluation and the lessons learnt between 1994 and 2001, a project has been initiated by the Ministry of Labour and Human Welfare (MLHW) to provide family settings for most orphans and to promote social support mechanisms that will preserve the relationship between orphans and their extended families, as well as with the community.

⁷ Adkem Mlgae Customary Code Page 32 and Adgna Tegeleba Customary Code, article 80.

⁸ IECD, Pilot IK Study, 12, unpublished.

90. A total fund of US\$ 12.4 million, of which US\$ 10 million is credit from the IDA, 5 per cent from the Government of Eritrea and the rest from Italian Cooperation have been allocated for the implementation of the project. Another project known as “Mahzel Orphan Reunification” has also been initiated in Zoba Gash-Barka with US\$ 3,512,324. The Italian Government has financed this project through UNICEF Eritrea.

91. Since 2002, 40,000 orphans including AIDS orphans, unaccompanied, disabled, displaced and expelled children have been reintegrated with their kin and economic support has been provided to 15,600 caretaking families in order to minimize the long-term social and psychological problems of orphans.

Table 1

Orphans reunified with extended families by age and gender (2002-2005)

Age	Male	Female	Total
0-4	25	10	35
5-9	2 560	1 722	4 282
10-14	17 896	14 652	32 548
15-17	2 133	1 002	3 135
Total	22 614	17 386	40 000

Source: MLHW, 2005.

92. Evaluations conducted in 2004 on the two projects found that 79 per cent of the host families chose livestock, while 21 per cent preferred retail, teashops, donkey carts and other small-scale business activities. The majority of the families that had chosen livestock multiplied their animals and improved their food intake by including nutritious food baskets and 92 per cent of host families whose choice was small-scale commercial ventures have increased the capital value of their businesses. The success rates range from making ends meet to tripling the original capital.

93. The socio-economic benefit of host families has not only had a direct effect on the welfare of the orphan children but the benefits have extended over the rest of the family. The effects increased the availability of food in a household, improved nutritional status and school performance.

94. Women were given the opportunity to go beyond traditional subsistence farming to engage in the production and marketing of local agriculture crops. Assisted families now live in permanent houses. The majority built houses from the money they earned as profits, while others sold extra animals to build their houses. Economic assistance to the poor families has meant that orphans have remained within a family environment and prevented them from becoming street kids and delinquents, from dropping out of school and from being exposed to situations harmful to their health.

95. Many families have been able to release orphaned children from work to pursue schooling as a result of their acquisition of alternative sources of income. Ninety per cent achieved good

results in their educational performance. Socialization of orphans has been addressed and they were able to learn to become members of society and internalize its values and roles. Psychosocial recovery of orphan children has been ensured and in this regard extended families, communities and teachers have given special support so as to raise the self-esteem of orphaned children. Sensitization of community elders, teachers and community members has led to a better understanding of their responsibilities to care for and protect orphans. The success of the project is mainly marked because it has adopted a community-based approach that encourages self-help.

D. Adoption (art. 21)

96. A number of initiatives have been taken to enhance the adoption of orphaned infants. In this regard, the MLHW has designed a strategy to sensitize the population to the opportunities for adoption, to provide social support services for adoptive families and to carry out detailed follow-up studies to assess the efficacy of the programme.

97. Since the submission of the first CRC country report, the MLHW has undertaken the following major activities:

(a) Draft adoption guidelines and procedures appropriate to the Eritrean context have been developed and are expected to be distributed to the relevant Ministries and regional branches of the MLHW to solicit additional views and comments. The adoption principles underline that those that can be adopted shall be primarily orphans who have lost both parents, and neglected children. It also proposes that adoption shall be more inward-looking (domestically orientated) carefully considering the need to protect the child from the potential risk of socio-cultural alienation and abuses abroad;

(b) A fair level of awareness favourable to the adoption of orphans has been delivered to the community at large through seminars and workshops, as well as television and radio broadcasts. Such public awareness programmes have been implemented in cooperation with the Ministry of Information (MoI);

(c) Seventy-three children who are in the greatest need of a supportive family environment have been identified and placed through adoption. Evaluations of potential adoptive families have been conducted in order to ensure that the family's social environment is suitable for young and often severely deprived infants.

E. Community based group home services

98. The GoSE has increased its funding for the expansion of community-based group home services. Following the consideration of the first country report by the Committee, 12 group homes have been constructed and 144 orphans have been placed in them. Overall, 264 orphans are cared for in 22 group homes. Two more group homes have been constructed and are waiting to be staffed. Table 2 shows the number of orphans cared for in group homes.

Table 2
Orphans cared for in group homes by age and gender

Region	Age												Total
	0-4			5-9			10-14			15-18			
	M	F	T	M	F	T	M	F	T	M	F	T	
Maekel	2	2	4	16	10	26	8	6	14	-	4	4	48
Debub	3	2	5	20	23	43	23	26	49	3	8	11	108
Anseba	1	2	3	12	4	16	7	4	11	3	3	6	36
Gash-Barka	1	1	2	8	6	14	10	13	23	4	5	9	48
Northern Red Sea	-	1	1	3	1	4	2	3	5	1	1	2	12
Southern Red Sea	1	-	1	2	3	5	2	2	4	1	1	2	12
Total	8	8	16	61	47	108	52	54	106	12	22	34	264

Source: MLHW, 2005.

99. Each group home caters for 12 children and has a mother and a father figure. They are based within their community and enable the children to go to local schools, play and interact with local children and feel a sense of belonging to a family unit and the community. Selection of the children is based on various factors: those who have lost both parents; parents whose whereabouts is unknown; neglected children; and those who cannot be taken in by an extended family, adopted or placed in foster care. Children of both sexes are admitted to the group homes with siblings kept together in one home.

100. The children are placed in the regions and villages from which they originate with the intention of preserving their identity and to enable them to benefit from community resources when they grow up. In order to facilitate the delivery of the necessary social services (education, health, socialization etc.), the group homes are administratively attached to the regional and sub-regional offices of the MLHW. The resident host communities in the towns and villages where the group homes are situated have been extremely cooperative. Elders visit the homes and tell the children about the history of the community. They treat them as part and parcel of the village/town children. They have committed themselves to providing the orphans with the same rights as any other indigenous person in obtaining access to residential land when he/she becomes an adult.

F. Institutionalization

101. The GoSE continues to de-institutionalize orphanages. Since the consideration of the first country report by the Committee, 900 orphans from orphanages have been reunified with their close relatives and 63 orphans under the age of six who could not be reunified or adopted have been transferred to community-based group homes. The number of orphans cared for in institutions has declined to 523 in 2005 from 1,500 in 2002. Of all orphans, children with disabilities (CWD) cared for in institutions account for 263.

Table 3

Orphan children cared for in institutions

Age	Male	Female	Total
0-4	36	42	78
5-9	45	36	81
10-14	114	64	178
15-18	123	77	200
Total	318	219	537

Source: MLHW, 2005.

Table 4

Orphan children with disabilities cared for in institutions

Age	Male	Female	Total
0-4	4	1	5
5-9	32	14	46
10-14	70	49	119
15-18	51	42	93
Total	157	106	263

Source: MLHW, 2005.

102. In 2003, the MLHW updated the guidelines for the administration of orphanages in Eritrea. The guidelines outline the quality and task of mother and father figures. The guidelines further stipulate the criteria for accepting orphans; the standard and quality of psychosocial care and the quality and task of mothers and other personnel; the ages at which they are transferred to group homes; the preparations made before the children leave the orphanage after they reach the age of 18 years; and sensitization of communities on their reintegration.

103. Periodic follow-up is also conducted to make sure that the orphanages and group homes are providing services in accordance with the guidelines set by the MLHW.

G. Illicit transfer and non-return (art. 11)

104. The GoSE refers to page 44 of Eritrea's first report. The Transitional Penal Code of Eritrea (TPCE) in article 605 and subsequent articles criminalizes any trafficking and sale of women and children. The TPCE also criminalizes persons convicted of the professional procurement of child prostitutes for gain by seducing, enticing, inducing and keeping children or women for the purpose of trafficking and prostitution. So far, there is no evidence of the existence of abduction, sale and trafficking of children.

H. Child abuse and neglect (art. 19)

105. In its concluding observations on Eritrea's first report, in paragraph 37, the Committee expressed concern that, "legislation does not provide for effective protection of children from sexual and physical abuse". The Government believes that the following detailed elaboration of the TPCE addresses the concern of the Committee.

106. According to the TPCE, minors below the age of 18 are considered incapable of giving consent to engage in sexual intercourse. The TPCE criminalizes all sorts of sexual and physical abuse against children. Article 589 of the TPCE penalizes whosoever compels a child less than 15 years of age to have sexual intercourse with rigorous imprisonment for up to fifteen years. Apart from this, any other sort of sexual outrage or indecent act on an infant under 15 years of age or between 15-18 years of age is penalized under articles 594 and subsequent articles. Sexual outrage on minors between the ages of fifteen and eighteen are dealt with under article 595.

107. The failure to maintain and to bring up children are offences punishable under the existing TPCE. A parent or guardian must not treat a child with negligence, give him/her too large tasks to complete, beat a child in a way which affects his/her mental or physical development, or abandon a child in dangerous places or conditions. If a child is denied necessities, then the court may impose a punishment on the parent or guardian, or may even limit their rights (articles 548 and 626 of the TPCE).

VI. BASIC HEALTH AND WELFARE

The Government refers to pages 167-254 of Eritrea's first report.

A. Survival and development (art. 6, para. 2)

108. Since the consideration of Eritrea's report by the Committee, there has not been a national survey conducted on the infant and under five mortality rates. However, the Ministry of Health (MoH) in collaboration with the National Statistics and Evaluation Office (NSEO) is once again making the necessary preparations to update the Eritrean Demographic and Health Survey (EDHS) in the near future.

109. Although there is evidence of a decline in the rate of maternal mortality, it is still very high, requiring extensive interventions. According to the 2003 community-based survey conducted by Dr. Mismay Gebrehiwet, the current estimate of the maternal mortality rate is 752/100,000. Since women of childbearing age and children make up 60 per cent of the total population, maternal and child health is one of the top priority agendas of the Government. The necessary measure is being taken to ensure that all women have access to basic care during pregnancy, and to obtain sufficient information about their health and on the prevention of maternal mortality.

110. Some of the many activities that have been addressed during the implementation phase of the reproductive health programme were: expansion of health facilities; training of skilled health personnel and deploying them to rural areas; ensuring availability of essential drugs and supplies; strengthening the blood transfusion services; developing policies and guidelines; conducting health promotional activities to increase awareness and bring behavioural changes; and empowering communities. Furthermore, the MoH has trained 700 health workers in life saving skills (LSS) who in most part are assigned to work in health facilities in remote areas.

111. Taking the number of health facilities that should provide antenatal care services and the estimated target population, the ratio of health facilities to pregnant women in 2005 was 1:530 (slightly increased relative to 2004 1:208), which indicates that one health facility should serve at least 530 pregnant women per year to reach all target populations for antenatal care (ANC) service. However, the performance indicates that only 340 pregnant women were served per health facility. This means that on average each facility has covered only 64 per cent of the target population for ANC services, as the coverage at national level indicates.

Table 5

Women who received antenatal care service in 2005

Maternity care	%
Women giving birth who received antenatal care from a health professional	64.1
Percentage of births assisted by a health professional	30
Percentage of births delivered in a health facility	26

Source: MoH, 2005.

112. From the total health facilities that provided ANC services in 2005, 11 were hospitals, 46 health centres, 176 health stations and 19 clinics. In 2005, only 16.8 per cent of pregnant women were registered for antenatal care in their first trimester, 1 per cent lower than 2004. The other 59.1 per cent were registered in their second trimester and 24.1 per cent in their third trimester.

113. According to the 2005 HMIS data, the proportion of births delivered in Emergency Obstetric Care (EMOC) facilities is increasing every year. The proportion reached 28.3 per cent in 2004. The need for EMOC increased to about 60 per cent in 2004 and 41 per cent in 2005 (for the first 7 months only). The skilled assisted delivery coverage is a very important indicator, as we all know that the outcome of pregnancy is not predictable, and any woman is at risk and can develop life-threatening complications any time in her pregnancy, during delivery or post-partum.

Table 6**Percentage of skilled assisted deliveries by region**

Region	2002	2003	2004	2005 (7 month)
Anseba	14.6	14.9	17.7	13.6
Debub	22.3	22.7	23.4	15.9
DKB	19.4	19.2	19.4	14
G/B	14.6	15.3	16.3	8.9
Maekel	15.2	13.9	13.3	10.5
SKB	14.5	17.2	16.5	9.3

Source: MoH, HMIS data.

114. A recent survey conducted by MoH and UNICEF on the prevalence of vitamin A deficiency in Eritrean pre-school children shows that 39 per cent are low, 44.8 per cent are at an acceptable level, 12.4 per cent are normal and 3.8 per cent are deficient. Prevalence of iron deficiency anaemia in Eritrean pre-school children is as follows: 1.8 per cent severely deficient, 7.4 per cent moderately deficient and 24.7 per cent mildly deficient. Prevalence of protein-energy malnutrition in Eritrea pre-school children is as follows: 38.2 per cent are underweight, 38.4 per cent are stunted and 9.7 per cent wasted. Prevalence of iron deficiency anaemia in pregnant women is as follows: 1.8 per cent are moderately deficient, 10.0 per cent mildly deficient and 88.2 per cent are normal.

115. According to the MoH nutrition surveys (Nutrition Surveillance Systems) conducted annually since 2003, global acute malnutrition in children less than five years of age is very high, ranging from about 9 to 21 per cent, which is above the WHO threshold of 10 per cent in all regions except Maekel. The results of the survey also demonstrate seasonal variation getting worse during the hungry season (May to August). Similarly, the level of under-nutrition among non-pregnant women is very high, ranging from 34 to 64 per cent.

116. The impact of interventions made by the MoH shows a positive trend in breastfeeding. Over 98 per cent of children are ever breastfed, and the median duration of breastfeeding of 22 months is among the highest in Africa. This shows that breastfeeding is almost universal in Eritrea. This is a very good result, but needs close follow-up in its sustainability. The late start of complementary feeding (over 6 months) is also an increasing trend. However, exclusive breastfeeding, similar to other African countries, remains low with a median duration of only 2.5 months. Considering these pressing childhood health problems, strong advocacy and social mobilization have been used to promote exclusive breastfeeding for 6 months.

Table 7
Nutritional status of children in Eritrea according to the
National Nutritional Surveys (2003-2005)

Zobas	NSS Nutritional indicators						Total sample of children #
	Global acute	Wasting	Oedema	Stunting	Underweight	Chronic energy deficiency	
	%	%	%	%			
2003							
Anseba (Dec)	13.9 ¹	12.1	2.2 ¹	49.6	50.0	50.0	1 098
Debub (Dec)	12.8 ¹	10.3	3.3 ¹	47.0	42.6	42.0	1 314
Maekel	N	O	T	D	O	N	E
Gash Barka (Dec)	15.6 ¹	13.3	2.7 ¹	45.3	52.7	45.0	1 367
Northern RS (Dec)	16.9 ¹	14.8	2.6 ¹	44.7	44.7	50.0	840
Southern RS	N	O	T	D	O	N	E
2004							
Anseba (Jul)	17.4	16.6	1.0	42.6	50.8	45.0	1 122
Debub (Jun)	7.4	6.8	0.6	41.5	38.3	33.2	1 313
Gash Barka (Jun)	19.8	19.3	0.5	47.8	55.3	41.7	13
Maekel (Mar)	9.2	8.8	0.5	48.1	44.3	33.0	828
Maekel (Oct)	8.8	8.6	0.2	42.4	39.0	35.0	796
Northern RS (May)	14.2	14.2	0.4	38.0	44.1	47.3	863
Southern RS (Mar)	23.5 ¹	21.2	3.3 ¹	45.4	49.5	53.8	567
2005							
Anseba (Jan)	12.6	12.2	0.6	43.7	47.1	41.5	1 125
Anseba (Jul)	15.0	14.4	0.6	46.1	50.5	47.1	1 127
Debub (Jul)	10.9	10.9	1.2	45.7	44.8	35.7	1 338
Gash Barka (Jul)	17.2	17.2	0.2	43.1	50.0	42.1	1 415
Maekel	N	O	T	D	O	N	E
Northern RS (Jan)	14.2	13.8	0.5	37.9	44.1	47.5	829
Northern RS (May)	15.2	14.4	1.1	37.0	41.2	45.1	854
Southern RS (Mar)	14.4	13.5	1.2	29.0	37.2	47.3	771

Table 8
The level of under-nutrition among non-pregnant women

Region	1st NSS (Dec 03-Mar 04)	2nd NSS (Jun 04-Oct 04)	3rd NSS (Jan 05-May 05)	4th NSS (May 05-Feb 06)
Anseba	11.5	16.6	12.2	15.0
Debub	12.8	7.4	-	10.9
Gash-Barka	15.5	19.8	17.2	221.0
Maekel	9.3	8.8	-	11.1
NRS	17.7	14.4	14.2	15.2
SRS	23.5	12.9	15.6	12.2

Source: MoH, 2005.

117. About 60 per cent of health centres in Eritrea have Therapeutic Feeding Centres (TFC). There are currently 17 TFCs in hospitals and 64 TFCs in health centres. These TFCs were able to reach about 46 per cent of malnourished children in 2003 and 2004, which is a good achievement. The statistics for the TFCs show that the fatality rate has decreased from 10.6 per cent in 2002 to 5.8 percent in 2003 and 5.3 per cent in 2004, which is a significant improvement. The data from January to July 2005 show that the case fatality rate is 5.7 per cent. The death rates from 2003 onwards have been below the acceptable death rate of <10 per cent (Sphere standards), showing the positive impact of the intervention.

118. One major initiative that the MoH has been implementing is salt iodization. The two salt-producing enterprises in Eritrea are adding iodine to their products. This has been effected through the full participation of the Government and UNICEF. The MoH is taking effective measures in order to sustain the consumption of iodized salt. The initial draft of the legislation on salt iodization has been amended and is in its final draft ready to be submitted to the ministerial cabinet.

119. The other significant measure that the MoH is introducing is “food fortification”. The two factories that produce wheat flour and the DMK supplementary foods are the main enterprises that are fortifying their products. The sustainability of food fortification is being studied and it is the understanding of the Government that with a very minimal increase in the current cost of the products it could be sustained. This is a very important public health intervention and children and mothers will greatly benefit from the food fortification process.

1. Communicable diseases

120. Due to the gravity of the threat posed by communicable diseases, the GoSE has solicited a loan of US\$ 40 million from the World Bank to fight the four most dangerous communicable diseases of HIV/AIDS, malaria, sexually transmitted infections, and tuberculosis (HAMSET).

121. Among the most common communicable childhood diseases of public health concern are tuberculosis, vaccine preventable diseases, acute respiratory infections (ARI), diarrhoea, malaria and HIV/AIDS. At the same time other non-communicable diseases (NCDs) have also been emerging, imposing additional burdens on the health sector. Some of the non-communicable diseases that have recently shown increased prevalence are: diabetes mellitus, cardiovascular diseases, substance abuse, chronic obstructive pulmonary diseases and injuries. The Ministry of Health (MoH) has therefore given parallel attention to both communicable and non-communicable diseases.

122. Even though NCDs were not common among children and adolescents in Eritrea, the outcome of a recent survey conducted by the MoH indicates that of children under the age of 15, 0.5 per cent are diabetic and 2.1 per cent (0.3 per cent females) are hypertensive. Furthermore, 3.5 per cent of adolescents aged 15-24 are diabetic (2.2% females) and 0.6 per cent are hypertensive (0.3 per cent females).

123. The most remarkable achievement in the fight against communicable diseases, especially against the HAMSET diseases, is the involvement of several partners such as the Ministry of Education (MoE), Ministry of Defense, MLHW, National Union of Eritrean Women (NUEW)

and National Union of Eritrean Youth and Students (NUEYS), who played vital roles in terms of the effectiveness of disease prevention and care-related activities. Above all, in the fight against the HAMSET diseases, the involvement of the Eritrean community was key to success. That is why the project was eventually called “community-managed HAMSET”.

(a) HIV/AIDS and sexually transmitted infections

124. The total cumulative AIDS cases in Eritrea reported by the end of 2005 were more than 21,522. However, since this is only a health facility based report, it is clearly understood that there are underreporting, misdiagnosing and non-reporting health facilities. Therefore, the actual number of AIDS cases could be higher. It is currently estimated that there are from 60,000 to 86,000 people who live with HIV/AIDS in Eritrea. Children comprise 4.92 to 8.79 per cent of the total AIDS cases. Heterosexual sex is the primary means of HIV transmission in Eritrea, apart from mother-to-child transmission in children.

125. Based on the 2003 assessment, which covered all six regions of Eritrea, the HIV prevalence rate was 2.4 per cent. Prevalence rates were highest in Southern Red Sea (7.2 per cent) and Maekel (3.6 per cent) regions. Women aged 20-24 years and 25-29 years had higher than average rates of infection (2.7 per cent and 3.6 per cent, respectively). Notably, HIV prevalence was higher among pregnant women attending urban antenatal care (ANC) sites (3.3 per cent) than among pregnant women in rural ANC sites (0.9 per cent). In urban locations, unmarried women aged 15-24 are an extremely vulnerable group. Even though they made up a small proportion of the entire sample, their rate of HIV infection was 7.5 per cent.

126. The 2003 data has indicated that the following occupational categories have high HIV infection rates: bar, hotel, or teashop workers (11.9 per cent), housemaids or servants (9.5 per cent), military or national service personnel (6.0 per cent), and private sector workers (4.1 per cent). Thus the 2003 data simply highlight occupational hazard categories that warrant further investigation in terms of HIV burden and risk.

127. In the 2005 HIV sentinel surveillance survey, the national HIV prevalence rate was 2.38 per cent. Wide geographic variation in HIV prevalence was observed between regions. The highest HIV prevalence was found in Southern Red Sea region (5.9 per cent) and Maekel (3.48 per cent). Lower HIV prevalence was seen in Anseba zone (1.33 per cent), Debub region (1.66 per cent), Northern Red Sea region (1.77 per cent) and Gash-Barka region (2.06 per cent). The HIV prevalence rate was found to be higher in women residing in urban areas (3.04 per cent) than in women residing in rural areas (0.9 per cent), i.e. urban women are 3.4 times more likely to be HIV positive than women residing in rural areas.

128. It is also important to take into consideration that HIV/AIDS prevalence in voluntary and recruited blood donors is decreasing. For example, for voluntary blood donors (VBD) the rate was 0.20 per cent in 2003 and 2004 and 0.18 in 2005 versus 0.30 per cent for recruited blood donors (RBD) in 2003 and 2004 and 0.16 per cent in 2005, indicating that the prevalence is decreasing and/or stable over the last four years.

Table 10
Age distribution of AIDS cases in 2004-2005

Year Age group	2004		2005 (January-June)	
	Number	Percent	Number	Percent
0-14	45	4.92	64	8.8
15-19	15	1.64	11	1.5
20-24	67	7.3	41	5.6
25-29	146	16.0	117	16.1
30-39	349	38.2	262	36.0
40-49	187	20.5	147	20.2
>50	105	11.5	86	11.8
Total	914	100	728	100

Source: NATCOD, MoH 2005.

129. Sexually transmitted infections (STIs) are predisposing factors to the increasing trend of HIV. Although reliable statistics could not be found, the prevalence of STI according to the health facility report of 2003-2005 was 8,769 cases. Because of low literacy levels, biological vulnerability, lower social and economic status, and the occurrence of asymptomatic STIs in women, the female to male ratio of AIDS cases is not proportional and is 1.6 to 1. The estimated 2003 national prevalence rate for syphilis was 1.6 per cent. Like HIV, rates vary widely across regions. Syphilis prevalence was highest in Southern Red Sea zone (4.6 per cent), followed by Gash-Barka (3.1 per cent). Urban and rural rates of syphilis infection were identical.

130. The MoH is committed to preventing the future spread of HIV infection and to providing comprehensive care and treatment to those people who are infected with HIV and who are sick with AIDS, as well as providing care and support to people who are indirectly affected by the epidemic. BIDEHO is an association closely working with people living with HIV/AIDS. This shows the seriousness of the Government as far as combating HIV/AIDS is considered. Furthermore, the provision of up-to-date comprehensive care and support to people living with HIV/AIDS is a critically important part of the national response to the epidemic.

131. Since the consideration of Eritrea's first report by the Committee, the MoH has developed a national HIV/AIDS policy and guidelines, a national HIV/AIDS/STI monitoring and evaluation framework, home-based care (HBC) policy and guidelines, and has reviewed the antiretroviral therapy (ART) policy guidelines. Moreover, the Government has designed a strategy to fully use the resources of the complex blend of government agencies, NGOs, and international organizations that are working to mitigate the impact of HIV/AIDS. The most effective strategy initiated is "Winning through Caring", a strategy for reducing the impact of HIV and AIDS in Eritrea, i.e. a behaviour change communication strategy. This strategic programme regularly reaches approximately 32,000 Eritreans in urban and peri-urban areas. The strategy incorporates folk media and participatory theatre, which are highly effective means of communication at the community level. As part of this strategy, several radio programmes were also initiated.

132. A significant measure taken since the consideration of Eritrea's first report is making ART available to persons living with AIDS. Since the introduction of ART to Eritrea in 2005, 1273 HIV/AIDS patients have been taking the drug. Access to the drugs is freely available to anyone who meets the criteria. Out of the 200 children registered with HIV, 64 have so far become beneficiaries of ART. It plays an important role in prevention of mother-to-child transmission of HIV and in post-exposure prophylaxis of persons exposed to HIV infection.

133. Voluntary counselling and testing (VCT) is done at 112 sites nationwide. So far, there are 225 VCT counsellors, all of whom are trained in child counselling and six were trained abroad. Child counselling is given to both HIV negative and HIV positive children. The HIV positive cases receive ART, or their guardians are advised to assist the children to take anti-retroviral drugs. More importantly, prevention of mother-to-child transmission is conducted at 53 sites or health facilities. These efforts have born fruit, with some clinics registering more than 90 per cent acceptance for counselling and testing by antenatal attendees and a small percentage of their spouses as well.

Table 11

Voluntary counselling and testing annual test reports

Year	Total tests done for VCT	HIV positive	HIV positive rate
2003	32 292	1 402	4.34%
2004	47 663	1 866	3.91%
2005	69 121	2 334	3.38%

Source: MoH, 2005.

134. It is also worthy noting that the Ministry of Health (MoH) had distributed around 67,000 female condoms by the end of 2005. The female condoms have a very wide acceptance and the ministry will push the availability and use of female condoms. Study results indicated that 96 per cent of women and 94 per cent of men liked the female condom very much. Of single women, 95 per cent wanted to continue using the female condom for disease prevention, while 70 per cent of married women indicated that they wanted to continue using it as a method of contraceptive.

Table 12

Yearly male condom sales and distribution 2002-2005

Year	Distributed by MoH	Sales by ESMG	Total
2002	5 330 400	4 508 027	9 838 427
2003	6 349 134	5 000 084	11 356 218
2004	2 905 110	3 776 573	6 681 683
2005 (Sept.)	2 052 040	3 021 180	5 073 220

Source: MoH, 2005.

135. As a result of the integrated approach, overall HIV prevalence appears to be at least stabilizing, if not declining. Thus far, the country has been able to avoid a full-scale epidemic in rural areas. There is still a need, however, to continue prevention efforts in rural communities, particularly in anticipation of demobilization, which will return thousands of military personnel back to their home villages. The data from the present rounds of HIV surveillance suggest that certain sub-groups exhibit very high rates of infection, which suggests that there is a need to intensify prevention efforts and refine targeting - both geographically and socio-demographically.

Adolescents

136. Adolescents are a significant component of the population; 33 per cent of the population of Eritrea is between the ages of 10 and 24 years and 24 per cent between 10 and 19 years. Adolescents are vulnerable to infectious diseases such as malaria and tuberculosis; dental and oral conditions; visual problems; nutritional deficiencies; trauma and accidents; and physical and mental disabilities.

137. Over the past few years, the GoSE has developed policies on health, education, HIV/AIDS and STI, and persons with disabilities, which include sectoral issues on adolescent development and health. The existing policy recognizes the diversity of male and female adolescents both in urban and rural settings, in and out of school, married and unmarried, and employed and unemployed. The health issues among adolescents broadly include the following: general health problems; physical and physiological developments; sexual and reproductive health; factors impacting on the wellbeing and health of adolescents, etc. The general health problems affecting adolescents are already identified and prioritized. A situational analysis on adolescent health was undertaken in 2004 with the involvement of the Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Labour and Human Welfare (MLHW), and the NUEYS at all levels of administrative regions. From the results of the situational analysis, the Adolescent Health Policy has been formulated. The strategic plan on adolescent health is underway. Adolescent and other related issues are multi-sectoral in nature. The implementation process of the strategic plan on adolescents has been carried out jointly with the involvement of different line ministries and partner agencies. Moreover, attention has been given to the expansion of health facilities, training health workers and equipping health facilities to make quality health services accessible to adolescents.

Children

138. A study conducted by the MLHW has identified 3,934 orphans affected by HIV/AIDS in Eritrea. The number of HIV/AIDS orphans by age and gender is as follows:

Table 15
Number of HIV/AIDS orphans by age & gender

Age	Sex		
	Male	Female	Total
0-4	263	289	552
5-9	658	683	1 341
10-14	711	656	1 367
15-18	342	332	674
Total	1 974	1 960	3 934

Source: MLIW, 2005.

139. The background details of orphans indicated that the majority was in later childhood (7-12 years), followed by a little more than one-third of adolescents (13 years and above), and the remaining one-fifth was from the early childhood group (0-6 years). Most of the children were paternal orphans. The complete orphans also constituted a large proportion that is a cause for serious concern. Added to this were a small proportion of maternal orphans who are as vulnerable as the complete orphans. Of the surviving parents, 50 percent were reportedly sick, and 33 percent were very sick. This is an indication that the children will soon be losing their parents, as quite probably their ill-health may be due to HIV/AIDS. This means parents would require various forms of support in planning for the future care of their children, their schooling, maintenance, adult care and supervision and so on.

140. At the time of the study, the large majority of children were living in adult-headed households, and a small proportion, but a considerable number, of children were managing themselves in child-headed households. Of those living in adult-headed households, nearly two-thirds were being taken care of by the surviving single parents and the rest were being looked after by close relatives and/or grandparents.

141. The study has concluded that although there was a will among the caregivers to provide physical and psychosocial support for the orphans, their capacity must be strengthened to cope with the basic needs of HIV/AIDS orphans and HIV-positive orphans through long-term economic support.

142. Following the study of HIV/AIDS orphans, the Ministry has designed guidelines for addressing the physical and psychosocial needs of orphans. A summary of the guidelines is as follows:

(a) Formulating appropriate action-oriented and community-based strategies to address the problem of children at risk in general and HIV/AIDS orphans in particular;

(b) Organizing counselling and guidance in schools and at community level which promote their knowledge and skills, so as to assist and treat HIV/AIDS orphan children, and providing counselling services to HIV-infected parents so as to enable them to continue living positively with HIV/AIDS and give proper care to their children;

(c) Offering psychosocial services to those children who are emotionally disturbed in general and AIDS orphans in particular, so as to restore their sense of psychological wellbeing;

(d) Introducing income-generating schemes for disadvantaged single parents and orphan children to relieve them from acute poverty;

(e) Providing vocational training for all children who drop out of school and offering functional literacy training to those who have no chance of regular schooling due to their parents' death or HIV/AIDS illness;

(f) Raising the consciousness of the community and victims of HIV/AIDS to participating in the rehabilitation of HIV/AIDS orphans. Seminars, workshops, panel discussions and mass media should also be geared to these social problems;

(g) Utilizing the existing strategies for the care of orphans such as reunification, adoption, and foster care, group home care and, as a last resort, institutional care;

(h) Conducting monitoring and follow-up of young girls who are exposed to sexual exploitation, as they are more vulnerable than other children.

143. The MLHW, in addition to providing reunification support, has offered to 3,934 orphans a sum of 200 Nakfa per child per month, and food for the victims and their families to meet their basic physical needs and education until they are provided with long-term economic support. The MoH, the HAMSET programme and Global Funding also cooperate in addressing their problems. However, since the problems are immense, more concerted and sustainable assistance is required.

(b) Tuberculosis bacterium

144. With the emergence of HIV/AIDS and its opportunistic nature, tuberculosis (TB) is becoming more important in public health programmes. According to the national TB prevalence survey of 2005, the prevalence of TB in the general population of Eritrea is 47/100,000.

145. As per the final evaluation of the HAMSET 1 project, the number of suspected TB cases has decreased over the last 10 years but it remains high in the Southern Red Sea, Maekel and Gash-Barka regions including among children under five years old. Preliminary results of the 2005 prevalence survey tend to indicate a marked decrease overall in the level of smear-positive prevalence (with a level estimated at approximately 77 per 100,000 among persons over 15 years of age, or 47 per 100,000 for the whole population). DOTS coverage is currently estimated at 80 per cent.

146. With regard to outpatient and inpatient morbidity and mortality, TB accounted for 0.4 per cent of outpatient and 1.2 per cent of inpatient morbidity and 4.4 per cent of inpatient deaths in 2005. The percentages of children under 5 who were diagnosed positive for TB accounted for 0.1 per cent of outpatients, 0.4 per cent of inpatients and 0.75 of total patient deaths.

(c) Malaria

147. Malaria is an endemic health problem in Eritrea with about 67 per cent of the total population living in malaria risk areas. The major cause of malaria is Plasmodium falciparum (93 per cent), Anopheles Arabians being the main vector. The main objective for the last three years has been to reduce morbidity and mortality by 80 per cent. As per the statistics of the MoH, by 2003 malaria morbidity registered at outpatients departments had dropped by 86.5 per cent compared to previous years, while mortality dropped by 85 per cent and case fatality rate by 35 per cent. Based on the trend data for malaria morbidity and mortality, Eritrea has exceeded the Roll Back Malaria (RBM) goal of halving malaria mortality by 2010. Most of the RBM and Abuja targets have been met. As a result Eritrea is registered by WHO African Region as one of the top five performing African countries in the fight against this deadly disease.

148. In 2004, mortality, morbidity and case fatality attributed to malaria in children under five dropped to 1 per cent, 1.8 per cent and 0.9 per cent, respectively. This was due to the successful activities carried out in the preceding three years. By the end of 2005 the MoH had distributed between 840,000 and 880,000 insecticide-treated bed nets (ITNs) to the public. According to the evaluation report of the five-year strategic plan (2000-2004); the availability of mosquito nets was quite high, with four out of five households having at least one mosquito net, and almost three quarters of households having ITNs.

149. The re-treatment rate was also quite high, at 62 per cent. According to this report, slightly less than half (48.4 per cent) of people surveyed (both under and over five years of age) slept under mosquito nets and 41 per cent of the nets were insecticide-treated. The same report also indicated that 76.3 per cent of mosquito nets were distributed for free, with only 23.7 per cent being purchased. It has become a custom in Eritrean society for children to have priority for sleeping under mosquito nets, indicating that the population is aware that children under five years are at higher risk of malaria.

150. The MoH has developed an anti-malaria drug policy. Accordingly, (a) the first line anti-malaria drugs are combinations of Chloroquine and Fancidar, (b) the second line anti-malaria drug is Quinine and (c) the third is Artesunate Combination i.e. AR+AD is at the stage of pilot and efficacy studies. It was piloted in 16 health facilities in four high malaria regions (Gash-Barka, Debub, Anseba and Northern Red Sea). It is reported that the efficacy is 100 per cent with insignificant side effects. The case fatality rate in 2005 (0.6 per cent) was the same as in 2004 and was the highest in national referral hospitals (NRH) at 2.0 per cent followed by the Northern Red Sea region at 1.3 per cent. The outpatient and inpatient morbidity and mortality due to malaria in health facilities has significantly reduced.

151. The tangible achievements that the MoH has recorded in the reduction of malaria morbidity and mortality was mainly due to the intensive work accomplished by the National Malaria Control Unit (NMCU) programme in capacity development, environmental sanitation, source reduction, free mosquito net distribution, awareness and sensitization campaigns among the general population and others. In 2005 alone, over 600 community

members, 1522 community village malaria agents, 420 health workers from the military and over 815 health workers from MoH were trained in malaria management. Currently, there are over 2,000 malaria agents working in the communities and they treat over 50 per cent of general malaria cases. The consolidation and maintenance of these interventions will definitely enhance child survival and safe motherhood objectives.

2. Other communicable diseases (EPI)

152. Although most of the tropical communicable diseases seem to be on the verge of disappearance, more focus and attention has been given to the following most serious childhood communicable diseases.

(a) Acute respiratory infection

153. Acute respiratory infection (ARI) is one of the leading causes of outpatient and inpatient morbidity and mortality in health facilities of Eritrea. ARI is more acute in children under five years, generally accounting for 45.4 per cent of outpatient and 42.7 per cent of inpatient morbidity and 28.7 per cent of inpatient deaths. Out of all ARI cases and deaths in hospitals and health centres, 34.4 per cent of morbidity and 96.6 per cent of mortality were due to pneumonia. The proportion of ARI morbidity, mortality, case fatality and average length of stay in 2005 were lower than in 2004 which may indicate better quality of case management that may be attributable to the Integrated Management of Childhood Illness (IMCI) training of health professionals. Considering trends of ARI in hospitals and health centres in proportion to all other causes of morbidity and mortality, morbidity, case fatality and average length of stay show a decreasing trend but mortality shows an increasing trend even though it was lower by 3.7 per cent in 2005 than in 2004.

(b) Diarrhoea

154. In 2005, diarrhoea caused about 10.3 per cent of outpatient and 11.7 per cent of inpatient deaths in hospitals and health centres. The magnitude of the disease is more severe in children under five. For the same year, it contributed to 24.4 per cent of outpatient and 27.9 per cent of inpatient morbidity and 15.2 per cent of inpatient deaths in children less than five years of age. Considering the case fatality in inpatient cases, 1.3 per cent patients out of the total of admitted patients died due to diarrhoea. It was reduced by 46 per cent from 2004 indicating better case management in 2005 as per the IMCI guidelines. In children under one year, it was 3.1 per cent with the regional breakdown as follows: Southern Red Sea zone (5.2 per cent), Gash-Barka (4.8 per cent), Northern Red Sea zone (3.9 per cent), Debub (1.4 per cent) and Anseba (1.9 per cent).

155. The different oral rehydration therapy (ORT) corners established in all health facilities, the Azel Pharmaceutical Sh. Co. producing oral rehydration salts (ORS), the construction of many family latrines by different partners, the capacity developed among health workers and community health workers, the introduction of hygiene promoters among the communities, the increased access to clean water, and intensive health promotional activities like the

Participatory Hygiene and Sanitation Transformation (PHAST) approach are a few of the factors that have contributed to the overall reduction of diarrhoeal diseases. Moreover, the Eritrean government, in collaboration with its partner agencies, has been working very hard to increase the availability of clean water in all regions and communities. This intervention has a great impact on the reduction of childhood diseases all over the country.

3. Expanded programme on immunization

156. The goal of the Eritrean Programme on Immunization (EPI) is to enhance child survival by reducing mortality, morbidity and disability attributed to the seven vaccine-preventable childhood diseases in children under five.

157. The Eritrean EPI generally follows the WHO guidelines for vaccinating children. In January 2002, a new underutilized vaccine against Hepatitis B was added to the routine EPI, through the financial assistance of the Global Alliance for Vaccines and Immunizations (GAVI). Another underutilized vaccine against Haemophilus influenza (Hib) has also been requested from GAVI and is conditionally approved and will hopefully start to be used by mid 2007. This is a step forward in our routine EPI programme.

158. The target populations for immunization services are children under one year and pregnant women. In 2005, the immunization service was reported from 234 (65.4 per cent) of total health facilities. This is 14 fewer health facilities than in 2004 because of the closure of some mobile clinics that were providing the service. From the total health facilities that reported on immunization service in 2005, 13 (5.6 per cent) were clinics, 46 (19.6 per cent) health centres, 12 (5.1 per cent) hospitals and 162 (69.2 per cent) health stations. The majority of health stations are in remote and inaccessible places, indicating that children and mothers at the periphery are increasingly becoming the biggest beneficiaries of the programme.

159. The proportion of fully immunized children under one year of age currently stands at 74 per cent. The target population in 2005 for this age group was 97,855 children. The number of children under one year immunized for different antigens in 2005 was more than those immunized in 2004. The number of children who are immunized after their first year shows a decreasing trend, indicating that increased numbers of children are immunized before their first year of birth, also indicating an increase in immunization coverage. This in turn is an indicator of the improvement in the chances of survival for infants.

160. In calculating the overall immunization coverage, Diphtheria, Pertusis, Tetanus and Hepatitis B (DPTHb3) immunization is considered. Thus the coverage in the year 2005 was 73.8 per cent, almost the same as in 2004 with some zonal variations. The tables below show the immunization coverage in percentage terms for children less than one year of age for the different antigens by Zobas in the year 2005 and the vaccination coverage rate for the various antigens during the previous four years.

Table 13

Immunization coverage of children under one year of age in 2005

Zoba	BCG	OPV0	OPTHB1	OPTHB2	OPTHB3	Measles	Fully immunized
Anseba	4.7	88.5	87.6	87.5	83.7	77.5	75.6
Debub	15.1	76.9	76.9	76.4	72.3	68.7	69.1
DKB	21.1	71.6	72.0	64.9	53.8	47.0	42.1
GB	36.1	123.8	120.0	118.1	108.8	100.3	107.4
Maekel	22.9	39.6	79.7	77.6	75.3	79.2	78.3
SKB	18.8	57.6	57.7	57.9	51.0	44.2	37.7
Total	20.0	84.4	84.5	83.4	78.1	73.9	73.8

Source: MoH, 2005.

Table 14

The vaccination coverage rate (percentages) for the various antigens during the last five years

Antigen	2002	2003	2004	2005
BCG	63.8	67.0	68.5	72.7
DPT ₃ /POL ₃	61.0	67.7	68.1	71.4
Measles	51.6	63.0	62.2	68.2
TT ₂ + (P.W)	28.8	26.0	37.8	36.6

Source: MoH, 2005.

(a) Neonatal tetanus

161. Eritrea is one of the very few countries in the Horn of Africa that have eliminated neonatal tetanus. The national policy indicates that all women of childbearing age between the ages of 15-44 must be vaccinated with 5 doses of TT and since 1995 a school immunization programme has been implemented. Currently up to 93 per cent of all newborn babies are protected against tetanus, according to the routine HMIS report.

162. In 2005, only one case of neonatal tetanus was reported. A community-based assessment carried out in 2003 by the MoH in collaboration with WHO and UNICEF did not identify any cases of neonatal tetanus. Hence, Eritrea is registered by WHO and UNICEF as a neonatal tetanus-free country. However, as a majority of deliveries are carried out at the community level, intensive and active surveillance should continue in order to exclude any cases of neonatal tetanus.

(b) Measles

163. Eritrea is at the level of accelerated measles control and is moving towards the elimination of measles, which was once one of the biggest childhood killers in the country. After several months of pre-campaign preparations involving microplanning, coordination, social mobilization and logistics management, the Eritrean nationwide measles catch-up campaign was conducted between 20 September and 06 October 2003. A total of 1.3 million children aged 9 months to 14 years of age were targeted for measles vaccine and 364,342 children 6 months to 5 years of age were targeted for vitamin A supplement.

164. A total of 1,047,682 children (82 per cent of targeted children for measles vaccine) were immunized during the 2003 national measles sub-national immunization activities (SIAs) in Eritrea. The coverage rate ranged from 61 per cent in the Southern Red Sea region (Debabawi Keih Bahri) to 99 per cent in Gash Barka. Based on the administrative coverage report, the expected 95 per cent coverage was not reached at the national level. Uncertain target population estimates and underreporting of vaccinated children in some regions were presumed to be the main reasons for the reported lower administrative coverage. The post campaign evaluation survey result of 98.3 per cent measles vaccine coverage may however support the fact that the coverage reached during the campaign is indeed very high.

165. According to the statistics of the MoH, the number of cases recorded at health facilities in the years 2003, 2004 and 2005 were 376, 54 and 70, respectively. However, until routine immunization coverage reaches >85% in all districts, it is mandatory to conduct a follow up campaign every 2-4 years.

(c) Poliomyelitis

166. Although case detection systems are poor, evidently there have not been any polio cases in Eritrea during the last eight years, except one imported case in 2005. Hence, Eritrea has virtually eliminated polio. However, specific activities should be taken to improve on the accurate reporting of the EPI target diseases. The EPI Unit with the support of WHO is making efforts to improve the quality of surveillance system of acute flaccid paralysis (AFP).

167. The main priority of the Eritrean EPI is to strengthen routine activities and increase routine coverage. That is to say: increase the number of static and outreach sites; establish mobile outreach sites, as was done in Southern Red Sea zone; decrease dropout rates and reduce missed opportunities in health facilities; promote social mobilization; strengthen EPI planning and monitoring at all levels; integrate other health interventions (outreach) with EPI; ensure the development of an efficient system for vaccinations; ensure establishment of sufficient supervisory capacity; and establish a good partnership with donors and other United Nations agencies.

168. With these priorities in mind the Ministry has adopted the "Reach Every District" (RED) approach. The sub-regions that are poorly performing are identified and "Sustainable Outreach Services" (SOS) are introduced. According to a recent assessment, trends are positive and we will proceed with the introduction of the two approaches into other sub-regions also. Injection safety, as part of safeguarding the environment and the working place is also part of this

approach and the ministry has piloted this approach in some health facilities. Needle cutters have been introduced into health facilities, as 48 per cent of health workers prick their fingers with used needles at least once a year in their workplace.

169. The strengthening of routine services remains the highest priority for the Eritrean EPI, the commitment to reach the disease control goals adopted at the 1990 World Summit for Children and ratified by the State of Eritrea in 1993. This implies establishing disease surveillance systems and conducting supplementary immunization activities such as polio national immunization days (NIDs) and sub-national immunization activities (SIAs). The most recent NIDs survey was done in November and December 2005. NID, unlike the previous campaigns, was a “house to house polio campaign”.

170. The contribution of NIDs to EPI effectiveness is shown by the fact that it has created awareness in the population, a slight increase of coverage has been observed during NIDs months in all years, it has promoted immunization for children and women, advocated for continued political commitment, and NIDs training has increased the knowledge of EPI components of health workers. It is also worth noting that as part of the cross-border vaccination campaigns against polio, Eritrea has vaccinated a number of children in the Sudan that were in places not accessible to the Sudanese Government.

171. A disease surveillance guide book and case investigation forms for polio, measles and neonatal tetanus have been produced and distributed. Theoretically, using the case definition for polio surveillance (1/100,000 under 15 years old in Eritrea) as to the estimated population we should find 12 AFP cases a year.

172. There are 20 Hospitals in Eritrea and all are included in the AFP surveillance sentinel sites. Training has been given to identify teams in each of the 20 hospitals. It is of paramount importance to note that training is also given in places where alternative medicines like traditional medicine are provided at the community level.

4. Environmental impact on the health of children

173. According to the UNICEF-WHO Joint Monitoring Programme (2004), rural water and sanitation coverage in Eritrea in 2002 were 54 per cent and 3 per cent respectively. Due to recurrent droughts and other factors, rural water supply coverage in 2004 was estimated at 22 per cent (Water Resource Department, 2005). Poor rainfalls have led to episodes of drought in Eritrea, affecting 60-70 per cent of the country. Water levels in wells and boreholes were adversely affected in 2004. However, in 2005 the revitalization of the emergency water and sanitation programme, food security strategy through soil and water conservation efforts, construction of dams and improved rainfall conditions have yielded better preservation capacity for irrigation as well as for human, plant and livestock consumption. These factors in turn have contributed to the improvement of environmental and sanitation conditions both in rural and urban areas.

174. The Environmental Health Policy and Guidelines of 1998 published by the Ministry of Health (MoH), limited the definition of sanitation to safe disposal of excreta and sewerage.

So, in order to make it broad and comprehensive, the MoH together with partners has started to develop a sanitation policy which will include collection, storage and use of drinking water, liquid and solid disposal, excreta disposal, home and food hygiene, personal hygiene and environmental hygiene. However, to accomplish this task, it is obvious that technical expertise and other resources are needed. The overall situation of the country as far as sanitation is considered is indicated here.

175. Overall 18 per cent of the population has access to safe and adequate sanitation. About 45 per cent of the urban population use flush toilets and 21 per cent use traditional or improved ventilated pit latrines. More than 80 per cent of the total population and 99 per cent in the rural areas practice open field defecation. A large proportion (41 per cent) of rural households have their farm and domestic animals living within human living areas (homes). The highland people use an average of 1.5 to 9 liters of water a day and in the lowland areas an average of 10 to 25 liters of water are used daily for personal and domestic purposes.

176. People in rural areas use contaminated water supplies for drinking and other household purposes. The incidence of non-usage of soap and not washing hands before handling food and after visiting the toilet is high. Constraints in this sector include inadequate awareness amongst people of the relationship between sanitation, water supply and health, cultural influences (e.g. latrines viewed as only to be used by very sick people), poor investment or lack of it, and use of inappropriate technology. Sanitation coverage in the rural areas is deplorable with only less than 1 per cent of the population having access to some form of facility such as pit latrines. Therefore the Ministry needs to focus on knowledge, attitudes and practices to bring about behavioural changes in a very short period.

177. Taking in to account these environmental burdens, MoH has started to work intensively on the issue of latrine construction. A number of villages have constructed household latrines and the behaviour of the communities is changing very fast. This could be due to the fact that MoH has introduced the Participatory Hygiene and Sanitation Transformation (PHAST) approach to almost all sub-regions and communities. Community sanitation campaigns, participatory hygiene and sanitation training, construction of family latrines, improved ventilated pit latrines in health facilities and schools, and inspection of food and drink establishments are some of the main activities of the Ministry that are intended to prompt behavioural changes and will be broadly introduced into all communities. Safe water and sanitation for schools is an area in which progress has been limited. The availability and use of clean water and sanitation in the majority of schools is very low. An environmental management plan for schools has been completed and launched, guidelines on hygiene and sanitation promotion through schools have been developed in Maekel and Gash Barka regions; examples include an environmental sanitation campaign mounted in all Maekel schools and the campaign of hand washing during the vitamin A+ campaign.

178. The legislation and policy guidelines on the use of water have been developed and the policy on sanitation and personal hygiene is being worked on. The MoH has also taken the initiative of training public health technicians (PHTs) who will work closely with the communities to safeguard the environment.

179. The overall situation of the country and the behaviour of the people signify that there is a need for stronger coordination among different stakeholders starting from policy development, manuals and guideline development and other issues that need decision. Due to the activities so far implemented, in the last two to three years the ministry, in close collaboration with its partners, has constructed 11,936 family pit latrines, 344 health facility latrines, 277 school latrines and 494 family latrines for internally displaced persons.

180. Quite a number of VIP latrines and other latrines have been constructed in the country. The construction of latrines and micro-dams and clean water distribution at household level are some of the main important initiatives taken to reduce disease and that have a direct relationship with the lack of sanitation, hygiene and personal protection from substances.

181. Due to the above-mentioned activities in the last five years there has been a great reduction in diarrhoeal diseases, which is directly attributable to personal and household/family sanitation and hygiene. It is a well-known and studied phenomenon that reduction of diarrhoeal diseases is directly related to the use of latrines and change of behaviour. If the current situation continues its momentum, then there is no doubt that there will be a positive change in the health of children and other vulnerable age groups. This possibility is expected to have a good impact on the child survival projects of the Ministry that are geared more towards childhood morbidity and mortality reduction in the country and achieving the Millennium Development Goals (MDGs). This is a matter of principle and is achievable because the situation analysis indicates that Eritrea is one of the countries that are performing well and are on track to achieve the MDGs.

5. Harmful traditional practices

182. Harmful traditional practices are factors contributing to high maternal and child mortality. The Government has recognized that there are certain cultural beliefs that greatly affect the health of children. To this effect, the MoH in collaboration with the Ministry of Labour and Human Welfare (MLHW), regional administrations, councils, National Union of Eritrean Women (NUEW) and other stakeholders are working very hard organizing sensitization and awareness-raising campaigns amongst the population in general, as well as religious and influential people in particular, against the practices of female genital mutilation (FGM), early marriage and other practices like food taboos (nutritious food for male preference), heavy work loads for women (especially the pregnant), bloodletting during high fever, uvuloectomy, etc. As part of the sensitization campaigns, health education on all the taboos and harmful cultural practices are also given.

Female genital mutilation

183. The Government of the State of Eritrea maintains a very solid stance against the practice of Female Genital Mutilation (FGM), seeing it as a form of violence against women.

184. Since the consideration of Eritrea's first report by the Committee, studies have been conducted on FGM. The studies have identified community knowledge, beliefs, attitudes and practices as well as the relationship of FGM to the educational and socio-economic characteristics of women.

185. A national task force spearheaded by the NUEW and comprising the Ministry of Labour and Human Welfare (MLHW), the Ministry of Health (MoH), the Ministry of Education (MoE), and the Ministry of Information (MoI) has drafted legislation that prohibits the practice of female circumcision. Moreover, the Government has drawn up a national plan of action to combat FGM. The national plan of action is based on a two-pronged approach that aspires both to prohibit the mutilation of girls and to support victims of FGM. It has also developed health promotional materials, including the production of a documentary video that has been very important in changing the behaviour of communities.

186. Efforts to eradicate FGM are not limited to the incrimination of its practitioners. It is principally striving to abolish the practice by bringing about deep-rooted societal change of attitudes and behaviour. To this end, the task force has developed a plan for education on FGM, which has already started implementation. Accordingly awareness-raising campaigns aimed at reducing the incidence of FGM are being undertaken. The programme consists of community education programmes, the development of resources and the training of counsellors and a communication strategy to raise awareness of the legislation related to FGM and the health risks associated with the practice.

187. Since the consideration of Eritrea's first report by the Committee, a number of sensitization seminars have been organized. These include elders, circumcisers, women and youth, religious and community leaders. Men and women attended these seminars together. At the seminars, health personnel and other key community change agents discuss the danger of FGM from a medical perspective. The Government has also facilitated advocacy on FGM by providing appropriate information on the practice to all social partners through review reports and seminars for elders, as well as for women, youth, religious and community leaders.

188. The MLHW has trained 38 community mobilizers on FGM. On average one community mobilizer has been trained in each sub-zonal administration. The training includes communication skills, counselling techniques, and knowledge of family life, education and harmful aspects of FGM. Likewise, the MoH has trained those in charge of health units on a range of reproductive health issues so as to enhance their knowledge in addressing the health risks associated with FGM. The media features sensational information on the practice of FGM, initiation ceremonies, community views and opinions on FGM and covers various eradication efforts by the Government, religious leaders and local NGOs.

189. In the last three years, the behaviour of communities on FGM has changed very positively. This change has been brought about mainly by the nationwide sensitization campaigns that have been carried out. The production of the video "Unveiling the curtain", showing actual FGM practitioners performing, has totally affected the opinion of the different sub-groups and in some communities real changes have occurred. For instance, some communities have already drafted internal communal laws that prohibit the practice of FGM. In particular, awareness raising campaigns conducted by different participants, including the mass media, newspapers, radio and television have made significant contributions in the combat against FGM.

190. The Government believes that these initiatives address the concern of the Committee, expressed in paragraph 45 of its concluding observations, about the absence of legislation prohibiting FGM and the recommendation in paragraph 46 that further awareness-raising campaigns be conducted on the dangers and harm that result from FGM.

B. Children with disabilities (art. 23)

191. A national survey conducted by the MLHW in 2002 found that there were 80,000 persons with disabilities. Of this number, 23,205 were children with disabilities (CWDs). The following tables show the number of CWDs by age in the six regions.

Table 16

Children with disabilities by age and region

Region	Age				Total
	0-4	5-9	10-14	15-18	
Maekel	142	596	987	832	2 557
Dehub	506	1 989	3 185	2 520	8 200
Anseba	225	844	1 251	954	3 274
Gash-Barka	531	1 852	2 237	1 826	6 446
Northern Red Sea	236	625	831	638	2 330
Southern Red Sea	60	152	179	166	557
Total	1 700	6 058	8 670	6 936	23 364

Source: MLHW, 2005.

192. In-depth interviews conducted in 2002 with persons with disabilities, community leaders and elders revealed that persons with disabilities, especially if disability occurs from birth or during childhood, have traditionally been denied the possibility of gaining rights and roles that are considered fundamental for an adult member of the community. Most persons with disabilities were kept at home, sometimes hidden away from other community members, denied the right to marry and raise a family of his/her own, or to participate in communal meetings and feasts. Based on the type and degree of disability, CWDs have been denied access to schools.

193. Moreover, as a result of the extended armed conflict, Eritrea is among the 23 countries in the world most highly affected by landmines. The Eritrean landmine impact survey conducted in 2004 identified 481 communities impacted by landmines or unexploded ordnance (UXOs) in 55 of the 58 sub-Zobas of Eritrea. In the surveyed areas 655,177 people live in communities having some level of mine impact, which means that approximately 20 per cent of the Eritrean population is living in mine-impacted communities. Another 113 communities had UXOs on their land and during the survey 140 reports were filed for UXO clearance. Out of the 481 mine-affected communities surveyed, 339 had a history of incidents in which one or more persons had been killed and/or injured. One hundred and seventeen of these communities recorded 295 victims for the period 2002-2004. More than 83 per cent of the victims were male, while a total of 215 victims (or 73 per cent of all victims) were in the 0-18 age group.

194. The community-based rehabilitation (CBR) programme within the MLHW has been adjusted to respond to landmine victims. The services among other things included access to emergency care, orthopaedic workshops and psychotherapy centres, and school integration.

195. The MLHW continues to accelerate the expansion of the CBR programme in Eritrea. By the end of 2005, it was implemented in 25 sub-Zobas covering 45 per cent of the entire country. CBR is planned to be expanded to the whole of Eritrea by 2015. At the national level, the MLHW is carrying out planning, staff training, monitoring and evaluation of the CBR programme. The MoH provides hospital services and screening for mental health problems, including in the training of medical assistants, assessments and medication. The MoE is responsible for integrating children with disabilities (CWDs) in regular schools and supporting them with school materials, uniforms and stationery supplies. Implementation of the CBR programme is handled at the regional level, while local volunteer supervisors in the village are responsible for the daily follow-up of individuals with disabilities. The local communities contribute with housing, refurbishment, land for farming and school integration of CWDs.

The contribution of community-based rehabilitation

196. Local supervisors are engaged in both active and inactive rehabilitation. The active rehabilitation involves activity and assistance related to the process of improving the living conditions and level of functioning (physical/mental ability) of the individual. Children with disabilities are provided with services and rehabilitation following registration in the programme. When a child with a disability is identified by a local supervisor as being in need of rehabilitation, the child is either offered services by the local supervisor or is referred to a regional hospital, orthopaedic workshop and physiotherapy centre for further assessment and rehabilitation. Inactive rehabilitation is a regular follow-up by the local supervisors to see that the improved situation endures. In terms of active versus inactive rehabilitation there are currently 8,000 children with disabilities in active rehabilitation and 5,000 in inactive rehabilitation.

197. Advocacy and attitude-changing activities are the most satisfying task of CBR. According to a local supervisor: "Advocacy is the most satisfying activity because community members listen to me about causes of disability and methods of rehabilitation and I manage to mobilize the community." Pre-CBR conditions were characterized by ignorance and discrimination against children with disabilities. A report from a village without a CBR programme supports this impression.

198. Mobilizing community resources is fundamental to assisting children with disabilities in becoming self-supportive. In this regard, access to schools for children with disabilities is the main community resource contribution. For school age CWDs in difficult terrain areas where transportation is a barrier, the MLHW in 2004 has introduced the "Donkey for School" project with the aim of creating access to schooling. Since the commencement of the programme, 600 CWDs have each received a donkey for transportation to school. The donkeys are also used as a means of income-generating activities for families after school hours.

199. An external evaluation conducted in 2004 has confirmed that equal access and opportunity for CWDs has been achieved wherever the CBR programme has been introduced. According to the findings of the evaluation, access to school is among the most important, as this clearly is a triumph by the CBR in all the sub-regions where it has been operational since 2002. More than 3,500 CWDs have been integrated in schools with the support of appliances and school stationery.

200. The CBR programme has succeeded in changing the attitudes towards persons with disabilities in general and towards CWDs in particular. The CWDs and their families confirm this. Studies also revealed the success through comparison with a control sample (one sub-Zoba) and assessing the previous situation. All information gathered on this topic points very clearly to a change in attitudes manifested through inclusion of CWDs into local communities where they were previously isolated. Elderly informants were able to recount how their childhood had been different from that of disabled children today because of the CBR programme. Key informants stated that they had not been permitted to attend school; they were denied participation in communal events, and had to stay at home hidden from the others. Now, CWDs are participating in communal activities and have access to schools. Since attitudes have greatly changed, communities are mobilizing resources for the rehabilitation of CWDs.

C. Health and health services (art. 24)

201. The provision of health services is one of the key areas where the State has invested within the limits of its resources to ensure survival and development. The statistical data illustrates that upon independence in 1991, there were 16 hospitals, 4 health stations and 106 clinics. In 2004, the number of hospitals increased to 25 without counting hospitals under construction. The number of health stations and clinics increased to 50 and 117 respectively. Hospitals increased by 56 per cent, health stations by 100 per cent and clinics by 68 per cent. The total number of health facilities in 1991 was 126 compared to 359 in 2004. Out of the total health facilities, 220 (61.5 per cent) are government-owned, 28 (7.8 per cent) are owned by the Catholic Church, 66 (18.4 per cent) by private owners and 29 (2.5 per cent) by other ministries and the Evangelical Church. Taking all the hospitals, health centres and health stations into account, a hospital serves about 131,000 people, a health centre 64,000 people and a health station 18,000 people. According to the MoH, 16 hospitals, 64 health centres and 320 health stations are needed to reach the desired standard. The patient bed ratio as of 2004 was 1:1770.

202. The distribution of the total of MoH employees across the regions indicates that the national referral hospitals (NRH) have the highest share (24.6 per cent) followed by Dehub (16 per cent) and Zoba Maekel regions (13 per cent). This shows that there is a higher concentration of MoH employees at the centre (45.6 per cent). Out of the total of health professionals in the ministry, 56.3 per cent are assigned to the 25 hospitals, 14.8 per cent to health centres and 11.1 per cent to health stations and 0.7 per cent in MCH clinics.

203. About 49.1 per cent of the health professional employees of the MoH in Eritrea are females. They constitute about 17 per cent of doctors, 54 per cent of nurses and 59 per cent of associate nurses. Out of the total of doctors and nurses, 44 per cent and 21 per cent respectively have specialties in different fields. Of the total of doctors in the Ministry, 31.3 per cent are expatriates.

204. In addition, 66 doctors, 59 Nurses, 95 associate nurses, 47 laboratory technicians, 1 pharmacist, 4 pharmacy technicians, 10 radiology technicians and 2 dental

technicians work in private and industry facilities. On average, there are 5 doctors, 19 nurses, 29 associate nurses and 2 laboratory technicians per hospital; 2 nurses, 5 associate nurses and 1 laboratory technician per health centre; and 2 associate nurses and no laboratory technician are working per health station.

205. The health worker to population ratio indicates accessibility to health providers and is used to measure quality of care. The number of people per nurse and associate nurses shows a decreasing trend, indicating a decrease in the workload per nurse and associate nurses. Compared to the previous year's situation, there was significant improvement in the nurse and associate nurse to population ratio because of the expansion of the training institute and increase in the intake. The doctor, nurse and associate nurse to population ratio in 2005 were about 1:15,000, 1:3,200, and 1:1,900 respectively. The WHO target for doctor to population and nurse to population ratio is 1:10,000 and 1:5,000 respectively. Eritrea is thus close to achieving the WHO target. It is therefore in this particular area that the MoH requires both financial and technical assistance.

Budget allocations

206. The budget allocation indicated here is an approximate calculation. As children and mothers are the primary beneficiaries of the health delivery system, the budget allocated was mostly spent on their protection and care.

207. In the January to December 2002 fiscal year, the Government's recurrent and capital health budget expenditure, donor expenditure, donor capital expenditure and external assistance received in kind was US\$ 24,550,675.30.

208. In 2003, the Government expended a sum of US\$ 10,011,446.99, including US\$ 3,920,497.42 for salaries (39 per cent), US\$ 2,639,580.85 for drugs (26 per cent), US\$ 2,595,660.22 for other activities (26 per cent) and US\$ 855,708.51 for capital expenditure (9 per cent). In addition, US\$ 2,422,943.63 received from international assistance was expended in capital investment. The total was US\$12,434,390.62.

209. In 2004, the Government's recurrent and capital expenditure on health was US\$ 12,125,862.38. Expenditure on health from in kind external assistance during 2004 amounted to US\$ 16,189,307.74. Donor capital expenditure during the January to December 2004 fiscal year was US\$ 2,340,419.60. This brings the total of 2004 health expenditure to US\$ 30,655,589.73.

210. In 2005, the Government's recurrent and capital expenditure on health was US\$ 12,352,489.89. External assistance received in kind in 2005 was US\$ 23,530,715. External assistance in cash in 2005 was US\$ 2,037,234.70. Total expenditure was US\$ 37, 920439.60.

211. Revenue collected from health service charges in fiscal years 2003, 2004 and 2005 were US\$ 1,595,788.85, US\$ 1,236,091.86 and US\$ 2,208,457.88 respectively. Thus, despite economic difficulties, the Government has been steadily increasing its expenditure on and investment in health.

D. Social security and childcare services (arts. 26 and 18)

212. The Government refers to pages 63-64 of Eritrea's first report.

213. The Government has implemented initiatives to increase access to social security. In this regard, the Government has proclaimed: (a) the national pension scheme, proclamation No. 135/2003 (b) the public sector pension scheme, proclamation No. 136/2003, and (c) the martyrs' survivors benefit scheme, proclamation No. 137/2003.

214. The aim of the public sector pension scheme and martyrs' survivors benefit scheme is to alleviate the economic dependency and financial problems that would have arisen after the sickness, disability and/or death of a breadwinner.

215. These social security schemes recognize the needs and rights of children, orphans, elderly parents and single parents and specify what each of them is entitled to receive in terms of social security support. In the martyrs' survivors benefit scheme, the children of a martyred parent are entitled to receive benefit until they reach the age of 30. If a spouse survives the martyr, the widowed spouse is also entitled to receive benefit. The benefit is suspended only if he/she gets married again. If the martyrs are survived by neither offspring nor a spouse, their parents are entitled to receive the full benefit. The proclamation has been in effect since 2004. The pension scheme also specifies the share of the benefit among family members, including children. In 2005 and 2006 respectively, 96,512 and 102,655 martyrs' survivors benefited from the scheme.

216. The MLHW has also been promoting income-generating schemes for the members of disadvantaged families to help them properly care for and protect their children. Since the consideration of Eritrea's first report, 1,500 disadvantaged families have been assisted with long-term economic support. Moreover, special projects such as the distribution of donkeys have been designed and effected by the National Union of Eritrean Women (NUEW) for disadvantaged female-headed families, primarily as a source of income and at the same time to ameliorate the burden for young girls of fetching water from a long distance away, so that they will utilize their time in going to school in rural villages in all the regional administrations. In 2002, 532 families, in 2003, 1119 families, in 2004, 951 families and in 2005, 858 families were assisted through this project.

E. Standard of living (art. 27)

217. The Government notes the concern of the Committee, expressed in paragraph 49 of its concluding observations, at "...the inadequate standard of living, which hampers the respect and fulfillment of the rights of children and the ability of their families to provide them with adequate protection". In paragraph 50, the Committee recommended Eritrea "...to formulate a national strategy to combat poverty, with due emphasis on monitoring the impact on the rights of children, and that the State party allocate sufficient human and financial resources, including through international assistance, to ensure the implementation strategy".

218. In terms of standard of living, Eritrea's vision is the establishment of a prosperous nation in which every citizen enjoys a high standard of living and where social justice prevails. This

goal will be achieved principally through a policy of self-reliance that is centred on the hard work and dedication of the people. Self-reliance is, therefore, the cornerstone of Eritrea's economic policy and development strategy. It is also the national strategy by which to eradicate poverty and safeguard the well being of all citizens including children.

219. Eritrea's policy framework and development strategies including the National Economic Policy Framework and Programme (1998) and the Transitional Economic Growth and Poverty Reduction Strategy (2001) are inspired by this vision. The Interim Poverty Reduction Strategy Paper (I-PRSP-2004) and the Food Security Strategy (FSS-2004) reflect these policy underpinnings.

220. Consistent with these policy and programme underpinnings, the overarching objectives are to attain rapid, sustainable, widely shared economic growth and reduction of poverty in an environmentally sound manner. The strategy is anchored on four pillars, namely (a) reinvigorating economic growth; (b) creating income earning opportunities for the poor; (c) enhancing access to and utilization of essential services for human development; and (d) promoting the political, economic and social participation of the population by putting in place the enabling environment.

221. A National Steering Committee (NSC) has been formed to guide and oversee the overall implementation of the I-PRSP. It comprises the Ministry of National Development (MoND), Ministry of Agriculture (MoA), Ministry of Education (MoE), Ministry of Health (MoH), and Ministry of Labour and Human Welfare (MLHW). Under the supervision of the NSC, a technical committee comprised of representatives of the five sector ministries and other relevant government agencies is entrusted with the responsibility of coordinating and ensuring better integration so that policies and programmes are more closely linked to national planning and objectives.

222. Ensuring food security is a national priority and the cornerstone for sustainable development and poverty reduction. The goal of the food security strategy is to ensure that all Eritreans have a sufficient quantity of acceptable quality food at an affordable price at any time and place within the country. The Government is committed to eliminating food insecurity on a sustainable basis.

223. In addition to the I-PRSP, the Government has adopted an FSS paper, which aims at ensuring food security. The strategies adopted include enhancing domestic food production capacity, increasing national capacity to import an adequate quantity of food, and enhancing the effective use of food assistance to fill the supply gap during emergencies. The strategy includes increasing agricultural production so as to reduce dependency on food assistance, and enhancing agricultural productivity in high potential areas by expanding and modernizing rain-fed cultivation in areas with good soils and adequate rainfall. Furthermore, the aim is to increase agricultural production of high value cash crops and livestock by increasing areas under irrigation and development of the peri-urban dairy industry. In conjunction with the I-PRSP and FSS, the Government has also adopted a National Water Supply and Sanitation Emergency Action Plan 2004-2007, and has undertaken to rehabilitate and improve road and sea transport.

224. The Government-sponsored Savings and Micro Credit Programme (SMCP) launched in 1996 as a pilot project of the Eritrea Community Development Fund (ECDF) is aimed at supporting the investment activities of enterprises at the village level, creating new income and employment opportunities in poor communities, and contributing to improving the living standards of communities. The programme uses the village banking model and offers group-guaranteed loans ranging from US\$ 75 to US\$ 10,000 to either individual members of solidarity groups or to associations, at an interest rate of 16 per cent.

225. The SMCP currently operates in all six regions and 48 sub-Zobas. As of December 31 2005 it had 20,225 active clients (40.6 per cent women) under the first tier loan programme (solidarity group loan) spread over 267 village banks and another 2,284 active clients (37.5 per cent women) under the second tier loan programme (individual loan). From its establishment in July 1996 to December 2005, the SMCP had disbursed a total of US\$ 24,890,694.54 for the period 2002 to 2005; the number of clients and the percentage of women clients are shown in the following table.

Table 17

Number of credit clients and percentage of women clients

No.	Particulars	2002	2003	2004	2005
1	Tier I clients:				
	Number of active clients	15 852	14 700	16 487	20 225
	% of women clients	40%	40.01%	42.6%	40.6%
2	Tier II clients:				
	Number of active clients	2 041	1 790	1 671	2 284
	% of women clients	36%	39%	42.04%	37.52%

Source: SMSC, 2005.

226. A fight against poverty is also a fight for the well being of children. SMCP's impact on client families has been evaluated in the past and is positive. SMCP's own recent nationwide impact assessment of its services also reveals positive changes in the welfare of client families. Regarding children, 90 per cent of clients with school age children reported that they were able to send them to school better fed and dressed as a result of their involvement with SMCP. Other benefits, such as health, could be inferred.

227. Eritrea's development strategy gives primacy to investment in human resources, technology and basic infrastructure. This will enhance productivity and export competitiveness and encourage domestic and foreign investment in high potential growth sectors in which Eritrea has comparative advantages. The port of Massawa has been rehabilitated and expanded. Fish and sea cucumbers from the Red Sea are being exported to markets in Europe and Asia. A newly constructed international airport in Massawa should facilitate the export of high-value perishable food products.

228. The Government's I-PRSP, FSS, Water Supply Emergency Action Plan, Road Rehabilitation and Improvement Plan, and emphasis on human resource and infrastructure

development in concert aim at reducing poverty through development. They are also a mechanism for ensuring the rights and well being of children. National human and financial resources are being utilized to achieve these objectives. National and regional committees are at work monitoring and ensuring implementation of the food security and poverty reduction action plans of the country.

VII. EDUCATION, LEISURE, AND CULTURAL ACTIVITIES

The GoSE refers to pages 68-83 of Eritrea's first report.

A. Aims of education (art. 29)

229. The GoSE perceives education as a cornerstone for overall national development. Further, the GoSE realizes that the formation of all-round human capital is the prerequisite for effective socio-economic and political growth. This national development strategy has been made evident in the macro-policy document. The GoSE considers education one of the pillars of development and makes it a human right for all citizens. Every child is entitled to get access to education by the State. The detailed aims of education can be looked at in terms of the broad goals of the Government, the policy and specific objectives of the education sector.

230. The policy of the education sector that was designed in 2003 outlines the following points:

- (a) Revitalizing citizens with relevant education and training is the only means by which the overall socio-economic development of the country can be achieved;
- (b) Education in Eritrea is a fundamental human right and lifelong process hence all individuals are entitled to get opportunities for education;
- (c) Promoting equal opportunity in terms of access, equity, relevance and continuity of education to all school age children;
- (d) Steadily increasing enrolment in secondary, technical and vocational schools to meet skilled manpower requirements, with emphasis on equipping students with different necessary skills;
- (e) Providing elementary education in respective mother tongue languages;
- (f) Providing middle and secondary level education in English;
- (g) Providing adult and continuing education through formal and non-formal channels to produce a more literate and skilled population;
- (h) Making serious efforts in the sharing of the costs of education between Government, communities and parents;
- (i) Encouraging the provision of education by the private sector.

231. The education policy above is based on the Government's macro-policy document (1994) that is compatible with article no. 29 of the Convention. As was referred to in the first Country report, the overall objectives of the education system that are outlined in the Government's macro-policy aims are to:

- (a) Create a modern, technologically advanced and internationally competitive economy;
- (b) Establish broad education incorporating widespread dissemination of skills and language and extensive human capital formation;
- (c) Produce a population equipped with the necessary skills, knowledge and culture;
- (d) Develop self-consciousness and self-motivation in the population to fight poverty, disease and all the attendant causes of backwardness and ignorance;
- (e) Develop Eritrea's human capacity so as to establish a self-reliant population and sustainable socio-economic development;
- (f) Make basic education available to all.

232. The specific objectives, which are derived from the policies, and general objectives (that address article No. 28 of the Convention) are delineated as follows:

- (a) Expansion and improvement of comprehensive early childhood care and education (ECCE);
- (b) Provision of free universal basic education;
- (c) Provision of integrated knowledge and skills-based education at middle and secondary levels and through the expansion of various technical and vocational education and training centres;
- (d) Promotion of adult and continuing education through formal and informal channels;
- (e) Elimination of gender disparity at all levels of the education system;
- (f) Expansion of tertiary education to meet high-level professional and skilled manpower requirements.

B. Education, including vocational training and guidance (arts. 28 and 29)

233. The GoSE makes education for Eritrean children a human right, and all children are entitled to educational opportunity irrespective of their ethnicity, language, sex, religion, disability, and status. This is consistent with article 2 of the Convention on the Rights of the Child that declares States parties should ensure the rights of the child without any discrimination. Hence, as part of its ongoing efforts to ensure that every child has the right to education, the

Government has increased access to schools in the last three years with particular attention to disadvantaged children. In parallel to this, the provision of free basic education, which is compulsory for all school age children, has been one of the Government's top priorities.

234. Improving access in general and with a particular emphasis on the remote rural and hard to reach groups has been used as a strategy to accelerate access to educational opportunity. As a result, universal primary and middle school education for all the school-age population (EFA), integrated secondary education as a core with an enrichment curriculum, and flexibility to prepare students for tertiary education and employment have been introduced. Though the Government is working to ensure access and the provision of basic education, the quality of education is also given equal attention.

235. Although the basic question of the quality of education at all levels remains a matter of concern, improving the quality and relevance of education at all levels has been accorded prominence during the last three years. As a result, significant efforts have been made to improve the quality and relevance of education and certain measures have been taken in order to keep education abreast with current socio-economic developments.

236. It is to be noted that quality is one of the six goals of EFA agreed upon at Dakar in April 2000. Goal six commits the participants to: "Improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills". The transformation of the Eritrean education system is thus aimed at improving the quality of education as well as access. Accordingly, the curriculum, policies and strategies are undergoing certain changes. Some of the measures taken to improve access, quality, equity and relevance during the last three years are outlined below.

237. A concept paper on the transformation of the education system was developed in 2002, based on data collected through the evaluation of the education system during the period 1991-2001, with a particular emphasis on situational analysis and a needs assessment made in 1997. This paper revealed the problem of access at all levels including higher education, lack of employment oriented education, poor quality of education, and waste of resources as the main weaknesses of the education system. Therefore, the Government took the initiative to reorient/reform the education system in 2003. The reform that was introduced has the following objectives:

- (a) Open all doors and opportunities to Eritreans of all ages and develop their full potential both professionally and personally;
- (b) Avoid waste of manpower, resources, effort and time in the educational system as much as possible;
- (c) Make every level of education employment oriented so that any person can find gainful employment commensurate with his or her level of education or training;
- (d) Make the standards and quality of education and training in the education system high enough for products of the educational system to have a high degree of acceptability in the international arena of education and employment.

238. Consequently, the educational system has been undergoing several major changes namely a National Education Policy was prepared, policies and guidelines for sub-sectors were prepared, strategies were identified and the national curriculum was reviewed.

239. The Education Sector Development Programme (ESDP) is a five year (2004/2005-2009) document put together since 2003 by the Government and its partners, such as the World Bank, the European Commission and the African Development Bank, in response to the many difficulties that the education system in Eritrea has been encountering for a long time. The document represents a comprehensive and integrated set of priority requirements to be met in the education sector within the broader national framework of the Interim Poverty Reduction Strategy Paper (I-PRSP).

240. The ESDP approach is to improve access, quality and equity in basic education, general and vocational, adult and continuing education. To this effect, the education system in Eritrea is currently going through several changes, such as the following:

(a) A new school curriculum that meets international standards and is aimed at boosting productivity (skill oriented) has been launched;

(b) Existing rules and regulations are gradually being phased out and replaced by new ones;

(c) Efforts are being exerted to bridge the education gap for girls in the regions, where girls are far behind, and other disadvantaged groups;

(d) Early childhood education and adult education have received increasing attention over the last three years;

(e) EFA national goals and MDGs have been used as measuring parameters in the education system.

241. The National Education Policy was prepared in 2003. The basic principles of the education policy are consistent with the provisions of the Convention on the Rights of the Child. They include accessibility of education, protection of the individual against any form of discrimination in education, free development of the individual, compulsory basic education for all school age children, accessibility of secondary and vocational education, free initial vocational education at each level with the relevant educational standards, employment orientation, and conformity of education to world standards. The Government believes that, this approach addresses the recommendations of the committee expressed at paragraphs 22, 48 (d), and 52.

242. The Government of Eritrea, as part of its transformation of the education sector, has introduced a 12-year academic cycle. The five years of primary school (age 6-10) is compulsory for all citizens. This is followed by three years of middle level education (age 11-13). Completion of middle school education or equivalent is compulsory for all school age children. These levels are followed by four years of secondary education (age 14-17). This level is succeeded by one to five years of tertiary education. Eritrea's formal education system starts

with two years of pre-school education for children aged 4-5 years. In the non-formal system, adult literacy and continuing education programmes are provided for adults who did not get the opportunity of formal education for various reasons, and for out of school children.

243. The curriculum revision and reform that started at the beginning of the 2002/2003 academic years has shown good progress, particularly in pre-school and basic education. Some of the major accomplishments include the preparation of the National Curriculum Framework; the outcome-based syllabus guide manual; a discussion paper on curriculum policy, pedagogy, feasibility and strategy; a guide for inclusive education; some new text books; and pre-school curriculum materials. The two-year programme on childcare education was also translated into eight local languages. Several training workshops and seminars were organized to familiarize concerned stakeholders with all these issues.

244. In the new curriculum science and technology are the focus areas, starting at the end of the elementary level. To this end, the MoE intends to introduce information communication technology (ICT) into the education system. The introduction of computers into primary and secondary school instruction and management is regarded as a priority in educational transformation. The launch of this programme was a major breakthrough in the development of science and technology. This effort will equip students with skills and is expected to reduce repetition and dropout and enhance the quality of learning. Parallel to this, professional development of teachers and administrators in using and integrating ICT into the classroom is in progress. Under the ESDP, 36 middle schools will be equipped with 50 computers each, including network and Internet connectivity facilities.

245. Article No.12 of the CRC states that States parties shall assure an opportunity for the child to express his/her views freely and to be heard. In line with this, traditional teaching methods are being refined and new techniques devised in the education system. A new form of instruction, interactive pedagogy, is being applied. The MoE believes that this learner-centred and interactive teaching and learning method serves the best interests of the child. It allows students to actively participate in the classroom and promotes the child's right of participation. This in turn will encourage children to be creative and develop their skills. There is no intimidation or corporal punishment. Efforts are being made to make students courageous and cultivate a sense of the relevance of education.

246. The MoE has developed two manuals on interactive pedagogy and sensitization and workshops for teachers have been in progress since 2004. The Ministry plans to provide further training on interactive pedagogy. The Ministry considers there are significant challenges in the adoption of this method in the crowded classrooms that prevail in the education sector.

247. The State of Eritrea in its National HIV/AIDS and STIs Policy of 1998 has declared its commitment to reverse and/or halt the impact of HIV/AIDS in the country. In addition to the Convention on the Rights of the Child, Eritrea has endorsed the declaration of commitment of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, is a signatory of the African Charter on Rights and Welfare of the Child, and others. To this end, a comprehensive National Five-year Strategic Plan on HIV/AIDS/STIs (2003-2007) that targets the needs of the younger generation has been formulated. Regarding these issues the following progress has been made in the education sector:

(a) The Education Sector HIV and AIDS Policy (2004) has been prepared and discussed among stakeholders. The policy aims to promote HIV and AIDS education through a multi-sectoral approach so as to slow, reverse or halt HIV/AIDS among learners, teachers and the community;

(b) A five-year strategic plan of action for school-based HIV/AIDS life skills education (2004) has been developed. This strategic plan aims to impart skills to students and teachers and expand them to the school environment in collaboration with other partners;

(c) HIV/AIDS life skills based education, the Rapid Results Initiative, and a behavioural change communication programme have been introduced into the education sector;

(d) All students in grades 4-12 are provided with an age-appropriate HIV/ AIDS life skills programme that is fully integrated into the school curriculum. (This addresses the Committee's recommendation in paragraph 44).

248. The Government is of the view that poor health and nutrition affects the participation of the child in education, his or her educational achievement, as well as quality of education. To this end, a school health and nutrition programme was introduced in 2002 following a situational analysis made in 2000/01. The programme has four strategic pillars, namely, health-related school policies, provision of safe water and sanitation, skills-based health education, and schools-based delivery of health and nutrition services. The MoE and MoH in collaboration with Child Development, United Kingdom, have a leading role in the programme. Policy, guidelines, training manual and facilities have been prepared.

249. All schools have one trained focal person who is in charge of training teachers, screening students and the like. Routine health checks, growth monitoring, sanitation and HIV/AIDS awareness are some of the services provided. Students are particularly screened for eye, ear, skin and tooth problems and are measured for height and weight. Preliminary treatment is given at school and other cases are referred to the nearest health facility. Students in two regions who were identified as malnourished were provided with vitamins. This programme is expected to improve access, retention, completion and better quality of learning.

250. The link between education and poverty elimination is very well understood by the Eritrean education system. The Government recognizes that developing the skills of the people is the key for competitive, rapid, and sustainable economic growth. In order to achieve such development the country needs to overcome the numerous human resource constraints that it currently faces. Eritrea's development strategy emphasizes people as the most important resource that the nation depends on for its reconstruction and poverty eradication. This is reflected in the national theme "Our People are our Future". Hence, the cornerstone of Eritrea's development strategy emphasizes investment in its human resources. Several efforts are underway to overcome the constraints.

251. One of several strategies to achieve economic growth and poverty eradication includes raising the skills and wellbeing of the people by increasing investment in improving access to education and skills training in technical and vocational fields. The total expenditure on

education by the Government has been increasing from Nakfa 199.7 million in 2002 to 339.4 million in 2003 to 443.4 million in 2004 to 795.2 million in 2005.⁹ In addition to this expenditure, there was additional capital budget expenditure incurred on education by some development partners of the Government for curriculum development, adult education, culture, capacity building, strengthening the school system, constructing and/or rehabilitating technical and vocational schools, elementary schools, middle schools and other buildings.

252. Eritrea strongly supports the goals of education for all (EFA). Thus, the Government has been working effectively to ensure that all citizens have access to basic education. It is recalled that the EFA 2000 assessment made in Eritrea showed that the efforts made to expand basic education were gradually progressing. However, the socio-economic problems in Eritrea's education and training system impede its ability to accomplish the EFA goals. These problems include: inadequate access to education, low quality, low internal efficiency of education, and limited delivery and financial capacity. As part of the transformation of education, the MoE is set to prepare a framework of action for basic education in the country based on the national and global EFA 2000 assessment.

253. Following the transformation of the educational system, institutional capacity building has become an essential factor in the education system. Management in the education sector was one of the challenges faced. The MoE thus needed to improve and strengthen institutional capacity at all levels: central MoE, regional, and local levels. Institutional capacity building, therefore, has become one of the pressing priorities in the Education Sector Development Programme. The capacity development programme aims to develop the systemic institutional capacity of the sector so as to improve efficiency, deliver cost-effective and timely outcomes and finally achieve the educational goals.

254. The MoE, therefore, made a capacity assessment in 2004 to identify the capacity available, the gaps in human resources, skills, and equipment. On the basis of the assessment a number of areas were identified as priorities for institutional capacity building: the organizational framework of MoE institutions; staff deployment and professional and generic skills development; major tools for management, planning and budgeting and administration of the education system; the review, development and updating of management procedures; rules and regulations in relation to the three levels of MoE; and logistics and equipment needs.

255. Inadequate human resources remain a problem in the education sector. One of the pressing problems is shortage of teachers and ill-trained teachers. The Government recognizes that achieving quality education is not possible without well-trained and qualified teachers who are well-paid and motivated. Hence, the initiative of teacher education is considered a priority. Training of teachers on improving their professional skills is in progress, which in turn will lead to improved curriculum delivery and higher quality of education. Teachers are being trained in child-centred teaching and learning processes, gender equity and life skills, and education for HIV/AIDS prevention.

⁹ MoE, Essential Education Indicators, 2001/02-2004/05.

256. The initiatives taken include the training of teachers, who have been promoted from elementary to middle level education, under the fast track in-service programme. Such teachers are under-qualified for the level at which they are teaching. Thus, from 2004-2005, 458 middle school teachers were trained to upgrade them professionally and acquire diplomas. In 2005, in-service training was provided to 235 primary school teachers and training was given on HIV/AIDS for 96 teachers. During 2002/2003-2004/2005, pre-service training was given to 1,446 elementary school teachers. A summer training programme was also provided for 109 uncertified assistant kindergarten teachers. Increasing the number of female teachers and creating role models was encouraged. In 2003/2004, 500 female elementary school teachers were trained.

257. A needs assessment on distance education was successfully completed in 2004. The immediate objective of open and distance-learning programmes was to upgrade under-qualified middle school teachers through a university diploma. It is expected that this programme will solve the shortage of teachers at the middle level and enhance quality of education. The upgrading programme for elementary and middle schoolteachers was launched in collaboration with the University of Asmara. This mainly intends to raise the qualification of teachers in elementary schools from certificate to diploma level.

258. In line with the transformation of education, a number of activities took place over three years, including: training programmes (pre-service and in-service); workshops and seminars on the new curriculum; assessment, monitoring and evaluation programmes; supervision training; and action research on HIV/AIDS. Parallel to these activities, community sensitization programmes aimed at involving the community in education have been undertaken. Teachers at all levels, directors, supervisors, auxiliary staff, parents, students and other stakeholders of the Ministry of Education were targeted. All these measures have been taken to bring about a significant change in the quality of education, of which at the end of the day the child becomes the prime beneficiary.

259. The MoE strongly supports the involvement of all citizens in the advancement of the educational process. Community participation in schools is thus highly encouraged with particular emphasis on parent teacher associations (PTAs). All schools in Eritrea have PTAs whose objectives are to:

- (a) Encourage communication and support among students, teachers and parents;
- (b) Create a situation where students are able to participate actively;
- (c) Work together to ensure safety and development of students and schools;
- (d) Ensure schools provide services for society;
- (e) Create a sense of social ownership among all and work together;
- (f) Promote support from the community, associations and institutions;
- (g) Play a role in solving the problems of students, teachers and parents.

260. Along with this, the MoE is striving to strengthen its school-based approach for the implementation of the curriculum by empowering schools management, which includes PTAs, and focusing the school as a learning organization/institution through continuous periodic activities of training, workshops, seminars, evaluations etc. The community makes a further contribution by providing non-salary items in order to raise the quality of education.

Expanding the provision of education during 2002/03-2004/05

1. Pre-primary level

261. The GoSE believes that investment in early childhood development is fundamentally related to the promotion of child rights, poverty alleviation, sustainable human resource development, basic education for all, and health for all. Taking this into consideration, the Government implemented an Integrated Early Childhood Development (IECD) programme from 2000 to 2005. The IECD programme is an integral part of the National Development Goals and aims to establish early childhood education, social protection, health care, adequate food and nutrition, and environmental security for children.

262. The Ministry of Education (MoE) has been one of the key players and coordinator of the steering committee comprised of Ministries, mainly the Ministry of Health (MoH), Ministry of Fishery (MoF), Ministry of Agriculture (MoA) and Ministry of Labour and Human Welfare (MLHW), as well as coordinating a technical committee that includes Directors General of certain departments. In the IECD programme the MoE particularly had a leading role in managing the early childhood care and education (ECCE) project. The main objective of pre-school education is to develop children's knowledge, skills and attitudes and make them ready for the next educational level. Further, it facilitates the process of socialization, creativity, critical thinking and self-esteem of the child. Preschool education is provided in two forms, formal and non-formal. Kindergarten is the formal school whereas the rural community children's centres are non-formal schools.

263. During the last three years, much attention has been devoted to early education for young children, with special emphasis on rural areas. From 2002/2003 to 2004/2005, the total number of pre-primary schools increased to 359 of which 157 are kindergartens and 202 are rural community children's centres.

Table 18

Pre-primary schools: location and ownership, 2002/03-2004/05

Ownership	2002/03			2003/04			2004/05		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Government	15	9	6	31	15	16	231	53	178
Mission	50	30	20	50	30	20	53	30	23
Private	11	9	2	14	11	3	11	8	3
Local community	26	22	4	22	20	2	62	28	34
Foreign community	4	4	0	4	4	0	2	2	0
Total	106	74	32	121	80	41	359	121	238

Source: MoE, Eritrea: Basic Education Statistics 2002/03-2004/05.

264. As indicated in table 12, due to the endeavors of the Government, access to pre-primary education has improved. The number of schools has increased by 238.6 per cent in 2004/2005 as compared to the 2002/2003 academic year. This was a particularly remarkable achievement in rural areas during the last three years compared to the 2001/2002 academic year, when there were only 29 pre-primary schools.¹⁰ This is just the continuation of the initiative taken to reach remote areas and disadvantaged groups. These achievements address the Committee's recommendations in paragraph 52 (d). Parallel to this, the enrolment of pre-school age children has more than doubled. It increased by 111.8 per cent in 2004/2005 as compared to 2002/2003. The Government, however, recognizes that there remains a lot to be done and is trying to fill the gap.

Table 19**Pre-primary enrolment: gender and ownership, 2002/03-2004/05**

Ownership	2002/03				2003/04				2004/05			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Tot	F	Tot	F	Tot	F	Tot	F	Tot	F	Tot	F
Gov't	1 331	674	709	373	2 413	1 175	2 043	978	4 493	2 209	11 613	5 844
Mission	5 521	2 718	1 434	694	5 769	2 718	1 408	723	5 766	2 904	1 370	710
Private	1 548	785	193	93	2 198	984	348	176	1 080	577	332	174
Local com.	3 114	1 662	160	65	3 141	1 465	235	121	3 751	1 791	2 267	1 146
Foreign com.	742	366	0	0	985	379	0	0	471	244	0	0
Awkaf	-	-	-	-	-	-	-	-	101	80	-	-
Total	12 256	6 205	2 496	1 225	14 506	6 721	4 034	1 998	15 662	7 805	15 582	7 874

Source: MoE, Eritrea: Essential Education Indicators, 2002/03-04/05.

The gross and net enrolment ratio of pre-primary education in the years 2002/2003 to 2004/2005 is as indicated in table 20.

Table 20**Pre-primary: gross enrolment and net enrolment ratio in 2002/03-2004/05**

Academic year	GER			NER		
	Female	Male	Total	Female	Male	Total
2002/03	7.29	6.87	7.07	5.26	4.86	5.04
2003/04	8.96	9.24	9.11	6.54	6.42	6.48
2004/05	17.2	15.5	16.30	12.1	11.1	11.6

Source: MoE, Eritrea: Essential Education Indicators, 2002/03-04/05.

265. Under the IECD programme, a considerable period of time and effort was invested to achieve the goals and objectives of the ECCE project. The project was approached through different components, namely development of IECD policy and procedural guidelines; curriculum development for kindergarten and non-formal rural children's centres; kindergarten

¹⁰ MoE, Basic Education Statistics, 2001/02.

strategy; rural community children's centre strategy (non-formal); parenting enrichment strategy; resource centre strategy; trainers of trainers strategy; and sensitization/awareness raising strategy.

266. The production of activity materials comprising guides, manipulated learning materials (teaching and children's learning/activity materials complementary with thematic approach i.e charts, flip charts, flash cards, pictorial, story telling cards, puzzles, a set of (building) blocks, dominoes and the like), preparation of kindergarten centre and resource centre drafts, indoor and outdoor activity equipment and the like are some of the achievements of the three years.

267. The curriculum materials produced include the parenting enrichment manual; facilitators' guide; flip charts and a multi-media approach to support implementation of the parenting enrichment strategy; kindergarten Directors' leadership and management course manual; new syllabus; teachers' guide (Year 1 and 2); syllabus charts and manipulative apparatus; a training of trainers (TOTs) guide for in-service training of kindergarten teachers; pre- and in-service course for kindergarten teachers and assistant teachers module; a community caregivers' guide (updated as rural children's centres and outreach curriculum); a TOTs guide for pre-service training of community caregivers; a resource centre leader's module; and a proposed ECCE TV programme.

268. Capacity building was one of the areas of focus of the ECCE programme. Pre- and in-service training for kindergarten teachers and assistant kindergarten teachers and community caregivers was given during the three years. A total number of 584 beneficiaries participated in the training sessions held between 2002/2003 and 2003/2004. A number of workshops/seminars that targeted different categories of ECCE/IECD stakeholders were also conducted.

269. Monitoring/follow up, evaluation, and hands-on support activities in relation to the different training strategies, implementation of kindergarten and community caregiver strategies and others were undertaken. Some research was also undertaken, such as a needs assessment study to prepare a manual on parenting enrichment interventions and assess the conditions of kindergarten centres (2002); comparative studies of the competence of grade one primary school children who attended kindergarten and those who did not (2002-2003); assessing the impact of kindergartens and rural children's centres on primary schools (2004); and a rapid assessment study with the aim of redoubling efforts for the remaining period of implementation of IECD project (2005).¹¹

270. Although pre-school education has shown remarkable progress, some difficulties were experienced over the last three years. Capacity building at regional level was not as effective as desired due to shortage of budget. Sensitization and awareness programmes were also less effective.

271. The second international conference on IECD that was organized by the State of Eritrea in collaboration with the World Bank, UNICEF and WG-ADEA was held in Eritrea in October 2002. The central theme of the conference was "Early Child Interventions: What Works

¹¹ MoE, ECCE Accomplishment Report 2005.

and Experience Learned.” Issues related to policy development, integrated IECD planning, effective community approaches and practices, disadvantaged children and indigenous knowledge and child upbringing were covered.

2. Elementary and middle level enrolment (basic education enrolment)

272. Basic education in the Eritrean education system is free and comprises five years (grades 1-5) of elementary education, which is compulsory for all citizens, and three years (grades 6-8) of middle education, which is compulsory for school age children. This policy is in concurrence with articles No. 28 and 29 of the Convention on the Rights of the Child. The general objective of the Government on basic education is to have all children complete elementary education and 80 per cent the middle level with at least minimum learning achievements as defined by the curriculum. The MoE intends to achieve gross enrolment rates of 90 per cent and 58 per cent, for elementary and middle education respectively by the year 2009. This strategy is a move towards achieving the goals of EFA and the MDGs by the year 2014/2015.

273. During the last three years, the education system witnessed a gradual increase in student enrolment in basic education. As can be seen from table 21 below, the gross enrolment ratio (GER) and the net enrolment ratio (NER) in elementary school in the years 2002/2003-2004/2005 have increased from 70.28 per cent to 71.73 and from 50.13 per cent to 52.60 per cent respectively. The awareness of families of the importance of education is steadily growing. Consequently, the enrolment in densely populated areas is very high.

Table 21

Basic education: GER and NER by gender in 2002/03-2004/05

Year	Elementary						Middle					
	GER			NER			GER			NER		
	Tot	M	F	Tot	M	F	Tot	M	F	Tot	M	F
2002/03	70.28	76.69	63.62	50.13	53.37	46.77	48.82	56.40	41.28	13.80	14.70	12.90
2003/04	71.70	77.90	65.17	51.50	54.55	48.28	44.87	53.90	35.87	18.90	20.93	16.88
2004/05	71.73	77.36	65.74	52.60	55.21	49.82	48.42	59.06	37.72	21.01	23.53	18.47

Source: MoE, Eritrea: Essential Education Indicators, 2004/05.

274. Over this period, although the GER at the middle level has shown an apparent decrease in 2003/2004 due to the introduction of three years middle level cycling (6, 7 and 8), it witnessed an actual increment. The NER increased from 13.80 per cent in 2002/2003 to 21.01 percent in the 2004/2005 academic year. Female enrolment has also shown a positive trend at both levels.

275. In addition to expanding education and particularly improving enrolment rates, the MoE is undertaking certain efforts to ensure progression and completion rates at all levels. As is indicated in table 22, the repetition rate has decreased both at elementary and middle level from 23.9 per cent each in 2002/2003 to 15.3 per cent and 17.3 per cent respectively in 2004/2005. However, the issue of the repetition and dropout rates remains one of the challenges in the education sector. The trend in the promotion rate, as table 22 shows, is significant at both levels.

Table 22

Basic education: flow rates by gender, 2002/03-2004/05

Academic year	Levels	Dropout %			Repetition %			Promotion %		
		M	F	T	M	F	T	M	F	T
2002/03	Elementary	4.3	3.6	4.0	22.9	25.1	23.9	72.7	71.6	72.0
	Middle	7.0	6.0	6.6	22.4	26.0	23.9	70.6	68.1	69.5
2003/04	Elementary	4.5	3.9	4.3	17.2	18.5	17.8	78.3	77.5	78.0
	Middle	7.2	6.3	6.8	15.9	13.1	14.8	76.9	80.6	78.4
2004/05	Elementary	5.5	4.3	5.0	15.3	15.4	15.3	79.2	80.3	79.7
	Middle	9.0	7.0	8.2	19.6	13.8	17.3	71.4	79.2	74.5

Source: MoE, Eritrea: Essential Education Indicators, 2004/05.

276. In addressing the child's right in general and that of disadvantaged groups in particular, expanding basic education has been one of the highest priorities of the Government. One of the targets was construction of additional schools to increase enrolment, especially in the rural areas. As tables 23 and 24 indicate, an increasing trend in the construction of elementary and middle schools has been shown during the three years.

Table 23

Elementary schools: location and ownership, 2002/03-2004/05

Ownership	2002/03			2003/04			2004/05		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Government	659	116	543	675	118	557	682	118	564
Mission	63	27	36	62	29	33	62	24	38
Awkaf	9	7	2	8	7	1	8	7	1
Local community	10	9	1	10	9	1	10	9	1
Foreign community	2	2	-	2	2	-	2	2	-
Total	743	161	582	757	165	592	764	160	604

Source: MoE, Eritrea: Basic Education Statistics 2002/03-2004/05.

Table 24

Middle schools: location and ownership, 2002/03-2004/05

Ownership	2002/03			2003/04			2004/05		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Government	145	44	101	164	48	116	182	56	126
Mission	14	11	4	15	11	4	15	11	4
Awkaf	-	-	-	1	1	-	2	2	-
Local community	5	4	1	4	3	1	4	3	1
Foreign community	2	2	-	2	2	0	2	2	0
Total	167	61	106	186	55	121	205	74	131

Source: MoE, Eritrea: Basic Education Statistics 2002/03-2004/05.

277. The medium of instruction in elementary education continues to be the mother tongue, whereas at the middle level it is English. This is compatible with article No. 31 of the CRC.

3. Secondary education

278. Secondary education in the Eritrean education system is four years (9-12). Under the education reform programme, the introduction of integrated secondary education is in progress. Integrated secondary education includes core and enrichment subjects. Enrichment subjects include practical subjects that prepare students for employment or vocational training. The MoE also intends to provide advanced placement courses in the last two years of the secondary education programme so as to prepare students for tertiary education.

279. Expanding secondary education has been one of the efforts made during the last three years. In particular, bringing secondary schools closer to rural areas and hard-to-reach groups was one of the strategies used by the Government to enhance the enrolment of secondary school students in general and creating educational opportunities for girls in particular.

Table 25

Secondary schools: location and ownership, 2002/03-2004/05

Ownership	2002/03			2003/04			2004/05		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Government	40	31	9	39	32	7	52	34	18
Mission	5	5	-	5	5	-	5	5	-
Awkaf	-	-	-	-	-	-	-	-	-
Domestic community	-	-	-	-	-	-	-	-	-
Foreign community	1	1	-	1	1	-	1	1	-
Total	46	37	9	45	38	7	58	40	18

Source: MoE, Eritrea: Basic Education Statistics 2002/03-2004/05.

280. The enrolment rate at the secondary level has also witnessed a gradual increase. The GER has increased from 23.4 per cent in 2002/2003 to 24 percent in 2004/2005. In the NER, the trend seems to be decreasing due to the introduction of new structuring in the educational cycle. Starting from 2002/2003, middle level education has been raised from two to three years' education (grades 6, 7, and 8).

4. Girls' education

281. The education of girls in Eritrea has long been recognized as a fundamental human right and developmental necessity. Educating women and girls has an impact on family, community and the nation in general and on the child in particular. Thus, the low participation, retention, and achievement of girls in education have been priority areas of concern for the Government. Efforts have been put in place to bridge gender disparity in education and enhance the quality of girls' education. Other gender issues are also included in the curriculum, and other activities

related to equality, such as health and co-curricular activities. This is based on the rights approach, which is in line with the CRC. Whilst the central focus is clearly to enhance girls' education in terms of access, quality and achievement, it is emphasized that this would also contribute to the achievement of the MDGs and EFA goals and empowering women in the long run. Some of the strategies and interventions undertaken on girls' education are outlined below.

282. Eritrea's National Gender Policy in Education and a Strategic Framework of Action, 2004 (second draft) were prepared and presented for discussion to stakeholders. This national gender policy aims to provide a broad gender perspective as well as guidelines and directives for the planning, resource allocation and implementation of proper interventions for addressing gender issues within the wider scope of the education development programme.

283. In order to increase the enrolment rate and retention of girls, the MoE developed and launched an incentive scheme in collaboration with UNICEF in the year 2000 in the four most deprived regions. A research study to evaluate the pilot incentive scheme for girls' participation, retention, and achievement in education was conducted in the year 2004. Based on the study, giving incentives in cash for needy girls has been going on.

284. A nationwide assessment of Eritrea's experience of girls and other disadvantaged groups was conducted in 2004/2005. The review has by and large focused on girls' education and assessed how the community views educating the female. This study revealed that a variety of factors from home, community and school affect girls' education. The paper was presented in a workshop for stakeholders and finalized. A draft five-year action plan was prepared to enhance girls' participation in school.

285. As indicated in the first country report, establishing community feeder schooling was in progress. The objectives of the community feeder schooling were to raise the participation of girls in primary schools and resolve the problem of distant schools, thereby enabling young children to enrol.

286. All regions have been conducting community awareness and sensitization activities on girls' education in collaboration with the National Union of Eritrean Women (NUEW) and the National Union of Eritrean Youth and Students (NUEYS). Based on the studies carried out and other factors that affect girls' education, the MoE is in the process of preparing a communication strategy on girls' education through mass media, face to face sensitization through community leaders and elders, and sensitization through cultural activities.

287. Though gender disparity still prevails, efforts made since the consideration of Eritrea's first report by the Committee have witnessed an increase in female enrolment in elementary and middle level schools. The participation of girls at secondary level still concerns the Government. Table 26 shows the trend of girls' participation during the previous three years.

Table 26
Net enrolment ratio in schools by year and gender

Level	Year	Net enrolment		NER female %
		Total	Female	Female
Elementary	2002/03	256 360	117 288	46.8
	2003/04	269 326	122 947	48.3
	2004/05	275 815	149 916	49.8
Middle	2002/03	24 584	11 527	12.9
	2003/04	51 795	23 163	16.9
	2004/05	60 323	26 444	18.5
Secondary	2002/03	48 269	19 657	13.6
	2003/04	41 757	16 208	11.2
	2004/05	41 523	16 821	10.8

Source: MoE, Eritrea: Essential Education Indicators, 2004/05.

5. Technical and vocational education and training

288. The concept paper (2002) that was based on a study conducted from 1991 to 2001 on the education sector has revealed that education in Eritrea was of a more academic nature than technical or practical.

289. The Government views skills development as essential for economic growth. In view of this, technical and vocational education and training (TVET) are considered a key strategy to equip people with competent, adaptable skills for wage employment and self-employment. In addition to formal technical and vocational training, non-formal skills development and training for the informal sector is also used as a strategy to meet economic requirements. This is expected to help create self-employment and income generation. Women, youth, and the poorer sections of the population would be the main target groups.

290. The MoE has been making great endeavours to produce semi-skilled and skilled workers with the aim of creating opportunities for gainful employment. A variety of training programmes for skills at basic, intermediate and advanced level is provided through various schools, mainly technical, agricultural, and music and fine art schools. As is indicated in table 27 below, the trend of enrolment, particularly female enrolment, has been increasing from year to year.

Table 27
Technical and vocational education: enrolment by year and gender

Levels		2002/03		2003/04		2004/05	
		Total	F	Total	F	Total	F
Advanced		281	41	160	32	-	-
Intermediate:	Technical	1 202	281	1 210	333	1 277	458
	Agricultural	425	98	495	148	541	203
	Fine arts and music	46	14	52	18	57	9

Source: MoE, Eritrea: Basic Education Statistics 2002/03-2004/05.

291. TVET schools are designed to train students after the completion of grade nine for three years. Girls and disadvantaged groups are encouraged to participate. The percentage of girls who enrolled and graduated in the academic year 2004/2005 for example was 35.7% and 23.9% respectively, as compared to 22.2% and 23.2% in 2002/03. The MoE intends to increase girls' enrolment to 47.7% by the year 2005/2006.

292. According to the new Eritrean educational reform programme, the Government intends to provide vocational training programmes at the post-elementary, middle, and secondary levels. The training may vary in duration from a few months to a couple of years or more. Such training would target students or adults who lagged behind in their progress in school, need to get to the job market early, or need to get specialized in certain vocational training.

6. Special needs education

293. Concerning special needs education, the official documents of the Government are compatible with article No. 23 of the CRC. The Eritrean Constitution article 14:3 states, "No person may be discriminated against on account of race, ethnic origin, language, color, gender, disability, religion, age, political view, social or economic status or any other improper factor". In addition Article 21:1 says, "Every citizen shall have the right of equal access to publicly funded social services. The State shall endeavor, within the limit of its resources, to make available to all citizens health, education, cultural and other social services".

294. Moreover, the MoE makes these evident in its National Education Policy (draft 2003) stating "...all citizens, irrespective of differences in ethnicity and language, and location will have equal access to educational opportunities... With the consideration of individual difference, support is provided for needy students". Further, its New National Education Reform (2002) makes it clear that "...all doors and opportunities must be open to Eritreans of all ages to develop to their full potential both professionally and personally..." In this regard the promotion of education for special needs children is considered a priority by the Government.

295. The MoE recognizes and respects students' diversity, barriers to learning and participation in the education system. Under the education reform the issue of disadvantaged children, i.e. children with special needs, is well recognized.

296. The MoE strongly believes that diversity among students can be addressed through inclusive education. Thus the concept of integrating disabled children into the mainstream has been gathering momentum in the Eritrean education system. The MoE is taking initiatives towards inclusive education, so as to provide equitable educational opportunity. Efforts are being initiated to make the education system responsive to the diverse needs of the learners. This addresses the Committee's recommendation in paragraph 48 (d).

297. A pilot project on special needs education within the framework of inclusive education in ten primary schools was initiated in 2002 in three selected Zobas (regions) of the country. Its aim was to promote wider understanding of inclusive education principles and practices and gain experience in the way inclusive practices can be developed in the Eritrean context and culture. The plan is to expand the project into neighbouring schools and eventually nationwide. In

addition, there are model schools (like Medeber elementary school) in which they have special classes that cater for different disorders like Down's syndrome. There is a plan to expand such classes.

298. Guidelines on inclusive and special needs education (draft 2005) have been developed. The guidelines were prepared to help teachers adapt their teaching methods to the diversity of abilities, learning motivation and interest of the learners. They are meant to supplement the general guidelines on learner-centred and interactive pedagogy in the national curriculum. The guidelines were prepared on the basis of the experience gained in the pilot project.

299. Currently, there are three special schools, one government school for the blind and two non-government schools for the deaf. Some students with severe disabilities (the deaf or the blind) are getting access to education in the three special primary schools. The MoE provides support to the non-government schools in the form of curriculum, capacity building and other technical matters. The enrolment of students in these special primary schools is indicated below.

Table 28

Special education enrolment

Academic year	School name			
	Abraha Bahta (1-5)		Evangelical (1-5)	
	Total	Female	Total	Female
2002/03	67	28	138	58
2003/04	42	26	79	58
2004/05	74	25	139	56
Grand total	183	79	356	172

Source: MoE, Eritrea: Basic Education Statistics 2002/03-2004/05.

300. In addition, deaf and blind students at the middle and secondary level and others with special needs are integrated into the general education system. It should be realized that providing access to all children with special needs remains one of the challenges in the education system.

7. Adult education

301. The social and economic benefit of literacy is well recognized by the Government. It is to be recalled that under the responsibility of the MoE, a national adult literacy programme was launched in 1998/1999. The Department of Adult and Media Education provides literacy programmes for adults, creating literacy and continuing education and training opportunities for adults and out of school youth via regular and evening classes, and crash programmes. It also endeavors to create a literate environment for newly literate adults and youth in the rural areas.

302. Efforts have been made to increase access to literacy and post-literacy programmes during 2002/2003-2004/2005. During this period, literacy primers in eight local languages were developed and distributed to users. Sixty-nine rural libraries were established to support

post-literacy activities and to control relapse into illiteracy. A total of 200,060 people in 1,117 teaching centres have participated, of whom 88.8 per cent were females. The medium of instruction was the mother tongue and eight languages were used. Table 29 below shows the number of participants who enrolled in and completed these activities during the three years.

Table 29

Participants enrolled and completed in 2002/03-2004/05

Year	Participants enrolled			Participants completed			
	Total	Female	Male	Total	Female	Male	%
2002/03	56 782	51 258	5 524	44 887	40 697	4 190	79.1
2003/04	61 077	53 963	7 114	47 343	41 791	5 552	77.5
2004/05	82 201	72 530	9 671	72 519	64 750	7 769	88.2
Total	200 060	177 751	22 309	164 749	187 935	17 511	82.3

Source: Adult and Media education: Statistical information 1990-2005.

303. The MoE has also been making considerable efforts to elevate adult awareness of agriculture, health, environment and civic issues through various educational programmes such as the media. The Media Division of MoE has been working to provide educational programmes through the mass media to students, teachers, out of school youth and adults. Some of the main objectives of the division include:

- (a) Stimulating and empowering teachers to be community change agents;
- (b) Educating communities to change the attitudes and social and cultural practices that hinder the enrolment of children and women in education, and encouraging parents to get involved in the education of their children;
- (c) Empowering and sensitizing girls and women to participate and achieve in school;
- (d) Providing guidance and counselling services for girls and other disadvantaged groups to help retain them in the education system;
- (e) Insure equity of information and education through various media that are broad-based and accessible to all.

304. Radio programmes for adults aimed at supporting literacy and other adult education programmes were developed, and broadcast in five local languages. Three hundred and forty-two radios and fifty tape recorders were distributed to all regions to establish radio listeners' programmes.

305. The MoE as a partner of the IECD Project has been working to create awareness/sensitization among parents and caregivers of IECD via its radio broadcast (Bana Radio). Bana Radio has been broadcasting a 15-minute daily radio programme on

IEDC related topics in two languages. This radio programme has been working to enrich parents and caregivers' knowledge, attitude, beliefs and practices concerning early childhood education and development. The objectives of the sensitization programme through the radio are to:

- (a) Promote IEDC related issues and child nutrition and health;
- (b) Help parents, guardians, and caregivers gain knowledge and skills regarding the proper care and holistic development of children;
- (c) Promote parental awareness of children's rights.

306. Despite the various literacy programmes undertaken, the literacy rate in Eritrea remains very low at 57 per cent. The Government is committed to increasing the literacy rate to 85-90 per cent by the year 2015.

C. Leisure, recreation and cultural activities (art. 31)

307. The GoSE recognizes that play, leisure, recreation and cultural activities are essential for children in order to develop physically, mentally, emotionally and socially. To this end, the Government has continued to develop a range of programmes to promote leisure, recreational and cultural activities for children.

308. The Cultural Affairs Office is a governmental body organized within the MOE. The office is responsible for preserving, managing and developing the national cultural heritage, cultural values and activities and recreation among students and youth, as well as the wider public.

309. The Cultural Affairs Office of the MoE has drafted a national cultural policy (2004). To promote cultural awareness and recreation among students, youth and society as a whole, the office organized a colourful public carnival, produced films, short video dramas, audiocassettes (songs), and booklets. Thousands of students have participated each year to mark Eritrean Independence Day through exciting cultural performances. Moreover, a drama training course for 70 secondary school students was given during the period 2003 to 2005, as well as training on methodology in collecting oral traditions for the heads of cultural affairs of each region and 16 trainees from eight ethnic groups. Eight books in eight indigenous languages were published.

310. Other commitments include the continuous studies that the office is conducting on oral literature and its preservation. A draft training manual entitled "An Introduction to Oral Literature" has been prepared and is used for training. As part of this activity 16 collectors were sent to different places to collect oral traditions. The collected oral literature is in the process of transcription. Publishing and distributing supplementary reading materials in different languages have also been among the main activities in the three year period.

311. The MoE provides age-appropriate physical education at all levels: primary, middle, and secondary schools. In this regard, physical education builds up rounded children who are physically and mentally developed, have national feeling, and are happy, responsible, healthy, and sociable. Some activities like football, athletics, basketball, volleyball, table tennis, and

cycle racing are promoted at school, regional, and national levels. Each school has its own clubs of science, music, drama and other cultural activities. Moreover, some schools have fully-fledged cultural troops. Recently, Zoba Maekel has conducted education festivals in each school situated in Asmara. The festival showed the educational talents of students, fostered scientific innovative competitions and motivated students to compete in drama, music and other cultural activities.

312. The Cultural Affairs Office of the MoE has designed a draft proposal for a national cultural policy (2004). In each region, the education office has a unit in its structure for culture, sport and health activities. Its function is to lead, coordinate, and facilitate activities at the level of school, inter-schools, administration environs, sub-regions and regions. As a result, impressive shows, competition, etc. are witnessed at the national level. These activities are also recorded for documentation.

313. Students, who are 15 years and above, from 10th grade onwards actively participate in the Summer Work Programme. This is one of the requirements of the curriculum and is meant to relate educational theories with practice. The main focus of the programme has been to promote soil and water conservation, afforestation, maintenance, electricity and various other activities. Magnificent achievements have been gained from this programme since it started in 1994. It has helped students to exchange views and norms, to understand each other's culture and tradition, to develop ethics of work, to relate what they have learned academically to the needs and realities of society and above all to perceive a united Eritrea with its diverse cultures.

314. The MoE in collaboration with MoI, NUEYS and the National Festival Committee carries out cultural shows, general knowledge and artistic competition, contests, dramas, sensitization campaigns and other cultural activities in schools throughout the country. The *Meseret* and *Shewit* children's groups have also been performing recreational activities for children.

315. A National Festival is held every summer with the participation of the public from the six regions and Eritreans from the Diaspora. The Festival presents and communicates the history and cultures of Eritrea and its peoples. Its exhibitions, education and other public programmes include services and activities that promote initiatives for innovation specifically directed towards children. In its operation, it attracts over 100,000 children annually and many of its exhibits are purposely designed to be educational, interactive and fun for children. In addition, the Festival conducts several other initiatives for children including education programmes, and a discussion forum and provides child-friendly information and layout throughout the festival.

316. The youth festival, coordinated by the NUEYS and convened every two years since 2004 involves a range of youth-focused events including competitions, film festivals, debates, exhibitions and forums, and touring historical, cultural and archaeological sites linking youth with past and present.

317. The Ministry of Labour and Human Welfare (MLHW), as a responsible governmental organization for the proper care and protection of children has implemented several projects and programmes in collaboration with development partners and encouraging results have been achieved so far. Even though the response to the special needs of children is encouraging, the

Ministry has come to realize that many children do not get access to adequate entertainment and educational resource centers that enable them to explore a range of learning opportunities such as museums, zoos, playing facilities and other recreational centres.

318. To this end, the Ministry is expanding the Children's Entertainment Educational Resource Centre in Asmara, aimed at serving the needs and interests of children by providing exhibits and programmes that stimulate curiosity and motivate learning. It presents programmes that utilize the full range of the arts, encourage children's creativity and provide a stimulating, comfortable and secure environment in which children can learn together. The centre is specially designed to meet the needs and requirements of children between the ages of 4 to 17. The centre is expected to serve 5,000 children annually and the total project cost is US\$ 789,066.70.

VIII. SPECIAL PROTECTION MEASURES

A. Children in situations of emergency

1. Refugee children and other displaced children (art. 22)

319. The GoSE refers to page 84 of Eritrea's first report and paragraph 54 of the Committee's recommendations.

320. The 1998 and 2000 armed conflict between Eritrea and Ethiopia caused extensive damage to livelihoods, assets and infrastructure, and saw the eviction of entire communities near the border areas. According to the assessment report by the University of Asmara 304 schools were severely damaged of which 254 were primary schools, disrupting the schooling of 140,365 children. Ninety health posts, including six hospitals, were completely or partially destroyed. Places of worship, communications, transport and road systems, water supply and distribution systems and energy facilities were bombed or looted. Entire herds of livestock were either killed or driven away across the border. The report estimated the total monetary value of material damage at US\$ 717.5 million, and created close to a million internally displaced persons, a majority of whom (60 per cent) were children.

321. The subsequent challenges involved providing for immediate needs, as well as reversing the displacement, the reintegration of 42,000 returned refugees from the Sudan and the resettlement of 17,000 rural expellees, tracing and reunifying separated families and restoration of livelihoods to normal. Only 239 of the thousands of children who were left behind when their parents were expelled from Ethiopia were eventually reunified with their expellee families. In spite of the stalled peace process and a state of no-peace-no-war that has prevailed since 2000, significant programmes of recovery and reintegration have taken place.

322. The Ministry of Labour and Human Welfare (MLHW) has been expanding its local structures down to sub-zonal administrations, consolidating the support given to children and women affected by conflict, including displacement and landmines, and returnees. The provision of immediate and recovery/rehabilitation programmes that were previously under the Eritrean Relief and Refugee Commission (ERREC) have been integrated into the MLHW, thereby strengthening and giving more impetus to the societal security programmes in a cohesive manner, integrating the victims with the full participation of the affected population concerned.

The primary beneficiaries of the parallel emergency relief and recovery programmes undertaken up to 2005 were children and women. The provision of shelter, food, water, education, health and nutritional services were effective in ensuring the survival and protection of children.

323. The clearance of landmines and UXOs also occupied centre stage in the crucial role played by the Government in ensuring the safety and protection of the population affected by the conflict. A National Demining Authority (NDA) responsible for all mine action policies and a National Demining Organization (NDO) with the responsibility for the physical removal/clearance of landmines and unexploded ordinance have been established and have rendered invaluable service in alleviating the grave threat posed to the lives of large numbers of people. The mine action measures included awareness raising in the communities, especially amongst children who would easily risk going in to the danger areas or venturing to play with the deadly substances. The responsibility for rehabilitation of the victims of landmines, including children, rests with the MLHW. They are supported by the health services, sent to school with their peers, provided with prosthetic and orthotic materials and have equal access to land for farming and housing to other citizens. They are encouraged to support themselves in different social and economic activities through the community based rehabilitation structures put in place by the MLHW around their villages.

324. Rehabilitation of the rural infrastructure, including feeder roads to allow the return of communities, and reconstruction of social services infrastructure, including schools, health facilities, housing, water and energy supplies, were also among the foremost priorities in the protection of affected children. Makeshift classrooms were instantly set up in temporary sites until the damaged schools were reconstructed in their places of return. Repair and reconstruction of health facilities and ensuring the supply of drugs and other medical materials, including distribution of anti-mosquito bed nets and therapeutic feeding, proved effective safety and protection measures amid the complex situation of the emergency.

325. Revival and improvement of agricultural production through provision of land, livestock and agricultural tools and inputs, with the aim of alleviating food insecurity and rebuilding sustainable livelihoods was particularly focused on female-headed households and other most vulnerable groups. Diverse income generation activities were initiated, with particular attention to women and female-headed households in a bid to ensure that such households could care for and protect their children.

326. Despite the strenuous conditions that resulted from the conflict and the drought years, the Government of the State of Eritrea invested heavily in the repatriation and reintegration of Eritrean refugees who had stayed in the Sudan for extended periods. Between 2002 and 2004, 42,000 returnees, of whom 15,736 were children, were assisted to resettle and reintegrate.

327. In an attempt to heal the displaced and deportee children, MLHW, MoE and NUEYS have conducted concerted efforts to render psychosocial support, and recreational activities. Since the consideration of Eritrea's first report by the Committee, all displaced and expelled children have been supplied with the necessary school materials as well uniforms. Psychosocial programmes, such as counselling and play, were provided to restore the normal routines of life. The children were provided with culturally accepted means for integrating and symbolizing the events that

had been experienced, not only by each child, but also by the community as a whole. This was done through cultural activities such as music, dance, storytelling and community theatre, as well as sport and games.

328. Pending the signing of the 1952 Refugee Convention, the State of Eritrea hosted some 4,321 Somali and Sudanese refugees. Eritrea fully respects the principles enshrined in the 1951 Geneva Convention, the African Union Charter and other international and human rights laws and instruments.

329. The main achievements in this segment include the return of almost 1 million internally displaced persons, the return and resettlement of 42,000 refugees and about 75,000 expellees. The rights of returnees and expellees are respected in equal measure to those of other citizens and they have equal opportunities and access to the means of livelihood in their new and original places of residence. The return of internally displaced persons and returnees to their original homes and areas of their choice, expedited family reunification, and especially the reunification of orphaned or abandoned children with their extended family members and healed the trauma they sustained from the conflict. The larger part of the social infrastructure including schools, clinics and water supply points has been rehabilitated. Substantial progress has also been made in opening up opportunities for economic activity for female-headed households.

330. In spite of the above-outlined achievements and continuous Government and community commitment, the ongoing no-war-no-peace situation remains a hindrance to full-scale engagement in development activities, including those focused on the protection of children. Compounding this issue, financial resources contributed by international partners have not been commensurate with needs.

2. Children in armed conflicts (art. 38), including physical and psychological recovery and social reintegration (art. 39)

331. The GoSE refers to pages 85-87 of Eritrea's first report and paragraph 62 of the Committee's recommendations.

332. Eritrea signed the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict on 16 February 2005. The obligations under the Optional Protocol are already implemented in Eritrea. The minimum recruitment age is set at 18 years with the protection required under the Protocol in regard to proof of age, informed consent and duty of care obligations.

333. Although the adoption of the Optional Protocol is a step towards prevention of the use of child soldiers and improving protection of children in the context of armed conflict, prior to the adoption Eritrea had taken effective measures on the ground. It is a duty enshrined under article 25 of the Constitution of Eritrea to be ready to defend the country and to complete one's duty in national service. The duty to render active national service is governed by proclamation No. 82/1995. Those who are duty bound to render national service are citizens between eighteen and forty years of age. However, in accordance with the provisions of the proclamation, full-time students enrolled in schools and those who are certified as temporarily medically unfit have their national service deferred.

B. Children and the administration of juvenile justice (art. 40)

334. The GoSE refers to pages 87-92 of Eritrea's first report and paragraph 60 of the Committee's recommendations.

335. Eritrea notes the Committee's recommendation, expressed in paragraph 60 (e) of its concluding observations, in relation to setting a clear minimum age of criminal responsibility. The Government has not found it necessary to legislate a minimum age, as the existing minimum age is at an internationally acceptable level. As indicated in the first country report, the Transitional Penal Code of Eritrea (TPCE) recognizes three categories of children and criminal liability. According to article 52, infants are children who have not reached the age of 12 and are not criminally responsible for their actions; where an infant commits an offence, appropriate steps may be taken by the family, school, and/or guardian to ensure their proper upbringing. The second group is known as "young persons" and they are children between the ages of 12 and 15 inclusive. For this group, there are special measures upon conviction. They are not subject to the ordinary penalties applicable to adults, nor shall they be kept in custody with adult offenders. The third group is young persons between the ages of 15 and 18 and is treated under the ordinary provisions of the Penal Code as having the full liability of person's aged 18 and above. However, the Penal Code allows for a mitigation of sentence, and the death penalty can never be imposed.

336. Since consideration by the Committee of Eritrea's first report, the Government has taken major steps to improve the juvenile justice system. These steps demonstrate the commitment of the Eritrean Government to addressing the concern of the Committee, expressed in paragraph 59 of its concluding observations, in relation to children deprived of their liberty.

337. The Government has established a probation service, which attempts to provide counselling for children in conflict with the law in their community, in order to help them integrate into their neighbourhood and school. The Ministry of Justice has established separate chambers where cases of children in conflict with the law are heard in closed session separately from adult offenders.

338. The Government has also organized after-care services for juveniles who complete probation and correctional services. Sensitization conducted to the police by the MLHW social work experts has greater contribution to the enhancement of the existing custody and detention centers where children are kept while awaiting trial, or if their parents/guardians cannot be located. Moreover, the Ministry has financed for the improvement of the existing detention and the new rehabilitation center in Asmara, the capital city of Eritrea. These efforts made by the Government necessitate not only coordination of the main actors responsible for the issue but also changes in attitude, behaviour and practice at individual, community, sub-regional, regional, national and institutional levels. In 2004, the MLHW undertook a nationwide public awareness campaign. Further more, the Ministry has also established a regional committee comprised of the Ministries of Justice, Education, Health and other concerned authorities in order to synchronize juvenile justice administration.

Table 30
Persons below 18, who have committed crime,
reported to the police (2002-2005)

Type of crimes/ offences	2002			2003			2004			2005			Total
	M	F	T	M	F	T	M	F	T	M	F	T	
Offence against person's life ^a	35	4	39	40	7	47	73	20	93	55	8	63	242
Crime against property ^b	98	15	113	100	19	119	130	30	160	79	11	90	482
Sexual offence ^c	-	-	-	14	1	15	19	1	20	25	-	25	60
Abuse of illicit drugs	-	-	-	1	-	1	2	-	2	-	-	-	3
Petty offences ^d	213	40	253	221	46	267	270	94	364	172	28	200	1 084
Total	346	59	405	376	73	449	494	145	639	311	47	378	1 871

^a Murder, attempted murder, aggravated injury.

^b Burglary, looting, theft, armed robbery, handling stolen goods.

^c Rape, attempted rape, sexual outrages and any immoral sexual practice.

^d Immoral acts, aggravated quarrelling, disturbance and drunkenness, gambling.

339. The Government is committed to strengthening the National Juvenile Crime Prevention and Rehabilitation Centre, with an emphasis on early intervention work with families and young people. The programme is aimed at identifying and promoting ways to prevent the future involvement of young people in crime and delinquent behaviour.

C. Children in situations of exploitation (art. 34)

1. Economic exploitation, including child labour (art. 32)

340. The GoSE refers to pages 92-95 of Eritrea's first report and paragraph 56 (a) and (c) of the Committee's recommendations.

341. In its concluding observations on Eritrea's first report, the Committee expressed concern, in paragraph 55, that a significant number of children were working on the street, in the agricultural sector and as domestic servants. In addition, the Committee recommended, in paragraph 56, that a survey be conducted on the number of children working as domestic servants and in the agricultural sector.

342. While it has not ratified ILO Convention No. 138 (1973) on the minimum age for admission to employment, Eritrea has ratified a number of related ILO minimum age conventions. Furthermore, Eritrea's legislation providing for compulsory education, minimum ages for employment in selected occupations, and the labour law, demonstrate Eritrea's support for the principles of ILO Convention No. 138. These legislative provisions are supported by an Eritrean culture characterized by protective attitudes towards children. This combination of legislation and cultural factors prevents the admission of children to harmful employment and promotes their fullest physical and mental development.

343. According to the Labour Proclamation No. 118/2001 article 68/1, it is prohibited to employ a person under the age of 14. Further, a contract of employment shall not be enforceable against a person below the age of 18 if it is determined to be prejudicial to the interest of that person (article 9/2). In addition, article 69 and 140 (g) provide that the Minister may by regulation issue a list of activities prohibited for young employees (between the ages of 14-18). Since the consideration of Eritrea's first report, the MLHW has delineated a legal notice by listing the activities prohibited for young employees, which shall include: work in the transport of passengers and goods by road, rail, air and sea and in docksides and warehouses involving heavy lifting, pulling, pushing or any other related type of behavior; work connected with toxic chemicals, dangerous machines, electric power generation plants, transformers or transmission lines; underground work, such as mines, quarries and similar works; and work in sewers and digging tunnels. A young person may not be assigned to work after 6 p.m. or begin work before 6 a.m. and may not be made to work for more than seven hours per day (articles 68 (2) and (3)). In order to ensure the execution of the legal notice of activities prohibited for young employees, the inspectors of MLHW in the six regions regularly conduct supervision visits and take the necessary legal measures against those who violate the regulation.

344. In order to investigate the nature and extent of the prevalence and situation of child labour in Eritrea so as to evolve a national policy, the MLHW has designed a research proposal on working children. The MLHW plans to carry out a nationwide survey in the near future.

Street children prevention and rehabilitation programme

345. The GoSE refers to pages 93-95 of Eritrea's first report and paragraph 52 (b) of the Committee's recommendations.

346. Since the consideration of Eritrea's first report by the Committee and based on the lessons learnt, the MLHW has designed a community based street children prevention and rehabilitation programme. This community based service aims to address the needs and problems of street and high-risk children in their own community. The philosophy behind this approach is that the immediate environment influences the street children like any other person. Hence, the MLHW has designed six major types of programmes. They are described below.

347. Reunification programme: the MLHW programme has primarily focused both on the placement of street children with their parents or blood relatives and on strengthening the economic resources of the disadvantaged host families through income generation schemes. Hence, reunification is carried out after conducting a thorough study by social workers and community leaders. Through this programme, 500 street children have been reunified with their parents and blood relatives.

348. Educational support programme: under this programme young children, mainly between the ages of six and fourteen, who are unable to go to school for economic reasons are assisted with school registration fees, stationery and school uniforms; 16,207 high risk and street children have been assisted through this programme.

349. Guidance and counselling service: this service is one of the core activities whereby major intervention programmes are undertaken by social workers to improve the wellbeing of street children. The programme is mainly realized through the following two major components:

(a) individual counselling to improve the personal and social functioning of the child and
 (b) group counselling through group discussions to solve and synthesize their common problems. This is mainly done by forming small groups, depending on age, the type of problem they have, their interests, and work habits they have acquired.

350. Vocational training: most street children between the ages of 15-17 in Eritrea working on the street are struggling to survive. In order to survive they may be engaged in odd jobs, which at times are risky for their health and very arduous for their age. The vocational training programme is intended to enable the children to acquire adequate skills so that they will be able to support themselves and their families. In this regard, the vocational training programme was found to be viable mainly for those children who were less interested in academic classes, or school dropouts. Hence, 1,198 street children have taken on-the-job training in collaboration with various governmental organizations such as the Municipality of Asmara, shoe factories, the Ministry of Fishery and the Port Authorities in Massawa and Assab, as well as in private enterprises. They have acquired skills in mechanics, auto mechanics, secretarial and computer work, wood, metal, electrical and leather work, navigation, fish processing and the like. The programme has had a significant impact on the beneficiaries through creating job opportunities and better family situation. Nevertheless, it needs adequate funding to address more children seeking this service.

351. Income-generating activities: in order to assess the family background of street children in Eritrea, a study was conducted in 2002. It was found that the vast majority, 85 to 90 per cent of families, was earning very low incomes. In this respect, the main motive of the programme was to reach the poorest families and assist them in engaging in income-generating activities. This in turn was believed to improve the living standard of the family and provide better opportunities for their children. Since the consideration of Eritrea's first report, 713 families of street children have benefited from the income-generating scheme. Of the beneficiaries, the majority (80 per cent) were female-headed households.

Table 31

Street children rehabilitated by age and gender (2002-2005)

Age	Type of Rehabilitation												Total
	Reunified			Educational support			Vocational training			Income generation for caretaking families			
	M	F	T	M	F	T	M	F	T	M	F	T	
5-9	10	-	10	1 976	1 307	3 283	-	-	-	267	224	491	3 784
10-14	280	22	302	6 472	5 114	11 586	-	-	-	125	97	222	12 110
15-17	150	38	188	812	526	1 338	721	477	1 198	-	-	-	2 724
Total	440	60	500	9 260	6 947	16 207	721	477	1 198	392	321	713	18 618

352. Sensitization programme: awareness creation to raise community consciousness to participate in the street children prevention and rehabilitation programme has been undertaken. A number of media initiatives such as skits, drama and songs and public sensitization activities have been promoted. In the sensitization campaign, the problems of street children have been highlighted and the public has been alerted to the hardship of street life, their problems, the risks involved in terms of falling prey to various anti-social behaviours and other harmful consequences; the responsibility of society in preventing the problem of street children and rehabilitating them has also been highlighted.

353. Community participation: the street children prevention and rehabilitation project would not be possible without the committed support of community leaders and assembly members at the community level. The basis for the project execution was the responsibility of community leaders and was verified by the village administrators. They engaged in discussions with street children and their families to keep communities fully seized of the needs of street children and to come to an agreement on appropriate ways of assisting the street children and their families and of monitoring the situation.

2. Drug abuse (art. 33)

354. The GoSE refers to page 95 of Eritrea's first report. In Eritrea, the use and sale of drugs are punishable acts. Drug abuse in Eritrea is less common than in the rest of Africa. For example, police reports show that between 2002 and 2005 only three juveniles between the ages of 12-18 were detained for selling drugs. However, tobacco smoking and alcohol consumption remain a major health issue in urban areas of Eritrea. Tables 32, 33, and 34 below show the prevalence of daily tobacco smoking and alcohol consumption.

Table 32

Prevalence of daily tobacco smoking by sex and age group

Sex	15-24	25-34	35-44	45-54	55-64
Male	6.2%	16.6%	21.6%	15.6%	9.7%
Female	0.9%	0.4%	0.5%	0	0.9%

Table 33

Prevalence of alcohol consumption by sex and age group

Sex	15-24	25-34	35-44	45-54	55-64
Male	34.2%	43.5%	44.7%	51.6%	48%
Female	24.4%	38.4%	37.4%	38.4%	38.1%

Table 34

Prevalence of drinkers by educational level

Education	No.	% Drinkers	% Non-drinkers
No school	697	36.4	63.6
Primary grades (1-6)	631	37.9	62.1
Middle grades (7-8)	247	44.5	55.5
Secondary grades (9-12)	386	44.8	55.2
Higher grades (>12)	90	40.0	60.0
Total	2 051	39.6	60.4

Source: Ministry of Health, 2005.

3. Sexual exploitation and sexual abuse of children (art. 34)

355. The GoSE refers to pages 95-97 of Eritrea's first report and paragraphs 58 and 62 of the Committee's recommendations.

356. Eritrea has signed the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography on 16 February 2005. Eritrean Government representatives attended the Second World Congress against Commercial Sexual Exploitation of Children (CSEC) held in Yokohama in December 2001 and the Second Arab-African Conference against Sexual Abuse, Violence and Sexual Abuse of Children, which was held in Rabat from 14 to 16 December 2004. The Eritrean delegation joined with other delegations in adopting the concluding document of the Congress.

357. In line with the signature of the Optional Protocol y, the MLHW has designed a national plan of action to combat commercial sexual exploitation of children, which incorporates preventive and rehabilitation measures.

(a) The preventive measures aim to combat:

- (i) Child pornography (control of films shown in video and internet access points);
- (ii) Sex tourism, (code of conduct of tourism, real involvement of the tourism sector and rigorous enforcement by the police and other law enforcement agencies for the ban on minors from all hotels and private guesthouses);
- (iii) Sexual abuse and violence in schools, (student and teacher code of conduct, systems for monitoring and counselling children, and systems of administrative and penal sanctions);
- (iv) Child trafficking, (strict border checks, monitoring systems in border regions);
- (v) Sexual exploitation of children in camps for refugees and displaced persons (application of guidelines for the prevention of sexual abuse of refugees and the displaced);
- (vi) Sexual exploitation of children in establishments and institutions (orphanages, childcare and reception centres);
- (vii) Harmful traditional practices and customs, (genital mutilation and early marriage);

(b) Care and psychosocial support for victimized children. For children who could be victims of ill treatment the following actions and practical measures will be taken:

- (i) Development of inter-disciplinary structures and programmes for the care of victims;
- (ii) Involvement of communities in local strategies for the prevention, protection and rehabilitation of children who are victims or at risk of sexual exploitation;

- (iii) Provision of free legal and medical assistance, as well as release of medical records;
- (iv) Protection of children throughout legal procedures;
- (v) Provision of counselling and guidance for children who are vulnerable and victims of sexual exploitation;
- (vi) Establishment of reception centres with the resources and skills required for such type of care;
- (vii) Follow-up of rehabilitated children (follow-up tools and systems).

358. In order to address the plight of commercially sexually exploited children, the MLHW has rehabilitated 250 such children through counselling and vocational training such as catering, computer operations, car driving, etc. In order to sensitize communities to the plight of these children, several seminars and workshops have been convened in the six regions of the country.

359. The development of a training framework for childcare workers is essential to provide appropriate and well-coordinated responses to commercial sexual exploitation, violence and abuse of children. Hence, the MLHW has designed a training manual for social workers, policemen, judges, prosecutors, community leaders and administrators. The objectives of the training programme include: better identification of sexual exploitation of children and potential abusers; effective recording of children's witness statements; understanding of legislative reforms; heavy penalties for child exploiters and abusers and protection for victims; medical and psychosocial care for children during and after proceedings; proper follow-up of rehabilitated children; prevention and eradication of child pornography; and protection of vulnerable categories of children against sexual exploitation.

4. Sale, trafficking and abduction of children (art. 35)

360. The Government again refers to Eritrea's signature of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

361. According to the Transitional Penal Code of Eritrea (TPCE), trafficking in women, infants and young persons to make them engage in prostitution is punishable by rigorous imprisonment not exceeding five years (article 594/2). An aggravated offence may be punishable by a penalty of rigorous imprisonment not exceeding eight years. However, it should be noted that there has been no anecdotal evidence regarding the sale, trafficking or abduction of children.

5. Children belonging to a minority or indigenous group (art. 30)

362. The Government refers to pages 97-98 of Eritrea's first report.

363. The Constitution of Eritrea guarantees the equality of the nine Eritrean ethnic groups. The GoSE has been making all possible efforts to ensure the representation of the nine ethnic groups in political, economic, social and cultural activities irrespective of their population size.

364. As indicated previously, successful efforts have been made to ensure the provision of elementary level schooling in the mother tongue and local radio programmes are broadcast in each of the nine ethnic group languages. As stated elsewhere in this report, the Constitution guarantees the right of the individual to enjoy cultural activities and profess his or her own religion and language. The practice of the Government is also revealed in its educational policies, the provision of elementary level schooling in the mother tongue and ensuring the representation of all ethnic groups in any political, social and cultural activities.

IX. CONCLUSION

365. The preceding chapters have presented the situation of children in Eritrea with emphasis on the provisions contained in various articles of the Convention and the Committee's concerns and recommendations. Eritrea has endeavoured to translate the Convention's provisions into reality in a phased manner, despite there being gaps in provision available to children under some articles.

366. Efforts in the field of health, education, social security, legislations, and child protection are testimony to the Government of Eritrea's commitment to children, which has resulted in the planning of appropriate actions aimed at child-centred development, where children are not just recipients of the benefits of services and programmes but the focus of development itself.

367. The Integrated Early Childhood Development Programme and the United Nations Development Assistance Framework (2002-2006) are important tools for the Government to monitor the progress of its own commitment. Concerted measures have been taken to achieve targets within the stipulated time frame. Some of the goals were well within reach, while in the case of others much more needs to be done. With competitive demands from other sectors, resource scarcity is going to impose a serious constraint on achieving goals. Optimal utilization and mobilization of internal and external resources is thus being attempted.

368. Unless the life of the child in the family and community improves, all development efforts will be meaningless. There is, therefore, a need to raise awareness and create an ethos of respect for the rights of the child in society to meet his/her basic developmental needs. Advocacy and social mobilization are two crucial processes, which are being emphasized to achieve this end. The aim of the GoSE is thus to empower the younger generation to assert their basic rights. With Eritrea's commitment to implementing the Convention on the Rights of the Child, the right approach to child development is gaining importance and will henceforth form the basis of the Government's strategy towards child protection and development.

369. In spite of the constraints, the Eritrean Government will continue to seek opportunities to improve the implementation of the Convention in Eritrea. The Government will continue to reduce maternal and childhood mortality rates and malnutrition, and improve school enrolment rates and the quality of education, as well as leisure opportunities. It will also address the sufferings of children in need of special protection measures including orphans, street and working children, commercially sexually exploited children and children in conflict with the law.

Annex

STATISTICAL DATA AND INFORMATION ON CHILDREN UNDER 18

**Disaggregated statistical data (by sex, age groups, urban and rural areas)
of children under 18**

Table 1

Population numbers by age and sex for the group (0-18)

Age	2004			2005		
	Males	Females	Total	Males	Females	Total
0-4	244 458	227 757	472 504	258 657	245 293	503 907
5-9	291 979	268 866	560 794	277 322	254 239	531 404
10-14	278 054	271 628	549 634	289 691	279 089	568 731
15-18	177 044	172 834	349 626	186 317	185 102	371 276
Total	991 535	941 085	1 932 558	1 011 986	963 723	1 975 318

Source: National Statistics and Evaluation Office.

Table 2

Percentage population by age group and sex (0-18 yrs)

Age	2004			2005		
	Males	Females	Total	Males	Females	Total
0-4	24.7	24.2	24.4	25.6	25.5	25.5
5-9	29.4	28.6	29.0	27.4	26.4	26.9
10-14	28.0	28.9	28.4	28.6	29.0	28.8
15-18	17.9	18.4	18.1	18.4	19.2	18.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: National Statistics and Evaluation Office.

Table 3

Statistical data disaggregated by gender and by urban and rural areas

Year	Total		Rural		Urban	
	Male	Female	Male	Female	Male	Female
2003	463 345	496 150	1 365 596	1 331 029	1 828 941	1 827 179
2004	475 875	509 582	1 401 101	1 368 278	1 876 976	1 877 860
2005	488 709	523 277	1 437 190	1 407 039	1 925 899	1 930 317

Source: National Statistics and Evaluation Office.

Table 4

Percentage of population by age group and sex (0-18 yrs)

Age	2004			2005		
	Males	Females	Total	Males	Females	Total
0-4	13.0	12.1	12.6	13.4	12.7	13.1
5-9	15.6	14.3	14.9	14.4	13.2	13.8
10-14	14.8	14.5	14.6	15.0	14.5	14.7
15-17	9.4	9.2	9.3	9.7	9.6	9.6
Total	52.8	50.1	51.5	52.5	49.9	51.2

Source: National Statistics and Evaluation Office.
