



THE STATE OF ERITREA

Consolidated

First, Second, Third and Fourth

Periodic National Reports

On the Implementation of the

African Charter on the Rights and Welfare of the Child

(ACRWC)

Asmara, May 2015

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Acronyms

ACRWC	African Charter for the Rights and Welfare of the Child
AITT	Asmara Institute of Teacher Training
ANC	Antenatal and Postnatal Care
ART	Anti-Retroviral Treatment/ Therapy
BHCP	Basic Health Care Package
CAH	Child and Adolescent Health
CBR	Community Based Reunification
CBRP	Community Based Rehabilitation Programme
CBTFP	Community-Based Therapeutic Feeding Programs
CDC	Children in Difficult Circumstances
CCWL	Children in Conflict with the Law
CLTS	Community Led Total Sanitation
CNCP	Comprehensive National Child Policy
CRC	United Nations Convention on the Rights of the Child
CSEC	Commercial Sexually Exploited Children
CWBC	Child Well Being Committee
CWD	Children with Difficulties/ Disabilities
CWLD	Children with Learning Difficulties
DSW	Department of Social Welfare
DHS	Demographic Health Survey
ECD	Early Childhood Development
EEBC	Eritrea Ethiopia Boundary Commission
EFA	Education for All
EmNOC	Emergency Neonatal and Obstetric Care
EPHS	Eritrean Population and Health Survey
EPI	Extended Program of Immunisation
ESDP	Education Sector Development Program
FBTF	Facility Based Therapeutic Feeding
FGDs	Focused Group Discussions
FGM/C	Female Genital Mutilation/Cutting
GER	Gross Enrolment Ratio
GIS	Geographic Information System
GoSE	Government of the State of Eritrea
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IE	Inclusive Education
IGA	Income Generating Activities
IMAM	Integrated Management of Acute Malnutrition
IMNCI	Integrated Management of New Born and Childhood Illness
ITN	Impregnated Treated Net
IYCF	Infant and Young Child Feeding
KABP	Knowledge, Attitude, Behaviour and Practice
MCT	Mother to Child Transmission
MDGs	Millennium Development Goals
MoI	Ministry of Information
MNCH	Maternal and Neonatal Child Health
MoE	Ministry of Education
MoH	Ministry of Health

MoLHW	Ministry of Labour and Human Welfare
MMR	Maternal Mortality Rate
MoJ	Ministry of Justice
MUAC	Mid-Upper Arm Circumference
NCEW	National Confederation of Eritrean Workers
NCHS	National Child Health Strategy
NEP	National Education Policy
NSSSS	National Nutrition Sentinel Surveillance System
NER	Net Enrolment Ratio
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
ODF	Open Defecation Free
ORS	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PFDJ	People's Front for Democracy and Justice
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PHC	Primary Health Care
PS	Policy Statement
PTSA	Parents, Teachers and Students Associations
RCCS	Rural Community Care Centres
RED	Reach Every District
REP	Revised Education Policy
SMCP	Savings and Micro-Credit Program
SOS	Sustainable Outreach Services
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection
TCC	Transitional Civil Code
TPCE	Transitional Penal Code of Eritrea
TCPCE	Transitional Criminal Procedure Code of Eritrea
TPC	Transitional Penal Code
TOR	Terms of Reference
VCT	Voluntary Counselling and Testing

INTRODUCTION

1. Eritrea emerged as an independent African country on 24 May 1993, after conducting a UN supervised referendum in which 99.8% of its people voted “Yes” for independence. It gained its independence after a 30 years armed liberation struggle led by the Eritrean People’s Liberation Front (EPLF) which liberated the entire country militarily defeating the junta in Ethiopia.
2. Geographically, Eritrea is located in the Horn of Africa, bordered by Ethiopia in the south, the Sudan in the west and north, Djibouti in the south east and the Red Sea in the east. It has a land area of about 124,000 square kilometres, with a sea cost stretching for about 1200 kilometres and over 300 islands spread along the Red Sea.
3. Eritrea’s population comprises nine ethnic groups speaking diverse languages and is estimated at 3.6 million (EPHS, 2010). The majority of the population is young, and nearly half it is under 15 years of age with a median age of 18 years (EPHS, 2010). Children under 5 years of age make up 15.3% of the total population (EPHS, 2010).
4. Over 60% of the Eritrean population resides in rural areas, earning its living from agriculture. The majority practice traditional farming and livestock rearing. The rest live in urban and semi-urban areas and are engaged in various formal and informal economic activities.
5. The Government of the State of Eritrea has been committed, even before independence, to the promotion and protection of the rights and welfare of children. Eritrea signed and ratified the African Charter on the Rights and Welfare of the Child (ACRWC) in the year 2000, soon after the Charter entered into force on 29 November 1999. Eritrea has signed and rarified the UN Convention on the Rights of the Child (CRC) since August 1994.
6. Eritrea is signatory to several other international conventions that enhance the respect and safeguard the broad and specific principles of human rights. It is signatory to the International Covenant on Economic, Social and Cultural Rights, International Covenant on Civil and Political Rights, International Labour Organization (ILO) Conventions, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), among others.

7. The sacrosanctity of the rights and welfare of the child is enshrined in almost all social, economic, judicial and policy documents of the Government. Sectoral development policies of the different Government institutions, and especially the Ministry of Labour and Human Welfare (MoLHW), the Ministry of Education (MoE) and the Ministry of Health (MoH), are committed to the protection of the rights and the development of the child as the centrepiece of their strategies. The Ministry of Labour and Human Welfare has been entrusted with the mandate and authority to lead the overall affairs of child rights and welfare in the country.
8. Eritrea submitted a brief initial report on the implementation of the ACRWC in July 2012. This consolidated report revisits the initial report and covers the entire 2002 - 2013 period classified into the First, Second, Third and Fourth reports. Efforts have been made to describe the main measures undertaken by the country to implement the rights recognized in the ACRWC and the achievements and challenges encountered in the implementation of the spirit of the principles of the Charter. The structure of this consolidated report follows the reporting format issued by the African Committee of Experts on the Rights and Welfare of the Child (the Committee),(Cmtte/ACRWC/2 II Rev2).
9. The Government of the State of Eritrea has taken note of the Comments and Observations made by the Committee on the Initial Report and efforts have been exerted to respond to the comments in the appropriate corresponding sections.
10. The preparation process of this consolidated report was participatory, involving all public and private sector stakeholders, namely the Ministries of Education, Health, Justice and Labour and Human Welfare, as well as national associations such as the National Union of Eritrean Women (NUEW), the National Union of Eritrean Youth and Students (NUEYS), the National Confederation of Eritrean Workers, the National Association of Autism and Down Syndrome, National Associations of the Deaf and the Blind, 'Bidho'(challenge) Association of People living with HIV/AIDS. Community-based committees on the rehabilitation and reintegration of children with difficulties such as orphans, the disabled and street children also actively participated in the discussions of the draft report. The Ministry of Labour and Human Welfare steered the work as the focal institution responsible for the coordination of the implementation of the African

Charter on the Rights and Welfare of the Child (ACRWC) and the UN Convention on the Rights of the Child (CRC).

11. A private consultancy firm was hired to gather and compile data and information and write the comprehensive and consolidated periodic reports. A draft report was circulated among and feedback solicited from all stakeholders, and a consensus building workshop was organized to discuss and provide inputs for the finalization of the comprehensive and consolidated periodic reports. The National Coordinating Committee on CRC and ACRWC made final input to the report.
12. The Government of the State of Eritrea has been exerting all efforts within its powers towards the promotion of the rights and welfare of the child, and reaffirms its unreserved commitment to the furtherance and observance of the rights set forth in the ACRWC and other Conventions.
13. Since its accession to the CRC the Government of the State of Eritrea has submitted four country periodic reports. The present report on ACRWC has, as necessary, incorporated some of the relevant data and information presented in the CRC periodic reports. This is permissible by the reporting format issued by the African Committee of Experts on the Rights and Welfare of the Child (ACERWC).
14. It is worth mentioning that the signing of the Charter coincided with the climax of the Ethio-Eritrea border war which entailed immense social and economic disruption and loss of human life. Even after the cessation of fighting, hostilities against Eritrea continued causing immense challenges on the nation building and development programmes which the country had set in motion before the sudden onset of the conflict. This has been aggravated by the unjust and illegal sanctions which hostile external powers have imposed against Eritrea since 2009 through their influential position in the United Nations Security Council.
15. The General Measures of Implementation, comprising of the legal instruments and policy directives prepared to guide the implementation of the Charter and CRC are, as much as possible, dealt with in the First Periodic Report, with subsequent introductions of similar measures being addressed in respective periodic reports.

16. The GoSE reaffirms respect for the principles proclaimed in the ACRWC and in other international treaties to which Eritrea is a party. This unequivocally requires that Eritrean legislation be consistent with the same.
17. The ACRWC and CRC are multi-sectoral and multi-faceted. Consequently, the coordination of the various sectors called for the formation of long-term structures. Terms of Reference (ToR) for the coordination of the national, regional and technical committees were prepared and disseminated as job descriptions of the different levels of actors. Moreover, the Terms of Reference for the National Coordinating Committee was revised in 2008 to articulate the mandates and responsibilities of the various national and regional actors participating in the implementation of the Charter and CRC. An appropriate mechanism has thus been created for the effective and efficient coordination of activities to be pursued at the different levels of implementation, monitoring and evaluation and for reporting at the national, regional and sub-regional levels.
18. The Inter-ministerial Committee is composed of the Minister of MoLHW, who acts as a chairperson, and senior representatives from the MoE, MoH and MoJ. Its functions encompass, among others, (i) harmonising policies/measures pertaining to the rights of children; (ii) engaging in the promotion and protection of children's human rights; (iii) ensuring that appropriate responses are provided to the concerns raised and recommendations passed by the Committees; (iv) coordinating and monitoring the implementation of activities related to children in all sectors; (v) coordinating the preparation of a Comprehensive National Plan of Action for Children and facilitate the overcoming of challenges and shortcomings encountered by each sector; (vi) preparing follow-up progress reports and developments, and revising and refining the final report on the implementation of the Charter and CRC; (vii) strengthening the mechanisms for availing updated and reliable data and information in each sector; (viii) working closely with all government institutions, and the private sector, including civil societies, to promote and monitor the activities of the Charter and CRC; and (ix) conducting meetings every three months to review work progress and to chart out future plans of action.
19. A Technical Committee composed of professionals nominated by members of the National Coordinating Committee, the Eritrean Police, the National Union of Eritrean Youth and Students (NUEYS) and the National Union of Eritrean Women (NUEW), most of whom had job assignments related to the implementation of the programmes,

was established at the national level. The Technical Committee works closely with the Ministries of National Development (MoND), Information (MoI), and the National Statistics Office (NSO).

20. The Technical Committee, which is accountable to the National Coordinating Committee, functions under the chairpersonship of the representative of the MoLHW and is entrusted with the following tasks: (i) collection and compilation of all relevant data or information pertinent to the implementation of the Charter and CRC; (ii) preparation of periodic national reports for review and approval by the National Coordinating Committee; (iii) monitoring progress in the implementation of the ACRWC and CRC by liaising with the zonal and sectoral actors on behalf of and based on directives of the National Coordinating Committee; (iv) reporting to the National Coordinating Committee on progress of implementation of the ACRWC and CRC and recommend possible courses of action for correction; (v) following up the preparation of a Comprehensive NPA based on the directives/guidance of the National Coordinating Committee; (vi) advising the National CRC and ACRWC Coordinating Committee on the human and financial requirements for the implementation of the programmes; and (vii) conducting regular meetings at intervals of three months to review progress of work and chart out future plans of action.
21. Regional administrations are the actual implementors of the provisions of the Charter and CRC. Each of the six administrative regions has a regional committee that monitors actual work progress, including the implementation of the Charter and CRC, documentation, awareness raising campaigns, etc. at the region level. The regional committee reports to the regional administrator, who in turn reports to the chairperson of the National Coordination Committee.
22. The regional committee for the coordination of the implementation of the programmes comprises: the Regional Administrator or his/her representative (preferably the Director General of Social Services), the heads of the regional branches of the MoLHW, MoE, MoH, MoJ, the heads of the regional branches of the Eritrean Police, NUEYS, NUEW, National Sports Commission and regional representatives of the MoI. The regional committee is responsible for ensuring that: (i) the rights of the child are actively pursued at the region, sub-region and kebede or village levels; (ii) the relevant documentation is in place; (iii) the subproject activities are implemented according to plans and directives;

(iv) reports are prepared on time; (v) information on the provisions of the Charter and CRC is disseminated through seminars, workshops and other means of campaigning and awareness raising; and (vi) other additional duties as may be required by the National Coordinating Committee are performed.

23. The MoLHW, as the national coordinator of the implementation of the Charter and CRC, drafted a Comprehensive National Policy for Children in Eritrea and a Comprehensive Policy on Persons with Disability, with the full participation of children and the concerned government institutions at all levels, namely the central, zonal and grassroots level. The main objective of these policies is to address the broad aspects of child care and protection and the needs of vulnerable children and to facilitate and harmonize the intervention of the various stakeholders involved in the areas of child welfare and development.
24. A National Plan of Action (NPA) for children is incorporated in the strategic plans of every ministry. The State Party would like to stress that in these strategic plans, projects and activities concerning children to be implemented are boldly indicated. The MoND ascertains that this is adhered to. The National Coordinating Committee facilitates the expedient implementation of the planned projects and activities at the national and regional levels. At the sub-zonal level, the Child Well Being Committees (CWBC) follow and monitor the implementation as well as supplement communities' participation during implementation of sub-projects.
25. Since 2009, the GoSE has intensified the development of comprehensive MIS in sector Ministries and civil societies to collect data, including that of vulnerable and disadvantaged children. Sector Ministries and civil society institutions made strenuous efforts to build and strengthen their respective MIS, which extended down to sub-regional level. Data and information thus collected and aggregated is used, among others, for informed decision and policy formulation, which is expected to go a long way in the effective implementation and monitoring of the Governments' development programs and, of course, the ACRWC and CRC.
26. The information that is reflected in this Report is mainly based on the information gathered from the sectors that have developed their management information system (MIS). Disaggregated data and statistics concerning child welfare were made available

from the National Statistics Office (NSO), MoND, MoH, MoE, MoJ and MoLHW and the Eritrean Police.

27. As cited in previous reports, the laws of the country also underpin the responsibilities of parents and relatives by consanguinity or affinity for the supply of basic amenities to children and adults.
28. The MoLHW, through its social workers assigned in the sub-regions and the CWBC established in the six regions and 27 sub-regions inspects the situation of children at the sub-regional administrative levels to ensure compliance with statutory requirements relating to their treatment. The Ministry also reviews documentation related to the condition of children and collects information from teachers, social workers, psychologists, jurists, law enforcement officers and the children themselves to ensure proper education, reorientation and correction.

FIRST PERIODIC REPORT

2002 - 2004

I. GENERAL MEASURES OF IMPLEMENTATION

29. The GoSE takes note of the comments presented by the Committee on “Substance under General Context” (p.2), on the need to attach principal legislation documents. However, it regrets that it cannot attach the principal documents to this report since they are not at the moment available electronically. Any party who is interested may refer to the hard copies. During the final weeks of writing this report the Civil Code of Eritrea and the Penal Code of Eritrea were published and formally launched. Therefore, many of the references made in this comprehensive and consolidated report to the Transitional Civil Code of Eritrea and the Transitional Penal Code of Eritrea are expected to have been superceded by these recent publications.
30. The methodology adhered to in the preparation of this ACRWC Consolidated Report, like any other reports such as the CRC and CEDAW periodic reports, has been participatory, with all stakeholders making contributions of data and information relevant to their institutions, as well as discussing and finalizing the draft report. This is elaborated in a separate paragraph elsewhere in this report.
31. During the preparation of this consolidated comprehensive ACRWC report the National Inter-Ministerial Coordinating Committee, chaired by the Minister of Labour and Human Welfare, made divisions of tasks and formed a core group composed mainly of the members of the Technical Committee and representatives of the Police Commission and the Prison Administration, as well as civil society institutions - the NUEW and NUEYS including faith-based organizations. The Ministry of National Development (MoND) was also consulted on areas within its mandate.
32. All efforts have been made to provide adequate statistical information in the respective sections where such information is required. There are comments, analyses or

explanations provided for any statistical information presented under the various sections.

33. The Eritrean Constitution was officially ratified by the Constituent Assembly in 1997. Currently there is a discussion on the need to revise and up-date the Constitution, and it is likely that it could be reviewed soon. At this stage it is too early to pre-empt any substantive comments on the outcome of the forthcoming review process.
34. The queries on the specific legislation on child trafficking, violence... etc are dealt with in the respective topics.
35. The Government disseminates information on all international and regional instruments dealing with children's rights and welfare. For example, the CRC was translated into seven local languages and disseminated to all administrative regions, sub-regions and administrative environs. The ACRWC was also copied and disseminated to all six administrative regions and 56 sub-regional administrations. The contents and purpose of the disseminated documents are explained to the public and concerned institutional structures through seminars organized by the Ministry of Labour and Human Welfare in collaboration with the local administrations and other stakeholders.
36. The Government of the State of Eritrea refers to the Comments of the Committee on "General Measures of Application" and the issues raised there are addressed in the appropriate sections of this report. Likewise, the topic on "the Definition of the Child (section IV)" is dealt with in the relevant section as required by the Guidelines.
37. The rest of the Comments also touch upon every topic of the Guidelines and the reports have made utmost efforts to adequately address the queries and comments presented by the Committee.

II. DEFINITION OF THE CHILD

38. Eritrean law does not directly define the term "child". Nonetheless, Article 198 of the Transitional Civil Code of Eritrea provides that a person of either sex who has not attained the full age of eighteen years is considered a minor. For all intents and purposes, the term "minor" can be understood to mean a child. The age limit of a child can thus be elastic to accommodate different purposes and circumstances. For practical and legal purposes, the child age limit of 18 years is applied.

III. GENERAL PRINCIPLES

a) Non-discrimination

39. Article 14(2) of the Constitution of Eritrea clearly stipulates that no person may be discriminated against on account of race, ethnic origin, language, colour, gender, religion, disability, age, view or social or economic status and any other improper factors.
40. Eritrean law prohibits all forms of discrimination since it is generally based on the principle of equality. Proclamation No.2/199 issued to enact the Transitional Civil Code makes tremendous contribution to keep the law in tandem with the principle of gender equality. Provisions of the 1960 Ethiopian Civil Code promoting the patriarchal system were either amended or repealed altogether since they were incompatible with the values and principles of gender equality gained in the Eritrean armed struggle for liberation.
41. Article 8(2) of the Transitional Civil Code prohibits any discrimination in the enjoyment of the rights of personality and the liberties encompassed in those objectives and principles fought for by the E.P.L.F. in the struggle for independence which were at the same time guaranteed by the E.P.L.F National Programs. Moreover, Article 4 of the Transitional Penal Code of Eritrea provides unequivocally that the criminal law applies to all alike without discrimination as regards persons, social conditions, race or religion.
42. The State Party refers to the question on statistical data about which the Committee alleged (para. 10) that there were prohibited religious denominations. The GoSE reaffirms that there were no prohibition of religious denominations as alleged by the Committee and therefore, no statistical data on this non-existent matter is obviously available. Eritrea respects the rights of all its citizens to the freedom of belief, thought and expression. But it also prohibits any act that violates its laws, peace, sovereignty and public order.

b) Best interests of the child

43. Pursuant to Article 1 of the Transitional Civil Code of Eritrea, a human being becomes a subject of rights starting from the moment of birth. There are, however, exceptional situations where the law considers a merely conceived child as though born. Article 2 of the Transitional Civil Code protects the best interests of a child a merely conceived, by considering him/her born where his/her interest so requires. This right is granted to merely conceived child when his/her interest so demands on condition that he/she is born

alive and viable. The best interest of a child can thus begin to apply, therefore, before the birth of the child. In situations where a succession is opened from which the merely conceived child would have benefited had he/she been born, or when it would be necessary to consider the merely conceived child as born for the sake of accepting a donation, the law would protect the best interests of the child. Unless it is to his/her best interest, he/she is not considered as a person until he/she is born.

44. Article 199 of the Transitional Civil Code provides that a child shall be placed under the authority of a guardian as regards the proper care of his/her person; and as regards matters concerning his/her pecuniary interests and the administration of his/her property, he/she is to be represented by a tutor. This protection of the law that is put in favour of the child is clearly intended to ensure that adults would not take advantage of his/her immaturity. The best interests of the child are, therefore, protected by putting in place the organs of guardian and tutor, so that adults may not take advantage of the immaturity of a child. Where third parties enter into a contract with a child and payments are made, such payments are considered null; but the child is not bound to make repayment (Article 316 of Transitional Civil Code) provided that the minor has not benefitted or is not enriched when action for selling is instituted.
45. The interests of the child prevail over the testamentary statements of his parents where his interests so require. In this regard, the provisions of Article 209 of the Transitional Civil Code can be cited as they empower the court to revoke or modify restrictions or conditions imposed by the surviving parent on the powers of the guardian or tutor of the child where the interests of the child so require.
46. Where a testamentary guardian or tutor is to be appointed by the court to protect the interests of a child, Article 211 of the Transitional Civil Code requires the court to decide the matter having regard solely to the interests of such a child.
47. Where the court has to appoint or remove a person as guardian or tutor of a child, Article 235 of the Transitional Civil Code requires that it has to decide having regard solely to the interests of such child.
48. In cases of divorce, the family arbitrators are required to decide custody and maintenance of children born of the marriage having regard solely to the best interests of such children, pursuant to the provisions of Article 681 of the Transitional Civil Code.

49. Pursuant to the provisions of Article 805 of the Transitional Civil Code, adoption is required to give advantage to the adopted child for it to take place. In order to ensure that the contract of adoption is entered into in the best interests of the child, a contract of adoption is required to be approved by the court, if it is to have legal effect. In furtherance of ensuring that the best interests of the child are given paramount regard, the legislation specifically requires the court to hear the adopted child himself/herself before making its decision where the child is over ten years of age [Article 804(2) of the Transitional Civil Code]. Among other reasons, this requirement is clearly put to ensure the best interests of the child.
50. The State Party refers to the Committee's question (para. 13) on how the principle of the Best Interest of the Child is reflected in the context of the administration of juvenile justice. Eritrea believes that the aim of the administration of justice should be corrective rather than punitive. Thus the administration of juvenile justice is guided by the spirit and motive to rehabilitate children in conflict with the law.

c) The right to life, survival and development

51. The right to life is the most inviolable of all the inherent rights of a person, as it is a necessary condition for the exercise and enjoyment of all his/her other rights. Article 15 of the Constitution guarantees the right of every person not to be deprived of life and liberty without due process of law. Although not specifically stated, this includes the right of every child to life.
52. Under the Transitional Penal Code, the child's right to life is protected in two main ways. The first is by imposing penal sanction against those who commit, attempt or incite or in any way abet murder or other acts likely to lead to death, including aiding suicide and committing homicide. This sanction can even go to the extent of protecting the life of the unborn child (Art.529-536). Any act that tends to threaten the life of the unborn child is considered as a crime against one's life, in fact with certain exceptions. Article 534 of the Transitional Penal Code provides that abortion may not be punishable where it was due to physical or mental stress of the pregnant woman, or was performed to save her life or health, or where her pregnancy was the result of rape or incest. Self-induced abortion is also prohibited. Those who perform an abortion on another or assist in the commission of the offence are also punishable under the Transitional Penal Code.

53. The second protection is solely applicable to children. Under the Transitional Penal Code of Eritrea it is strictly prohibited to impose death sentences on persons below the age of eighteen, however grave the offence may be (Article 36(4) of the E.P.L.F. Penal Code inserted to replace Article 118 of the 1957 Penal Code of Ethiopia, and Article 181 of the Transitional Penal Code). This by itself constitutes one of the mechanisms of ensuring that the child is exercising his/her right to life.
54. The State Party refers to the Committee's query (para. 15 and 17) on whether there exists a "shoot to kill policy" on those intent on crossing into other countries or against illegal border crossing. The question seems absurd for no sane government would have such a shoot to kill policy. Eritrea has clear immigration laws and people who violate these laws are held accountable according to the laws.
55. Again the State Party refers to the Committee's question (para. 16) on policy to stop those (persons) intent to cross borders to other countries. The GoSE wants to highlight that illegal migration has become a trend throughout the world, especially Africa. This is associated with the economic problems and the illusions attracting many young Africans to migrate to the developed part of the world. Eritrea is no exception to this global and continental phenomenon. Eritrea for one believes that this brain drain has to be curbed and this can be achieved by educating the youth and creating better opportunities for them in their home countries. Although according to the Eritrea's immigration laws a person attempting to leave the country without an exit visa can be penalized, there is no provision which permits any one to kill.

d) Respect for the views of the child

56. Children, as any other Eritrean Citizen, do enjoy rights to express their opinions and for their views to be respected. Article 14 of the Transitional Civil Code guarantees the right of everyone to think and express his/her views or ideas. Art.304 of Transitional Civil Code requires that a child be consulted in important matters concerning him/her if he/she is capable of discernment and is at least fifteen years old. With regard to approval of adoption of a child, courts are duty-bound by the provisions of Article 804(2) of the Transitional Civil Code to hear the adopted child himself/herself if he/she is above ten years of age before making their decision on the contract of adoption. Therefore, the law gives reasonable chances for the child to be adopted to express his/her view over the

undergoing plan for his/her adoption, and this is done before the court approves the contract, presumably respecting the views of the child.

57. Article 275 of the Transitional Civil Code requires the personal consent of the child for acknowledgement of a child born out of wedlock. He may freely revoke such acknowledgement as long as he remains under the age of eighteen years and during the year following the cessation of his/her minority unless it was authorized by his guardian.

e) Provision of information to children and promotion of their participation

58. Article 19 of the Constitution of Eritrea guarantees every citizen's right to access information.

IV. CIVIL RIGHTS AND FREEDOMS

a) Name, nationality, identity and registration at birth

59. Article 3 of the Constitution guarantees every child born of an Eritrean father or mother to be Eritrean by birth. It also guarantees any foreign citizen's right to acquire Eritrean citizenship pursuant to law. Articles 2-6 of the Nationality Proclamation No. 21/1992 govern how citizenship may be acquired by birth, or by way of grant, or through contract of adoption of a child, and/or marriage. Article 2(1) of the Proclamation reinforces the constitutional guarantee by providing that anyone born of an Eritrean father or mother, whether in Eritrea or abroad, to be an Eritrean national by birth. Article 2(3) of the same guarantee's, in particular, the right of an abandoned child found in Eritrea and whose parents remain unknown to have Eritrean nationality.

60. Pursuant to the Transitional Civil Code, every natural person is entitled to have a name upon his or her birth, and the full name of a person includes the first name and the name of the father and grandfather. Articles 99-103 of the Transitional Civil Code of Eritrea provide for the taking of records of birth of a child, including foundlings. In the case of abandoned children, Art 103 of the Transitional Civil Code provides that abandoned children also have the right to a name. As concerns adopted children, the law entitles them to take the names of their adoptive fathers. Before drawing up the record of birth the first name or names of the child are required to be stated. Once a name is given to a person, it can only be changed when the court grants permission.

61. It is also worth noting that Articles 623 and 624 of the Transitional Penal Code of Eritrea deal with the criminal liability of persons responsible for offences against compulsory registration and family duties.

b) Freedom of expression

62. Freedom of thought and expression is guaranteed by Article 14 of the Transitional Civil Code. Every person is free to think and express his/her views or ideas.

c) Freedom of thought, conscience and religion

63. Article 19 of the Constitution guarantees every person's right to freedom of thought, conscience, and belief; it in particular guarantees every person's freedom to practice any religion and to manifest such practice. Article 14 of the Transitional Civil Code also guarantees the right of everyone to think and express his ideas, which may only be restricted by, respect for the right of others, morality and the law. No interference with the exercise of the rites of religion is tolerated, but such rites may not be utilized for political purpose or prejudicial to morality and public order.

d) Freedom of association and of peaceful assembly

64. Article 19 of the Constitution guarantees every citizen's right to form organizations, and the right of every person to assemble and demonstrate peacefully together with others. The establishment of the National Union of Eritrean Youth and Students (NUEYS), which is active in many social and economic activities affecting the young population of the country, is an example of the rights enjoyed to form associations.

e) Protection of privacy

65. Article 18 of the Constitution guarantees every person's right to privacy. This is expressed in terms of protection from body search, inviolability of premises, protection from interference with his/her communications, correspondence, or other property.

66. The TCCE under Arts.11 and 13 stipulates that nobody should be subject to search on his body and domicile except in accordance with the law. A person or his domicile can be searched only when a search warrant is issued by a court (Art.32 (1) of the Transitional Criminal Procedure Code). The Transitional Penal Code specifies penalty for the violation of domicile and breach of privacy under Arts. 571-573. Furthermore, the Transitional Criminal Procedure reinforces this principle by holding trials in closed

chambers if children are involved in proceedings of a criminal matter. This is done, among other reasons, to protect their identity from being exposed to the public (Art.176 of the Transitional Criminal Code).

f) Protection against child abuse and torture

67. As every other citizen, a child should not be molested and whosoever commits the act is liable (Art. 10 of the Transitional Civil Code). Arts 537-544 of the Transitional Penal Code criminalize physical abuse offences, irrespective of the age of the victim, which entails a sentence of up to ten years imprisonment. Article 548 of the Transitional Penal Code criminalizes deliberate neglect, ill-treatment, over-tasking or beating of a child who is under one's custody or charge in such a way as to affect or endanger gravely his/her physical or mental development or health. This is in fact without prejudice to any lawful and reasonable chastisement which falls within the meaning of an authorized act under Article 64 of the same law. A sexual outrage on children is an offence that can entail up to five years imprisonment (Articles 594-595 of the Transitional Penal Code). Publicly displaying in a shop window, in a booth or in any other place visible from without, writings, images or objects such as to stimulate unduly, to pervert or to misdirect the sexual instinct, or to arouse or to stimulate unduly brutal or bloodthirsty instincts, or anti-social feelings which are inimical to the family spirit, in infants or young persons or knowingly offering, lending, giving or selling such objects, images or writings to an infant or young person engages criminal behaviour liability (Article 613 of the TPCE).

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

Parental guidance

68. Art.22 (3) of the Constitution provides that parents have the right and duty to bring up their child with proper care and affection. Article 199 of the Transitional Civil Code requires a child to be placed under the authority of a guardian as regards the proper care of his/her person; and as regards matters concerning his/her pecuniary interests and the administration of his/her property a child is represented by a tutor. This legal requirement clearly has as an objective of protecting the best interests of the child as it would discourage adults from taking advantage of the immaturity of a child. Article 204 of the Transitional Civil Code provides that the father and the mother of a child are jointly guardians and tutors of their children. In case one of the parents dies or is incapacitated

the other parent shoulders the responsibility of upbringing the children (Art.205 (1) Transitional Civil Code). Article 217 of the same Code further entitles the father and/or the mother to appoint a tutor to the child reserving to himself/herself the functions of guardianship. Pursuant to Articles 265 and the subsequent Articles, the guardian is responsible for taking decisions such as fixing the place where the minor resides, watching over his/her health, directing the education of the child, supervising his/her social contacts, receiving income and using it in the interests of the child.

69. The guardian of the child should take care of the health of a child and in case the child is sick the guardian is required to take necessary measures for the recovery of the child (Art. 256 of the Transitional Civil Code). In addition, parents may decide on behalf of their children for their medical treatment as is required under Art.20(3) of the Transitional Civil Code. The guardian's obligation to educate a child is provided under Art.267 of the Transitional Civil Code, while at the same time the guardian shoulders the responsibility of making sure the child gets good education pursuant to Art.231 of the Transitional Civil Code. Article 280 provides that the tutor represents the minor in all civil matters and that he/she, in particular, takes care of the pecuniary interests of the minor and administers his property as a "bonus paterfamilias".

Parental responsibilities

70. Since parents are the custodian of the child, they shoulder all the responsibilities of a guardian and tutor as are laid down under Articles 204-327 of the TCCE.

Separation from parents, separation caused by State Party, separation caused by internal displacement arising from armed conflicts, civil strives, or natural disasters

71. Several references are found in the Eritrean laws and child policy and welfare programmes that give priority to the best interests, protection and welfare of children separated from their parents due to legal enforcement, internal displacement arising from armed conflicts, civil strives or natural causes. The separated child is preferably placed with close family members, blood relatives or foster parents; where this is not possible he/she is placed in a group home or an institution in that order of priority.

Family reunification and children deprived of a family environment

72. The policy and practical arrangements observed by the Ministry of Labour and Human Welfare (MoLHW) clearly support and practically promote the reunification of orphaned children, street children or children deprived of family environments with close family members or relatives as a priority. The creation of a family or a family-like environment for the child is pursued as the best way to reinstate the normal livelihood of a child who had lost a family environment due to any cause.

Maintenance of the child

73. Article 821(c) of the Transitional Civil Code provides that ascendants have the obligations of support and maintenance. In the case of divorce between the spouses, Article 681 obliges the custody and maintenance of children born of the marriage to be decided by the family arbitrators, having regard solely to the interests of such children.

Adoption and periodic review of placement

74. Adoption of a child is governed under Articles 796-806 of the Transitional Civil Code. A contract of adoption is, as a rule, entered into between the adopter and the adopted child if the child is more than fifteen years old. In other cases, it is made between the adopter and the guardian of the adopted child. Where the father and the mother of the child are alive, they must give their consent to the adoption. Ultimately, a contract of adoption must be approved by the court to have legal effect. The court is specifically required to hear the adopted child himself/herself before making its decision if the child is over ten years of age. The title of Article 805 that reads “**conditions of approval**” implies that it is an essential requirement for any adoption to offer advantages to the adopted child for the court to approve it. Pursuant to the provisions of Article 806, adoption may not be revoked for any reason.

Abuse, neglect and exploitation, including physical and psychological recovery and social integration

75. Child abuse and neglect has a wide meaning. It is generally understood to constitute all forms of physical, emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child’s health, survival, development, or dignity in the context of a relationship or responsibility, trust or power. In this regard, Article 548 of the Transitional Penal Code criminalizes the

deliberate neglect, ill-treatment, over-tasking or beating a of child who is under one’s custody or responsibility in such a way as to affect or endanger gravely his/her physical or mental development or health. This is in fact without prejudice to any lawful and reasonable chastisement within the ambit of Article 64 of the same law. A sexual outrage on children is an offence that could entail up to five years imprisonment under Articles 594-595 of the Transitional Penal Code.

76. Article 821 of the Transitional Civil Code lays down the order of debtors in the obligation of support and maintenance. Whosoever refuses or omits to provide the allowances, necessities of life or maintenance which he owes by virtue of family rights or of a judicial decision, to his ascendants or descendants, or spouse, or fails to meet his or her financial obligations is liable to criminal liability pursuant to the provisions under Article 625 of the Transitional Penal Code of Eritrea. Article 626 of the same, in particular, holds a parent who is exercising paternal authority but grossly neglects the children under his charge and abandons them without due care and attention or to moral or physical danger with intent to obtain gain or in dereliction of duty liable to criminal prosecution and penalty.
77. In the course of the reporting period (2002-2005) the Government of the State of Eritrea assisted the reunification of 40,000 orphans of whom 22,614 were males and 17,386 females. The causes for their becoming orphans varied, and their reintegration involved community based reunification placement with foster parents, relatives and extended family members. The host families were provided with socio-economic support packages that would enhance their income generation mechanisms and caring capacity.

Table A.1: Orphans Reunified with Extended Families by Age and Sex (2002-2004)

Age in years	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: MoLHW, 2005

78. From the following table one can notice that the Dehub region had the highest number of orphans in group homes, followed by Maekel and Gash-Barka each with 48 orphans,

Anseba with 36 orphans and the Northern Red Sea and Southern Red Sea regions each with 12 orphans that were cared for in group homes.

Table A.2: Orphans Cared for in Group Homes by Region, Age and Sex (2002-2004)

Region	Ages												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
Dehub	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	18	61	47	108	52	54	106	12	22	34	264

Source: MoLHW, 2005

79. The orphanage or institution is the least preferred option to which the GoSE resorts in the management of orphans.

Table A.3: Orphan Children Cared for in Institutions by Age and Sex (2002-2004)

Ages	Male	Female	Total
0-4	36	42	78
5-9	45	36	81
10-14	114	64	178
15-18	123	77	220
Total	318	219	537

Source: MOLHW, 2005

VI. HEALTH AND WELFARE

a) Survival and development

80. The Eritrean laws protect every person's right, including children, to life. The laws provide protection for a born or conceived child's life. Abortion, except for special circumstances such as medical reasons or cases of incest, is illegal. Moreover, the various

sectoral institutions including health, education and welfare are established and function to guarantee the survival and development of the child, as a matter of priority.

b) Children with handicaps

81. Persons with mental disability are provided with the rights to be put under the protection of a guardian and tutor (Transitional Civil Code –TCC Art. 339-351). Besides this general protection, Art. 1728 of the TCC protects the interest of visually impaired persons with regard to the effects of signing a contract. The signature or thumb mark of a blind person does not bind a blind person unless it is authenticated by a notary, registrar or judge acting as witness.

c) Health and health services

82. The Constitution guarantees in Art. 21(1) every citizen’s right of equal access to publicly funded social services and imposes upon the State an obligation, within the limit of its resources, to make health services available to all citizens. The health care for children starts prior to and during delivery.

Table A.4: Children Born in Health Facilities or Assisted by Health Professionals

Year	Number of Children born in health facilities or assisted by health professional	Number of Children born unassisted by health professionals	Total Births	% of Children born in health Facilities or assisted by health professionals
2002	21983	62087	84070	26.15
2003	23663	62761	86424	27.38
2004	25130	63714	88844	28.29

Source: MoH, 2015

83. As the table above shows, there were increasing trends of births assisted by health professionals. However, deliveries assisted by professionals were very low, ranging from 26% in 2002 to 28% in 2004. This suggests that the traditional delivery at home was predominant and warranted the need for extensive campaigns to promote deliveries in health facilities.

Table A.5: Health Facilities for Children by Year

Year	Number of health facilities with pediatric services	Number of mother and child health services giving health facilities	Number of Paediatric Doctors
2002	251	8	2
2003	260	8	2
2004	266	8	2

Source: MoH, 2015

84. The health facilities providing paediatric services increased by an average of 6 facilities per annum during the three-year period. The number of MCH service providing health facilities remained constant at 8, while there were only 2 qualified paediatricians.

Table A.6: Number of Children less than 5 Years Old Provided with Health Services/Treatment and Type of Health Facilities in the OPD and IPD

Year	Health Station		Hospitals & Health Centres			Total
			Out Patients Department		In Patients Department	
	1 st visit	Repeated Visit	1 st visit	Repeated visit	No. Cases	
2001	239731	13766	180498	21005	15430	470430
2002	239682	10991	167926	18642	17009	454250
2003	274029	14315	195680	24881	21419	530324
2004	249400	12028	176938	22064	20779	481209

Source: MoH, 2015

Table A.7: Under 5 Years Old Cases Treated and Causes of Death in Health Facilities

YEAR	Cases			Deaths		
	Subject	No of Cases	Rank	subject	No of Deaths	Rank
2002	ARI (Without pneumonia)	63307	1	PNEUMONIA ALL TYPES	183	1
2002	Diarrhoea all forms	45521	2	Diarrhoea all forms	135	2
2002	Pneumonia all types	35543	3	Septicaemia	76	3
2002	Skin infection & scabies	11824	4	Malnutrition, all types	73	4
2002	Infection of eye including trachoma	7979	5	Malaria , all types	32	5
2002	Ear infection	6900	6	Anaemia, all types	24	6
2002	Malaria , all types	5398	7	HIV/AIDS	23	7
2002	Malnutrition, all types	5324	8	Intrauterine hypoxia/birth asphyxia	12	8
2002	Injury all types	4238	9	Heart diseases	9	9
2002	Oro -dental infection	3659	10	TB, all types	8	10

YEAR	Subject	No of cases	Rank	Subject	No of Deaths	Rank
2003	ARI (Without pneumonia)	59290	1	Pneumonia all types	197	1
2003	Diarrhea all forms	55218	2	Diarrhoea all forms	122	2
2003	Pneumonia all types	47248	3	Malnutrition, all types	106	3
2003	Skin infection & scabies	12165	4	Septicaemia	74	4
2003	Malnutrition, all types	11570	5	Malaria, all types	29	5
2003	Infection of eye including trachoma	9126	6	Anaemia, all types	24	6
2003	Ear infection	7922	7	HIV/AIDS	22	7
2003	Malaria , all types	7754	8	Injury all types	8	8
2003	Injury all types	4623	9	Epilepsy	5	9
2003	Soft tissue injury	2588	10	Snake bite	5	10
YEAR	Subject	No of Cases	Rank	Subject	No of Deaths	Rank
2004	ARI (Without pneumonia)	53685	1	Pneumonia, all types	198	1
2004	Pneumonia all types	53382	2	Diarrhoea, all forms	132	2
2004	Diarrhoea all forms	50248	3	Septicaemia	106	3
2004	Skin infection & scabies	10420	4	Malnutrition, all types	105	4
2004	Ear infection	8353	5	Anaemia, all types	19	5
2004	Malnutrition, all types	7919	6	Low birth weight	14	6
2004	Infection of eye including trachoma	7584	7	Injury all types	12	7
2004	Malaria , all types	4310	8	HIV/AIDS	11	8
2004	Injury all types	4287	9	Heart diseases	8	9
2004	Oro - dental infection	2778	10	Malaria , all types	6	10

Source: MoH, 2015

85. The leading causes of deaths among children in the health facilities during 2002-2004 were respiratory system infections, septicaemia, malaria, malnutrition and diarrhoea. These were all preventable diseases associated with poverty and poor sanitation.

Table A.8: Number of Children Who Received Services in Health Facilities and Deaths

	Total number of Cases		Total number of Deaths	
Year	Age Group	No of Cases	Age Group	No of Deaths
2001	LessThan5	216824	LessThan5	482
2002	LessThan5	211905	LessThan5	630
2003	LessThan5	241812	LessThan5	640
2004	LessThan5	225692	LessThan5	681

Source: MoH, 2015

Communicable and Non-Communicable Diseases

86. Due to their devastating effects, Communicable Diseases have been a major public health concern in Eritrea. Most childhood as well as adult morbidity and mortality are directly or indirectly caused by communicable diseases. That is why almost all public health interventions are geared towards controlling or eliminating communicable diseases. Due to the gravity of the threat posed by communicable diseases, the Government of the State of Eritrea solicited a loan of 40 million USD from the World Bank to fight the four most dangerous communicable diseases, namely HIV/AIDS, Malaria, STIs, and Tuberculosis (HAMSET).
87. Among the most common communicable childhood diseases of public health concern were 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 burden to the health sector. Some of the non-communicable diseases that showed increased prevalence were: diabetes mellitus, cardiovascular diseases, substance abuse, chronic obstructive pulmonary diseases and injuries. The MoH of the State of Eritrea has therefore given parallel attention to both the communicable and non-communicable diseases.
88. Although NCDs were not common among children and adolescents in Eritrea, the outcome of a survey (2005) conducted by the MoH indicates that 0.5% and 2.1% (0.3% in females) of children under the age of 15 were respectively, diabetic and hypertensive. Furthermore, adolescents of 15-24 years of age who were diabetic and hypertensive were 3.5% (2.2% Females) and 0.6% (0.3% females) respectively.
89. The most remarkable achievement in the fight against the communicable diseases, especially against the HAMSET diseases, is the concerted involvement of several partners such as the Ministry of Education, Ministry of Defence, Ministry of Labour and

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

HIV/AIDS and Sexually Transmitted Diseases (STDs)

90. The Government of the State of Eritrea (GoSE) considers the HIV and AIDS epidemic to be one of the gravest threats to the health of its young and adult population. Eritrea recognized early in its nationhood the threat posed to the country by HIV/AIDS and formed an AIDS section within the MoH. The National HIV/AIDS/STI and Tuberculosis Control Division (NATCoD) was charged with managing Eritrea’s response to the epidemic, and a multi-sector group, the National AIDS Control Committee (NACC), convened to ensure that the response encompasses a cross-sectoral and coordinated effort.
91. While the prevalence of HIV among the general population remained relatively low, Eritrea has been at serious risk of a generalized epidemic similar to those in neighbouring African countries. Fortunately, the government of Eritrea continued to regard HIV and AIDS as a priority issue for the country, recognizing the critical importance of proactively establishing appropriate programs and systems that would curb the spread of the epidemic before it got too late.
92. It is also very important to note that in the fight against HIV/AIDS it was not only the MoH which took the leadership but the partnership for an expanded response to the epidemic included the government Ministries , civil society organizations, private sector organizations and bi-lateral and multi-lateral partners. The public sector authorities involved include the Ministry of Education, Ministry of Information, Ministry of Labour and Human Welfare, Ministry of Defence, Ministry of Transport and Communications, Ministry of Tourism and Ministry of Agriculture, with the Ministry of Local Government acting as the coordinating body at the zoba level.
93. Civil society organizations active in HIV/AIDS prevention and support activities included NUEW, NUEYS, National Confederation of Eritrean Workers (NCEW),

Eritrean Social Marketing Group (ESMG), Family and Reproductive Health Association of Eritrea (FRHAE), BIDHO (Association of People Living with HIV/AIDS) and all the religious institutions in the country. The Eritrean National Chamber of Commerce (ENCC) and the Employers Federation of Eritrea (EFE) were also active partners in the fight against HIV/AIDS. International partners included all the UN Agencies present in the country, the Italian Cooperation, the Swiss Red Cross and the Norwegian Church Aid.

Table A.9: Under 5 Year Olds Infected with HIV and Number of Deaths in Health Facilities

YEAR	Number of Cases	Number of Deaths
2001	133	27
2002	140	23
2003	155	22
2004	134	11

Source: MoH, HMIS 2015

94. Drafting of policies and policy guidelines was handled by the NATCoD division of the MoH. It developed policies and policy guidelines like the National HIV/AIDS policy and guidelines, National HIV/AIDS/STI M&E framework, Home Based Care (HBC) policy and guidelines, reviewed Antiretroviral Therapy (ART) Policy guideline. In this regard trained 59 female and male physicians and 68 female and male nurses were trained on ART management. 25 physicians and 30 nurses attended refreshment courses on ART, 30 nurses attended refreshment courses on adherence counselling, 80 health workers attended seminars on two drugs (Kaletra and Abacavir), 4 physicians conducted study tours in countries that had already introduced ART. A paediatrician attended a one month course on care of children with HIV and 12 physicians were trained as ART trainers, 200 HWs trained on ART and management of Opportunistic Infections (OIs), 402 on STI syndrome management, 237 volunteers on Home –Based Care (HBC).
95. The strategy aimed at connecting the Government with communities and individuals. The primary audiences of the Winning Through Caring strategy are the at-risk populations, mainly people directly affected by HIV & AIDS; youth (in and out of school), workers and members of women’s groups, health workers (including community health workers), military men and women and Commercial Sex Workers (CSWs). This strategic program regularly reaches approximately 32,000 women and men in urban and peri-urban areas.

Activities in the 63 model communities are overseen by 2,532 female and male peer facilitators, 8,813 peer group members (females and males) and 238 female and male peer coordinators.

96. By 2005 it was estimated that there were 60,000 to 86,000 females and males who lived with HIV/AIDS in Eritrea. Children comprised 4.92% to 8.79% of the total AIDS cases. Heterosexual sex is the primary means of HIV transmission in Eritrea, apart from the mother to child transmission in children.
97. Like many other developed and developing countries, Eritrea conducts Antenatal Care (ANC) HIV sentinel surveillance survey in order to estimate its national HIV prevalence in the general population and to determine the socio-demographic and geographic risk factors associated with increased HIV infection. International experience shows that the HIV prevalence among pregnant women who seek ANC serves as a basis to estimate HIV prevalence in the general adult population. Between April and July 2003, the MoH collected basic health and socio-demographic information along with anonymous, unlinked blood samples from 4,561 pregnant women attending ANC sites for the first time during their current pregnancy. Blood samples were tested for both HIV and syphilis infections.
98. According to the 2003 assessment, which covered all six zones of Eritrea, the non-weighted 2003 national HIV prevalence rate was 2.4%. Prevalence rates were highest in the Southern Red Sea (7.2%) and Maekel (3.6%) zones. Women aged 20-24 years and 25-29 years had higher-than-average rates of infection (2.7% and 3.6%, respectively). Notably, HIV prevalence was higher among pregnant women attending urban ANC sites (3.3%) than among pregnant women in rural ANC sites (0.9%).
99. The estimated 2003 national prevalence rate for syphilis was 1.6%. Like HIV, rates varied widely across zones. Syphilis prevalence was highest in Southern Red Sea zone (4.6%), followed by Gash-Barka (3.1%). Urban and rural rates of syphilis infection were identical.
100. It is also important to take into consideration that HIV/AIDS prevalence in the voluntary and recruited blood donors is decreasing. For example in 2003 the voluntary blood donors (VD) was 0.20% versus the Recruited Donors (RD) 0.30%. In 2004 the prevalence was decreasing.

Table A.10: Indicative Age Distribution of AIDS Cases in 2004-2005

Year	2004		2005 (January –June)	
	Number	Per cent	Number	Per cent
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

Table A.11: VCT Annual Test Reports

Year	Total test done for VCT	HIV positive	HIV positivity rate
2003	32,292	1402	4.34%
2004	47,663	1866	3.91%
2005	69,121	2334	3.38%

Source: NATCoD, MoH 2005

101. The impact of HAMSET 1 on disease control, notably its contribution to prevent a major HIV/AIDS epidemic, had ripple effects in the long term in Eritrea. HAMSET 1 was, indeed, an investment project for the most part, so its outcome was essentially to train, educate and sensitize people about the dangers of these diseases. It brought new knowledge on large scale which resulted in lowering the infection risk for all multiple diseases, but more particularly for HIV/AIDS and tuberculosis.

Table A.12: Yearly Male Condoms 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
Total	14,584,644	13,284,684	27,876,328

Source: MoH, HMIS, 2005

102. It is also worth noting that for a total population estimated at around 3.0 million, the Ministry of Health distributed 14.6 million female condoms between 2002 and 2004. The female condoms had very wide acceptance. Study results indicated that 96% of the women and 94% of the men liked the female condom very much. Of the single women, 95% wanted to continue using the female condom for disease prevention while 70% of married women indicated that they wanted to continue using it as a contraceptive.

Tuberculosis (TB)

103. Tuberculosis (TB) in Eritrea has been one of the main public health problems for many years. It is more prevalent in the poor and malnourished communities. With the emergence of HIV/AIDS and its opportunistic nature, TB is becoming more important in public health programs. The prevalence of TB in the general population of Eritrea was 47/100,000 according to the National TB Prevalence Survey of 2005.

Malaria

104. Malaria is an endemic health problem in Eritrea with about 67% of the total population living in malaria risk areas. The major cause of malaria is Plasmodium Falciparum (93%), Anopheles Arabians being the main vector. The main objective for the last three years, as far as reducing the incidence of malaria is considered, was to reduce morbidity and mortality by 80%. As per the MoH's statistics, by 2003, malaria morbidity registered at Out Patients Departments (OPDs) had dropped by 86.5% compared to previous years, while mortality dropped by 85% and case fatality rate by 35%. Based on the trend data on malaria morbidity and mortality, Eritrea had by far exceeded the Roll Back Malaria (RBM) goal of halving malaria mortality by 2010. Most of the RBM and the Abuja targets were met. As a result Eritrea was registered by the WHO of the African Region as one of the top five African countries which performed well in the fight against this deadly disease.

105. In 2004 mortality, morbidity and case fatality attributed to malaria among less than five years age dropped to 1%, 1.8% and 0.9%, respectively. This was due to the successful activities carried out in the three years period. By the end of 2005 the ministry 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. The prime beneficiaries of the bed net distribution were children and mothers.

106. The insecticide re-treatment rate was also quite high, at 62%. According to this report, slightly less than half (48.4%) of the surveyed people (both under and above five years of age) slept under mosquito nets and 41% of the nets were insecticide treated. The same report also indicated that 76.3% of the mosquito nets were distributed freely, with only 23.7% purchased. It has become a custom in the Eritrean society that children are prioritized to sleep under mosquito nets, indicating that the population is aware that children under five years are at a higher risk than adults.
107. For appropriate case management, the MoH developed an anti malaria drug policy. Accordingly, 1) the first line anti-malaria drugs are combinations of Chloroquine and Fancidar (CQ and SP), 2) the second line anti-malaria drug is Quinine and 3) Artesunate combination (ACT) i.e AR+AD was on the stage of pilot and efficacy studies. It was piloted in 16 health facilities in four high malaria zones (Gash-Barka, Debub, Anseba and Northern Red Sea). It was reported that the efficacy was 100% with insignificant side effects. The case fatality rate in 2004 was (0.6%) and was the highest in National Referral Hospitals (2.0%) followed by NRS (1.3%). The outpatient and inpatient morbidity and mortality due to malaria in health facilities dropped significantly.
108. The tangible achievements that the country recorded in the reduction of malaria morbidity and mortality was mainly due to the intensive work accomplished by the National Malaria Control Unit/program 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 female and male community members, 1522 female and male community village malaria agents, 420 female and male health workers from the military and over 815 female and male health workers from MoH were trained in malaria management.

Other Communicable Diseases

109. Although most of the tropical communicable diseases seem to be on the verge of disappearance, more focus and attention was given to the following most serious childhood communicable diseases:

Acute Respiratory Infection (ARI)

110. Acute Respiratory Infection (ARI) has been one of the leading causes of outpatient and inpatient morbidity and mortality in health facilities of Eritrea. Some of the predisposing factors for ARI are: malnutrition, low birth weight and low immunization (especially for measles some years back). According to the health facility report, ARI, diarrhoea and malnutrition have similar patterns, one affecting the occurrence of the other. As malnutrition increases, so do ARI and diarrhoea because of poor resistance. Newly diagnosed ARI cases were reported from hospitals and health centres that accounted for up to 34.2% of all outpatient and inpatient morbidity cases in 2004.
111. ARI is more acute in children under five years. It generally accounted for 45.4% of outpatient and 42.7% of inpatient morbidity and 28.7% of inpatient deaths. Out of all ARI cases and deaths in hospitals and health centres, 34.4% of morbidity and 96.6% of ARI mortality was due to pneumonia. Considering trends of ARI in hospitals and health centres in proportion to all other causes of morbidity and mortality, the morbidity, the case fatality and average length of stay continually decreased during the reporting period (2002-2004).

Diarrhoea

112. Diarrhoea is a poverty disease that is more prevalent in poor countries like Eritrea with high under nutrition status, accompanied by low accessibility to safe water and waste disposal systems. Poor access to safe water and disposal system are the main predisposing factors to the high prevalence of diarrheal diseases. The Eritrean Household Health Status Utilization and Expenditure Survey (EHHSUES) conducted by the MoH indicated that only 32.2% of the people in Eritrea had access to pipe water which is considered safer, and only about 28% have different types of latrines. The situation was worse in rural areas with only 3.7% access to proper excrete disposal system. The annual trend of diarrhoea incidence shows that there was relatively higher peak during the rainy months indicating possible contamination of drinking water by floods that carry different contaminants. According to the hospital and health centre morbidity and mortality reports, diarrhoea stood as the second cause of outpatient and the third cause of inpatient morbidity in both under and above five-year age groups. It was the second cause of mortality in children under five years in hospitals and health centres.

113. In the reporting period decreasing trends of diarrhoea incidence were achieved due to the different ORT corners established in all health facilities, the Azel Pharmaceutical Sh. Co. producing 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, the intensive health promotional activities like the Participatory Hygiene and Sanitation Transformation (PHAST).

Expanded Programme on Immunization (EPI)

114. The goal of the Eritrean Immunization Programme is to enhance child survival by reducing mortality, morbidity and disability attributed to the seven most common childhood diseases in under 5 years children.

115. 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 Global Alliance for Vaccines and Immunizations (GAVI). Another underutilized vaccine against Haemophilus Influenza (Hib) was also requested from GAVI and conditionally approved for prospects to be started by mid-2007. This was a step forward in the country's routine EPI program.

116. The target populations for immunization services are children under one year and pregnant women. In 2004 the availability of immunization service was reported from 248 (65.4%) of the total health facilities. The majority of health stations are found in remote and inaccessible places, indicating that children and mothers at the periphery are increasingly becoming the biggest beneficiaries of the program. Fully immunized children before the age of one year in 2004 stood at 74%. The number of children who are immunized after their first year of age showed decreasing trends, indicating that increased numbers of children are immunized before their first year of birth, also indicating an increase in the immunization coverage. This in turn is an indicator of the improvement in the survival opportunities for infants.

TableA.13: Immunization Coverage in Percentage for Children under one Year of Age for the Different Antigens by Zobas in the Year 2004

Zoba	BCG	OPV0	OPTHB 1	OPTHB 2	OPTHB3	MEASLES	Fully Immunized
Anseba	4.7	88.5	87.6	87.5	83.7	77.5	75.6
Debab	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
Gash Barka	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, HMIS 2005

Table A.14: Vaccination Coverage Rates (percentages) for the Various Antigens during (2002-2004)

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

Source: MoH, HMIS 2005

Neonatal Tetanus

117. Eritrea is one of the very few countries in the Horn of Africa that have eliminated neonatal tetanus. The national policy indicates that all Child-Bearing-Age Women (CBAW) between the ages of 15-44 must be vaccinated with 5 doses of TT and since 1995 a school immunization program has been implemented. By 2004 up to 93% of all new-born babies were protected against tetanus, according to the routine HMIS report.

118. A community-based assessment carried out in 2003 by the MoH in collaboration with WHO and UNICEF did not identify any case of neonatal tetanus. Hence, Eritrea is registered by WHO and UNICEF to be a neonatal-tetanus-free country. However, as the majority of deliveries are carried out at the community level, intensive and active surveillance was necessary to continue excluding any case of neonatal tetanus.

Measles

119. During the reporting period Eritrea was at an accelerated measles control and heading towards elimination of measles, which was once one of the main childhood killers in the country. After several months of pre-campaign preparations involving micro planning, coordination, social mobilization and logistics management, the Eritrean nationwide measles catch-up campaign was conducted in Sep 20 – Oct 06, 2003 in the presence of His Excellency Mr. Isaias Afwerki, President of the State of Eritrea, during the national launch for the measles SIAs. A total of 1.3 million children aged 9 months to 14 years of age were targeted for measles vaccine and 364,342 children of 6 months to 5 years of age were targeted for Vitamin A supplementation.
120. A total of 1,047,682 children (82% of targeted children for measles vaccine) were immunized during the 2003 national measles SIAs in Eritrea according to administrative data. The coverage rate ranged from 61% in Southern Red Sea to 99% in Gash Barka. Based on the administrative coverage report, the expected 95% coverage was not reached at the national level. Uncertain target population estimates and underreporting of vaccinated children in some Zones were presumed to be the main reasons for the reported lower administrative coverage. The post campaign evaluation survey result of 98.3% measles vaccine coverage may however support the fact that the coverage reached during the campaign is indeed very high.
121. According to the statistics of the MoH, the number of measles cases recorded at health facilities in the years 2003 and 2004 were 376 and 54, respectively. However, until routine immunization coverage reaches >85% in all districts, it was mandatory to conduct a follow up campaign thereafter every 2-4 years.

Poliomyelitis

122. Although cases detection systems are poor, evidently there has not been any polio case in Eritrea, during the eight years prior to 2004. Hence, Eritrea had virtually eliminated polio by the end of the reporting period (2004). However, specific activities had been taken to improve on the accurate reporting of the EPI target diseases. The EPI Unit with the support of WHO continued making efforts to improve the quality of surveillance of Acute Flaccid Paralysis (AFP).

123. The strengthening of routine services remained 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 the need for establishing a disease surveillance system and conducting supplemental immunization activities such as polio national immunization days (NIDs) and Sub-national Immunization Activities (SIAs).

Adolescent Health

124. Adolescents are considered as a significant component of the population. 33% of the population of Eritrea is estimated between the ages of 10 and 24 years, 24% with the ages 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.

125. According to the policy guideline of the MoH, it was indicated that over one third (33.6%) of adolescents had begun childbearing and 24% of them are less than 18 years old. Complications of abortion account for 46% of all obstetric deaths and 5% of all deaths. The magnitude of sexual abuse among adolescents was not yet documented; however 10% of girls reported sexual assault during a school based needs assessment study on sexual and reproductive health conducted in 2003.

126. With this in mind the government and partners began to respond to adolescent needs in various ways. Attention was given to the expansion of health facilities, training health workers and equipping health facilities to make quality health services accessible to the population. The overall adolescent health service was seen separately and it was planned to establish a new adolescent health unit.

Child and Adolescent Health

127. The overall goal of the MoH with regard to child and adolescent health is that all Eritrean children – new born, infants, under five children, school children, and adolescents have access to good quality of health care which includes preventive, curative and rehabilitative, at all levels of the health system.

128. Improving the poor health of children will be achieved by consolidating and scaling up of the efforts of the past years and the introduction of new interventions. The overall goal is to reduce mortality, morbidity, the disease burden and disability in children and adolescents and contribute to their healthy growth and development.
129. Despite the economic difficulty and the no-war-no-peace situation emanating from the border conflict, Eritrea showed a high level of commitment in addressing the needs of young children through community initiatives. However, because of the border conflict, persistent droughts, public investments in services for children did not reach a level that could satisfy the increasing demand. Nevertheless, Eritrea demonstrated significant improvements in child health by investing at low-cost but achieving remarkable scores.
130. Eritrea was grouped among the countries that had a neonatal mortality rate (NMR) of between 15 and 29 per 1,000 live births. In this group of countries the commonest causes of neonatal death were pre-term, asphyxia, sepsis/pneumonia, diarrhoea and neonatal tetanus. According to UNICEF estimates for 2004 Eritrea's IMR was 52/1,000 and U5MR 85/1,000 live births.
131. Like other countries, Eritrea adapted generic Integrated Management of Childhood Illness (IMCI) modules that address childhood illnesses from the 2nd week thus leaving out the early neonatal period. However, now the MoH has started to incorporate the early neonatal period also.

Nutritional Status of Children and Mothers

132. It is not surprising to see that the nutritional status of children under the age of five years has seriously deteriorated since 2001 (the aftermath of the Ethio-Eritrea border war), although the MoH tried to reverse the situation. According to the nutrition surveys (NSS-Nutrition Surveillance Systems) undertaken annually since 2003 by the MoH, Global Acute Malnutrition (GAM) in children less than five years of age was very high ranging from about 9% to 21%, which was above the WHO threshold of 10% in all regions except Maekel. The results of the survey also showed seasonal variation getting worse during the hunger season (May to August). Similarly, the level of under nutrition among non-pregnant women is very high, ranging from 34% to 64%.

TableA.15: Nutritional Situation of Children less than 5 Years of Age (2004-2005)

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

Source: MoH, NNSU 2005

133. In Eritrea over 98% of children are ever breastfed, and the median duration of breastfeeding of 22 months, is among the highest in Africa. However, exclusive breastfeeding, similar to other African countries, remains low with a median duration of only 2.5 months. Exclusive breastfeeding apart from its nutritional benefits has a unique contribution to child survival. The relative risk of death for a child who is not exclusively breastfed is estimated to increase by 2.5 times in an environment with toilet and water, and to 5.2 times in an environment without water and toilet (which is a common phenomenon in Eritrea). A baby who is on continuous breastfeeding has less diarrhoea and fewer respiratory infections and recovers quickly from illness compared to a baby who is not breastfed.
134. About 60% of health centres in Eritrea had Therapeutic Feeding Centres (TFC). There are currently 17 TFC in hospitals and 64 TFC in health centres. These TFCs were able to reach about 46% of the malnourished children in 2003 and 2004, which was a good achievement. The statistics for the TFCs showed that the case fatality rate had decreased from 10.6% in 2002 to 5.8% in 2003 and 5.3% in 2004 which is a significant improvement.
135. Vitamin A deficiency in children brings blindness, limits growth, weakens host defences, exacerbates infections and increases mortality. Prevalence of vitamin A deficiency according to serum retinol levels in Eritrean pre-school children according to the survey conducted by MoH and UNICEF indicated that 39% were low, 44.8% at acceptable level, 12.4% are normal and 3.8% deficient. Prevalence of iron deficiency anaemia in Eritrean pre-school children was 1.8% severe, 7.4% moderate and 24.7%

mild. Prevalence of protein-energy malnutrition in Eritrean pre-school children was 38.2% underweight, 38.4% stunting and 9.7% wasting. Prevalence of iron deficiency anaemia in pregnant women was 1.8% moderate, 10.0% mild and 88.2% normal.

TableA.16: Nutritional Status of Children in Eritrea According to the National Nutritional Surveys

Zobas	NSS Nutritional indicators						Total sample of children
	Global Acute	Wasting	Oedema	Stunting	Under weight	Chronic Energy Deficiency	
2003	%	%	%	%			No
Anseba (Dec)	13.9 ¹	12.1	2.2 ¹	49.6	50.0	50.0	1098
Debub (Dec)	12.8 ¹	10.3	3.3 ¹	47.0	42.6	42.0	1314
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	1367
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	1122
Debub (Jun)	7.4	6.8	0.6	41.5	38.3	33.2	1313
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	21.2	3.3 ¹	45.4	49.5	53.8	567

Source: MoH, 2005

136. Males and the youngest children are the most vulnerable groups. The consumption of pre-formed and pro-vitamin A rich-foods by the children seemed to be insufficient to meet their vitamin A dietary requirements, exposing them to high susceptibility of VAD. Vitamin A capsules supplementation did not show any impact on serum retinol concentration, although the efficacy of high vitamin A dosage in the improvement of vitamin A status was well documented. Breast-feeding practices was not associated with the occurrence of VAD, even though breast milk is the most important source of vitamin

A during the first year of life and contributes 80% of the vitamin A dietary requirements during the second year of life.

137. Iron Deficiency Anaemia (IDA) represented a problem of moderate public health significance among pre-school children, according to the guidelines outlined by WHO. Male and the youngest children are the groups at most risk to IDA. The peak of anaemia occurs in the second year of life. The prevalence of anaemia among women at the reproductive age was moderate and rates were almost similar, between pregnant and non-pregnant women, with predominant cases of mild deficiency. Illiterate women or women with low levels of education are more vulnerable to IDA.

138. Protein Energy Malnutrition (PEM) was also an important nutritional problem among pre-school children in Eritrea. The prevalence of underweight was *very high*, stunting *high* and wasting *medium*, in terms of severity of malnutrition. High immunisation coverage rate seemed to be a protective factor against underweight, stunting and wasting. VAD, IDA and PEM co-exist among pre-school children, as well as, under nutrition and anaemia among women of reproductive age.

Table A.17: Moderate and Severe Underweight in Eritrean Pre-School Children by Zobas

Zobas	Moderate under weight	Severe under weight
SRS	21.0%	12.3%
NRS	27.7%	12.8%
Anseba	32.8%	10.0%
Gash-Barka	32.0%	18.0%
Debub	30.9%	8.8%
Maekel	19.0%	4.1%

Source: MoH, HMIS 2005

Table A.18: Moderate and Severe Stunting in Eritrean Pre-School Children by Zobas

Zobas	Moderate stunting	Severe stunting
SRS	16.0%	14.8%
NRS	19.8%	19.0%
Anseba	27.0%	19.7%
Gash-Barka	24.6%	21.4%
Debub	24.6%	16.2%
Maekel	20.5%	7.4%

Source: MoH, HMIS 2005

Table A.19: Prevalence of Moderate and Severe Wasting in the Eritrean Pre-School Children

Zobas	Moderate wasting	Severe wasting
SRS	11.1%	2.5%
NRS	9.6%	2.9%
Anseba	5.0%	0.8%
Gash-Barka	13.8%	2.6%
Debub	8.1%	1.1%
Maekel	3.9%	0.2%

Source: MoH, HMIS 2005

139. Another very important initiative which the Ministry of Health took starting before the reporting period was the iodization of salt. The two salt producing enterprises in Eritrea have been adding iodine to their products. This has been made effective through the full participation of UNICEF. The consumption of iodized salt in Eritrea reached 98%. However, later on the consumption fell to 68% (according to the survey done by MoH and EDHS 2002). Nevertheless, the Ministry continued taking effective measures in order to sustain the consumption as high as possible. The initial draft of the legislation of salt iodization was amended.
140. Another initiative which the Ministry introduced was “food fortification”. The two factories that produce wheat flour and the DMK factory were instructed to fortify their products. Mixers were installed in these factories and the personnel who operated the machines were given training by an external consultant. The sustainability of the food fortification initiative is still being studied. This was a very important public health intervention and children and mothers would greatly benefit from the food fortification.
141. The following concerns on high rates of child and infant mortality, namely lack of access to safe drinking water and sanitation facilities, adolescent health, HIV/AIDS, harmful traditional practices, policy on children with disabilities, and the low standard of living are very important points and should be observed very closely since at the end, they are the main factors affecting child and adolescent health in Eritrea. In order to effectively fight the child health problems, the Ministry trained around 800 health workers in IMCI. They primarily focus on children’s disease burden.

Environmental Impact on the Health of Children

142. Environmental quality is one of the key factors that determine whether a child survives the first years of life, and strongly influences the child's subsequent physical and mental development. Eritrea has been going through a long period of drought and chronic water shortages. Alternate sources of water closer to villages have dried up and the population, mainly children and women, are forced to walk longer distances to fetch water for household needs. In addition, pastoralists are at risk of having to migrate to the highlands, thereby putting an extra burden on these communities and their already scarce water supply. The lack of water and the long distances to the available water points has forced many families to use insufficient and unsafe water fetched from unprotected sources often shared with animals. In this context the very low sanitation coverage in rural Eritrea becomes even more of a concern posing additional health risks to children.
143. Unhygienic practices of food preparation and excreta disposal coupled with the unsafe drinking water contribute to the high prevalence of diarrhoeal diseases in children under five which in turn can cause dehydration and malnutrition and eventually leads to death.
144. Some of the traditional environmental health hazards that remained to be the primary source of ill-health for most Eritrean children were contaminated water, poor sanitation, indoor smoke, rampant disease vectors such as mosquitoes, food deficiencies and lack of food hygiene and unsafe waste disposal. These factors that cause the poor health of our children stemmed from poverty because almost 60% of Eritreans live in poverty. Some of the main causes of death among children were associated with poverty and poor environmental conditions. At the centre of all these diseases was however, malnutrition which is an attribution of poverty and aligned with almost half of all the diseases that caused child mortality.
145. Contaminated water causes a range of diseases which are often life threatening. As Eritrea is located in a water scarce environment and a drought prone area, it is highly anticipated that water-borne (Cholera, diarrheal diseases, enteric fevers like typhoid and infective jaundice), water-washed (scabies, trachoma, leishmaniasis), water-based (bilharzias/schistosomiasis), and water-related insect vectors (malaria, dengue fever) could bring ill-health to children in school and out-of-school. However, due to the high accessibility of facilities to the general population (75%) and quality of services most of the water related infections were under control.

146. Dengue Fever is supposed to be endemic in the coastal areas of the Red Sea. However, the outbreak of Dengue Fever in the non-coastal areas was a challenge to the disease prevention and control division in terms of clear diagnosis, which however, was ultimately under control. Since independence there has never been any outbreak of cholera in the country.
147. According to the UNICEF-WHO Joint Monitoring Program (2004), rural water and sanitation coverage in Eritrea in 2002 were 54% and 3% respectively. Due to recurrent droughts and other factors, rural water supply coverage in 2004 was estimated at 22% (Water Resource Department (WRD) 2005). The last four consecutive years of poor rainfall have led to one of the worst droughts to hit Eritrea, affecting 60-70% of the country. Water levels in wells and boreholes in 2004 were the lowest of all times.
148. The “Environmental Health Policy and Guidelines” of 1998, published by the MoH, preferred to limit 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 developed a “Sanitation Policy” which is comprehensive and includes collection, storage and use of drinking water, liquid and solid disposal, excreta disposal, home and food hygiene, personal hygiene and environmental hygiene. But to accomplish this task, it is obvious that technical expertise and other resources are needed. In the reported period 18% of the population had access to safe and adequate sanitation. About 45% of the urban population used flush toilets and 21% used traditional or improved ventilated pit latrines. More than 80% of the total population and 99% in the rural areas practice open field defecation. A large proportion (41%) of the rural households had their farm and domestic animals living within the human living areas (homes).
149. In the reporting period the MoH with the close collaboration of its partners constructed 11,936 Family Pit Latrines (VIPs), 344 health facility latrines, 277 school latrines and 494 family latrines for Internally Displaced Persons (IDPs).

Women’s Health

150. Eritrea is one of the developing countries with unacceptably very high maternal mortality. During the period under consideration, the estimated maternal mortality rate was 752/100,000 (according to research findings of Dr. Mismay Gebrehiwet and 630/100,000 as per the WHO, UNICEF and UNFPA estimate and 307/100,000 as per the

facility based results. Having healthy women and children is an important factor for the development of a healthy and prosperous nation, since women of child-bearing age and children make up about 60% of the total population. Thus maternal and child health remains one of the priority agendas of the Ministry and the Government of the State of Eritrea.

151. 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 the communities can be mentioned as a few of the many activities that have been carried out during the implementation phase of the Reproductive Health Program. Furthermore, the Ministry has trained near to 700 female and male health workers in Life Saving Skills (LSS) who in most part are assigned to work in the health facilities that are in the remote areas.
152. Taking the number of health facilities that should provide antenatal care services and the estimated target population, the ratio of health facility to pregnant women in 2004 was 1:208.
153. According to the HMIS data, it is indicated that the proportion of births delivered in Emergency Obstetric Care (EMOC) facilities showed an increase every year. The proportion reached 28.3% in 2004. The met need for EMOC has increased to about 60% in 2004. The skilled assisted delivery coverage is a very important indicator as we all know that pregnancy outcome is not predictable, and any woman is at risk and can develop life threatening complications any time in her pregnancy, during delivery or postpartum. The following table indicates percentage of skilled assisted deliveries by zone.

Table A.20: Skilled Personnel-Assisted Deliveries by Year and Administrative Zone in Percent

Zone	2002	2003	2004
Anseba	14.6	14.9	17.7
Debub	22.3	22.7	23.4
DKB	19.4	19.2	19.4
G/B	14.6	15.3	16.3
Maekel	15.2	13.9	13.3
SKB	14.5	17.2	16.5

Source: MoH, HMIS 2015

Maternity care indicators for the period (2004)

- Maternal health and rates of immunization for TT2+ = 37%
- 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%
- Maternal mortality rate in 2004 was 752/100,000 live births (Dr. Mismay Gebrehiwet), 630/100,000 as per the estimate of UNICEF and WHO (2004). However, facility based MMR is 307/100,000.
- Unassisted urban births: 20%
- Unassisted rural births: 70%

Harmful Traditional Practices

154. Harmful traditional practices are factors contributing to high maternal and child mortality. The Ministry of Health has recognized that there are certain cultural beliefs that greatly affect the health of children. To this end, the Ministry is, in collaboration with other stakeholders working very hard by organizing sensitizing and awareness raising campaigns for the population in general and religious and influential people in particular, against the practice of FGM, early marriage and other harmful practices like food taboos (nutritious food for male preference), heavy work load of women (especially the pregnant), blood-letting during high fever, uvuloectomy, etc. As part of the sensitization campaigns, health education about all the taboos and harmful cultural practices is given in health facilities and communities.

155. Although the MoH played an important role in coordinating the anti-FGM campaign, the NUEW, NUEYS and others have also played major roles. The Ministry of Health developed National Action Plan for the abandonment of FGM in Eritrea. It also developed health promotional materials, including the production of a documentary video show that has been very important in changing the behaviour of communities.
156. The production of the video show “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 already drafted internal communal laws that prohibit the practice of FGM. Awareness raising campaigns especially conducted by different participants, including the mass media- newspapers, radio and television made significant contributions in the fight against FGM. Yet the issuance of an official proclamation that banned FGM had to wait until 2007.

Human Resources for Health and Health Infrastructure

157. At the end of 2004 the distribution of the total MoH employees across the zobas indicated that the National Referral Hospitals (NRH) had the highest share (24.6%) followed by zoba Debub (16%) and zoba Maekel (13%). This shows that there was higher concentration of MoH employees at the centre (45.6%). Out of the total health professionals in the ministry, 56.3% were assigned in the 25 hospitals, 14.8% in the health centres and 11.1% in the health stations and 0.7% in MCH clinics.
158. About 49.1% of the professional employees of the Ministry of Health in Eritrea were females. Females constituted about 17% of doctors, 54% of nurses and 59% of associate nurses. Out of the total doctors and nurses, 44% and 21% respectively had specialties in different fields. Out of the total doctors in the ministry, 31.3% were expatriates.
159. In addition to the MoH employees, 66 doctors, 59 Nurses, 95 associate nurses, 47 laboratory technicians, one pharmacist, 4 pharmacy technicians, 10 radiology technicians and 2 dental technicians worked in private and industrial facilities. On average, there were 5 doctors, 19 nurses, 29 associate nurses and 2 laboratory technicians per hospital; 2 nurses, 5 associate nurses and one laboratory technician per health centre; and 2 associate nurses and no laboratory technician per health station.

160. The health worker population ratio indicates accessibility to health providers. To compute the health worker population ratio an estimated population figure of 3.3 million was used. The number of people per nurse and associate nurses had decreasing trends, 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 population ratio because of the expansion of the training institute and increase in the intake. The doctor, nurse and associate nurse population ratio in 2005 was about 1:15,000, 1:3,200, and 1:1,900 respectively. The WHO target for doctor population and nurse population ratio is 1:10,000 and 1:5,000 respectively. Hence, considering the WHO target, Eritrea is close to achieving the target. It is therefore in this particular area that the ministry required both financial and technical assistance.
161. Out of the total health facilities, 220 (61.5%) were Government owned. 28 (7.8%) were owned by the Catholic Church, 66 (18.4%) by private owners and 29 (2.5%) by other Ministries and the Evangelical Church. Taking all the hospitals, health centres and health stations into consideration, a hospital serves about 131,000 people, a health centre 64,000 people and a health station 18,000 people.

Budget Allocations

162. The GoSE refers to the query made by the Committee on the availability of organized health service providers that offer free services to children (Para. 42). In this regard, it is worth explaining that Eritrea has a universal free health service in all levels of publicly owned health services, except for nominal registration fees. All children are eligible to free medical services, in all health facilities, including specialized paediatric hospitals.
163. The budget allocation indicated here is an approximate calculation intended to indicate the general magnitude. As children and mothers were the primary beneficiaries of the health delivery system, the budget allocated was mostly spent on their protection and care.
164. In January- December 2002 fiscal year /Annual report/ Government recurrent and capital health budget expenditure, donors expenditure, donors capital expenditure and external assistance received in kind was Nakfa 368,260,129.50.

165. In 2003 the government expended a sum of Nakfa150,171,704.98 including for salary Nakfa58,807,461.36 (39%), for drugs Nakfa39,593,712.79 (26%), for others Nakfa 38,934,903.32 (26%) and for capital expenditure Nakfa 12,835,627.51 (9%). In addition, Nakfa 36,344,154.45 received from international assistance was expended in capital investment. The total was Nakfa 336,687,564.41.
166. In 2004 the Government's recurrent and capital expenditure in health was Nakfa 181,887,935.83. Expenditure in health from in-kind external assistance during 2004 amounted to Nakfa 242,839,616.27. The donors' capital expenditure during January-December 2004 fiscal year was Nakfa 35,106,293.95. This brings the total 2004 health expenditure to Nakfa 459,833,846.05.
167. Revenue Collected from health service charges in 2003 and 2004 fiscal years were Nakfa 23,936,832.72 and Nakfa 18,541,377.83, respectively. Thus, despite the economic difficulties, the government made steadily increasing expenditures and investments in health.

Social security and child-care services and facilities

168. The Ministry of Health provides free health services to all people including children. Thus the health security of children is guaranteed in all levels of health service structures. Immunization and therapeutic feeding programmes aim at protecting the welfare of the Eritrean child. Besides, the Ministry of Labour and Human Welfare runs diverse programmes that support poor and vulnerable children such as orphans, street children, commercial sex workers and persons with disabilities by providing them with basic amenities and longer term rehabilitation.

Care of orphans

169. The Ministry of Labour and Human Welfare is responsible for the welfare and care of orphans. It endeavours to provide protection and development services that promote the safe growth of the orphan child into adulthood with confidence and dignity like any other normal child. To this effect, the MoLHW developed policies and institutions to address the various needs of orphans. The approaches vary, but generally include Community Based Reunification, Foster Parents, Group Homes, Adoption and institutional approach as the last resort.

VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

Education, including vocational training and guidance

170. The Government of the State of Eritrea (GoSE) refers to its presentation on the same topic in the preceding topic on General Principles concerning the legislative, constitutional, and policy matters related to education, leisure and cultural activities.
171. With reference to the Committee's comments/queries (para. 50) the GoSE elaborates hereby that education is basically and literally free at all levels, including graduate and post graduate studies. Books were lent to students until the end of the year when they had to be returned. If lost by the student, he/she had to pay the cost which was very minimal. Students pay only registration fees which do not exceed Nakfa 200 per annum per student. There is no other fee levied on students. Students or parents are required to pay for the exercise books, school uniforms (elementary to secondary level).
172. Reference is also made to the Committee's inquiry into the Warsai Yikealo School and Sawa Military Training Centre (para. 51). Initially, starting in 1994 the facilities in Sawa were established as a military training centre for National Service. Later on, it was converted into a learning institution where all grade 12 students would converge for their last year of high school to prepare for the secondary school leaving certificate exams. The duration of stay of the grade 12 students is one academic year. Besides, a vocational training centre was established in the vicinity to provide skills trainings to students who could not make it through to the various colleges. The duration of the vocational training is on average two years.
173. The motive for the establishment of the Warsay Yikealo Secondary School is to bring together all secondary school completing students who have had varying educational and social exposures and have come from diverse ethnic, geographic and cultural backgrounds to one centre where they exchange different experiences and thus strengthen their unity in diversity. It has also the advantage of giving them the same final preparatory plain field to compete fairly in the School Leaving Exam and thus to make up for the unequal environments they have had in the schools where they had attended up to grade 11. It must also be noted that the other secondary schools in the country do not have adequate classroom space to accommodate all of these students.

174. With reference to the Committee's question (para. 52) on measures put in place to ensure that no child is recruited or conscripted into the armed forces, suffice it to mention that the legal instruments are the safeguards. The proclamation on the National Service (1994) clearly states that it is applicable only to citizens in the age range of 18-40 years. Thus education, community service for college students and the national service are managed and regulated separately and under respective mechanisms.
175. Pursuant to Articles 268 of TCCE, the guardian has the duty to supervise the social contacts of the child. He/she may cause the correspondence of the child to be delivered to him/her. The guardian may not, however, prohibit the child from seeing his/her ascendants or from corresponding with them except for good cause.
176. Education is a basic human right of every child. Recognizing this universal right, the Government of the State of Eritrea (GoSE) has made tremendous progress in the provision of educational services. Despite progressive enrolment from time to time, gender and geographic disparities still persist in the education system of Eritrea. To overcome these challenges, the GoSE is making efforts to equitably address gradually the education needs of the un-reached and hard to reach disadvantaged groups which comprise girls, children of nomadic people, minority ethnic groups, children out of school and others.
177. After the thirty years of war for independence, the government of Eritrea had started with great endeavours to reconstruct and rehabilitate the devastated economy and to restore the human resource of the country. This need arose because the GoSE received an economy, infrastructure and social services which have been deliberately devastated by colonial forces, particularly by the successive Ethiopian regimes. Moreover, the human resources development of the country was greatly hindered during this period as the people were persecuted and displaced. The GoSE's immense efforts to reconstruct the country both in economic, social and human resource were hampered by the border war with Ethiopia in 1998-2000.
178. The Education sector, which has shown great improvements from time to time, was badly affected, like other institutions, both in terms of access and quality by the Ethiopian war of aggression. Even in the most difficult times the GoSE placed education among the top priorities and education continued uninterrupted.

179. The Constitution of Eritrea clearly stipulates the following rights of every citizen in general and children in particular that perpetrates any kind of discrimination and prevents equal access to publicly funded services including education.
180. Article 14 (2) states that *no person may be discriminated against on account of race, ethnic origin, language, colour, sex, religion, disability, political view or opinion, or social or economic status, , or any other factors.*
181. Article 21 (1) highlights that every citizen shall have the right of equal access to publicly financed social services. The state is burdened to endeavour, within the limit of its resources, to make available to all citizens health, education, cultural and other social services.
182. The Macro-policy document of 1994, the national education policy, guidelines and regulations regarding pre-school, basic, and secondary education, vocational and technical education, adult and continuing education, special needs education and other establishments, and educational reform (2003) all confirm that the child's right to education is taken very seriously indeed.
183. All activities and measures taken from 2000 up to 2013 were thus intended to promote children's rights to education. However, the practical applications of some regulatory instruments concerning education were encountering serious difficulties. The education reform of the state of Eritrea is taking place under conditions of a no-war no-peace. Consequently due to the presence of economic problems arising from this no-peace and no-war situation, Eritrea faces major challenges in providing children with high quality education. Despite this temporary hurdle, the educational system continues to function and progress gradually.

Aims of Education (Article 11)

184. The GoSE considers education as a cornerstone for overall national development. Further GoSE realizes that the formation of all rounded human capital is the prerequisite for effective socio-economic and political growth. This national development strategy has been underscored in the Macro-policy document of 1994. The GoSE, hence, considers education as one of the pillars of development and a human right for all Eritrean citizens and every child is entitled to get access to education at all levels, including higher education for free. The detailed aims of education can be observed in terms of the broad

goals of the government, as well as the policy and specific objectives of the education sector.

185. The overall objectives of the education system that are outlined in the Government's Macro-policy are:

- to create a modern, technologically advanced and internationally competitive economy,
- to establish broad education incorporating widespread dissemination of skills and language and extensive human capital formation,
- to produce a population equipped with the necessary skills, knowledge and culture,
- to develop self-consciousness and self-motivation in the population to fight poverty, disease and all the attendant causes of backwardness and ignorance,
- To develop Eritrea's human capacity so as to establish self-reliant population and a sustainable socio-economic development, and
- To make basic education available to all.

186. The National Education Policy drafted by the MoE in 2003 outlines the following points:

- Revitalizing citizens with relevant education and training is the only means by which the overall socio-economic development of the country can be achieved;
- Education in Eritrea is a fundamental human right and a life long process, hence all individuals are entitled to get opportunities to education;
- to promote equal opportunity in terms of access, equity, relevance and continuity of education to all school-aged children;
- to steadily increase enrolments in secondary, technical and vocational schools to meet the skilled human power requirements with emphasis on equipping students with different necessary skills;
- to provide elementary education in respective mother tongue languages;
- to provide middle and secondary level education in English;
- to provide Adult and Continuing Education through formal and non-formal channels and produce a more literate and skilled population;
- to make serious efforts in the sharing of the costs of education between Government, communities and parents;

- to encourage the provision of education by the private sector.

187. The specific objectives which are derived from the policies and general objective are outlined as the following:

- Expanding and improving comprehensive Early Childhood Care and Education (ECCE),
- Provide free universal basic education,
- Provision of integrated knowledge and skills based education at middle and secondary levels and expansion of Technical and Vocational Education and Training,
- Promote Adult and Continuing Education through formal and non formal channels,
- To eliminate gender disparity at all levels of the education system,
- Expand Tertiary Education so as to meet the demand for high level professionals and skilled human resources.

188. In 2004 the MoE prepared the Integrated Early Childhood Development Policy. This was updated and strengthened by the Early Childhood Care and Education Policy prepared in 2010. The aim was and is still to ascertain the child's all rounded or holistic growth. This policy builds upon the pre-School Education Policy and Strategy prepared in 1996.

189. The Government of the State of Eritrea realizes that education is vital for sustainable national development. The Government of Eritrea made education a basic human right for every Eritrean child, and all male and female children are entitled to get educational opportunities irrespective of their ethnicity, language, sex, religion, disability, and status. As part of its on-going efforts to ensure that every male and female child has the right to education, the government of Eritrea increased access to schooling during the last thirteen years with particular concern on the disadvantaged groups. Basic education is free and compulsory for all school going age male and female children.

190. Improving access to education for all citizens, and with particular emphasis on the remote rural and hard- to- reach male and female groups has been used as strategy to accelerate access to educational opportunities. As a result, universal primary and middle school education for all school-age male and female population, integrated secondary education with a core as well as enrichment curricula and flexibility to prepare male and female students for tertiary education and employment was introduced.

191. Although access to basic education at all levels remained a matter of concern, quality and relevance of education at all levels was also one of the topmost priority areas during the reporting period. As a result much endeavour was exerted to improve the quality and relevance of education and certain measures were taken in order to keep education abreast with contemporary socio-economic development.
192. This is consistent with one of the goals of Education for All. It is notable that quality is one of the six goals of Education for All (EFA) agreed upon at Dakar, Senegal in April 2000. Goal six states: “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 thus aimed towards improving the quality of education as well as access. As a result the curricula, policies and strategies underwent certain changes. Some of the measures taken to improve access, quality, equity and relevance during the reporting period were as outlined below.
193. A *Concept Paper* on the transformation of the education system was developed in 2002 based on data collected on the evaluation of the education system during the period of 1991-2001, with particular emphasis on the situational analysis, and the 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 the wastages of resources as the main weaknesses of the education system. Accordingly a decision to improve the education system was taken. The Government of the State of Eritrea took the initiative to re-orient / reform the education system in 2003 in order to improve access to schools, relevance and quality. The reform that was introduced aimed to achieve the following:
- Open all doors and opportunities to Eritreans of all ages so they could develop to their full potential both professionally and personally.
 - Abolish wastages of human resources, effort and time in the educational system as much as possible.
 - Make education, at the end of any level, employment oriented so that every educated person can find gainful employment commensurate with his/her level of education or training.

- Make the standards and quality of education and training in the education system high enough such that products of the educational system would have a high degree of acceptability in the international arena of education and employment(**Source:** Concept paper).

194. Consequently the educational system underwent several major changes. The National Education Policy was reviewed, policies and guidelines of sub sectors were prepared, strategies were identified and the national curriculum was reviewed.

195. The *Education Sector Development Programme* (ESDP) was identified as a Strategy in developing the education system. The ESDP was a five years (2004/05-2009) programme put together in 2003 by the Government and its partners such as the World Bank, the European Commission, the African Development Bank, in response to the many difficulties that the education system in Eritrea had been facing 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).

196. The ESDP approaches were to improve access, quality and equity in basic, general, vocational, adult and continuing education. As a result of this, the education system in Eritrea is currently going through several changes, such as:

- Launched a new school curriculum that meets with international standards and aimed at boosting productivity (skill oriented),
- existing rules and regulations were gradually being phased out and replaced by new ones,
- tried to bridge the education gap for girls in regions where girls were far behind, as well as for other disadvantaged groups,
- Early male and female childhood education and adult education received increasing attention over the last three years,
- EFA national goals and Millennium Development Goals (MDGs) were used as parameters in the education system.

197. The National Education Policy (draft) was prepared in 2003. It contained accessibility of education, protection of the individual person against any form of discrimination in

education, free development of the individual person, compulsory basic education to all school-age male and female children, accessibility of secondary and vocational education, free initial vocational education at each level with the relevant educational standards, employment oriented and conformity of education to world standards.

198. The State of Eritrea, as part of its transformation of the education sector, introduced a 12 year academic cycle instead of the 11 years cycle followed earlier. The five years of primary school (ages 6-10) is compulsory for all citizens. This is followed by three years of middle level education (ages 11-13). Completion of Middle school education or its equivalent is compulsory for all school age children. These levels are followed by four years of secondary education (ages 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 female and male children aged 4-5.
199. With reference to the Committee's question (para. 48), besides the state owned pre-schools (kindergartens), there are also privately owned pre-schools in all the major urban areas. In fact, the private kindergartens overwhelm the public pre-schools in Asmara, the capital.
200. In the non- formal system, Adult Literacy and Continuing Education programmes were provided for adults who did not get opportunities to attend the formal education system for certain reasons, and out of school children.
201. The curriculum revision and reformation that started at the beginning of the 2002/2003 academic year showed good progress particularly in pre- School and basic education. Some of the major accomplishments included the preparation of the National Curriculum Frame Work; the outcome based syllabus-guide manual; a discussion paper on curriculum policy, pedagogy, feasibility, and strategy; a guide for inclusive education; new text books; and pre-school curriculum materials. The two years early education and child care programme was also translated into eight local languages. Several training workshops and seminars were organized to familiarize the stakeholders with all these issues.
202. In the new curriculum Science and Technology are the focused areas starting at the end of the elementary level. To this end, the MoE planned to introduce Information and Communication Technology (ICT) in the education system. The introduction of

computers into primary and secondary schools instruction and management was taken as a priority in the educational transformation. The embarkation of this programme was a major breakthrough towards coping with the development of Science and Technology. This effort would equip students with skills and was expected to facilitate teaching and reduce repetition and dropout and enhance the quality of learning. Parallel to this, the professional development of teachers and administrators, as well as using and integrating ICT into classroom was in progress.

203. Under the ESDP, the GoSE took the necessary measures to introduce ICT in the education system of the country. One of these was the supply of computers to schools, both for instructional and administrative purposes. To this end, ICT laboratories were installed in 65 secondary schools and 50 junior secondary schools. A total of 5,300 computers were distributed to these schools. 21 schools in rural and remote areas in particular were beneficiaries of solar powered ICT. This program was anticipated to be expanded to the rest of the schools stage by stage. The MoE believes that this program will assist schools to facilitate their teaching-learning processes and their management and data collection systems. This intervention strengthened the system of data collection and analysis at the national level, which in turn was helpful for improving the quality of education. Moreover the MoE was engaged in providing subsequent training to female and male staff members at different levels during the three years. The types of training provided were data collection and analysis. The trainees were female and male staff members of regional, sub regional offices and school directors and support staff.
204. The traditional teaching methods were refined and new techniques devised in the education system. A new form of instruction, interactive pedagogy was introduced. The MoE perceives that this learner-centred and interactive teaching and learning method served the best interests of the female and male child. It allowed female and male students to actively participate in the classroom and promote their learning. This in turn encouraged the female and male children to be creative and develop their skills. There is no intimidation and corporal punishment involved. Efforts were made to make female and male students courageous and to raise a sense of relevance in education. The MoE developed two manuals on interactive pedagogy and sensitization workshops for female and male teachers were held in 2004. The MoE recognized the challenge that would be encountered in the adoption of this method in the crowded classrooms that prevailed in the education sector.

205. The State of Eritrea in its National HIV/AIDS and STDs Policy of 1998 declared its commitment to reverse and/or halt the impact of HIV/AIDS in the country. Eritrea is signatory to the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, the African Charter on Child Rights and Welfare, and others. To this end, a comprehensive National 5 Year strategic Plan on HIV/AIDS/STIs (2003-2007) that targeted the needs of the young generation was provided. Based on these issues the following progress was made in the education sector.

- The Education Sector HIV and AIDS Policy, (2004), was prepared and discussed among stakeholders. The policy aimed to promote HIV and AIDS education through multi-sectoral approach so as to slow, reverse or halt HIV/AIDS among female and male learners, female and male teachers and the community.
- A 5- year strategic plan of action for school- based HIV/AIDS Life Skills Education (2004) was developed. This strategic plan was intended to impart skills to female and male students and teachers and spread them to the school environment in collaboration with other partners.
- HIV/AIDS Life Skills Based Education, the Rapid Results Initiative (RRI), and Behavioural Change Communication (BCC) were introduced in the education sector.
- All students in grades 4-12 were provided with an age-appropriate HIV/AIDS life skills programme that was fully integrated into the school curriculum.

206. The GoSE realized that poor health and nutrition affects the female and male child's participation, educational performance and quality of education. To this end, a school health and nutrition programme was introduced in 2002 after a situational analysis was made in 2000/01. The programme had 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 Ministries of Education and Health in collaboration with Child Development in the United Kingdom played a leading role in the programme. Policy, guidelines, training manual and facilities were prepared. All schools were assigned with one trained focal person who was in charge of giving training to female and male teachers, screening female and male students and the like. Routine health checks, growth monitoring, sanitation and HIV/AIDS awareness are some of the services provided. Female and male students were particularly screened for eye, ear, skin,

tooth problems and their heights and weights were measured. Some preliminary treatment was given at school and severe cases were referred to nearest health centre. Female and male students in two regions who were believed to be anaemic were provided with vitamins. This programme was intended to improve access, retention, completion and better quality of learning achievements.

207. The link between Education and Poverty Elimination is highly regarded in the Eritrean educational system. The State of Eritrea recognized that developing the skills of the people is the key for competitive, rapid, and sustainable economic growth. In order to achieve such development the state needed to overcome the numerous human resource constraints it faced. Eritrea's development strategy emphasized people as the most central resource which the nation depends on for its reconstruction, and poverty alleviation. This is reflected in the national slogan 'Our Children are Our Future'. Hence, the cornerstone of Eritrea's development strategy is investment in its human resources. Certain efforts were made to overcome the constraints, one of which was to overcome the shortage of skilled human resources.

208. One of the overall strategies to achieve economic growth and poverty eradication included raising the skills and well-being of the people by increasing investment in improving access to education and skills training in technical and vocational subjects. The total expenditure on education by the government was increased from Eritrean Nakfa 199.7 million to 339.4 million to 443.4 million in the years 2002, 2003 and 2004 respectively (MoE, Essential Education Indicators 2001/02- 2004/05). In addition to this government expenditure, there was additional capital budget expenditure on education by some 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 infrastructure.

209. Eritrea strongly supported the goals of Education for All (EFA). Thus, the government worked effectively to ensure that all female and male 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 was gradually showing progress. However, the socio-economic problems in Eritrea's education and training system impeded its ability to accomplish the EFA goals. These problems included: inadequate access to education,

low quality, low internal efficiency of education and limited delivery and financial capacity. Under the transformation of Education, the MoE prepared a framework of action based on the national and global EFA 2000 Assessment.

210. Following the reformation of the educational system, institutional capacity building became an essential ingredient in the education system. The management in the education sector was one of the challenges faced. The MoE thus needed to improve and strengthen the institutional capacity at all levels: MoE headquarters, regions, and local levels. Institutional capacity building, therefore, became one of the pressing priorities in the Education Sector Development Programme. The capacity development programme aimed to develop systemic institutional capacity of the sector so as to improve efficiency, deliver cost-effective and timely outcome and finally achieve the educational goals.
211. The MoE, therefore, made capacity assessment (2004) to identify the capacity, the gaps in human resources, skills and equipment. On the basis of the assessment, organizational framework of MoE institutions; staff deployment and professional and generic skills development; major tools for education system management, planning and budgeting and administration; the review, development and updating of management procedures, rules and regulations in relation to the three levels of education; and logistics and equipment needs were identified as priority areas of institutional capacity building.
212. Inadequate human resource among both sexes existed as a problem in the education sector. One form of the problem manifested itself in shortage of teachers and ill-trained teachers. The government recognized that achieving quality education was not possible without well-trained and qualified female and male teachers, well paid and motivated female and male teachers. Hence, the initiative of teacher education was highly regarded. Training female and male teachers on improving their professional skills leads to improved curriculum delivery and high quality of education. Female and male teachers were trained on child-centred teaching and learning processes, gender equity and life skills education for the prevention of HIV/AIDS.
213. Some of the initiatives taken included: under the Fast Track in-service training programme female and male teachers who had been transferred from the elementary to the middle level of education were trained. These teachers were underqualified for the level at which they were teaching. Thus, 458 middle school female and male teachers were trained from 2004-2005 to upgrade them professionally and help them acquire

college diplomas. Pre-service training for 1,446 elementary school female and male teachers was given in 2002/03-2004-05. Summer training programme for 109 uncertified assistant kindergarten female and male teachers was given. Increasing the number of female teachers and creating role models was encouraged. About 500 females were trained in 2003/04.

214. Needs assessment on Distance Education was successfully completed in 2004. The Open and distance learning programme's immediate objective was to upgrade under-qualified middle school teachers to the college diploma level. This programme was expected to solve the shortage of female and male teachers at the middle level and enhance quality of education. The upgrading programme for middle and elementary school female and male teachers was launched in collaboration with the College of Education at the Eritrea Institute of Technology. This mainly intended to raise the qualification of female and male teachers in elementary schools from the certificate to the diploma level.

215. In line with the new transformation of education, training programmes (pre-service and in-service), workshops, and seminars on the new curriculum, assessment, monitoring and evaluation, supervision, action research, HIV/ AIDS and the like were held during the three years. Parallel to this, community sensitization programmes that aimed at increasingly involving the community in education were undertaken. Female and male teachers at all levels, as well as directors, supervisors, members at the MoE offices, parents, students and other stakeholders of the Ministry of Education were targeted. All these measures were taken in order to bring about a significant change in the quality of education, where at the end of the day the female and male children become the primary beneficiaries.

216. The Ministry of Education supported the involvement of all citizens in the development of the educational process. Community participation in schools was thus highly encouraged with particular emphasis on the Parents, Teachers and Students Association, (PTSA). All schools in Eritrea have established PTSAs whose objectives are to:

- Encourage communication and support among student, teachers and parents;
- Create a situation where female and male students are able to participate actively;
- Work together to ensure the safety and development of female and male students and schools;

- Ensure that schools provide services for the society ;
- Create a sense of social ownership among all and work together;
- Promote support from community, associations and institutions, and
- Play a role in solving problems of female and male students, teachers and parents.

217. Along with this, the MoE strived to strengthen its school-based approach for the development of the curriculum by empowering the school management which included PTSA and centring the school as a learning organization/ institution through continuous periodic activities of training, workshops, seminars, evaluations etc. The community went further to contribute to the provision of non-salary items in order to raise the quality of education.

Educational policy, guidelines and documents

218. The Ministry of Education issued various policy documents to address the question of access, equity, quality and relevance of education for all.

219. This period was characterized by several challenges that followed the aftermath of the border conflict with Ethiopia (1998-2000) and a situation of no-peace and no-war caused by Ethiopia's refusal to implement the UN sponsored Boundary Commission decision issued in April 2002.

Expanding the provision of education during 2000/01-2003/04

Pre-primary school

220. Pre-primary schooling for female and male children whose ages were between four and five years was an integral part of the basic education cycle. Pre-school was provided in a comprehensive and integrated learning programme for two years. In Eritrea pre-school takes two forms: Kindergartens and Rural Community Care-giving Centres (RCCS). The main pre-school curriculum emphasizes laying a foundation for language and concept development, social relationships and the holistic development of the child, including basic life skills.

221. The Government of the State of Eritrea believes that investment in early childhood development is directly related to the promotion of child rights, poverty alleviation, sustainable human resource development, Basic Education for All, and Health for All. Hence, much attention was devoted to the subject of Early Child Care and Education (ECCE) for young female and male children, and special emphasis was laid on disadvantaged areas and population groups.
222. The Government of the State of Eritrea, as an integral part of its commitment to the “Education for All” goals, gave much attention to enhancing the ECCE programme throughout the country. The Ministry of Education in particular focused on increasing access to ECCE with due consideration to equity, fairness and social justice. Central to the Ministry’s activities here was the involvement and coordination of all stakeholders in the programme. It also took a number of important steps to secure quality provision by preparing basic items for the realization of its objectives.
223. These steps included the preparation of guidelines and manuals for care providers, as well as learning materials for all centres, and the organization of a number of workshops, seminars, and short training courses to upgrade the professional qualifications of the female and male teaching staff. Moreover, efforts were made to conduct various research studies and to exchange ideas within the Ministry and with counterparts.
224. These interventions yielded encouraging results. Yet, the Ministry realized that more work, energy and time should be put into the system, in order to further advance the development of the female and male children throughout the country. There is no doubt that this requires conducting sound studies in various domains relating to children between the ages of 0 and 6. In the meantime, though, the Ministry’s focus remained on children between the ages of 4 to 6 years.
225. To provide equitable access, the Ministry followed three principal strategies. These were: kindergarten services for female and male children between the ages of 4 and 6, mainly in cities and semi-urban areas; community care-giving activities for rural female and male children between the ages of 5 and 6; and parenting enrichment interventions for those aged 0–6. The latter was, however, implemented only at a pilot level in the Southern Red Sea region.

226. This program consisted of three distinct but interlinked components. These were preparing Early Learning and Development Standards (ELDS), including in-service training programmes for female and male supervisors and female and male community caregivers, targeting the Northern and Southern Red Sea regions and making Parenting Enrichment Interventions targeting the same regions. Moreover, the MoE carried out the following activities:

- Six female and male staff members of the ECCE and Special Needs Panels attended training of trainers (TOTs) ELDS workshops organized by UNICEF in Bangkok and Nairobi.
- Familiarization workshops were conducted by the trained trainers for educational planners, implementers and ECD stakeholders. A total of 85 persons from both sexes attended the workshop, conducted April 13-15, 2009 in Asmara.
- A leadership team consisting of 4 members drawn from among all ECD stakeholders, ECC unit, and special needs unit was established.
- Age groups 4-6 were identified.
- Five domains were selected. They were:
 - i. Physical well-being, health and motor development,
 - ii. Social and emotional development,
 - iii. Language, literacy and communication,
 - iv. Cognitive development and reasoning, and
 - v. Moral and cultural development

227. Despite its limited resources, the GoSE gave much attention to the expansion of pre-primary schools during the period being reported. As a result, the enrolment of pre-school aged children increased. As indicated in Table A.21, enrolment at the pre-primary level continuously grew during the 2000/01 to 2003/04 period. The Gross Enrolment Ratio (GER) and Net Enrolment Ratio (NER) rose from 8.6 and 6.1 per cent respectively in 2000/01 to 11.7 per cent and 8.3 per cent respectively in 2003/04.

Statistical Data on Education

Table A.21: Pre-primary Level: Gross and Net Enrolment Ratios, Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2000/01	6,540	5,896	12,436	8.7	8.5	8.6	6.2	6.1	6.1
Total	6,540	5,896	12,436	NA	NA	NA	NA	NA	NA
2001/02	6,704	6,043	12,747	8.6	8.4	8.5	6.2	6.1	6.1
2002/03	7,563	7,395	14,958	9.5	10.0	9.7	6.6	7.2	6.9
2003/04	9,821	8,719	18,540	11.9	11.5	11.7	8.3	8.4	8.3

Source: MoE : Basic Education Statistics 2000/01-2003/04

228. Table A.21 illustrates that the enrolment in the pre-primary level of education during 2001/02 – 2003/04 was low both in terms of real numbers and GER and NER. The government made efforts to expand access to pre-primary education by giving much attention to rural and remote areas. As the table A.22 indicates, there was a general increase in enrolment at the pre-primary school both in urban and rural areas. The increase in enrolment in rural areas was almost 48% when comparing 2003/04 to 2001/02. At the same time, female enrolment in rural areas showed an increase of 37%, gradually attaining parity with their male counterparts in the rural areas. Non-government schools included: private, mission/church, community and IslamicAwkaf schools.

Table A.22: Pre-primary Enrolment: School Ownership, Location and Sex by Year

Years	Total				Government				Non- Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	M	F	M	F	M	F	M	F	M	F	M	F
2000/01	5504	5002	1036	894	360	319	0	0	5144	4683	1036	894
Total	5504	5002	1036	894	360	319	0	0	5144	4683	1036	894
2001/02	5512	5019	1192	1024	359	333	88	77	5153	4686	1104	947
2002/03	6051	6205	1271	1225	657	674	336	373	5394	5531	935	852
2003/04	7785	6721	2036	1998	1238	1175	1065	978	6547	5546	971	1020

Source: MoE: Basic Education Statistics 2000/01- 2003/04

229. Investment in training teachers improves the quality of schooling by increasing the level of pupil achievement. Recognizing this fact, the GoSE continuously trained and recruited many teachers every year. The MoE provided pre-service and in-service training in order to upgrade the qualification of the existing female and male teachers and to meet the increasing need for teachers by the country.

230. Table A.23 reveals that the total number of female and male teachers was increasing from time to time both in government and non government schools. The total number of pre-

primary school teachers was 326 and 760 in 2000/01 and 2003/04 respectively, and this shows an increase of 102%. The proportion of female teachers both in urban and rural areas increased by 34% and 30% respectively during the 2001/02-2003/04 period.

Table A.23: Pre-primary teachers: Ownership, location and Sex by Year

year	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2000/01	278	286	40	40	17	19	NA	NA	261	267	40	40
Total	278	286	40	40	17	19	NA	NA	261	267	40	40
2001/02	291	297	56	56	22	24	3	3	269	273	53	53
2002/03	329	341	65	72	30	34	16	20	299	307	49	52
2003/04	373	387	98	105	53	57	43	50	320	330	55	55

Source: MoE: Basic Education Statistics 2000/01- 2003/04

231. Table A.24 indicates that the pupil teacher ratio was almost constant at 37-38, despite the increased annual enrolments. However the GoSE recognized that there was much work to be done at this level.

Table A.24: Pre-primary Schools: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2000/01	12,436	326	38
2001/02	12,747	353	37
2002/03	14,958	410	37
2003/04	18,540	492	38

Source: MoE: Basic Education Statistics 2000/01- 2003/04

232. The number of pre-primary schools showed a 40 per cent increase during 2003/04 as compared to the year 2000/01. As can be seen from table A.25, during the four years the rate of increment of pre-primary schools in rural areas was higher than in urban areas.

Table A.25: Pre-primary Schools: Ownership and Location by Year

Years	Total		Government		Mission/Church		Private		Community		Awkaf	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
2000/01	69	22	4	0	30	17	12	4	9	1	0	0
Total	69	22	4	0	30	17	12	4	9	1	0	0
2001/02	66	29	4	2	29	20	12	3	8	1	0	0
2002/03	90	37	9	6	30	20	9	2	26	4	0	0
2003/04	95	44	15	16	30	20	11	3	24	2	0	0

Source: MoE: Basic Education Statistics 2000/01 to 2003/04

Elementary Education

233. In the Eritrean education system, the elementary level comprises grades 1-5 for children 6 to 10 years of age. The mother tongue is the medium of instruction. As indicated in the educational policy, the main purpose of elementary education is to give children a firm grounding in basic learning skills. The general objective of elementary education is to have all children complete the cycle, while at least accomplishing the minimum learning achievement level as defined by the national curriculum.

234. As can be seen from Table A.26, in the period indicated, elementary education showed an increase in total enrolment by 25.5% when comparing 2003/04 with 2000/01. Female enrolment showed an increase of 22.9% during the same period.

Table A.26: Elementary School: Enrolment, GER, NER by Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2000/01	164,523	134,168	298,691	92.3	78.2	85.4	62.3	55.2	58.8
Total	164,523	134,168	298,691	NA	NA	NA	NA	NA	NA
2001/02	184,060	146,218	330,278	100.2	82.7	91.6	68.5	60.0	64.3
2002/03	199,860	159,563	359,423	105.6	87.6	96.7	73.5	64.4	69.0
2003/04	209,043	165,954	374,997	107.4	88.6	98.1	75.2	65.6	70.5

Source: MoE: Basic Education Statistics 2000/01-2003/04

235. The information in Table A.27: shows that the majority of elementary pupils (64%) in 2003/04 were located in rural and remote areas. This indicates the government's

commitment to providing educational services to the most needy children, who are largely found in rural and remote areas.

Table A.27: Elementary School: Enrolment: Ownership, Location and Sex by Year

Year	Total				Government				Non-Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2000/01	55695	115069	78473	183622	46624	96369	74189	174462	9071	18700	4284	9160
Total	55695	115069	78473	183622	46624	96369	74189	174462	9071	18700	4284	9160
2001/02	57321	119332	88897	210946	48378	100814	84766	202195	8943	18518	4131	8751
2002/03	62188	62188	97375	97375	52751	52751	93123	93123	9437	9437	4252	4252
2003/04	64777	136413	101177	238584	54930	115844	97211	230019	9847	20569	3966	8565

Source: MoE: Basic Education Statistics 2000/01-2003/04

236. Table A.28 shows that the number of elementary school teachers increased from 6668 to 8033 between the academic years 2000/01 and 2003/04. This meant a 20.5% increase. The number of teachers in rural areas in particular increased from 4165 to 5153 during the same period. This represented an increase of 24%.

Table A.28: Elementary School Teachers: Ownership, Location and Sex by Year

Year	Total				Government				Non Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2000/01	1347	2503	1363	4165	1157	2017	1255	3915	190	486	108	250
Total	1347	2503	1363	4165	1157	2017	1255	3915	190	486	108	250
2001/02	1488	2776	1386	4713	1273	2227	1276	4470	215	549	110	243
2002/03	1501	2821	1255	4871	1278	2296	1160	4620	223	525	95	251
2003/04	1562	2880	1325	5153	1330	2334	1236	4915	232	546	89	238

Source: MoE: Basic Education Statistics 2000/01-2012/13

236. As can be seen from Table A.29 the pupil teacher ratio in the elementary level was 45 during 2000/01 but this increased to 47 during 2003/04 academic year.

Table A.29: Elementary Schools: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2000/01	298,691	6,668	45
2001/02	330,278	7,498	44
2002/03	359,423	7,692	47
2003/04	374,997	8,033	47

Source: MoE: Basic Education Statistics 2000/01-2012/13

237. Table A.30 shows that the total number of schools at this level increased to 757 in 2003/04 from 667 in 2000/01. This indicates a 13.5% increment. The table also revealed that there were more schools in rural areas than in urban areas during 2003/04. The number of schools in rural areas rose to 592 in 2003/04 as compared to 522 schools in 2000/01, showing a growth of 13.4%.

Table A.30: Elementary Schools: Ownership and Location 2000/01-2003/04

Year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	total	Urban	Rural	Total
2000/01	145	522	667	100	479	579	45	43	88
Total	145	522	667	100	479	579	45	43	88
2001/02	148	547	695	103	507	610	45	40	85
2002/03	161	582	743	116	543	659	45	39	84
2003/04	165	592	757	118	557	675	47	35	82
Total	474	1721	2195	337	1607	1944	137	114	251

Source: MoE: Basic Education Statistics 2000/01-2012/13

Middle School education

238. Middle school is the second part of the basic education cycle in the Eritrean education system. Basic education is the minimum level of education which every female and male child must attain in order to function in the future as a productive citizen in the country. Middle school education consists of 3 years of schooling from grade 6 up to grade 8 for children 11 to 13 years of age. The medium of instruction at this level is English.

239. Table A.31 indicates that enrolment at the middle school level showed an increase of 60.6% in 2003/04 as compared to 2000/01. Female enrolment made an increase of 40.2% during the same period. The table also indicates that the percentage increase in female enrolment was almost double the percentage increase in enrolment of males (20.9%).

This is a good indicator of the government's concerted efforts to increase female enrolment.

Table A.31: Middle School Enrolment, GER, NER, and Sex by Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2000/01	41.457	35,107	76,564	68.2	57.4	62.8	17.5	16.0	16.7
Total	41.457	35107	76564	NA	NA	NA	NA	NA	NA
2001/02	46,215	34,667	80,882	73.7	55.0	64.4	18.7	16.9	17.8
2002/03	50,138	36,881	87,019	77.6	56.8	67.2	20.2	17.8	19.0
2003/04	73,742	49,224	122,966	75.8	50.7	63.3	29.4	23.9	26.6

Source: MoE: Basic Education Statistics 2000/01-2003/04

240. The government made efforts to expand access at the middle school by giving much attention to rural and remote areas. As Table A.2 indicates, there was a general increase in enrolment at the middle school level both in urban and rural areas. The increase in enrolment in rural areas was almost 77.2 % when comparing 2003/04 to 2000/01. During the same period, female enrolment in rural areas showed an increase of 51.6%.

Table A.32: Middle School: Enrolment: Ownership, Location and Sex by Year

Year	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2000/01	24982	50509	10125	26055	22646	46017	9674	24949	2336	4492	451	1106
Total	24982	50509	10125	26055	22646	46017	9674	24949	2336	4492	451	1106
2001/02	24357	51765	10310	29117	21942	47076	9908	28048	2415	4689	402	1069
2002/03	25359	54545	11522	32474	22600	49224	11168	31590	2759	5321	354	884
2003/04	33874	76798	15350	46168	30056	69120	14848	44913	3818	7678	502	1255

Source: MoE: Basic Education Statistics 2000/01-2012/13

241. As indicated by Table A.33 the total number of middle school teachers increased from 841 in 2000/01 to 1331 in 2003/04. This shows a 58.3% increase. The total number of teachers in rural areas in particular increased from 536 to 911 between 2000/01 and 2003/04, representing an increase of 60.6%. Similarly, the number of female teachers in rural areas showed an increase of 33.3% between 2000/01 and 2003/04.

Table A.33: Middle Schools Teachers: Ownership, Location and Sex by Year

Years	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2000/01	127	841	33	536	111	710	30	502	16	131	3	34
Total	127	841	33	536	111	710	30	502	16	131	3	34
2001/02	140	935	36	598	125	795	34	566	15	140	2	32
2002/03	136	944	42	670	122	814	38	644	14	130	4	26
2003/04	173	1331	44	911	145	1141	43	879	28	190	1	32

Source: MoE: Basic Education Statistics 2000/01-2012/13

242. There was not much change and no steady pattern of change in the pupil to teacher ratio in the middle schools during the period under consideration.

Table A.34: Pupil Student Ratio in Middle Schools

Year	Enrolment	Teachers	Pupil/teacher ratio
2000/01	76,564	1,377	56
2001/02	80,882	1,529	53
2002/03	87,019	1,614	54
2003/04	122,966	2,241	55

Source: MoE: Basic Education Statistics 2000/01-2012/13

243. The middle schools are largely owned by the government. But as shown in table A.35, the non-governmental schools made up more than one tenth (11.8%) of the middle schools in 2003/04. One observes from the table that the total number of middle schools both in urban and rural areas was increasing continuously during the reporting period. The total number of schools rose from 142 in 2001 to 186 in 2004.

Table A.35: Middle Schools: Ownership and Location by Year

Year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	total	Urban	Rural	Total
2000/01	56	86	142	40	80	120	16	6	22
Total	56	86	142	40	80	120	16	6	22
2001/02	59	93	152	42	88	130	17	5	22
2002/03	61	106	167	44	101	145	17	5	22
2003/04	65	121	186	48	116	164	17	5	22

Source: MoE: Basic Education Statistics 2000/01-2003/04

Secondary Education

244. The provision of more equitable and good quality secondary education plays a central role in the education and employment opportunities of Eritrean youth. The GoSE believes that the development of a modern economy in Eritrea depends to a large extent on the supply of well-educated and trained secondary school graduates. This is clearly stated in its educational policy. Secondary education prepares learners for further education and/or for the world of work. Moreover, related practical studies, with relevance to the individual learner's interests and national development needs form an integral part of the secondary education curriculum.
245. As indicated in Table A.36, enrolment at the secondary level showed an encouraging increment of almost 73 per cent in 2003/04 as compared to 2000/01. The female enrolment showed slight ups and downs during the given period. Total GER and NER reached 33.7 per cent and 20.3 per cent respectively during 2003/04 academic year. Moreover the table reveals that female GER and NER reached 23 per cent and 16.2 per cent respectively during 2003/04 from 24 per cent and 16 per cent respectively in the year 2000/01. There was not much change in female GER and NER in the three years period.

Table A.36: Secondary School: Enrolment, GER, NER by Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2000/01	40,355	23,596	63,951	38.9	23.8	31.5	21.7	15.9	18.9
Total	40,355	23,596	63,951	NA	NA	NA	Na	NA	NA
2001/02	45,129	25,054	70,183	42.2	24.5	33.6	23.3	16.5	20.0
2002/03	46,633	26,185	72,818	42.4	24.9	33.8	26.0	18.7	22.4
2003/04	46,449	22,952	69,401	44.0	22.9	33.7	24.2	16.2	20.3

Source: MoE: Basic Education Statistics 2000/01-2012/13

246. The government made efforts to make secondary schools accessible to children who reside in rural and remote areas. As the Table A.37 indicates, there was a general increase in enrolment at secondary schools both in urban and rural areas. The total increase in enrolment in rural areas was almost 14.0% from 2000/01 to 2003/04. At the same time, female enrolment in rural areas showed an increase of 98.0%. This is remarkable considering the previous experiences when the enrolment of females decreased as the grades increased.

Table A.37: Secondary Schools: Enrolment: Ownership, Location and Sex by Year

Year	Total				Government				Non- Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2000/01	22001	58846	1595	5105	20767	56255	1595	5105	1234	2591	0	0
Total	22001	58846	1595	5105	20767	56255	1595	5105	1234	2591	0	0
2001/02	23303	64692	1751	5491	22170	62020	1751	5491	1133	2672	0	0
2002/03	24114	66054	2071	6764	22932	63293	2071	6764	1182	2761	0	0
2003/04	19795	56170	3157	13231	18836	53540	3157	13231	959	2630	0	0

Source: MoE: Basic Education Statistics 2000/01-2003/04

247. Table A.38 shows that the total number of secondary school teachers increased from 1090 to 1258 between the academic years 2000/01 and 2003/04. This represents a 15.4% increase. The total number of teachers in rural areas in particular increased from 98 to 386. This shows an increase of 294%. Similarly, the number of female teachers in rural areas showed an increase of 80% during the period. There were no non-government secondary schools and teachers in the rural areas.

Table A.38: Secondary Schools Teachers: Ownership, Location and Sex by Year

Year	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2000/01	105	1090	10	98	97	1009	10	98	8	81	0	0
Total	105	1090	10	98	97	1009	10	98	8	81	0	0
2001/02	135	1289	10	135	119	1184	10	135	16	105	0	0
2002/03	126	1146	14	131	104	1051	14	131	22	95	0	0
2003/04	196	1258	18	386	178	1163	18	386	18	95	0	0

Source: MoE: Basic Education Statistics 2000/01-2003/04

248. As can be seen from the Table A.39 the pupil teacher ratio was 54 during 2000/01 but this declined to 43 during 2003/04 academic year, signifying great improvement.

Table A.39: Secondary Schools: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2000/01	63,951	1,188	54
2001/02	70,183	1,419	50
2002/03	72,818	1,277	57
2003/04	69,401	1,645	43

Source: MoE: Basic Education Statistics 2000/01-2003/04

249. In Table A.40 we observe that the increment in the number of secondary schools in urban and rural areas was insignificant from 2000/01 to 2003/04.

Table A.40: Secondary Schools: Ownership and Location by Year

Year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	total	Urban	Rural	total
2000/01	36	7	43	30	7	37	6	0	6
Total	36	7	43	30	7	37	6	0	6
2001/02	38	6	44	32	6	38	6	0	6
2002/03	37	9	46	31	9	40	6	0	6
2003/04	38	8	46	32	8	40	6	0	6

Source: MoE: Basic Education Statistics 2000/01-2012/13

Flow Rates (promotion, repetition and drop-out rates)

250. In addition to improving enrolment rates, MoE made efforts to enhance progression rates at all levels. As indicated in Tables A.41-A.43 the repetition rate decreased at the elementary, middle and secondary levels by 5.1%, 8.5% and 19.0% respectively in 2003/04 when compared to 2000/01. Similarly, during the same period, the female repetition rate decreased by 5.4% at the elementary level, by 13.5% at the middle school level and by 25.4% at the secondary level. The trend of improvement in the promotion rate was also significant at all levels. However, the issues of repetition and drop out have remained high and a source of concern across all levels of education.

Table A.41: Elementary School Flow Rate by Year

Year	Drop-Out			Promoted			Repeaters		
	M	F	T	M	F	T	M	F	T
2000/01	6.5	6.1	6.3	71.5	70.0	70.8	22.1	23.9	22.9
2001/02	6.0	5.6	5.9	71.7	69.8	70.9	22.3	24.5	23.3
2002/03	4.3	3.6	4.0	72.7	71.6	72.0	22.9	25.1	23.9
2003/04	4.5	3.9	4.3	78.3	77.5	78.0	17.2	18.5	17.8

Source: MoE: Basic Education Statistics 2000/01-2012/13

Table A.42: Middle School Flow Rate by Sex and Year

Year	Drop-Out			Promoted			Repeaters		
	M	F	T	M	F	T	M	F	T
2000/01	9.9	10.3	10.1	68.8	63	66.2	20.7	26.6	23.3
2001/02	11.6	10.1	10.9	66.7	62.6	64.9	21.8	27.4	24.2
2002/03	7	6	6.6	70.6	68.1	69.5	22.4	26	23.9
2003/04	7.2	6.3	6.8	76.9	80.6	78.4	15.9	13.1	14.8

Source: MoE: Basic Education Statistics 2000/01-2012/13

Table A.43: Secondary School Flow Rate by Sex and Year

Years	Drop-out			Promoted			Repeated		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2000/01	10.1	8.3	9.4	62.8	58.2	61.1	26.7	33.4	29.2
2001/02	14.4	10	12.8	59	57.2	58.3	26.6	32.7	28.8
2002/03	7.9	7.2	7.6	64.8	58.7	62.6	27.4	34	29.8
2003/04	9.3	8	8.8	79	84.1	80.8	11.7	8	10.3

Source: MoE: Basic Education Statistics 2000/01-2012/13

Special Needs Education (Inclusive Education)

251. The GoE believes that every citizen has the right of equal access to publicly-funded social services and may not be discriminated against on the basis of race, ethnicity, language, gender, disability, religion, age, political view, and/or social or economic status. This has been made evident in the National Education Policy (draft, 2003), where it is stated that "...all citizens, irrespective of differences, will have equal access to educational opportunities..."

Table A.44: 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, Basic Education Statistics 2002/03- 2004/05

252. Thus, the enhancement of education for children with special needs is highly regarded by MoE. During the reporting period there were three special elementary schools, namely one school for the blind and two schools for the deaf. The school for the blind is located in Asmara and the two schools for the deaf are located one in Asmara and another in Keren.

253. Since independence, the GoSE put various efforts to broaden educational opportunities for children in disadvantaged circumstances, including those with disabilities. Over the past years, many students with disabilities or learning difficulties were enabled to access the 'regular' schools. Hence, many of the pupils who had completed their education at

the three special elementary schools were integrated into the regular middle schools. Moreover, other students with learning difficulties were also assigned into the regular middle schools after they had completed their elementary level.

254. Nevertheless, despite the efforts, a large proportion of school age children still remained excluded. Children with disabilities remained the largest excluded group from school. Moreover, those pursuing their education in the regular settings faced challenges because the schools were not able to provide specially tailored educational support to meet their special needs.

255. The MoE endorsed an inclusive education policy and strategies in recognition of the barriers limiting children's participation and learning. Moreover, in line with the national education reform, the MoE strengthened its efforts to establish child-friendly and inclusive schools that can accommodate and educate all children successfully.

256. The MoE came up with a plan to consolidate inclusive orientation and practice in all educational settings. This plan aims at:

- Creating inclusive schools with learner-centred and child-friendly characteristics;
- Evaluating the scores of pilot inclusive schools around the country;
- Gradually developing all regular schools into inclusive schools;
- Reaching out to children facing barriers in participation and learning;
- Enhancing the awareness of students, teachers, parents and the local communities to care for and support the education of children facing exclusion.

257. In order to consolidate inclusive education, the following activities were accomplished during the three years under consideration:

- Policy and Strategy on Inclusive Education in Eritrea have been prepared.
- Curriculum adaptation or modification is underway to accommodate the special educational needs of children with learning difficulties.
- Pilot Special Needs Education with the concept of Inclusive education was conducted in the Anseba, Debub and Maekel regions. In the program nine primary schools, three special schools and one middle school as well as higher education institutions, Ministries , disabled people's organisations participated. The program's

achievements include: demonstration of learner-centred teaching and learning methods to accommodate the diverse needs [especially those of children with disabilities] in classrooms.

- A guideline on SNE/IE was developed and about 400 copies dispensed to the regions.
- Many female and male teachers in the six regions were provided with an orientation course on inclusive education. They were trained in making curricular and teaching adaptations to suit the needs of female and male children with disabilities. Each zoba's inclusive education support group was established as well. The support team conducts all the training activities in the regions.

258. Inclusion of children in mainstream schools can only be possible if the major haul in the system of education, in learner-centred directions, is successful. Such approaches minimise exclusion. The special schools and resource centres needed to be equipped (material & human) in order to respond adequately to the diverse special educational needs in their respective localities.

Adult and Continuing Education

259. Creating literacy and continuing education and training opportunities for adults and out of school children was one of the areas of focus of the government during the period being reported. The Literacy Programme targets adults and out-of-school youths, with the aim to increase literacy levels.

260. The department of Adult and Media Education provides literacy programmes for adults, thereby 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 endeavours to create literate environments for newly literate adults and youth in rural areas.

261. Table A.45 shows the literacy participants during 2000/01-2003/04. A total of 754,436 female and male adults and children out of school, of which 90% were females, participated in literacy programme in the last thirteen years. About 76% of the total participants completed the programme. Interesting enough 76% of the female participants completed the programme. The table also shows that a significant number of the

participants were under the age of 15 years. Moreover, the table indicates that about 5 per cent of the female participants were under age of 15 years. The participation of adults, especially mothers, in the literacy programme had a great impact on the schooling of their children.

Table A.45: Literacy Participants by Age, Sex and Year

Years	Under 15		15-19		20 & above		Total		%Completed	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2001/02	2441	3388	7216	8060	38062	41383	47719	52831	69	68
2002/03	3476	4515	8170	9200	39012	43067	50658	56782	57	55
2003/04	2458	3630	7523	8647	43982	48800	53963	61077	56	179
Total	8375	11533	22909	25907	121056	133250	152340	170690	NA	NA

Source: MoE, Department of Adult Media Education 2000/01-2003/04

262. Table A.46 reveals an enrolment increase of 24.6% from 2000/01 to 2003/04. Moreover the table reveals that out of the total enrolment females were dominant for most of the period except in 2003/04 when they were almost in parity.

Table A.46: Continuing Education: Enrolment, Drop Outs, Completion by Sex and Year

Years	Enrolment			Dropout				Completed			
	Male	Female	Total	Male	Female	Total	%	Male	Female	Total	%
2000/01	797	3224	4021	72	217	289	7.2	725	3007	3732	92.8
Total	797	3224	4021	72	217	289	NA	725	3007	3732	NA
2001/02	1447	3721	5168	171	447	618	12	1276	3274	4550	88.0
2002/03	2322	3444	5766	486	291	777	13.5	1836	3153	4989	86.5
2003/04	2506	2512	5018	590	498	1088	21.7	1916	2014	3930	78.3

Source: Department of Adult Media Education 2000/01-2012/13

Technical and Vocational Education and Training (TVET)

263. The GoSE exerted tremendous efforts to produce semi-skilled and skilled workers with the aim of creating opportunities for gainful employment and economic growth. Various levels of training (basic, intermediate and advanced) concentrating on technology, agriculture, fine arts and music were provided in various education and training centres. A total of six technical schools provided training for female and male students for two years after they had completed grade ten. The technical schools provided training in nineteen fields of specialization which were eleven in technical, four in Commerce and

four in Agriculture. All the schools except three were boarding schools and they were located in four out of the six regions of the country.

264. The department of Technical and Vocational Education and Training (TVET) applied guidelines and selection criteria to receive new female and male students who join these schools. The selection criteria took into account equity, diversity and the interest of the female and male students and students who have completed grade 10 during the current year. It also took into consideration that:

- Minimum of 30% of the candidates should be females and 35% from disadvantaged ethnic groups.
- A candidate should be physically fit and in good health condition; and
- Minimum academic achievement of an average of **50%** and above in 10th grade (Average of 1st semester).

265. The demand for entry into Technical and Vocational Education and Training program continuously increased. However, due to the limited capacity of TVET schools, the number of entrants was very limited. So, to ensure even distribution of entrants from all Zobas, the department applied a quota system. The Ministry of Education in general and the TVET Department in particular, however, made great efforts to increase the capacity of the schools by improving the skill and knowledge of the female and male instructors by arranging professional up-grading programs and equipping some of the school workshops with modern machinery and equipment. After completion, female and male graduates were assigned to work in various industries for two consecutive years as a national service.

266. One positive aspect of the TVET system was that the enrolment of females increased steadily from earlier low levels. Moreover, more than 97 per cent of entering female and male students eventually graduated.

267. Table A.47 indicates that the enrolment ratio of females in TVET rose from 20.9% in 2000/01 to 28.0% in 2003/04. In addition to the formal technical and vocational training, non-formal skills development and training was also taken as a strategy to meet economic requirements. This is expected to help create self-employment and income generation. One of the informal skill development sources was and still is the traditional

apprenticeship system which is well rooted in the informal economy and is one of the largest sources of skill development in the economy. This often involves boys and girls of school age who spend half a day in school and half at local workshop acquiring employable skills. Girls and other disadvantaged groups are encouraged to participate in this type of training.

Table A.47: Technical and Vocational Enrolment by Sex and Year

Years	Enrolment		
	Male	Female	Total
2000/01	329	87	416
2001/02	338	90	428
2002/03	375	60	435
2003/04	402	157	559

Source: Department of Technical and Vocational Education and Training

Girls' Education

268. The GoSE believes that education in general, and the education of girls in particular is a pre-requisite for sustainable social, political, and economic development. Further, it believes that, educating women and girls makes a major impact on the family, the community and the nation. Thus, the participation, retention, and achievement of girls as well as women have been priorities in education. Much effort was made to bridge the gender gap in education and to enhance the quality of girls' education. This was based on the rights approach, which is in line with the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW). Focus was given to enhancing girls' education in terms of access, quality and achievement. This focus was expected to contribute significantly to the achievement of the MDG and EFA Goals on girls' education and empowering women in the long run. Some of the interventions made by the MoE on Girls' Education are outlined below:

- Additional lessons were provided in some schools to female students in English and mathematics.
- Material incentives such as donkeys and household utensils as well as cash were provided to female students in rural and remote areas to encourage them to learn and to reduce the burden of their house hold chores.
- Some female students who travel long distances to school were also provided with bicycles.

- In rural areas, new middle and secondary schools were constructed as near as possible to villages, with the additional aim of retaining female students.
- Frequent meetings and campaigns were conducted with parents, in villages and remote rural areas, on sending their girl child to school.
- Financial awards were given every year at the national level to role model female teachers.

Curriculum reform and material development and dissemination

269. As part of the government's decision to undertake rapid transformation of education, the Eritrean general education curriculum and pedagogy underwent a major reform starting from 2003. Among other things the reform was intended to modernize the curriculum and to make it more responsive to the country's human resources needs. Substantial preparatory work has gone toward redressing the limitations identified in the needs assessment and situation analysis.

- A draft national Education Policy that provides a road-map for curriculum and pedagogic reform was put in place.
- Textbooks and Teachers' Guides for most subjects for all grades at the elementary and middle levels, as well as for some enrichment subjects in high school were developed and are under implementation.
- Kindergarten resource materials and Syllabus Guides for different core subjects in high school were prepared and disseminated.
- A variety of teaching aid materials were prepared and disseminated to all the schools.
- Female and male teachers were familiarized with the content and teaching methodology of the new textbooks.

270. During the process of writing the materials as well as their translations, 80 to 100 well experienced core team members from elementary, junior and secondary school teachers were mobilized each year to assist the curriculum panels in the writing, translating, and illustrating of textbooks. Some of the activities performed during the past three years are the following.

Printing and Reprinting of Textbooks and Teachers' Guides and Production of Audio Cassettes

271. Before 1996 there was a critical shortage of textbooks in schools at all levels, but later on the situation improved due to the relentless efforts made by the Government of the State of Eritrea. The provision of textbooks to students for the different subjects at all levels reached a 1:1 ratio.
272. With the reform of the curriculum new Syllabus Guides and textbooks were printed phase by phase starting from 2003. New syllabus guides of different subjects of high school, textbooks and teachers' guides for all grades in elementary and middle level, workbooks for languages and maths for grade 1, an English Workbook for grade 2, as well as English language cassettes for grades 1, 2, 3, 4 and 5 at the elementary and 6 and 7 at the middle school levels, were printed and distributed to schools.

Consolidation of the school support system

273. The term school support system here refers to science laboratories, libraries, sports and arts education equipment and facilities, PRCs, ICT resources, etc. There is ample evidence that the availability of various support facilities and materials in schools has an important impact on the quality of education. So far, the MoE had supplied only crucial facilities and equipment to schools due to the shortage of resources.

Leisure, recreation and cultural activities

274. The government recognizes that play, leisure, recreation and cultural activities are essential for female and male children alike in order for them to develop physically, mentally, emotionally and socially. Article 31 on the Convention of the Rights of the Child says: 'State Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and participate freely in cultural life and arts.' In line with this article, the government as well as the MoE guarantees the rights of the child in these issues. Cultural activities, sport, music, arts and the like are integrated into the educational system in Eritrea.
275. The Cultural Affairs Office is a governmental body which was organized within the MoE and is responsible for preserving, managing, and developing the national cultural

heritage, cultural values and activities and recreation among the students, youth, as well as the public.

276. To promote cultural awareness and recreation among the female and male students, the youth and the society as a whole, the office organized colourful public carnivals, produced films, short video dramas, audio cassettes (songs) and booklets. Thousands of female and male students participated each year to mark the Eritrean Independence Day colourfully through such successful cultural performances.
277. A drama training course for female and male secondary school students (70), and training on the methodology of collecting oral traditions for the heads of Cultural Affairs in each Zoba (region) and 16 trainees from eight ethnic groups was given during the period of 2003-2005. Eight books in eight indigenous languages were published with the help of Operation One Day in Denmark. As part of this capacity building some musicians and members of the Art School were sent abroad for training. Training in theatre, literature, dance, etc. was also provided.
278. Continuous studies were carried out on oral literature and its preservation. A draft manual “An Introduction to Oral Literature” was prepared and used as a training manual. As part of this activity 16 female and male collectors were sent to different places to collect oral traditions. The collected oral literature was in the process of being transcribed. Publishing and distributing supplementary reading materials in different languages were also among the main activities.
279. The Cultural Affairs Office of the MoE drafted a proposal on the national cultural policy (2004).
280. The MoE provided age appropriate physical education at all levels: primary, middle, and secondary schools. It believes that physical education promotes building up all rounded female and male children, i.e. children who are physically and mentally developed, with national feeling, are happy, responsible, healthy and sociable. Some activities like football, athletics, basketball, volleyball, table tennis and cycling were promoted at school, regional, and national levels.
281. The Eritrean Sports Commission organizes various clubs, including athletics, football, volleyball, badminton, cycling, ground tennis, etc and female and male children were encouraged to take part. Grassroots sports clubs supported by communities and schools

were formed and trained and inter-school and inter-neighbourhood competitions were organized. The MoE organized annually school festivals where all kinds of arts and sports competitions were conducted and winners awarded with prizes.

282. As Table A.48 demonstrates there was fairly good male and female participation in various sports clubs during 2001-2004.

Table A.48: Children <18 Years Old Participating in Ground Tennis

Year	Ground tennis			Cycling			Badminton		
	Males	Females	Total	Males	Females	Total	Male	Female	Total
2001	110	85	195	132	10	142	62	37	99
2002	80	90	170	79	8	87	84	47	131
2003	90	70	160	60	10	70	70	38	108
2004	115	108	223	74	14	88	69	38	107

Source: Ground tennis, cycling and Badminton Federations, 2015

283. At the national festival (Expo grounds) held every year in Asmara, the MoE organized one section and provided female and male students, from all levels of the education system, opportunities to display and demonstrate their talents.

284. In each Zoba (Region), the education structure has a unit for cultural, sports and health activities. Its function is to lead, coordinate and facilitate the activities at the level of the school, inter-school, administrative areas and region. As a result, impressive shows, competitions, etc were witnessed at the national level. The activities were well documented.

285. Female and male students who were 15 years and above and from 10th grade onwards actively participated in the Summer Work Programme. This is one of the requirements of the curriculum. This was meant to help them relate theory with practice. The programme focused on soil and water conservation, reforestation, repair of school materials and other types of activities. During their leisure time students enjoyed different recreational activities.

286. Much achievement was made in this programme since its onset in 1994. It helped students to exchange views and norms, to understand each others' culture and tradition, to develop a high work ethic, to relate what they have learned academically to the needs

and realities of society and above all it raised their aspiration to build a united Eritrea with its diverse cultures.

287. Sports, cultural and health activities are institutionalized at regional, sub-regional and school levels. As part of the co-curricular activities in schools, female and male students participate in a variety of sports cultural and health-promoting activities. The various sports federations including those for athletics, football, cycling, ground tennis, and volleyball also offered female and male children with opportunities to develop their talents.
288. Every year, different competitive games were held among schools. Many female and male students participated in these competitions. These games help the female and male students to be physically as well as mentally strong. Moreover, a lot of female and male students who can play for the sports clubs in the country were produced through these competitions.
289. According to their interest, many female and male students participated in various extra-curricular activities. Some of the activities held in schools included: debating, paintings, handicrafts, poetry, drama and music. So female and male students were assisted to participate in those activities and to develop and express their talents.
290. A health focal person was assigned in each school. The person inspects students' health conditions. He/she checked up the students' teeth, ears and other body parts. Female and male students with health problems were provided with some treatment at the school level. Others with serious health problems were referred to nearby clinics and hospitals for further treatment.

Children's educational and discovery centre (CEDC)

291. The government of Eritrea gives due considerations to educational play and leisure because these help children to develop physically, mentally, psychologically and to generate the ability for social interaction which prepares them for schooling. The government established a children's educational and discovery centre in Asmara in order to facilitate the right of the child to have access to a variety of educational and recreational activities.
292. This centre started functioning in 2003 on a small scale. The government continued to equip the centre with all the necessary facilities stage by stage in cooperation with

partners. The Ministry of Education (MoE) is responsible for co-coordinating the centre and the different Ministries , non-governmental organizations and unions are involved in this centre as stakeholders. Each and every ministry exhibits various educational and recreational activities related with their respective fields. Parents give due attention to the centre and contribute ideas for its development.

293. The centre opened an opportunity for children to exchange ideas. The centre is also expected to be a model for similar centres in the future. The main tasks of the centre are to meet the various educational entertainment needs of children.

294. The objectives of the centre are:

- To encourage children of both sexes to explore and to learn how to solve problems, and to develop an understanding of their environments and communities.
- To help parents and care takers to relax and enjoy themselves with their children.
- To enhance children's schooling in a variety of ways.

295. The organization of the centre:

- Education section portrays different learning materials such as kits, laboratory tools, equipment, charts, models, etc.
- Computer section includes 70 computers for various educational and entertainment purposes. Besides, in this room children are assisted to develop self learning capacities, using different equipment such as the white board, projectors digital screens etc. ICT teachers are assigned in this room to assist the female and male children with computer skills.
- Indoor games section contains more than 30 types of indoor games including computer games. The various games are classified according to the ages of children.
- Art section helps girls and boys to develop their skills in drawing and painting. Teachers who can help the children in drawing are assigned in this section.

VIII. SPECIAL PROTECTION MEASURES

a) Children in situations of emergency

i. Refugee, returnee and displaced children

296. The rights, entitlements and obligations contained in domestic laws that are attributable towards “everyone,” “all persons,” “any person,” “every individual,” “no one,” “every child,” etc. also apply to refugees on an equal basis with others, including citizens.

297. Deriving from the preceding phrases that mention “. . . persons . . .”, this analysis highlights some major rights guaranteed by the laws of the land to refugees and asylum seeking children **as persons** who have been hosted by the State of Eritrea, despite the fact that a comprehensive legal framework specifically devoted to refugee protection is not yet in place.

298. Therefore, the country’s laws are in line with ACRWC’s provisions treating refugees/asylum seeker children on the same footing as nationals without discrimination. Hence the civil, social, economic and cultural rights and entitlements accorded to the refugees/asylum seekers are no less than the ones enjoyed by Eritrean citizens. UNHCR has been supporting in the availability of services based on the legal provisions, and good will and practice of the Eritrean government in hosting and caring for refugees/asylum seekers.

Table A.49: Somali Children Refugees by Sex and Year

Year	Male	Female	Total
2002	899	747	1646
2003	940	793	1733
2004	978	814	1792

Source: Office for Refugee Affairs (ORA) 2015

Table A.50: Sudanese and South Sudanese Refugees Children by Sex and Year

Year	Male	Female	Total
2002	160	138	298
2003	182	149	331
2004	169	152	321

Source: Office for Refugee Affairs (ORA) 2015

299. During the period being reported for (2002-2004) there were Somali refugee children ranging in number from 1646 in 2002 to 1792 in 2004. At the same time the caseload of Sudanese refugee children ranged from 298 to 321.
300. The Transitional Civil Code of Eritrea states that foreigners that reside in Eritrea are considered as Eritreans with regards to the enjoyment of civil rights, which also applies to refugees, as they are a specific group of foreigners residing in Eritrea. Therefore, as per domestic law, refugees have the same level of civil rights as citizens in Eritrea.
301. The right to survival and development is one of the main principles of the ACRWC. Eritrea extends the right to enjoy the highest attainable standards of physical and mental health to “everyone,” which includes refugees. GoSE is well aware that state parties have the obligation to ensure to the maximum extent possible the survival and development of the female and male child.
302. The Umkulu Refugee Camp has a clinic and refugees receive full access to basic primary health care services. The refugees also benefit from the national health system in the form of referrals. Pursuant to Article 24 of the CRC and Article 14 of ACRWC state parties have the obligation to provide children with the highest attainable standard of health. The efforts done to construct health facilities and develop human resources remain to be consistent with the State Party’s obligation under ACRWC.

Children in armed conflicts, including specific measures for child protection and care

303. Article 8 of Proclamation 82/1995 provides protection of female and male children from recruitment into the army. It clearly states that no person below the age of 18 years may be recruited to serve in the army.
304. Female and male children as well as civilian women and men are given full care and protection in situations of armed conflict. Eritrea believes that civilians should not be targeted in armed conflicts and maximum precautions are taken not to cause collateral damages to civilian life and property. Besides, the GoSE adheres to the principle that it is the major responsible body for the protection, welfare and safety of internally displaced persons and deportees, including children. This was amply demonstrated during the border conflict with Ethiopia (1998-2000).

b) Children in conflict with the law

i. The administration of juvenile justice

305. Articles 52-56 of the Transitional Penal Code deal with infants and juvenile delinquency. Article 52 of the Transitional Penal Codes sets the minimum age for penal responsibility at twelve. Consequently, female and male children who are under the age of twelve do not shoulder any criminal responsibility. On the other hand, Articles 171-180 of the Transitional Criminal Procedure put in place special procedures in cases concerning young persons. Article 172 in particular requires that the young person be handed over to the care of his/her parents, guardian or relative and in default of any such person to a reliable person who shall be responsible for ensuring his/her attendance at the trial. Article 176 further requires that all the proceedings regarding a young person be held in closed chambers. Nobody except witnesses, experts, the parent or guardian or representatives of welfare organizations may be allowed to attend. Sub-Article (2) of Article 177 empowers the court to call before it any person who may assist it to arrive at a decision which is in the best interests of the young person.
306. Table A.51 shows that most of the reported crimes committed by children during the period were by males. The crimes constituted theft, brawls and substance abuse.

Cases of children in conflict with the law

Table A.51: Crimes Committed by Under Age Children

Year	2002			2003			2004		
	M	F	Total	M	F	Total	M	F	Total
<12	8	-	8	180	17	197	75	-	75
12-15	189	-	189	140	36	176	219	-	219
16-18	76	-	76	11	-	11	42	-	42
Total	273	-	273	331	53	384	336	-	336

Source: Eritrean Police, 2015

Children's Charter prohibiting death sentences on children

307. Eritrea does not support death sentences, let alone on children. The maximum sentence on children is imprisonment in corrective or rehabilitative centres.

c) Children of imprisoned mothers

i. Special treatment to expectant mothers and to mothers of infants and young children who have been found guilty by law

308. Article 206(a) of the Transitional Criminal Procedure Code provides that execution of penalty may be postponed in respect of a woman who has been sentenced to arrest or simple imprisonment not exceeding one year. On the other hand, Article 118 of the Transitional Penal Code provides that a sentence of death may not be executed on a pregnant woman, on a mother of an infant or young child who is below the full age of three years, or on a person who committed an offence under the age of eighteen years. In such cases, the sentence has to be commuted to rigorous imprisonment for life.

ii. A mother shall not be imprisoned with her child

309. The TCCE was not reviewed during the period under consideration and there is no provision which prevents mothers from being imprisoned with their children.

d) Children(female and) in situations of exploitation and abuse

i. Economic exploitation including Child Labour

310. Articles 68-69 of the Labour Proclamation No. 118/2001 prohibit the employment of a person below the age of 14 years. It also provides protection in terms of working hours and lists of dangerous activities into which young employees may not be engaged. Article 9(6) of the Labour Proclamation No. 118/2001 holds any employer who engages a child in forced labour liable for punishment under the Transitional Penal Code.

311. Although the minimum age for admission to employment is 14 years in accordance to Article 9(1) of the Labour Proclamation No. 118/2001, paragraph (2) of the same Article provides that, if it is determined to be prejudicial to the interest of that person, no contract of employment shall be enforceable against a person below the age of 18. To reinforce Article 9(2) of the Labour Proclamation, the Ministry of Labour and Human Welfare has been made responsible, in accordance with article 69(1) of the Labour Proclamation, to issue a regulation on the jobs that a person below 18 years is not allowed to hold because they jeopardize his or her health, safety or moral values.

312. Concerning the safety and health measures, Article 69(1) of the Labour Proclamation refers to the power of the Minister to issue regulations regarding activities which are prohibited to young employees, while Article 69(2) provides for exception where the prohibition is not applicable in certain conditions, such as any type of training carried out and supervised by a competent training authority. In this respect, Article 3(9) of the Labour Proclamation provides that: "Contract of apprenticeship" means a contract whereby an apprentice renders services to an employer while acquiring a special skill and receiving an agreed amount of pocket money. Article 33 of this Proclamation specifies that a contract of apprenticeship shall be concluded in writing and shall, at least, include the vocational training an apprentice will get, the duration of apprenticeship and whether or not pocket money is to be paid to an apprentice.

ii. Drug abuse

313. Article 510 of the Transitional Penal Code outlaws the production, making or distribution of poisonous or narcotic substances. So far, there was no reported case of drug abuse by children.

iii. Abuse and torture

314. Eritrean laws protect any citizen from abuse, torture, corporal punishment or forced labour and enslavement. This applies to all persons including par excellence children, who are given special protection due to their particular vulnerable conditions. But there were several cases of abuses and torture committed against children during 2001-2004 as shown in Table A.52. The majority of the cases were related to rape of children and abortions.

Table A.52: Abuses Committed Against Children Presented to Courts

Year	Types of abuse cases presented to the courts							Total
	Infanticide	Attempted infanticide	Abandonment	Abduction	Rape	Abortion	Deflowering	
2001	0	0	0	0	207	23	0	230
2002	0	0	0	0	251	39	0	290
2003	0	0	0	0	194	30	0	224
2004	0	0	0	0	243	0	0	243

Source: Ministry of Justice, 2015

iv. Sexual exploitation and sexual abuse

315. Any person who performs sexual act with a child under the age of fifteen is punishable up to five years of rigorous imprisonment (Art.594 of the Transitional Penal Code). Furthermore any sexual intercourse or other relevant acts with a child older than fifteen but less than eighteen years of age is also punishable, irrespective of the consent of the child (Art.595 of the Transitional Penal Code). The child is presumed to be a victim as consent of the child cannot be a defence to the offender. The punishment is aggravated if the child victim is dependent on the offender such as “his ward, pupil, apprentice, school boarder or domestic servant, or has been entrusted to his custody or care or is in any other way dependent upon him or under his authority (Art.595 of the Transitional Penal Code). Article 604 of the Transitional Penal Code holds liable whoever, for gain, makes a profession of or lives by procuring the prostitution or immorality of another, or maintains, as a landlord or keeper, a disorderly house.

v. Other forms of abuse and exploitation such as begging, early pregnancy, etc.

316. Begging is generally discouraged, and the deployment of children in begging is despised as an act of exploitation or abuse.

317. Likewise early pregnancy is morally unacceptable. The campaign against early pregnancy sponsored by the MoE, NUEW and NUEYS is widespread in schools. It is also a parenting responsibility that the family and the communities educate their female and male children on these subjects.

vi. Sale, trafficking and abduction

318. Articles 565-567 of the Transitional Penal Code criminalize any act of enslavement, sale, alienation, pledge or buying or trade or trafficking or exploitation of another; keeping or maintaining another in a condition of slavery by a natural person, a band or association formed to engage in, or engages in such conduct. Those who knowingly carry off, transport or conduct, or who aid and abet such traffic are also liable to a punishment of rigorous imprisonment from five to twenty years.

319. Trafficking in women, infants and young people is specifically criminalized under the provisions of Articles 605-607 of the same Code. The Transitional Penal Code criminalizes trafficking of women and children for sexual exploitation (Art. 605 of

TPCE). ‘Where the victim is under fifteen years of age or where the victim is the wife or a descendant of the offender, his adopted child, or the child of his spouse, his brother or his sister, or his ward, or where the victim has been entrusted, on any grounds whatsoever, to his custody or care...’ the punishment is aggravated (Art. 606 of the Transitional Penal Code).

320. Abduction of a child is punishable with up to five years rigorous imprisonment (Art.560 of the Transitional Penal Code). Where the abduction is committed with intent to take unfair advantage of the victim, or to allow another to take advantage of him, or to use him for debauchery or prostitution, the punishment is aggravated and this could range between three and twenty years (Art. 561 of the Transitional Penal Code).

e) Harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child

i. Betrothal of girls and boys

321. Sub-Article (4) of Article 46 of the EPLF Civil Code, which was inserted to replace Article 581 of the 1960 Ethiopian Civil Code by the Amendment Proclamation No. 2/1991 prohibits betrothal between persons below the age of fifteen in customary marriages.

ii. Early and forced marriage

322. Sub-Article (2) of Article 46 of the EPLF Civil Code, which was inserted to replace Article 581 of the 1960 Ethiopian Civil Code by the Amendment Proclamation No. 2/1991 sets the marriageable age at 18 years for both sexes.

iii. Any form of female genital mutilation

323. Female genital mutilation degrades the dignity of the female child albeit guarantees of the dignity of all persons being inviolable under Art. 16 (1) of the Constitution. The practice of FGM in its various forms was common among all ethnic groups and followers of Christianity and Islam. The GoSE was aware of the debilitating consequences of the practice and through its various organs including the National union of Eritrean Women (NUEW), National Union of Youth and Students (NUEYS), Ministry of Health, Local Administrations, the People’s Front for Democracy and Justice (PFDJ), Schools and

MoLHW conducted concerted campaigns to bring about attitudinal and behavioural changes. During the reported period, the practice was common, although gradually decreasing. Influential elders and religious leaders were involved in the campaign.

iv. Any other form of harmful social and cultural practices

324. Uvulectomy of children used to be a common traditional healing practice, especially among the Tigrigna ethnic groups. Extensive public awareness campaigns were continually conducted and the practice is believed to be almost extinct.

f) Children belonging to a minority group

325. There were no issues arising on children due to their belonging to a minority group.

g) Children who need special protection on account of being in risky or vulnerable conditions and situations such as street children or HIV/AIDS orphans

326. The causes for street children are many, but on the main poverty and broken families are the forerunners. The Ministry of Labour and Human Welfare tried to remedy the problem by carrying out individual and group counselling, promotional awareness and preventive campaign to families and communities. It provided financial support to the families and educational materials so that the children could go back to school. In collaboration with the local governments, the MoLHW sought for partner firms to enlist disadvantaged and street children for apprenticeship in the development of employable skills.

327. The HIV/AIDS orphans were identified and supported by various institutions, including the Ministry of Labour and Human Welfare, Ministry of Health, Ministry of Education, National Bdho Association (NBA), religious institutions, etc. The supports included health care, nutrition, education, family reunification, etc.

IX. RESPONSIBILITIES OF THE CHILD

The child's duty:

a) Towards the parents, the family and the community;

328. Article 22(3) of the Constitution provides for children's rights and their duty to respect their parents and to sustain them in their old age.

b) Towards the superiors

329. There are no legislative provisions as such for children to be responsible to superiors. However, there is a deeply entrenched tradition among all ethnic groups for children to respect superiors in age and senior citizens (elderly persons) of both sexes. These are strictly observed norms.

c) Towards the State and the Continent.

330. Article 25 of the Constitution provides for every citizen's duty to:

- owe allegiance to Eritrea, strive for its development and promote its prosperity;
- be ready to defend the country;
- complete one's duty in national service;
- advance national unity;
- respect and defend the Constitution;
- respect the rights of others; and
- abide by the requirements of the law

SECOND PERIODIC REPORT

(2005-2007)

I. GENERAL MEASURES OF IMPLEMENTATION

331. The Government of the State of Eritrea refers to the First Periodic Report (2002-2004) concerning the necessary steps undertaken (as required by Guidelines 1 (a-d) and 2 (a-b) of the ACRWC, in accordance with its Constitutional processes and with the provisions of the Charter to adopt legislative measures to give effect to the provisions of the ACRWC, including measures taken to realize the rights and welfare of the child in the law of the country. In this connection the State Party also highlights that it implemented CRC and CEDAW in tandem and has submitted four and five periodic reports, respectively.
332. There were no new constitutional and legislative measures of relevance to the Child's rights undertaken during this reporting period (2005-2007). The impacts of the No-War and No-Peace situation lingered on during this period, weighing heavily on the social and economic developments of the country.
333. The GoSE signed the two optional protocols on the "Involvement of Children in armed conflict" and "The Sale of Children, child Prostitution and Child Pornography" on 16 February 2005.

II. DEFINITION OF THE CHILD

334. The Government of the State of Eritrea also wishes to refer to the First period Report concerning the "Definition of the Child under its laws and regulations".

III. GENERAL PRINCIPLES

335. The State party further refers to the First Periodic Report concerning the "General principles" regarding non-discrimination, best interests of the child, right to life and development, Respect of the views of the child and Provision of information to children and Promotion of their participation.

IV. CIVIL RIGHTS AND FREEDOMS

336. The State party refers to the First Periodic Report concerning “Civil Rights and Freedoms”, including principal legislative, judicial and administrative measures in force, with particular reference to Name, nationality, identity and registration at birth (Article 6), freedom of expression (Article 7), Freedom of thought, conscience and religion (Article 9), Freedom of association and of peaceful assembly (Article 8), protection of privacy (Article 10) and protection against child abuse and torture.
337. Children’s issues are formally discussed in meetings, seminars, communities, meetings in schools with CBRVs stationed in 51 sub-regional administrations through the guidance of the MoLHW. The PTSAs, NUEW and NUEYS and child wellbeing committees at regional and sub-regional administrations, not only to discuss implementation of programmes but also to monitor their setbacks in particular, as related to torture and the improper traditional treatment of children. All these activities, among others, go a long way in ensuring the best interest of the child and to render the culprit accountable.
338. To promote the best interest of the child, the NUEW in 2008 established gender advocacy groups in 74 schools, and training was given to 245 members, and to 73 TBAs in four regions. Similarly, training in gender education funded by the Norwegian Church Aid was provided to 186 students (49.4% girls), while in-kind incentives such as radios were given to 146 girl students with outstanding school performances in grades 1-3 in several regions.
339. Within the parameters of the best interest of the child, the MoLHW, the MoE, the NUEW and the NUEYS have been giving Vocational Skills Training (VST) to disadvantaged and vulnerable female and male youth. While such training in different kinds of skills helped in the alleviation of the poverty of the trainees, it was also believed to have contributed to the Government’s efforts of capital formation. During the period under review, VST in woodwork and metalwork and in entrepreneurship, for example, was provided to 244 male and 56 female youth (aged 15-17 years) at the Barentu and Keren metal, wood and cement workshops.
340. In conformity with the relevant provision of the TCPC, the School Organisation Guidelines of the MoE (1997) also clearly indicated that any form of corporal punishment was not allowed in schools. To this end, a training manual, “Avoiding Corporal Punishment in Eritrean Schools” was prepared in 2010 to raise the awareness of teachers and other school staff members on the purpose of the manual. This training has started to bring about significant behavioural changes.

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

341. The Government of the State of Eritrea again refers to the First Periodic Report section of this consolidated report concerning legislative and policy matters on “Family Environment and Alternative Care” for the best interest of the child and respect for the views of the child, including parental guidance, parental responsibilities, separation from parents due to several causes, family reunification, maintenance of the child, psychological and physical abuse and recovery and reintegration of the child.

342. There has not been any population census carried out in the country. Population figures are thus estimates. Taking an estimated 3.0 million people as a working figure, children 0-17 years old constituted almost 58% in 2005. That can be taken as the average for the period, with slight variations. The proportion of males to females in this age bracket was 105.7%.

Table B.1: Children under 18 Years by Age and Sex

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	271589	247275	518864	275,126	271,865	546,991	290,041	286,603	576,664
5-9	241841	226677	468518	234,793	215,720	450,513	225,770	207,430	433,200
10-14	249163	247388	496551	263,417	247,380	510,797	270,975	254,477	525,452
15-17	131117	124155	255272	135,499	134,991	270,490	143,576	143,038	286,614
Total	893710	845495	1739205	908,835	869,956	1,778,791	930,362	891,548	1,821,910

Source: National Statistics and Evaluation Office, 2005-2007

Table B.2: Percentage of Children under 18 Years by Age and Sex

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	15.6	14.1	14.9	15.3	15.1	15.2	15.6	15.3	15.4
5-9	13.9	13.0	13.4	13.1	11.9	12.5	12.1	11.1	11.6
10-14	14.3	14.2	14.2	14.6	13.7	14.2	14.6	13.6	14.1
15-17	7.5	7.1	7.3	7.5	7.5	7.5	7.7	7.6	7.7

Source: National Statistics and Evaluation Office, 2005-2007

Table B.3: Number of Children under 18 Years, Sex and Urban and Rural Locations

Year	Total			Urban			Rural		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2005	893,710	845,465	1,739,205	220,364	236,055	456,419	648,242	634,544	1,282,786
2006	908,835	869,956	1,778,791	225,403	241,394	466,796	662,043	649,951	1,311,995
2007	930,362	891,548	1,821,910	230,860	247,245	478,105	676,925	666,880	1,343,805

Source: National Statistics and Evaluation Office, 2005-2007

343. Similar to the other age groups, the majority of children live in rural areas. Almost 74% of the children below 18 years of age live in rural areas. Table B.3 shows that in urban areas there were more female children than males where as in rural areas there were lesser females than males.

344. The Ministry of Labour and Human Welfare is responsible for the coordination of all child welfare programmes and the provision of support to those in need. Following are data and information on children deprived of family environment and the means of support accorded to them.

Table B.4: Children (Female and Male) Separated from Their Parents.

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	224	145	369	235	153	388	219	186	405
5-9	286	203	489	301	302	603	295	311	606
10-14	382	227	609	403	272	675	252	367	619
15-17	186	191	377	214	202	416	238	223	461
Total	1,078	766	1,844	1,153	929	2,082	1,004	1,087	2,091

Source: MoLHW, 2005-2007

345. As shown by Table B.4 during 2005-2007 for various reasons there was a slightly increasing trend in children being deprived of their family environments.

Table B.5: Orphaned Children Reunified with Extended Families by Sex and Year

	2005			2006			2007		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	192	133	325	78	69	147	102	104	206
5-9	255	240	495	385	363	748	332	367	699
10-14	184	147	331	201	208	409	127	135	262
15-17	91	99	190	60	47	107	71	57	128
Total	722	619	1,341	724	687	1,411	632	663	1,295

Source: MoLHW, 2005-2007

346. On the average there were 1300 orphan children reunified with extended families. A total of 4047 orphans were reunified with extended families during 2005-2007.

Table B.6: Orphaned Children Placed in Group Homes by Age, Sex and Year

	2005			2006			2007		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	-	-	-	3	6	9	4	7	11
5-9	20	15	35	15	18	33	14	21	35
10-14	24	19	43	33	12	45	23	19	42
15-17	18	12	30	20	15	35	28	10	38
Total	62	46	108	71	51	122	69	57	126

Source: MoLHW, 2005-2007

347. During 2005-2007 the orphans placed in group homes annually were more or less constant, at an average of 118 children annually.

Table B.7: Orphaned Children Placed in Institutions (Orphanage) by Age, Sex and Year

	2005			2006			2007		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	9	7	16	8	6	14	5	7	12
5-9	12	10	22	7	9	16	8	6	14
10-14	13	8	21	14	5	19	6	4	10
15-17	11	9	20	7	4	11	7	2	9
Total	45	34	79	36	24	60	26	19	45

Source: MoLHW, 2005-2007

348. As the more preferred option of orphan management systems increased the less preferred option which is institutionalized management kept on decreasing from one year to the next (Table B.7).

Table B.8: Orphaned Children Placed with Foster Families

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Males	Female	Total
0-4	3	1	4	2	1	3	5	2	7
5-9	5	6	11	6	10	16	1	3	4
10-14	1	5	6	3	1	4	9	11	20
15-17	2	5	7	2	6	8	8	3	11
Total	11	17	28	13	18	31	23	19	42

Source: MoLHW, 2005-2007

349. The majority of the orphan children placed with foster parents during 2005-2007 were females. Out of the total of 101 orphans placed with foster families, 54 (53%) were female children.

Table B.9: Orphans Adopted Domestically or through Inter-Country Adoption by Age, Sex and Year

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Males	Female	Total
< 1year	1	4	5	-	2	2	-	2	2
1-4	1	1	2	1	2	3	1	1	2
Total	2	5	7	1	4	5	1	3	4

Source: MoLHW, 2005-2007

350. As shown by Table B.9 the prevalence of adoption of orphan children was extremely low. On the average there were five cases of adoption annually during 2005-2007. The adoptions were domestic, as the Government preferred domestic adoption to international adoption.

Children with disabilities

Table B.10: Children with Disabilities Living with their Families by Age, Sex and Year

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	404	242	646	317	150	467	228	157	385
5-9	4,455	2,803	7,258	4,604	3,069	7,673	4,585	3,241	7,826
10-14	5,921	3,449	9,370	5,813	3,876	9,689	5,627	4,256	9,883
15-17	3,521	2,325	5,846	3,757	2,506	6,263	3,732	2,670	6,402
Total	14,301	8,819	23,120	14,491	9,601	24,092	14,172	10,324	24,496

Source: MoLHW, 2005-2007

351. The number of children with disabilities living with their families in each year of the three years stood at above 23,000. This level of disability among children is indeed a big caseload, constituting almost 1.33% of the country's child population estimated at 1.8 million (2007).

Table B.11: Children with Disabilities Living in Institutions

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	4	1	5	6	2	8	3	2	5
5-9	32	14	46	22	10	32	18	8	26
10-14	70	49	119	68	47	115	63	41	104
15-17	51	42	93	57	39	96	42	34	76
Total	157	106	263	153	98	251	126	85	211

Source: MoLHW, 2005-2007

352. As Table B.11 shows the number of female and male disabled children placed in institutions annually is very small. Even that small number was declining from one year to the next during 2005-2007. Generally there were more male disabled children than female disabled children placed in institutions.

Table B.12: Children with Disabilities Placed with Foster Care by Age, Sex and Year

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	1	-	1	1	-	1	2	-	2
5-9	2	3	5	2	5	7	-	1	1
10-14	-	2	2	1	1	2	3	5	8
15-17	1	1	2	1	2	3	4	1	5
Total	4	6	10	5	8	13	9	7	16

Source: MoLHW, 2005-2007

353. The number of female and male children with disabilities placed with foster care was very small. In the three years period there were only 39 female and male children with disabilities placed with foster families. But the trend of children with disabilities placed with foster families was positive, however small the increment was.

Table B.13: Disabled Children Attending Regular Schools, 2006/07

Age	2007		
	Male	Female	Total
0-4	8	5	13
5-9	1,907	1,547	3,454
10-14	4,053	3,201	7,254
15-17	2,158	1,115	3,273
Total	8,126	5,868	13,994

Source: MoE, 2006-2007

354. The number of female and male disabled children attending regular schools in 2007 as shown in Table B.13 is quite significant. The 13,994 female and male children with disabilities attending schools constituted 57% of the total number of children with disabilities.

Table B.14: Children with Disabilities Attending Special Schools by Sex and Year

Academic Year	School					
	Abraha Bahta School for the Blind(Grades 1-5)			Evangelical Schools for the Deaf (Grades 1-5)		
	Male	Female	Total	Male	Female	Total
2005/06	48	19	67	86	54	140
2006/07	47	22	69	89	46	135
Total	95	41	136	175	100	275

Source: MoLHW, 2006-2007

355. The number of female and male children with disabilities attending special schools was also very small compared to the size of the children with disabilities who need such services. The number of female and male children with disabilities attending the special schools remained more or less constant, and the institutions remained the same for quite a prolonged period. This is mainly due to resource constraints both in terms of human and financial resources. For the same reason these special schools for children with disabilities provide education limited to the elementary level only.

Table B.15: Children with Intellectual/Developmental Disabilities Attending Schools

Year	Number of students		
	Female	Male	Total
2004/ 2005	4	4	8
2005/ 2006	7	9	16
2006/ 2007	11	12	23

Source: MoE, 2015

356. During this period (2005-2007) the MoE started to recognize the problem of children with intellectual development. Thus it gave attention to their disabilities within the regular education system. 23 students who were recognized to have such difficulties were given special attention in various schools.

Children with disabilities not attending school

357. No data is available for children with disabilities not attending school.

VI. HEALTH AND WELFARE

358. The Ministry of Health (MoH) is the biggest health service giving institution in the country, supplemented by few private and church-based institutions. It is responsible for all health related policy issues and regulation of the standards and practices in health matters.

Table B.16: Paediatric and Mother Health Services Given in the Period.

Year	Number of health facilities with paediatric services	Number of mother and child health services giving health facilities	Number of Paediatric Doctors
2005	269	8	7
2006	269	8	8
2007	277	8	8

Source: MoH, HMIS 2015

359. The health facilities providing paediatric services among other health services were quite high, equivalent to one health facility for two administrative sub-regions. But the health service facilities providing mother and child health services was limited to 8 (eight). This number corresponds with the available number of paediatric doctors in the country at that time (2005-2007).

Table B.17: Rates of Neonatal, Infant and Child Mortality

Number of deaths per 1000 live births	2005	2006	2007
Infant mortality	48	30	30
Under-five mortality	93	82	82

Source: MoH, 2005-2007

360. Infant and under five child mortality rates declined initially at the beginning of the period but stayed constant during the two years (2006 and 2007).

Table B.18: Rates of Immunization of under One Year of Age

Vaccine	2005	2006	2007
BCG	20.0	62.4	66.7
OPVO	84.4	83.5	84.5
OPTHB1	84.5	85.2	85.5
OPTHB2	83.4	84.5	85
OPTHB3	78.1	78.2	73
Measles	73.9	76.3	76
Fully Immunized	73.8	78.4	78.5

Source: MoH, 2005-2007

361. On average, the immunization coverage rate in rural and urban settings was 70% and over 85%, respectively. Generally immunization coverage increased from one year to the next, with some fluctuations for certain vaccines.

Table B.19: Rates of Malnutrition

Measurement	Wasted	Stunted	Underweight
Weight for height	11.5% -21.5%	-	-
Height for age	-	38%-40%	
Weight for age	-	-	45%-55%

Source: MoH, 2005-2007

362. The average malnutrition rates for the period in terms of weight for height measurement was high, typical for poor and food insecure countries. This was the period when the Government

embarked upon extensive food security programmes, as one of the priority of the national development strategies.

d) Adolescent health, including early pregnancy and sexually transmitted infections (STIs) and mental health

363. Data on adolescent health including early pregnancy and sexually transmitted infections (STIs) and mental health was not available, since surveys were not conducted during 2005-2007. However, adolescent Health Policy was formulated and a strategic plan put in place. Surveys on adolescent health including early pregnancy, sexually transmitted diseases and mental health was planned to be conducted in August, 2008.

Disaggregated statistical data on maternal mortality

364. No disaggregated data available on maternal mortality as demographic and health survey has not been carried out during 2005-2007. However, according to the community-based survey conducted by Dr. Mismay Gebrehiwet, the maternal mortality rate for the period was 752/100,000.

365. An important development in the response against HIV/AIDS during this second reporting period was making antiretroviral drug therapy (ART) available to patients who are sick with AIDS. Since the introduction of ARV to Eritrea in 2005, some 1273 HIV/AIDS patients were enrolled in this reporting period.

366. Anyone who meets the criteria is freely eligible to the access of the drug. Out of the 200 registered children with HIV 64 children became beneficiaries of the anti-retro-viral therapy (ART). ART plays an important role in the prevention of mother to child transmission (PMTCT) of HIV and in post-exposure prophylaxis (PEP) of persons exposed to HIV infection.

367. In the 2005 ANC HIV sentinel surveillance survey, the national HIV prevalence rate was 2.38%. Wide geographic variance in HIV prevalence was observed between zones. Highest HIV prevalence was found in Southern Red Sea zone (5.9%) and Maekel (3.48%). Lower HIV prevalence was seen in Anseba zone (1.33), Dehub zone (1.66%), Northern Red Sea zone (1.77%) and Gash-Barka zone 2.06%). HIV prevalence rate was found to be higher in women residing in urban areas (3.04%) than in women residing in rural areas (0.9%). This shows that

women residing in urban areas are 3.4 times more likely to be HIV positive than women residing in rural areas.

368. Prevention of mother-to-child transmission (PMTCT) was conducted in 53 sites or health facilities. The efforts gave good results with some clinics registering more than 90% acceptance for counselling and testing by the antenatal attendees and a small percentage of some of their spouses as well.

Table B.20: Number of Children Born Assisted and Unassisted by Health Professionals

Year	Number of Children born in health facilities or assisted by health professional	Number of Children born unassisted by health professionals	Total Births	% of Children born in health Facilities or assisted by health professionals
2005	25490	65842	91332	27.91
2006	25617	68272	93889	27.28
2007	27594	68924	96518	28.59

Source: MoH, 2015

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

Table B.21: Number of Children less than 5 Years Old Provided with Health Services/Treatment Each Year in All Kinds of Health Facilities, in OPD and IPD

Year	Health Station		Hospital & Health Centre			Total
			OPD		IPD	
	1 st Visit	Repeated visit	1 st Visit	Repeated Visist	No. Cases	
2005	224981	10994	184307	19408	31938	471628
2006	249429	12911	208865	26338	37393	534936
2007	249938	14842	222828	25400	37889	550897

Source: MoH, HMIS, 2015

370. In 2005, a total of 24,739 live births were reported by the HMIS. 6% were low birth weights and 4.3% (1093) of the total births were stillbirths. This is a decrease when compared to the previous years. However, since there was no vital registration system in place at the community level, the exact magnitude may not be known. The MoH and UNICEF worked very hard to realize the

child registration modalities at least at the facility level which gradually could be done at the level of communities as well.

371. Data from the only Neonatal Intensive Care Unit in the country, that is in Orotta Referral Hospital, based in Asmara, the capital city, may show the likely causes of neonatal death in the country. In 2005 the commonest causes of neonatal morbidity were infections, hypothermia, asphyxia, congenital malformations and jaundice. However, the commonest causes of death were hypothermia, asphyxia, serious infections, and Respiratory Distress Syndrome (RDS) and malformations in full term babies.
372. Neonatal death is a major contributing factor to high infant and child mortality rate in developing countries and Eritrea is no exception. In 2005 in Eritrea, a total of 909 deaths in below five year old children were reported from all health facilities. Out of these, 581 (64%) were children under one year and from those under one, 117 (20%) were neonates. This fact indicates that about 80% of the facility-based deaths in under-five year olds occurred before one year of age. Therefore, focusing the services towards the under one year old age group can reduce child mortality by 80%.

Table B.22: Infant Mortality Rates By Zoba in 2005

Zobas	Infant mortality per 1,000 live births
SRS	122
NRS	77
Gash-Barka	66
Debab	58
Maekel	39
Anseba	37

Source: MoH, HMIS 2005

373. Although there is some evidence of a decline in the magnitude of childhood mortality in recent years, it is still at an unacceptable high level. Moreover, Child mortality is not falling as rapidly as it could. Infant mortality and under five mortality rates have shown declines of 24% and 38% respectively. Generally the trend in all early childhood indicators is improving.
374. Information on childhood mortality shows that 50% of IMR and a quarter (26%) of U5MR are due to neonatal mortality. Note should also be made that the decline in infant mortality is mainly

due to a reduction in post-neonatal mortality. This shows the limited impact of existing interventions related to neonatal period and generally no change was scored in the magnitude of NMR over the last 15 years. Neonatal mortality is a major on-going challenge in child health. Further progress in improving child survival requires more attention to the new-born as the proportionate mortality is significantly higher for neonates. The benefits of a healthy new-born extend far beyond the neonatal period.

Table B.23: Health Services Provided to under 5 Year Old Children and Deaths in Health Facilities

YEAR	Subject	No of Cases	Rank	Subject	No of Deaths	Rank
2005	Diarrhoea all forms	62610	1	Pneumonia all types	235	1
2005	Pneumonia all types	58130	2	Malnutrition, all types	138	2
2005	ARI (Without pneumonia)	55544	3	Diarrhoea all forms	128	3
2005	Skin infection & scabies	12027	4	Septicaemia	121	4
2005	Ear infection	8571	5	Low birth weight	52	5
2005	Malnutrition, all types	8491	6	HIV/AIDS	26	6
2005	Infection of eye including trachoma	7881	7	Anaemia, all types	17	7
2005	Malaria , all types	4922	8	Intrauterine hypoxia/birth asphyxia	15	8
2005	Injury all types	4534	9	Heart diseases	13	9
2005	Fever of unknown origin	3425	10	Congenital malformations	13	10
YEAR	Subject	No of Cases	Rank	Subject	No of Deaths	Rank
2006	Diarrhoea all forms	67199	1	Pneumonia all types	261	1
2006	Pneumonia all types	66878	2	Malnutrition, all types	183	2
2006	ARI (Without pneumonia)	63796	3	Diarrhoea all forms	173	3
2006	Skin infection & scabies	15592	4	Septicaemia	123	4
2006	Malnutrition, all types	10679	5	Other perinatal and neonatal problem	35	5
2006	Ear infection	10152	6	HIV/AIDS	24	6
2006	Infection of eye including trachoma	8677	7	Heart diseases	20	7
2006	Injury all types	5688	8	Low birth weight	19	8
2006	Fever of unknown origin	5368	9	Neonatal haemolytic and bleeding	18	9
2006	Malaria , all types	4012	10	Anaemia, all types	16	10
YEAR	Subject	No of Cases	Rank	Subject	No of Deaths	Rank
2007	Diarrhoea all forms	71325	1	Pneumonia all types	234	1
2007	ARI (Without pneumonia)	68389	2	Malnutrition, all types	198	2
2007	Pneumonia all types	63298	3	Diarrhoea all forms	130	3
2007	Skin infection & scabies	18460	4	Septicaemia	102	4
2007	Malnutrition, all types	12538	5	Other perinatal and neonatal problem	59	5

2007	Ear infection	10520	6	Low birth weight	39	6
2007	Infection of eye including trachoma	9388	7	Intrauterine hypoxia/birth asphyxia	34	7
2007	Injury all types	7218	8	HIV/AIDS	22	8
2007	Fever of unknown origin	4965	9	Neonatal haemolytic and bleeding	14	9
2007	Malaria , all types	4707	10	Anaemia, all types	13	10

Source: MoH, HMIS 2015

375. As shown in the table above, diarrhoea, acute respiratory infection and malnutrition were among the top causes of deaths in the health facilities among children of less than 5 years of age.

Table B.24: Number of Children less than 5 Years Old Provided with Health Services/Treatment Each Year in All Kinds of Health Facilities in OPD and IPD

Year	Total number of Cases			Total number of Deaths	
	AGEGROUP	No of Cases	Year	AGEGROUP	No of Deaths
2005	LessThan5	251815	2005	LessThan5	841
2006	LessThan5	285169	2006	LessThan5	981
2007	LessThan5	301408	2007	LessThan5	1008

Source: MoH, HMIS 2015

376. The number of under 5 years old children infected with HIV almost halved in 2007 from 2005 and 2006. The HIV related deaths of under 5 year olds in health facilities also showed a slight decline.

Table B.25: Under 5 Year Old Children Infected with HIV and Number of Deaths in Health Facilities

Year	Number of Cases	Number of Deaths
2005	201	26
2006	206	24
2007	108	22

Source: MoH, HMIS 2015

377. A Sexual and Reproductive Health Policy was developed by the Ministry of Health in September 2007. This sexual and reproductive health policy document has set clear policy objectives, specific strategic guidelines for policy implementation, monitoring and evaluation as well as partner roles and responsibilities. This policy is complemented by the Adolescent Health Policy developed earlier in December 2004.

378. Based on the essential elements of comprehensive Reproductive Health Care (RHC), an integrated reproductive health care package adopted for Eritrea includes:

- a) Maternal and New born Health: prenatal care, skilled attendance during delivery, management of obstetric emergencies, care of the new born and management of neonatal complications, including mental health problems;
- b) Family planning (birth spacing) information and services; contraceptive commodities security; and counselling;
- c) Adolescent sexual and reproductive health
- d) Prevention and management of reproductive tract infections, especially sexually transmitted infections (STIs), including HIV/AIDS;
- e) Prevention and management of the complication of abortion;
- f) Active discouragement of harmful traditional practices, such as female genital cutting (FGC); early marriage; domestic and sexual violence against women
- g) Promotion of male involvement and participation in sexual and reproductive health
- h) Management of other reproductive health disorders such as genital fistula, infertility, cervical cancer, complication of female genital mutilation, reproductive health problems associated with menopause and andropause.
- i) Advocacy on and development of a policy and laws on safe abortion procedures/post-abortion counselling and services.
- j) Proclamation 158/2007 was issued banning the practice of Female Genital Mutilation or Cutting (FGM/C).

379. Disaggregated data on health care budget was not available. However, the aggregated budget expenditures during 2005-2007 were as given by the following table. The recurrent budget expenditure remained at above US\$ 10.0 million annually throughout the period 2005-2007. Capital budget expenditure was at its pick in 2006. Since the annual Government budget was not published, this government budget expenditure on health is meant to show as an instance.

Table B.26: Government Expenditure on the Health Sector, 2005-2007 (in US\$)

Item	2005	2006	2007
Recurrent budget	10,173,043	10,054,851	10,861,586
Capital budget	950,787	3,418,330	1,490,904
Total expenditure	11,123,830	13,473,180	12,352,490

Source: MoH, 2008

380. In 2005 Government recurrent & capital health expenditure was 185,287,348.417 Nakfa. External Assistance received in kind in 2005 was 352,960,725.17 Nakfa. External assistance in cash in 2005 was Nakfa 30,558,520.51. The total expenditure was Nakfa 568,806,594.15

c) Programmes and services for children with disabilities

381. The Ministry of Labour and Human Welfare (MoLHW) in partnership with all concerned national and international institutions strived to take special measures of protection for the mentally and physically handicapped children, to safeguard their dignity, promote self-esteem and to develop skills and participate in all social and economic activities.

382. Community-based Rehabilitation Programmes (CBRP) existed during the period 2005-2007 in 43 administrative sub-regions with the aim of advocating for the rights of children with disabilities and to improve their livelihoods.

383. In Eritrea, there exist four associations formed by and for persons with disabilities, namely Eritrean National War Disabled Veterans Association (ENWDVA), Eritrean National Association of the Blind (ERNAB), Eritrean National Association of the Deaf (ERNAD) and National Association of Intellectual/Developmental Disability of Eritrea. These associations play a role in the alleviation of problems of children with disabilities.

384. Community Based Rehabilitation Programme in 43 sub-Zobas covering 80% of the country. Under this programme, 3,500 female and male children were rehabilitated and integrated into regular schools and another 4,220 female and male children with disabilities are being rehabilitated by volunteer rehabilitation workers in their communities. The rehabilitation components include: self-care, communication, movement, behaviour, stimulation, training for children with epilepsy and learning difficulties as well as referrals to hospitals, physiotherapy centre, orthopaedic workshops and special schools.

385. There was no reliable data on children with disabilities. The 2002 study on disabilities indicated that at that time there were some 15,000 under-age children with different disabilities.

386. Provision of assistive devices for 6,200 female and male children with disabilities such as hearing aids, orthotic and prosthetic appliances, splints, crutches, arch supports, spinal corsets, babies trolleys, collars, compensation, wheel chairs, tri-cycles, canes, etc.

387. School materials and uniforms were provided to children with disabilities. 13,994 female and male Children with disabilities were enabled to attend education in pre-primary, elementary, middle and secondary schools.

388. The special schools for the deaf and the blind provide elementary level of education. The number of students enrolled in the schools was more or less constant during the years, and the need to expand such schools is evident.

d) Support programmes for families

389. Programmes and services:

- Martyrs Survivors Benefit Programme supported 61,391 families of Martyrs comprising of 103,732 beneficiaries. The programme provided US\$ 24,566,300 annually to martyrs survivors benefit.
- Seed money was provided for the establishment of Income Generating Activities (IGA) in favour of 1,500 disadvantaged families, including HIV/AIDS affected families, during 2005-2007.
- Provision of seed money and psychosocial support for 320 Child headed households.
- Skills training for 250 disadvantaged women annually in the community centres.
- Education and sensitization on child neglect and child abuse to families.
- Counselling for vulnerable families with a special emphasis to child and women headed families.
- Counselling for families affected by HIV/AIDS, infectious diseases and non-infectious diseases through health promotion centres.
- Sexual and reproductive health education provided within communities and health facilities.
- Exemption of medical service fees for disadvantaged families. Disadvantaged families who could not afford to pay for the nominal health fees were assisted to become exempted from charges.

e) Support for children living below the poverty line

Programmes and services:

390. Provision of school materials and uniforms, and health care services as well as income generating activities for caretaking families so as to improve their living conditions.

- Training of care takers, so as to provide better care for children.
- All children in Eritrea are exempted from school fees at all levels of education in public schools.
- Provision of psychosocial support for children living under the poverty line.
- Provision of sport and recreational services.

f) Protection of children who are in need of alternative care including the support of care institutions

391. Programmes included:

- The Government of the State of Eritrea implemented a child protection and reintegration programme. Through this programme 18,251 female and male Orphans and Vulnerable Children were supported in the six regions of the country during 2005-2007.
- Children who are in need of alternative care are being protected from abuse and violence, through the community based childhood and protection programme.
- Children who are in need of alternative care are being provided with skills so as to enable them become independent and self-reliant.

g) Programmes and activities for prevention of and protection from child abuse, child sexual exploitation and child labour.

i. Child abuse

- Prevention of maltreatment and abuse (through education in the family and sensitization of the community).
- Medical service.
- Guidance and counselling.

- Protecting children through legal procedures.

ii. Child sexual exploitation

392. A survey in 2006 hinted that as many as 4000 prostitute girls under the age of 18 years existed (postulated from 221 underage cases stated as 6% of the studied prostitutes). It is believed that the number of underage prostitutes is on the rise.
393. During the reported period there were 210 children engaged in commercial sex work in the main towns of Eritrea. Eritrea was implementing a Programme on the prevention and rehabilitation of commercial sexual exploitation of children. The programme had two components, namely prevention as well as care and psychosocial support. The prevention aspect deals on public sensitization, control of child pornography (control of films and internet access points), prevention of sexual exploitation of children in establishments and institutions (orphanages, childcare centres, children in refugee and internally displaced persons camps). The rehabilitation component is composed of guidance and counselling, peer education, family reunification, skill training and income-generating schemes.

i) Programmes and services for orphans, abandoned children and street children

394. The Ministry of Labour and Human Welfare (MOLHW) has been the responsible national institution mandated with the provision of protection and services for the rights and needs of children in general, and children in difficult circumstances in particular. Thus, with the prerogatives of its mandate the ministry ran various programmes and services for orphans, abandoned children and street children.
- a. According to the 2006 national survey, a total of 105,000 orphans were identified. The factors causing these orphans are many, including natural death, war, HIV/AIDS, disappearances or abandonment, etc. These orphans were assisted through various arrangements and approaches. 72,958 orphans were placed with relatives.
 - b. Street children comprise children who entirely live in the streets outside the family setting and children who spend the day vending in the streets and joining their parents at night. Their numbers are not clearly known (estimated at 4500).

- c. There is no up-to-date data on children with disabilities. The 2002 study on disabilities indicated that at that time there were some 15,000 under-age children with different disabilities.

f) Child abuse (disaggregated data by age, sex, and type)

395. Child abuse takes place in three forms. These are physical and psychological maltreatment, abandonment and neglect, as well as sexual abuse. Hence, the tables below show the number of children abused during 2005-2007, reports that have resulted either in court decision with additional information and victims of violence that have received counselling.

Table B.27: Number of Reported Child Abuse Cases

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
7-9	2	3	5	1	1	2	1	1	2
10-12	7	9	16	2	5	7	1	4	5
13-15	78	85	163	64	69	133	60	64	124
16-17	69	74	143	39	43	82	46	48	94
Total	156	171	327	106	118	224	108	117	225

Source: Police Eritrea, 2005-2007

396. The number of cases of abuse which were reported and became court issues declined from one year to the next during the reporting period.

Table B.28: Number of Reports of Abuse which have Resulted in Court Decision with Additional Information

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
7-9	1	1	2	1	1	2	1	-	1
10-12	2	3	5	1	2	3	1	1	2
13-15	15	22	37	9	14	23	8	12	20
16-17	18	21	39	12	13	25	10	11	21
Total	36	47	83	23	30	53	20	24	44

Source: Police Eritrea, 2005-2007

397. The number of child victims who received counselling and assistance remained more or less constant during the three years.

Table B.28: Number of Child Victims that have Received Counselling and Assistance in Recovery

Age	2005			2006			2007		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
7-9	1	1	2	1	1	2	1	1	2
10-12	1	2	3	1	3	4	2	1	3
13-15	9	14	23	7	14	21	12	17	29
16-17	12	18	30	15	18	33	11	14	25
Total	23	35	58	24	36	60	26	33	59

Source: Police Eritrea, 2005-2007

VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

398. During the second reporting period the GoSE steadily continued to expand the education services by bringing schools close to home, with special focus on making schools available in previously deprived rural areas of the country.

Pre-primary level

Table B.29: Pre-primary Level: Gross and Net Enrolment Ratios, by Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2004/05	15,565	15,679	31,244	18.4	20.1	19.2	13.1	14.2	13.6
2005/06	17,672	17,897	35,569	20.6	22.7	21.6	14.3	16.1	15.2
2006/07	19,147	18,116	37,263	23.3	24.1	23.7	15.6	16.1	15.9

Source: MoE: Basic Education Statistics 2004/05-2006/07

399. The government continued its efforts to expand access to pre-primary education by giving much attention to rural and remote areas. This can be seen in Table B.30. As the table indicates, there was a general increase in enrolment at the pre-primary school both in urban and rural areas. The

increase in enrolment in pre-primary schools was 19.0% during the three years from 2004/05 to 2006/07. In table B.30 Non-government schools include: private, mission/church, community and Awkaf schools.

Table B.30: Pre-primary Enrolment: School Ownership, Location, Enrolment by Sex and Year

Years	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	M	F	M	F	M	F	M	F	M	F	M	F
2004/05	7857	7805	7708	7874	2284	2209	5769	5844	5573	5596	1939	2030
2005/06	8717	8445	8963	9444	2488	2529	7258	7537	6229	5916	1705	1907
2006/07	9668	8996	9469	9130	2805	2566	7728	7471	6863	6430	1741	1659

Source: MoE: Basic Education Statistics 2004/05-2006/07

400. Investment in training teachers improves the quality of schooling by increasing the level of pupil achievement. Recognizing this fact, the GoSE continuously trains and recruits many teachers every year. The MoE has been providing pre-service and in-service training in order to upgrade the qualification of the existing teachers and to satisfy the increasing teacher requirements of the nation.

401. Table B.31 indicates pre-primary teachers: ownership, location gender by years. The table reveals that the total number of teachers was increasing from time to time both in government and non government schools. The total number of pre-primary school teachers was 485 in 2004/05 and this grew to 551 in 2006/07, showing a growth of 13.6%. Female teachers were the overwhelming majority (97%).

Table B.31: Pre-primary Teachers: Ownership, Location and Sex by Year

Year	Total				Government				Non Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2004/05	468	485	348	360	130	136	249	261	338	349	99	99
2005/06	521	536	470	494	160	164	363	385	361	372	107	109
2006/07	535	551	494	516	144	147	397	417	391	404	97	99

Source: MoE: Basic Education Statistics 2004/05-2006/07

402. Table B.32 generally indicates that the pupil teacher ratio was declining from time to time and reached 35 students per teacher during 2006/07 academic year. However the GoSE recognizes that there is much work to be done at this level.

Table B.32: Pre-primary Schools: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2004/05	31,244	845	37
2005/06	35,569	1,030	35
2006/07	37,263	1,067	35

Source: MoE: Basic Education Statistics 2004/05-2006/07

403. The number of pre-primary schools showed a remarkable increase (by 30.5%) during 2006/07 as compared to the year 2004/05. As can be seen from table B.33, during the same period the rural areas saw a rapid increase in the provision of pre-primary schools.

Table B.33: Pre-primary Schools: Ownership and Location by Year

Years	Total		Government		Mission/Church		Private		Community		Awkaf	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
2004/05	135	242	53	178	29	23	8	3	30	34	1	0
2005/06	153	326	68	260	32	24	7	3	31	36	1	0
2006/07	161	331	69	278	30	20	21	3	24	27	2	0

Source: MoE: Basic Education Statistics 2004/05-2006/07

Elementary Education

404. In the Eritrean education system, the elementary level comprises grades 1-5 for children 6 to 10 years of age. The mother tongue is the medium of instruction. As indicated in the educational policy of GoSE, the main purpose of elementary education is to give children a firm grounding in basic learning skills. The general objective of elementary education is to have all children complete the cycle, while at least accomplishing minimum learning achievement levels as defined by the national curriculum.

405. As can be seen from Table B.34, in the period, elementary school enrolment showed a sustained decline both for males and females and in terms of GER and NER as well as absolute numbers for some unknown reason. One of the main factors could be demographic.

Table B.34: Elementary School: Enrolment, GER and NER by Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2004/05	210,061	167,451	377,512	104.9	86.9	96.1	74.9	65.8	70.4
2005/06	202,388	161,875	364,263	99.7	82.9	92.1	72.2	64.4	68.4
2006/07	182,100	149,755	331,855	87.5	75.8	81.8	64.0	58.5	61.3

Source: MoE: Basic Education Statistics 2004/05-2006/07

406. The information in Table B.35 shows that the majority of elementary pupils were found in rural areas and other remote regions. The unequal growth rate between urban and rural school enrolment is due to the priority given to the rural areas with the purpose of closing the disparities between them based on the guiding principles of bringing about social and economic justice to all communities.

Table B.35: Elementary School: Enrolment: Ownership, Location and Sex by Year

year	Total				Government				Non Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2004/05	64234	64234	103217	103217	54686	54686	98637	98637	9548	9548	4580	4580
2005/06	70197	150387	91678	213876	60065	129417	87659	205118	10132	20970	4019	8758
2006/07	68797	147072	80958	184783	58415	125653	77499	177132	10382	21419	3459	7651

Source: MoE: Basic Education Statistics 2004/05-2006/07

407. Table B.36 shows that the number of elementary school teachers decreased from 7942 to 7523 between the academic years 2004/05 and 2006/07. This constitutes a 5.3% decrease. The decrease was limited to the rural areas, whereas the number of teachers in urban areas steadily rose.

Table B.36: Elementary School Teachers: Ownership, Location by Sex and Year

Year	Total				Government				Non Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2004/05	1604	2876	1562	5066	1376	2360	1463	4794	228	516	99	272
2005/06	1843	3263	1453	4453	1602	2729	1354	4194	241	534	99	259
2006/07	1919	3378	1427	4145	1658	2844	1324	3891	261	534	103	254

Source: MoE: Basic Education Statistics 2000/01-2012/13

408. Table B.37 reveals pupil teacher ratio at the elementary level. As can be seen from the table the pupil teacher ratio remained constant at 48 pupils to a teacher during 2004/05 to 2006/07 academic year.

Table B.37: Elementary Schools: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2004/05	377,512	7,942	48
2005/06	364,263	7,711	47
2006/07	331,855	6,936	48

Source: MoE: Basic Education Statistics 2004/05-2006/07

409. Table B.38 indicates that the total number of rural schools at this level decreased from 604 in 2004/05 to 566 in 2006/07, registering a drop of 64 schools (6.2%). The table also reveals that there were more schools in rural than in urban areas during the period.

Table B.38: Elementary Schools: Ownership and Location by Year

year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	total	Urban	Rural	total
2004/05	160	604	764	118	564	682	42	40	82
2005/06	189	574	763	145	536	681	44	38	82
2006/07	204	566	770	160	529	689	44	37	81

Source: MoE: Basic Education Statistics 2004/05-2006/07

Middle School education

410. Middle school is the second part of the basic education cycle in the Eritrean education system. Basic education is the minimum level of education which every individual must attain in order to function as a productive citizen in the country. Middle school education consists of 3 years of schooling from grade 6 up to grade 8 for children aged 11 to 13 years. The medium of instruction at this level is English.

411. As shown in Table B.39, enrolment at the middle school level showed a fluctuating pattern for males and in totality enrolment in the course of the three academic years. Female enrolment however continued to steadily rise, but remained below the male enrolment rates both in absolute numbers and in terms of GER and NER.

Table B.39: Middle School Enrolment, GER, NER, by Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2004/05	85,033	53,996	139,029	85.0	54.1	69.5	33.9	26.5	30.2
2005/06	90,634	57,448	148,082	89.3	56.7	73.0	36.8	29.0	32.9
2006/07	81,739	59,342	141,081	77.0	55.7	66.4	37.9	30.5	34.2

Source: MoE: Basic Education Statistics 2004/05-2006/07

412. The government is making efforts to expand access at the middle school level by giving much attention to rural and remote areas. This can be witnessed in Table B.40. As the table indicates, there was a general increase in enrolment at the middle school level both in urban and rural areas. The decrease in enrolment in rural areas was almost 7.7% when comparing 2006/07 to 2003/04. Female enrolment in rural and urban areas, on the other hand, showed a general increase.

Table B.40: Middle School: Enrolment: Ownership, Location by Sex and Year

Year	Total				Government				Non Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2004/05	36605	85486	17391	53543	32897	77376	16878	52231	3708	8110	513	1312
2005/06	40302	97105	17146	50977	36496	88911	16621	49713	3806	8194	525	1264
2006/07	40669	91642	18673	49439	36648	83529	18100	48060	4021	8113	573	1379

Source: MoE: Basic Education Statistics 2004/05-2006/07

413. The total number of middle school teachers increased from 1467 in 2004/05 to 1587 in 2006/07. This shows a 7.6% increase. The total number of teachers in rural areas increased by an average of 100 annually during the three years. The number of female teachers in rural and urban areas remained without much change.

Table B.41: Middle Schools Teachers: Ownership, Location by Sex and Year

Years	Total				Government				Non Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2004/05	203	1467	43	986	170	1253	40	946	33	214	3	40
2005/06	213	1588	44	905	179	1369	40	871	34	219	4	34
2006/07	207	1587	40	1003	178	1375	37	971	29	212	3	32

Source: MoE: Basic Education Statistics 2004/05-2006/07

414. As can be seen from the table b.42 the pupil teacher ratio was 57 in 2004/05 and remained the same in 2006/07.

Table B.42: Middle Schools: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2004/05	139,029	2,449	57
2005/06	148,082	2,491	59
2006/07	141,081	2,478	57

Source: MoE: Basic Education Statistics 2004/05-2006/07

415. One observes from Table B.43 that the total number of middle schools maintained a rising trend but only slightly.

Table B.43: Middle Schools: Ownership and Location by Year

year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	total	Urban	Rural	total
2004/05	74	131	205	56	126	182	18	5	23
2005/06	91	126	217	71	121	192	20	5	25
2006/07	93	130	223	71	124	195	22	6	28

Source: MoE: Basic Education Statistics 2004/05-2006/07

Secondary Education

416. The provision of increased equitable and good quality secondary education plays a central role in the education and employment opportunities of Eritrean youth. The GoSE believes that the development of a modern economy in Eritrea depends to a large extent on the supply of well-educated and trained secondary school graduates. This is clearly stated in its educational policy. Secondary education prepares learners for further education and/or for the world of work. Moreover, related practical studies, with relevance to the individual learner's interests and national development needs form an integral part of the secondary education curriculum.

417. As indicated in Table B.44, enrolment at the secondary level showed no significant changes between the years. It remained in the range of 75,000 and 76,000. Although there was a positive trend, the enrolment of females stood at 40% of the total student population in secondary schools by 2006/06. Total GER and NER reached 33 per cent and 21 per cent respectively during 2006/07 academic year.

Table B.44: Secondary Schools: Enrolment, GER, NER and Sex by Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2004/05	50,010	26,041	76,051	46.0	25.3	35.9	22.7	16.3	19.6
2005/06	50,351	27,293	77,644	45.7	26.1	36.2	23.5	17.9	20.8
2006/07	45,471	30,329	75,800	38.7	27.0	33.0	24.9	18.7	21.9

Source: MoE: Basic Education Statistics 2004/05-2006/07

418. The government is making efforts to make secondary schools accessible to children residing in rural and remote areas. As table B.45 indicates, there is a general increase in enrolment at secondary schools both in urban and rural areas. The total increase in enrolment in rural areas was 73 % while there was a slight decrease in enrolment in urban schools from 2005/06 to 2006/07. Female enrolment in rural secondary schools more than doubled in 2006/07 compared to the preceding year.

Table B.45: Secondary Schools: Enrolment: Ownership, Location by Sex and Year

Year	Total				Government				Non- Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2004/05	22975	62207	3066	13844	22044	59506	3066	13844	931	2701	0	0
2005/06	23350	62305	3943	15339	22598	59904	3943	15339	752	2401	0	0
2006/07	22258	51848	8071	23952	21659	50351	8071	23952	599	1497	0	0

Source: MoE: Basic Education Statistics 2004/05-2006/07

419. The total number of female secondary school teachers in urban areas in 2006/07 reached 15% of the total number of urban secondary school teachers. However, in the rural secondary schools, female teachers constituted only 4% of the teachers. While the total number of urban secondary schools teachers declined from 1267 in 2004/05 to 1213 in 2006/07, the number of teachers in rural secondary schools jumped from 337 to 615 in the same period.

Table B.46: Secondary Schools Teachers: Ownership, Location and Sex by Year

year	Total				Government				Non Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2004/05	194	1267	20	337	174	1172	20	337	20	95	0	0
2005/06	171	1245	17	319	150	1144	17	319	21	101	0	0
2006/07	182	1213	26	615	156	1121	26	615	26	92	0	0

Source: MoE: Basic Education Statistics 2004/05-2006/07

420. As can be seen from table B.47 the pupil teacher ratio dropped from 47 in 2004/05 to 43 in 2006/07.

Table B.47: Secondary School: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2004/05	76,051	1,607	47
2005/06	77,644	1,552	50
2006/07	75,800	1,778	43

Source: MoE: Basic Education Statistics 2004/05-2006/07

421. The total number of secondary schools in urban and rural areas increased by 8.6% from 58 in 2004/05 to 63 in 2006/06.

Table B.48: Secondary Schools: Ownership and Location by Year

year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	total	Urban	Rural	total
2004/05	40	18	58	34	18	52	6	0	6
2005/06	46	16	62	39	16	55	7	0	7
2006/07	44	19	63	37	19	56	7	0	7

Source: MoE: Basic Education Statistics 2004/05-2006/07

Flow Rates (promotion, repetition and drop-out rates)

422. In addition to improving enrolment rates, MoE exerted efforts to enhance progression rates at all levels. As indicated in Tables B.49-B.51, however, there was no consistent pattern in the repetition, dropout and promotion rates across all the three levels of education. Despite the expansion and improvement of access, the performance or efficiency was not encouraging during the 2004/05 - 2006/07. Thus, repetition and drop out still remained to be issues of critical concern.

Table B.49: Elementary School Flow Rate by Sex and Year

Year	Drop-Out			Promoted			Repeaters		
	M	F	T	M	F	T	M	F	T
2004/05	5.5	4.3	5.0	79.2	80.3	79.7	15.3	15.4	15.3
2005/06	8.9	5.5	7.4	75.3	78.6	76.8	15.7	16	15.8
2006/07	6.2	4.8	5.6	76.5	79.1	78.5	16.1	15.1	15.8

Source: MoE: Basic Education Statistics 2004/05-2006/07

Table B.50: Middle School Flow Rate by Sex and Year

Year	Drop-Out			Promoted			Repeaters		
	M	F	T	M	F	T	M	F	T
2004/05	9	7	8.2	71.4	79.2	74.5	19.6	13.8	17.3
2005/06	20.7	9.1	16.1	66.6	79.7	71.8	12.7	11.2	12.1
2006/07	7.8	6.1	7	76.4	80	77.9	15.9	14	15.1

Source: MoE Basic Education Statistics 2004/05-2006/07

Table B.51: Secondary School Flow Rate by Sex and Year

Years	Drop-out			Promoted			Repeated		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2004/05	17.8	10.2	15	73.1	87.1	78.2	9.1	2.7	6.8
2005/06	20.4	12.3	17.4	59.5	75.9	65.7	20.1	11.8	17
2006/07	8.4	9.1	8.7	81.1	83.7	82.2	10.5	7.2	9.1

Source: MoE: Basic Education Statistics 2004/05-2006/07

Special Needs Education (Inclusive Education)

Table B.52: Number of Intellectual/Developmental Disabled Students in Regular Schools

Year	Number of Students		
	Male	Females	Total
2004-2005	4	4	8
2005 – 2006	7	9	16
2006 – 2007	11	12	23

Source: MoE, 2015

423. Since independence, the GoSE has made various efforts to broaden educational opportunities for children in disadvantaged circumstances, including those with disabilities. During the three years under consideration, many students with disabilities or learning difficulties were enabled to access the ‘regular’ schools. Hence, many of the pupils who completed their education at the three special elementary schools were mainstreamed into the regular middle schools. Moreover, students with learning difficulties were also enrolled in the regular middle schools, after they had completed their elementary education.

424. It is important to mention that some schools were established for children with Autism and Down’s Syndrome in 2004. This expanded during 2004/05 – 2006/07 and it was a remarkable achievement, considering the increasing attention accorded to children with such difficulties.

425. Similarly, greater awareness was attained concerning other unfavourable conditions that inhabit or limit children's participation and learning. These efforts have benefitted many children in disadvantaged circumstances, such as nomads, girls in remote areas, orphans, street and/or working children, etc.

426. Nevertheless, despite these efforts, a large proportion of school going age children still remain excluded. Children with disabilities remained the largest excluded group from school. Moreover, those enrolled in the regular education settings faced challenges, because the schools were not sufficiently prepared to meet the special needs of such children.

427. The MoE endorsed an inclusive education policy and appropriate strategies in recognition of the barriers limiting children's participation and learning. Moreover, in line with the national education reform, the MoE strengthened its efforts to establish child-friendly and inclusive schools that can accommodate and educate all children successfully.

428. Guided by this policy, the MoE came up with a plan to consolidate inclusive education in all educational settings. This plan, aimed at:

- Creating pilot inclusive schools with learner-centred and child-friendly characteristics;
- Evaluating the pilot inclusive schools around the country and gradually developing all regular schools into inclusive schools;
- Reaching out to children facing barriers in participation and learning;
- Raising the awareness of students, teachers, parents and the local communities to care for and support the education of children facing exclusion.

429. In order to consolidate inclusive education, the following activities were accomplished during the first three years

- Policy and strategy on Inclusive Education in Eritrea were prepared.
- Curriculum adaptation or modification was underway to accommodate the special educational needs of children with learning difficulties.
- Workshops on Pilot Special Needs Education with the concept of Inclusive Education were conducted in the Anseba, Debub and Maekel regions. In the program nine primary schools, the three special schools and one middle school, as well as higher

education institutions, Ministries , disabled people's organisations participated. The program achievements include: demonstration of learner-centred teaching and learning methods to accommodate the diverse needs of children with disabilities in classrooms.

- A guideline on Special Needs Education/Inclusive Education (SNE/IE) was developed and about 400 copies distributed to zobas;
- Many teachers in the six regions were provided with an orientation course on inclusive education. They were as well trained in making curricular and teaching adaptations to suit the needs of children with disabilities. Each zoba's inclusive education support group was established. The support team conducts all the training activities in the zobas or regions.

Adult and Continuing Education

430. Creating literacy and continuing education and training opportunities for adults and out of school children was one of the areas of focus of the government. The Literacy Programme targeted adults and out-of-school youths, with the aim of increasing literacy levels.
431. The department of Adult and Media Education provides literacy and continuing education and training opportunities for adults and out of school youth via regular and evening classes, and crash-programmes. It also endeavours to create literate environments for newly literate adults and youth in the rural areas.
432. Under the educational transformation which started during the reporting period, the Adult and Media Education Division was upgraded to Department in the Ministry of education. Three main Divisions, namely Curriculum Development and Planning, Educational Media, and Monitoring and Quality Assurance were formed.
433. Table B.53 shows the literacy programme participants during 2004/05-2006-07. A total of 55,056 out of school children below the age of 19 years, out of which 85% (46,837) were females participated in the literacy programme.

Table B.53: Literacy Participants by Age, Sex and Year

Years	Under 15		15-19		20 & above		Total		Completed		%Completed	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2004/05	3938	5361	14242	16253	54350	60587	72530	82201	NA	NA	NA	NA
2005/06	3565	4497	11352	12243	76631	84997	91548	101737	81715	74613	89	73
2006/07	4940	6891	8800	9811	48814	53830	62554	70532	48110	53340	77	76

Source: MoE: Basic Education Statistics 2004/05-2006/07

Technical and Vocational Education and Training (TVET)

434. The GoSE has been exerting efforts to produce semi-skilled and skilled workers with the chief aim of creating opportunities for gainful employment and economic growth. Various levels of training (basic, intermediate and advanced) with focus on technology, agriculture, fine arts and music were provided up to the 2007/08 academic year. After that in the six formal technical schools, only the intermediate level of training continued to be given. The technical schools provided training in nineteen fields of specialization, that is eleven in technical fields, four in Commerce and another four in Agriculture. Three of them are boarding schools.

435. The department uses guidelines and selection criteria to receive new students who join these schools. The selection criteria take into account equity, diversity and the interests of the students. The schools accepted students who had completed grade 10. The following points are taken into consideration:

- Minimum of 30% of the candidates should be females and 35% from disadvantaged nationalities.
- A candidate should be physically fit and with good health condition; and
- On average a minimum academic achievement of **50%** (10th grade 1st semester) is required.

436. As shown in Table B.54 the different Technical and Vocational Education and Training centres provided training for 1,482 students out of which 37% were females. Besides the formal training, non-formal skills development also took place in various workshops and garages in the form of apprenticeships.

Table B.54: Technical and Vocational Enrolment by Sex and Year

Years	Male	Female	Total
2004/05	442	112	554
2005/06	341	100	441
2006/07	295	192	487
Total	1078	404	1482

Source: MoE, Department of Technical and Vocational Education and Training

IX. SPECIAL PROTECTION MEASURES

Street Children

437. The Ministry of Labour and Human Welfare has designed a community based street children prevention and rehabilitation programme. The programme has provided special measures to support the reintegration of street and working children through a range of developmental and psychosocial interventions, taking into account age-appropriate needs, special support measures that ensure younger at-risk children (ages 8-14) re-enter formal schooling and through income generation support to their families, whilst early adolescents and youth families (15-17 years) are equipped with proper vocational and business skills to ensure their economic integration through the provisions of safe employment compatible with the developmental needs.

438. During 2005-2007, some 4,200 street and working children were enrolled into formal schools by providing them with school materials such as uniforms, reference books and learning materials funded by UNICEF, whilst 955 street children were equipped with vocational training in the areas of carpentry, electrical and mechanical skills, combined with basic literacy. 744 households of street children were provided with income generation assets in the form of small scale enterprises. These income generating assets are a means to increase household income levels, leading to the improvement of living standards and access to basic social services.

Table B.55: Children Infected with HIV/AIDS

Age Group	2005			2006			2007		
	M	F	T	M	F	T	M	F	T
0 – 4	14	6	20	28	11	39	56	38	94
5-9	12	20	32	34	41	75	94	108	202
10 – 14	1	1	2	23	26	49	76	80	156
15 – 17	-	1	1	11	9	20	18	24	42
Total	27	28	55	96	87	183	244	250	494

Source: MioLHW, 2005-2007

439. As shown by table B.55 above the number of HIV infected children rose during the three years (2005-2007).

Table B.56: Children Affected by HIV/AIDS

Age Group	2005			2006			2007		
	M	F	T	M	F	T	M	F	T
0 – 4	290	296	586	256	268	524	223	232	455
5-9	698	699	1,397	947	895	1,842	747	826	1,573
10 – 14	892	856	1,748	887	894	1,781	1,056	978	2,034
15 – 17	678	684	1,362	929	982	1,911	1,267	1,058	2,325
Total	2,558	2,535	5,093	3,019	3,039	6,058	3,293	3,094	6,387

Source: MoLHW, 2005-2007

440. The number of children affected by the epidemic also showed the same trend of increase during the three years.

441. Due to HIV/AIDS the number of children headed households was on the rise, albeit a small number of households.

Table B.57: Distribution of children Heading Households due to HIV/AIDS

Age group	2005			2006			2007		
	M	F	T	M	F	T	M	F	T
10-14	6	7	13	3	9	12	35	23	58
15-17	8	11	19	28	11	39	23	29	52
Total	14	18	32	31	20	51	58	52	110

Source: Ministry of Labour and Human Welfare, 2005-2007

Table B.58: Orphans of HIV/AIDS Living in Extended Families

Age group	2005			2006			2007		
	M	F	T	M	F	T	M	F	T
0 – 4	285	298	583	253	265	518	218	227	445
5-9	688	676	1,364	936	882	1,818	732	816	1,548
10 – 14	863	836	1,699	864	873	1,737	987	932	1,919
15 – 17	623	612	1,235	796	837	1,633	1,034	997	2,031
Total	2,459	2,422	4,881	2,849	2,857	5,706	2,971	2,972	5,943

Source: MoLHW, 2005-2007

442. The multiplied social effect of HIV/AIDS can be seen from the number of HIV/AIDS orphans that were living with extended families.

Table B.59: Orphans of HIV/AIDS Living in Institutions

Age Group	2005			2006			2007		
	M	F	T	M	F	T	M	F	T
0 – 4	5	2	7	3	3	6	4	9	13
5-9	3	2	5	1	5	6	3	1	4
10 – 14	5	3	8	4	1	5	4	5	9
15 – 17	5	2	7	4	8	12	3	3	6
Total	18	9	27	12	17	29	14	18	32

Source: MoLHW, 2005-2007

443. The number of orphans living in institutions was relatively small partly due to the Government's emphatic approach of community based reunification as the best environment for the upbringing of adversely affected child.

Children in conflict with the law

Table B.60: Cases of Children Offenders of the Law

Type of crime/offence	2005						2006						2007					
	9-11		12-15		16-18		9-11		12-15		16-18		9-11		12-15		16-18	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Corruption & counterfeiting	-	-	-	-	2	-	-	-	1	-	6	1	-	-	1	-	7	1
Crime against human life	2	-	17	3	38	5	-	2	13	4	28	5	3	-	32	4	37	2
Crime against property	7	3	25	3	47	5	15	1	25	2	38	3	41	2	43	4	36	2
Sexual offence	-	-	5	-	11	1	-	-	16	-	18	2	12	-	21	-	28	1
Illicit purchase & selling of goods, drugs & arms	-	-	-	-	-	-	-	-	5	3	9	4	2	-	12	2	14	3
Petty offences	24	3	53	11	67	14	35	13	42	9	38	15	30	7	27	9	41	20
Total	33	6	100	17	165	25	50	16	102	18	137	30	88	9	136	19	163	29

Source: Eritrean Police, 2005-2007

444. The majority of the offences made by children were petty ones. But still, these figures were only the reported cases and there is no room for complacency.

Table B.61: Number of Children Charged and Sentenced to Imprisonment 2005-2007

Offences/Crime	2005		2006		2007		Total
	M	F	M	F	M	F	
Injury	8	-	9	2	8	2	29
Theft	10	3	16	3	17	4	53
Sexual offences	12	-	15	1	17	1	46
Attempted Murder	2	-	3	1	4	-	10
Murder	1	-	2	-	3	-	6
Counterfeiting	2	-	3	-	4	1	10
Total	35	3	48	7	53	8	154

Source: Prison Administration, 2005-2007

445. Theft and sexual offence were the two most notable offences committed by children aged 13-18 years who were sentenced to imprisonment.

Table B.62: Court Cases on Crimes Committed Against Children

Year	Types of crime							Total
	Killing	Attempted killing	Abandonment	Abduction	Rape	Abortion	Deflowering	
2005	0	0	0	0	273	25	0	298
2006	4	6	2	50	52	13	55	182
2007	5	0	10	48	134	29	117	343

Source: Ministry of Justice, 2015

Table B.63: Civil Cases Related with Children Presented to the Courts

Year	Types of civil cases					
	Custody	Adoption	Maintenance	Handing over of children	Paternity	Total
2005	0	0	0	0	0	0
2006	543	42	120	39	22	766
2007	1393	53	160	22	210	1838

Source: Ministry of Justice, 2015

Detention facilities for children in conflict with law and their capacity

446. The newly-constructed detention centre had the capacity to accommodate 150 Children (30 girls and 120 boys) and was pending furnishing and staffing. Until the new detention centre became operational, under age persons in the age range of 13-18 were detained in adult facilities in separate composites. There was only one pre-trial detention centre with a capacity of 50 children (35 boys and 15 girls). The centre served children in conflict with the law in Zoba Maekel. Children in conflict with the law in the remaining five Zobas were detained in police stations in cells, separate from adults.

447. Availability of resources has been the major problem that has hindered the Eritrean Government from expanding pre-trial detention centres as well establishing juvenile courts and rehabilitation centre.

448. Given the limited resources, the Government has taken major steps to provide an alternative to deprivation of liberty and to improve the overall care, protection, rehabilitation and reintegration support systems for children in conflict with the law. The newly- established pre-trial detention

centre with a capacity to accommodate 50 children is providing services for children in conflict with the law in Zoba Maekel. Until pre-trial detention centres are extended to other Zobas, children in conflict with the law are being detained in police stations, in cells separate from adults. Though establishment of rehabilitation and reintegration centre for an estimated 150 children in conflict with the law had been planned, there have been some delays related to refurbishment of the rehabilitation centre as well as the procurement of educational and vocational training materials. Until these tasks are fulfilled, the Government has been obliged to detain children in conflict with the law in adult facilities, though in separate composites. The Ministry of Justice has also established separate chambers where cases of children in conflict with the law are heard in closed-sessions, separately from adult offenders.

Table B.64: Children Kept in Pre-Trial Detention by Sex and Year

Offences/Crime	2005		2006		2007		Total
	M	F	M	F	M	F	
Injury	3	-	2	2	4	2	13
Theft	6	1	12	1	13	2	35
Sexual offences	18	-	20	1	21	1	61
Attempted Murder	1	-	2	1	2	-	6
Murder	1	-	2	-	3	-	6
Counterfeiting	2	-	2	-	3	1	8
Total	31	1	40	5	46	6	129

Source: Police Eritrea, 2005-2007

449. The majority of children in conflict with the law were kept in pre-trial-detention centre for not more than 24 hours. However, in the absence of guarantors or to protect the children from revenge, the average period of stay in pre-trial detention centres is one week.

Involved in sexual exploitation, including prostitution, pornography and trafficking and the number of children provided with access to recovery and other assistance.

450. A national survey conducted in 2006 identified 210 Commercially Sexually Exploited children, all female, in the age ranges of 14-17. No case was found or reported with regard to pornography and trafficking.

451. Interventions for addressing commercially sexually exploited children were based on the CRC as well as a holistic and integrated approach which includes awareness raising, services provision, advocacy, and capacity building. The Ministry of Labour and Human Welfare rehabilitated 50 girls in 2005, 80 in 2006 and 108 in 2007, who were victims of sexual exploitation. The rehabilitation services included: formal and non-formal education, guidance and counselling, family reunification, skills training, employment and income-generating schemes support. There

weren't any children reported to have been involved in substance abuse or who received treatment or rehabilitative assistance.

Involved in child labour

452. There were no cases of child labour cases that were brought to the attention of law enforcing bodies.
453. To reinforce Article 9(2) of the labour Proclamation 118/2001, Ministry of Labour and Human Welfare, finalized during this period the draft regulation specifying the jobs that a person below 18 years could not occupy. Likewise, the Ministry of Labour and Human Welfare started drafting regulations relating to the number of hours during which and the conditions in which, light work may be undertaken.
454. To fully complete ratification of the eight ILO core conventions, discussions were underway with relevant Ministries and social partners to ratify the remaining Worst Forms of Child Labour Convention No. 182, as well as the issuance of some additional regulations to appropriately enforce convention 182 and 138.

Internally displaced

455. It should be realized that displacement occurred in Eritrea during 1998-2000 and the internally displaced children were reintegrated and rehabilitated in their respective communities through appropriate psychosocial and long term economic support. During their displacement the children received education, supplementary foods and medical services. There were no new displacements of children during 2005-2007.

Unaccompanied asylum-seekers and refugees

456. There weren't any unaccompanied asylum seekers or refugees. But there were accompanied refugees, mainly Somali and Sudanese.

Table B.65: Refugee Children by Age and Sex (2005-2007)

Age category	2005		2006		2007		Total
	M	F	M	F	M	F	
0 – 4	582	509	653	597	772	719	3,832
5-9	250	203	282	231	328	292	1,586
10 – 14	216	194	183	139	207	151	1,090
15 – 17	104	96	128	112	108	87	635
Total	1,152	1,002	1,246	1,079	1,415	1,249	7,143

Source: Office of Refugee Affairs (ORA), Immigration Department, 2008

Demobilized from armed groups

457. As indicated in the first periodic report, minors under 18 years of age were protected by law from participating in military activities. Hence, there are no demobilized children from the army.

Table B.66: Landmine Victim Children by Age, Sex and Year

Age category	2005		2006		2007		Total
	M	F	M	F	M	F	
5-9	2	1	1	-	1	-	5
10 – 14	9	3	14	2	17	1	46
15 – 17	7	2	11	2	12	1	35
Total	18	6	26	4	30	2	86

Source: Eritrean Demining Authority, 2008

458. Eritrea has been extensively infested with landmines and unexploded ordinances which are remnants of the 30 year war for independence (1961-1991) and the border conflict with Ethiopia (1998-2000). Although efforts were made to clear these dangerous substances both after independence and the signing of the cessation of hostilities following the border war, there still remained vast areas of non-cleared lands. This posed a big threat to human and livestock and rendered some farm and pastoral areas inaccessible.

459. Despite the precautions and safety education campaigns carried out by the Eritrean Demining Authority, children and adults continued to fall victims of landmines. The above table shows that on average 30 innocent children fell victim to landmines during 2005-2007).

Table B.67: Victims of Land Mines Who Received Rehabilitation

Age category	2005		2006		2007		Total
	M	F	M	F	M	F	
5-9	2	1	1	-	1	-	5
10 – 14	9	3	14	2	17	1	46
15 – 17	7	2	11	2	12	1	35
Total	18	6	26	4	30	2	86

Source: MoLHW, 2008

460. Table B.67 shows that as many as 86 children received various rehabilitation services, including medical, psychological and physical therapy as well as provision of prosthesis and other appliances and assisted to become reintegrated into their families and communities during 2005-2007.
461. All of the above mentioned victims of land mines were provided rehabilitation services such as self-care, communication, movement, behaviour, stimulation, counselling in their communities through community based rehabilitation programmes. In accordance with the types of disabilities, they were also provided with orthopaedic appliances and the severe cases which needed further attention were referred to the neuropsychiatry hospital, physiotherapy clinics and special schools.

Children in armed conflict

462. The Government of the State of Eritrea has invested a relatively big budget in the repatriation and reintegration of children suffering from the effects of armed conflict in general and that of returnees, internally displaced, expellee and mine victims and children separated from their parents in particular. In the course of these interventions, family members of refugee and displaced children, including those expelled from Ethiopia during the border war of 1998-2000, were traced and reunited with their families through psychosocial and long term economic support. A few children whose families could not be traced were placed in the community based group homes.
463. In early 2007, all internally displaced persons and expellees who had stayed in camps or lived in host communities in Gash Barka and Debub regions were successfully repatriated to their original homes and/or resettled in new locations through the provision of packages of assistance. Assistance to land clearing, ploughing, planting and water supply scheme and house construction were provided in the resettlement sites. Different kinds of farm tools appropriate to the traditional method of farming, improved seeds of different types of crops and improved stoves

were distributed to the returnee households. Soil and water conservation activities were mobilized in Gash Barka and Northern Red Sea regions to treat the areas that were affected by erosion.

464. Concerning social services health services were established in all the resettlement areas. Over 18,000 children were enabled to resume schooling in schools established for the internally displaced persons and returnees. Income generating assets in the form of livestock, small-scale businesses were provide to 350 women headed households, supporting 1,255 children.
465. Victims of land mines were provided with community based rehabilitation services through the existing community based rehabilitation programme. The children with physical and mental damages were also referred to orthopaedic workshops, physiotherapy centres, neuropsychiatry hospitals and special schools.

Efforts undertaken to further harmonize domestic laws with the provisions and principles of the charter

466. The process of harmonization of the Charter with existing and future domestic laws and policies was a continuous effort. Several child-related policies were prepared to enhance the implementation of the provisions of the Charter.
467. The Proclamation issued on the control of tobacco, included prohibition from sale to children, and banning smoking in public places, including public buildings, school and hospital premises, bars and restaurants, means of public transportation, etc was a legislative success directly affecting the rights and welfare of children.

Responsible Government authority to coordinate implementation of the Charter

468. The Ministry of Labour and Human Welfare has had the primary responsibility to coordinate the implementation of the African Charter on the Rights and Welfare of the Child (ACRWC) and the Convention on the Rights of the Child (CRC) in the country. It is mandated to: monitor and evaluate progress in the implementation of the Charter and Convention, formulate policies, procedures and guidelines as well as programmes and projects dealing with children, identify and provide protection measures to vulnerable children, creating awareness among the public, allocate resources to implement programmes and to organize nation-wide publicity in

consultation with other stakeholders. The Ministry also deals with complaints from children and advocates and provides remedies for violations of their rights. Since 2005, the Ministry has assigned adequate human resource at the national, regional and sub-regional levels to regularly monitor and evaluate the implementation of the Convention.

National Plan of Action, 2002-2006

469. The Government of the State of Eritrea prepared a National Plan of Action (2002-2006) as a monitoring framework for implementing programmes for children. The National Plan of Action was a roadmap for actions in the areas of fulfilment of the rights and needs of children; communication and social mobilization in support of child survival, development, protection and participation rights; extension of basic services to ensure fulfilment of the rights to education, good health and nutrition; strengthening institutional and community capacity as well developing the required human resources to plan, implement, monitor and evaluate programmes.
470. In 2005, a Common Country Assessment with the UN system was conducted and the National Plan of Action was reviewed. The assessment identified 5 strategic priorities/outcomes in the areas of Basic Social Services, Capacity Development, Food Security, Emergency and Recovery and Gender Equity. Hence, the United Nations Development Framework (UNDAF) 2007-2011 was developed to respond to the national priorities and needs and to contribute to the achievement of the Millennium Development Goals. In order to successfully realize the 5 strategic goals, the programme outcomes are structured in such a way as to incorporate ongoing projects and programmes, programmes rolled forward from the previous cycle, and new projects and programmes initiated under the current cycle. Within the framework of UNDAF, the rights and wellbeing of children and young people were addressed in areas of child protection and rights, education, infant and child health, child nutrition, maternal health, water supply, sanitation and hygiene, health and nutrition as well as sustainable livelihoods.

Regulations applicable to International and National NGOs and Information on Cooperation

471. Proclamation No.145/2005 “Non-governmental Organization Administration” was issued and entered into force on 11th May, 2005. The Proclamation delegated the Ministry of Labour and Human Welfare with powers of regulating international and local Non-Governmental Organizations (NGOs). The Ministry coordinated the work of NGOs by linking them to the

appropriate Ministries in the framework of their areas of interest. It was also mandated with the responsibility of approving project proposals submitted by the NGOs for partnership with Government entities, and to regularly monitor their activities. The Government involved NGOs in various activities that promote the rights and welfare of children.

Measures taken to criminalize FGM and other harmful traditional practices

472. The prevention of Female Genital Mutilation/cutting and the harmful traditional practices has been identified as a national priority. The Government of the State of Eritrea has publicly denounced FGM/C as illegal by enacting “The Female Circumcision Abolition Proclamation No. 158/2007” which entered into force on 20th March, 2007. The Proclamation contains five articles and describes punishments. Copies of the Proclamation to abolish female circumcision were sent to all administrative regions and 400 Anti-FGM/C committees.
473. As far as the implementation of the National Plan of Action is concerned, 400 Anti-FGM/C Committees were established in the six regions. 400 religious leaders of all faiths- Muslim, Orthodox, Catholic, and Evangelical Lutheran churches- were mobilized to denounce the practice of FGM/C. The Ministry of Information had already developed and broadcast 20 radio slots on the abandonment of FGM/C in nine local languages to raise public awareness on the harmful effects of FGM/C. Focus group discussions were conducted in various parts of the country. Television shows (panel discussions) have been held with religious leaders, community leaders, administrators, health workers and other resource persons. 3,500 posters, 3500 brochures and 600 stickers were printed and distributed to the regions. 5,000 FGM/C training manuals were developed in two local languages and distributed to the regions; the video “Behind the Curtains” was widely showed.

Information on training and awareness creation on the Charter

474. During 2005-2007, the Government conducted various training and community sensitization activities on the Charter to children, parents, teachers, social workers and professionals working with and for children while providing protection for the most vulnerable children in the communities. Sensitization workshops were convened for 5,000 children, parents, community and religious leaders, administrators, the police, judges and school teachers on the implementation of the provisions of the Charter and CRC in tandem.

475. Thirty five (35) judges, members of the police and probation officers were trained in probation service, 50 public prosecutors and other professionals were trained on international juvenile justice standards and national legislations, 43 social workers were trained in the implementation, monitoring and evaluation of child rights and welfare, approach to work with communities, youth development and life skills, as well as dealing with complaints from children, and providing remedies for violations of their rights and 240 teachers were given training on the rights of the child with the aim of establishing child friendly schools.
476. The MoLHW and the Ministry of Information (MoI) developed key messages to raise awareness on the rights of the child in general, and with particular emphasis on community based support for children, the role of the family in responding to the special problems of children who are at risk, and underlining abuse, violence and exploitation of children. 32 radio slots in 5 most spoken languages, 20 television sensitization programmes and 23 newspaper columns on children's rights were disseminated.

Main Challenges

477. Although the Government was committed to implement the programme of reuniting orphans and vulnerable children with the extended families, there were 25,000 most vulnerable orphans that needed proper care and parental guidance; special schools needed to be established, referral services for children with mental health problems, children with hearing and speech impairments and children with multiple disabilities. The prevention and rehabilitation programme for street children and commercially sexually exploited children needed to be expanded through public sensitization, family reunification, school enrolment, skills training and income generation schemes. With regard to Juvenile Justice System, pre-trial detention centres needed to be expanded in the five Zobas and the new rehabilitation centre could not properly operate due to lack of the necessary equipment, materials, furniture and utensils. The scarcity of children's entertainment and recreational centres were also identified as major priorities that need attention. The inadequacy of financial and human resources for effective implementation of the law and especially building the capacity of juvenile justice system was identified as a serious challenge.

X. Responsibilities of the child

478. The State Party refers to its presentation on this topic in the First Periodic Report section. Besides the clear responsibilities that the laws vest on children towards their parents, elders, the community, the nation and others, the Eritrean tradition inculcates the values, norms and responsibilities which children should bear to become dutiful and respectable citizens.
479. The various seminars given by the police, the PFDJ, NUEYS and NUEW remind children and youth of their responsibilities as future heirs of the adult generation, as a future force for development and change in the country.

THIRD PERIODIC REPORT

(2008-2010)

I. INTRODUCTION

480. This period was predominantly characterized by the illegal and unjust sanctions that were imposed against Eritrea by the big western powers in the name of UN Security Council. Although the sanctions could not deter the social and economic developments which the country had set in motion, they had some impact in slowing down or postponing some important programmes.
481. The report mainly focuses on the progress of the programmes implemented during the period being reported (2008-2010). Comments or observations made by the Committee will also be responded to, as may be relevant for this specific period.
482. The GoSE continued its campaigns of bringing about attitudinal changes in the society to promote the rights and interests of the child. The campaign to eliminate the traditional harmful practices such as Female Genital Mutilation/Cutting gained momentum with the achievement that ninety-one per cent of women age 15-49 in Eritrea have heard of the Proclamation of banning female circumcision (EPHS 2010). According to the survey the youngest women (15-19) are less likely to know of the Proclamation (87 per cent) than older women (91-93 per cent). Knowledge is lower among women in rural than urban areas (87 and 96 per cent, respectively). In the zobas, the proportion of women who have heard of the proclamation ranges from a low of 75 per cent among women in Gash-Barka to a high of 97 per cent among women in Maekel and Anseba. Knowledge increases with an increasing level of education and wealth index. Youngest women, women in rural areas, in Anseba, those with no education and those in the first and second wealth quintile have lower levels of knowledge than the national average.

Table C.1: Female Knowledge and Prevalence of Female Circumcision and Knowledge of Proclamation

Percentage of women who have heard of female circumcision, percentage of women circumcised, percentage of women who have heard of the proclamation, and percentage of women who reported that there were activities against female circumcision in the area, according to background characteristics, Eritrea 2010					
Background characteristic	Percentage of women who heard of female circumcision	Percentage of women circumcised	Percentage of women who have heard of the proclamation	Percentage of women who reported activities against circumcision in the area	Number of women
Age					
15-19	97.8	68.8	86.9	51.3	2,301
20-24	99.5	79.1	92.7	55.9	1,744
25-29	99.8	84.9	92.3	60.7	1,646
30-34	99.4	88.4	91.8	61.6	1,228
35-39	99.6	90.4	92.1	63.0	1,429
40-44	99.6	93.0	91.3	64.8	940
45-49	99.1	93.1	91.4	64.6	951
Residence					
Total urban	99.5	80.0	96.1	56.7	4,125
Asmara	99.4	73.6	96.4	37.2	1,870
Other Town	99.6	85.4	95.9	72.8	2,255
Rural	98.9	85.0	87.4	60.4	6,113
Zoba					
Southern Red Sea	100.0	94.3	95.1	53.4	163
Maekel	99.4	74.7	96.5	41.1	2,535
Northern Red Sea	99.7	95.4	93.5	68.0	1,122
Anseba	99.9	95.9	97.0	85.2	1,436
Gash-Barka	99.1	91.2	75.4	54.0	2,255
Debub	98.3	71.2	94.0	62.2	2,727

Source: Eritrea Population and Health Survey (EPHS, 2010)

483. By 2010 the prevalence of circumcision among girls 15-19 of age was 68.8% which is much lower than in 2002. Overall, 44 per cent of women reported that at least one of their daughters had been circumcised, indicating a 19 percentage point decline since 1995. Prevalence of daughter's circumcision is considerably higher in the Southern Red Sea region (78 per cent) Circumcision among children under five years of age is most commonly practiced by mothers age 40-44, those in rural areas (15 per cent), those in the Southern Red Sea (62 per cent), those with no education (17 per cent), and those in the second or lowest wealth quintile (16 per cent). This was a dramatic change.

II. GENERAL MEASURES OF IMPLEMENTATION

484. The Government of the State of Eritrea (GoSE) once more reaffirms its respect for the principles and provisions of the African Charter on the Rights and Welfare of the Child (ACRWC) and its commitment to continue to strive to its full implementation towards the realization of the best interests of the Eritrean children.

III. DEFINITION OF THE CHILD

485. The GoSE refers to the section of the First Periodic Report of this consolidated comprehensive report concerning the definition of the child to mean any person below the age of 18 years.

IV. GENERAL PRINCIPLES

Non-discrimination

486. Female and male children are legally protected against discrimination based on any creed or identity, social and economic characteristics and physical conditions in any sphere of life (Refer to the presentations in the First Periodic Report of this Consolidated Report).

Best interests of the child

487. As a community collectively, as parents, relatives, neighbours, guardians, tutors, and any other capacity the Eritrean society has inherent cultural love and moral responsibility to give precedence to the best interest of the child. Children occupy a special dear place in the hearts and minds of every Eritrean because a child is viewed as a continuation of one's soul and genealogy. (Also refer to the part presented in the First Periodic Report part of this Consolidated Report).

The right to life, survival and development

488. The right to life of a child in Eritrea is honoured legally and derived culturally from both Christian and Moslem faiths, including the right to life since conception. That is why

abortion is legally criminalized, except for grave threats posed to the life of the mother and the child, and that has to be medically verified.

489. Once a child is born the laws, the social and economic policies of the Government and the moral and cultural aspirations of every parent, relative and community support the development of a child to its full potential (For additional information refer to the presentation on the same in the First Periodic Report part of this Consolidated Report).

V. RESPECT FOR THE VIEWS OF THE CHILD

490. Traditionally the respect accorded to the views of a child varied from one culture group to another. Some communities, especially in the lowlands of Eritrea, have had a fair respect for the participation and the expression of views of the child. In the highlands, children are not traditionally involved in major affairs, which are restricted to adults, and generally children are neither consulted nor expected to air views. In all communities, females had a lesser say in family and personal matters than males.

491. The laws support the freedom of expression of female and male children and adults alike and female and male children are encouraged in schools and other social affairs to develop skills to express their views. The interactive pedagogy recently introduced supports the development of such traits in children of both sexes.

492. In the MoH's strategic development plan for adolescent health, it is indicated that children's views be given due consideration in communities, families and schools and that children have the right to be heard, although it uses gender neutral language. Similarly, the MoLHW and the MoE encourage the active participation of female and male children in 'Subject Area Clubs', 'Computer Clubs', 'Young Creators/Scientists Programs' and 'Young Artists Programs', and their participation in sports and indoor games. Government and private internet providers are available, but browsing pornographic websites and other illicit and unconstructive internet surfing are forbidden and strictly regulated.

VI. CIVIL RIGHTS AND FREEDOMS

493. The GoSE refers to its presentation in the First Periodic Report part of this Consolidated Report on civil rights and freedoms, including name, nationality, identity and registration at birth, freedom of expression, freedom of thought, conscience and religion, freedom of association and of peaceful assembly, protection of privacy and protection against child abuse and torture.
494. Torture is incompatible with the principles and foundations of the general legal framework in operation in Eritrea. As a result, Eritrean laws guarantee its citizens, including children and adolescents, full freedom and dignity. Accordingly, slavery, servitude and forced labour are prohibited by law. Also, any act of torture or cruel inhuman or degrading treatment or punishment is forbidden (Article 417, 548 and 565 of the TPCE).
495. The MoLHW, in collaboration with the MoJ, is responsible for overseeing the treatment of children and adolescents and ensuring its legality. In case of any violation of the integrity of a child's person, the child protection office of the MoLHW and the Office of the Attorney General are required to represent and defend the interests of the child.
496. Table C.2 shows cases of abuse perpetrated against female and male children reported to the police. All the reported cases were offenses made by male children. Apparently it seems that female offences were not reported to the police during the period.

Table C.2: Reported Child Abuse by Age

Age in years	2008			2009			2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<12	-	-	-	-	-	-	-	-	-
12-15	43	-	43	47	-	47	30	-	30
16-18	163	-	163	142	-	142	107	-	107
Total	206	-	206	189	-	189	137	-	137

Source: Eritrean Police, 2010

497. Child victims of sexual or other forms of abuse are provided with the necessary psychological and other forms of support for their full recovery and social reintegration. In order to minimise neglect, child wellbeing committees at grassroots level continuously

conduct supervision to ensure that children are provided with the necessary attention and support.

VII. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

498. The GoSE refers to its presentation in the First Periodic Report part of this Consolidate Report on the principal legislative, judicial, administrative or other measures in force, with respect to Parental guidance, Parental responsibilities, Separation from parents, Separation caused by State Party, Separation caused by internal displacement, Arising from armed conflicts, Civil strives, or natural disasters, Family reunification and children deprived of a family environment, Maintenance of the child and Adoption, Periodic review of placement and Abuse, neglect, exploitation including physical and psychological recovery and social integration.
499. Following is statistical information of aspects of response made to children deprived of a family environment during 2008-2010.

Orphans

500. During the period 2008 to 2010, there were 7,362 orphans (47% females) who were reunified with 2905 families. Some 3,766 children between the ages of 4 and 18 years were placed in extended families in 2008 through the income-generating activities implemented by the MoLHW. Independent evaluations carried out during the reporting period strongly suggest that children placed with extended families enjoyed care and love similar to the children who live and grow with natural parents. Orphan children for whom close relatives could not be found were placed in orphanages.
501. The GoSE opts to place orphans in orphanages only as a last resort and as such has been striving to continuously de-institutionalise orphanages. Re-unification is adopted as the most optimal strategy and, as such, during the reporting period, the MoLHW placed 7,362 orphan children between the ages of 4 and 18 years in 2,905 extended families. Because of the socio-economic support given to the disadvantaged families taking care of orphans, the host families' livelihoods improved in terms of food security status and with regard to health condition and the school performance of the orphans themselves.

Moreover, reunifying orphan children with blood relatives was found to be not only cost effective but also an efficient way of healing the psychological wounds of orphans.

502. The MoLHW, as one of the responsible agencies for supporting HIV/AIDS affected families, in partnership with UNICEF and the Global Fund, implemented major programs for the rehabilitation of 4,515 HIV/AIDS infected and affected families to strengthen their coping capacities, strengthen the care and support to be provided by families and communities and to provide assistance to extended families who care for children of parents who had died of AIDS and for child headed households on a sustainable basis.

Table C.3: Orphans Re-Unified with Families by Age, Sex and Year

Age in years	2008			2009			2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	425	417	842	187	173	360	182	182	364
5-9	557	557	1114	260	254	514	310	306	616
10-14	652	546	1198	277	136	413	370	324	694
15-18	344	268	612	127	124	251	209	175	384
Total	1978	1788	3766	851	687	1538	1071	987	2058

Source: MoLHW, 2010

503. Reunification with families was the best option for orphans deprived of family environment. During the three years some 7,362 orphan children were reunited with families. Out of this total 3,462 (47%) were females. As already explained the families were given packages of economic support so that they could properly take care of the recruited orphans.

Adoption

504. Adoption is a legal procedure that establishes a new parent-child relationship or family placement in which the rights and responsibilities of one or more parents are fully and irrevocably transferred to one or more adoptive parents. In as much as an adoptive parent assumes all the rights and responsibilities of the natural parent, the adopted child is entitled to inherit property just like a child belonging to natural parents. Adoption therefore is normally seen as a permanent living arrangement for the child, conferring on

him/her full membership in his/her adoptive family. In Eritrea, adoption is covered under the TCCE, Articles 796-806.

505. The MoLHW implemented sensitisation programmes among the population about opportunities for adoption, provided social support services for adoptive families and conducted follow-up studies to assess the efficacy of the programme.

506. The number of orphans that were re-unified with adoptive parents through the course of 2008-2010 was 30. About 53 per cent of these were in the age group 1- 4, 23 per cent below one year and the rest in the age group 5-14 (Table C.4). In 2009, a monitoring visit that aimed at assessing the living conditions of 33 orphans who had been earlier adopted by 28 foster parents in the Maekel region was carried out. The assessment revealed that all the children were in good health and that the health condition of children with adoptive parents was found to be better than that in orphanages mainly due to the fact that adoptive parents provided good diets and medical care. Moreover, these children played with the children in the community and went to school with them.

Table C.4: Children Adopted by Age and Sex during 2008-2010

Age in years	2008			2009			2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
< 1year	-	-	-	-	4	4	2	1	3
1-4	2	4	6	2	3	5	1	4	5
5-9	-	-	-	1	3	4	1	1	2
10-14	-	-	-	-	1	1	-	-	-
TOTAL	2	4	6	3	11	14	4	6	10

Source: MoLHW, 2010

507. Adoption occupied a small part of the solution to orphans deprived of family life. As shown by table C.4 on average 10 orphans per year were adopted during the three years period (2008-2010).

Community Based Group Home (CBGH) Services

508. Group home care provided a family-like life style to orphaned children with the help of trained caregivers. This is preferred when foster or adoptive parents are not available. Each group home cared for 12 children and had a mother figure and an assistant. Such

group home services are based within communities and have enabled orphaned children to go to local schools, play and interact with local children and feel a sense of belongingness to family and community. Selection of the children is based on factors like loss of both parents and/or cases where the whereabouts of parents is unknown. Orphans who were not placed in extended families were also made eligible for placement in group homes.

509. In the period under review, children in group-home care were placed in the regions and villages from which they originated with the intention of preserving their identity and to enable them to benefit from community resources when they grow up. The group homes were administratively attached to the regional and sub-regional offices of the MoLHW to facilitate the delivery of necessary social services such as education, health, and socialisation. The resident host communities in the towns and villages where the group homes were situated were extremely cooperative. They treated orphans as part and parcel of the host communities and provided them with the same rights as any other indigenous person, including opening access to residential land when he/she becomes an adult. Elders visited the group homes and informed the orphaned children about the ethno-history of the community, treated them as part and parcel of the village/town children, and were committed to providing them with the same rights as those given to any other indigenous person in the host community.

510. CBGH services managed by the MoLHW located in the six regional administrations assisted the orphans from both sexes to attend school, to grow in a family-like environment and learn from their peers and surroundings. In 2009, there were 22 CBGHs operating throughout the country hosting 260 orphaned children of both sexes. As indicated in Table C.5, almost 40 per cent of the orphans were in the age bracket of 5-9. Each group home catered for 12 children and had a mother and an assistant and acted like a natural family at home. While providing good care to orphans hosted in CBGH, the MoLHW sought to reunify orphans with close relatives and as a result to downsize the number of CBGHs in the country.

Table C.5: Orphans Placed in Group Homes by Age, Sex and Year

Age Year	2008			2009			2010		
	Male	Female	Tot	Male	Female	Tot	Male	Female	Tot
0-4	6	3	9	6	3	9	6	3	9
5-9	51	52	103	52	51	103	52	51	103
10-14	55	52	107	53	48	101	53	48	101
15-17	20	25	45	21	26	47	21	26	47
Total	132	132	264	132	128	260	132	128	260

Source: MoLHW, 2010

Table C.6: Orphan Children Cared for in Orphanage Centres by Age, Sex and Year

Age in years	2008			2009			2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	13	6	19	13	10	23	22	17	39
5-9	30	33	63	54	60	114	56	53	109
10-14	77	69	146	44	52	96	37	49	86
15-17	27	39	66	67	49	116	47	60	107
Total	147	147	294	178	171	349	162	179	341

Source: MoLHW 2010

511. During the period orphans maintained in orphanages constituted the single majority group (984). This was so despite the fact that the GoSE ranks institutionalized orphanages as the last means of recourse to be resorted in the finding of solutions to the problem of orphans.

Table C.7: Assisted Infected & Affected Orphans of HIV/AIDS Living with Families

Age in years	2008			2009			2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	106	131	237	25	29	54	104	102	206
5-9	290	348	638	99	94	193	250	249	499
10-14	508	384	892	130	104	234	309	264	573
15-17	359	275	634	60	43	103	140	112	252
TOTAL	1263	1138	2401	314	270	584	803	727	1530

Source: MoLHW, 2010

512. The caseload of orphans affected or infected with HIV/AIDS was big during the period. There were 4,515 HIV/AIDS related orphans that were assisted by the MoLHW in family environment.

Street children

513. In the disadvantaged and street children rehabilitation program, 13,524 children were provided with educational support program, and this contributed in the reduction of dropout rates, improvement in the academic performance and enhanced self-esteem of the supported students. The MoLHW's reunification program for street children primarily focused 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. Some 820 of such families were given income-generating assets. Moreover, Vocational training was also given to 1,502 disadvantaged and street children, which enabled the children to acquire employable skills. With the active participation of the Community Based Rehabilitation Volunteers (CBRVs), social workers of the MoLHW, community leaders and local administrators, sensitisation and awareness creation exercises were carried out for communities on the problems of street children and the harmful consequences of anti-social behaviour. This is in addition to the relentless efforts that were made by the NUEW and the NUEYS in rendering guidance and counselling services, including individual counselling meant to improve the personal and social functioning of the child, and group counselling to discuss, solve and synthesise common problems of street children.

514. As a result of the 30-year liberation struggle and the 1998-2000 war with Ethiopia, around 84,000 persons had lost their lives. To ameliorate the plight of such families and their children, the GoSE by Proclamation 48/1994 had provided a lump-sum financial support. Additionally, through Proclamation 137/2003, which allows Martyrs' Survivors Benefit, the GoSE enacted the provision of Nakfa 500 per martyr per month. During the period being reported 61,391 martyrs' survivors' families, including women and children, whose total number reached 93,497 were provided with Nakfa 340 million annually.

515. This national program to support survivors or family members of martyrs enabled martyr's orphan children to improve their livelihood in general and attend schooling in particular. Moreover, this program was supported not only by the Government but also by Eritrean citizens living inside and outside the country. The resources secured from these individuals were in the form of money and in kind and moral.
516. Other components of the CBRP include: self-care, communication and movement, behaviour stimulation, training for children with epilepsy and learning difficulties as well as referral to hospitals, physiotherapy centres, orthopaedic workshops, and special schools for the blind and the deaf. As part of the program, HIV/AIDS Information Education Communication leaflets on community-based approaches and sustainable and good care practices for orphans and out-of-school children were printed and disseminated to communities and target beneficiaries. These achievements were recorded in the face of formidable challenges, especially that of scarcity of resources.
517. As part of the program to promote the welfare of children, village rehabilitation committees, composed of representatives from the village administration, the NUEW, and disabled members of the village communities were established in 51 sub-region administrations. Local supervisors were recruited to follow-up and enhance awareness building, assist in land distribution, and support the community rehabilitation volunteers. Furthermore, the MoH had developed a strategy that enables health professionals to identify developmental disabilities in the early period of children's lives so that appropriate actions could be taken. The strategy was incorporated into the Integrated Management of New Born and Childhood Illness (IMNCI), which is the key strategy that manages the most common causes of diseases in children under the age of five years. The MoH conducted training for health workers from the primary health care facilities who, on returning to their respective employment places, would incorporate the skills to identify any developmental disabilities and take appropriate remedial action. The MoH also opened a wing in some of the health facilities where congenital and acquired disabilities such as Coronary Heart Disease (CHD), clubfoot, cleft palate, motor defects of children, etc. are corrected.

VII. HEALTH AND WELFARE

518. The GoSE refers to its presentations in the First and Second periodic Report parts of this comprehensive and consolidated report concerning legislative and policy measures and programmes put in place for the implementation of the provisions of the Charter.
519. The GoSE has also taken notice of the comments (para 39-46) put forth by the Committee on Health and Welfare component of the provisions of the Charter. It believes that satisfactory responses are already provided in the previous periodic reports and the following information will supplement them.
520. In the country as a whole, there are 321 health facilities of which 28 are hospitals, 56 community hospitals, 7 mother-child health clinics, 186 health stations and 44 institutional clinics. There is one referral regional hospital in each region and one national referral hospital located in the capital city, Asmara. These efforts have, among others, significantly narrowed the disparities between urban and rural areas in the provision of health services, and as result access to a health facility is now available within an average distance of 10 kilometres from any village community in Eritrea.
521. During the reporting period, the GoSE provided top priority, among others, to maternal and child health care programs. The recently revised National Health Policy and National Health Sector Strategy have taken special notes on Family and Community Health Care. Despite the continuing challenges, the program brought about commendable improvements over the three years, as a result of which all health facility and community based maternal and child health services improved quite remarkably.
522. As the result of the different measures taken, maternal and child health mortality ratio (MMR) in Eritrea declined from 1,400/ 100,000 live births in 1990 to 486/100,000 live births in 2010 (2010 EPHS). Under-5 mortality ratio has also shown consistent decline from 136/1000LB in 1995 to 63/1000LB in 2010 (EPHS 2010).. Nonetheless, these mortality ratios are still unacceptably high and the MoH, in collaboration with its local and international partners, has been doing its best to further reduce the maternal and child morbidity and mortality ratio.

Family and Reproductive Health

523. The main objective of the expanded national reproductive health (RH) program is to reduce maternal and neonatal morbidity and mortality ratios that are associated with pregnancy, child birth and post-partum period. The revised National Health Policy and National Health Sector Strategy took special note of Family and Community Health Care, and therefore, the RH program has been continuously intensifying its activities by strengthening the maternal and child health services, as well as the quality of care for women and children in the country. Despite the continuing challenges, RH services in almost all the 249 health facilities have shown much improvement.

524. According to the 2010 EPHS, mortality rate among infants was 42/1000 live births (LB), under five mortality rate declined from 85/1000 LB in 2007 to 63/1000 LB in 2010, and maternal mortality rate (MMR) declined from 752/100,000 LB in 2007 to 486/100,000 LB in 2010 (Table C.8). The EPHS further provides that women of child bearing age and children make over 60 per cent of the total population. About 50% of infant mortality is due to neonatal causes. For this reason, maternal and child health are top priority agenda of the GoSE, and the MoH is doing its level best to reduce the figures to more acceptable levels. Eritrea is one of the few countries in Africa, which is on track to achieve MDGs 4 and 5.

Table C.8: Rates of Neonatal, Infant and Child Mortality

No. of Death per 1000 Live Births	2008	2009	2010
Mortality rate among infants			42/1000 LB
Under five Mortality Rate	---	---	63/1000LB
Maternal Mortality rate			486/100,000

Source: MoH/EPHS, 2010)

Quality Antenatal Care

525. In 2010, there were 249 facilities in Eritrea providing ANC services, where nearly 90 per cent of pregnant mothers made at least one ANC visit and 50 per cent made four visits.

526. Malaria and severe anaemia during pregnancy are two of the major contributors to maternal and new-born deaths or to foetal and maternal morbidity and mortality. The

distribution of mosquito bed nets and timely treatment for Malaria as preventive measures are remarkable achievements in terms of saving lives of many mothers and neonates. The overall mosquito bed net coverage in the general population is close to 94 per cent.

527. Prevention and treatment of maternal malnutrition and the provision of iron, folic acid and other micro-nutrients in health facilities are important components of antenatal care. The rate of iodised salt consumption had by 2010 reached up to 90 per cent. Clients and families are urged to make the necessary preparations for delivery by skilled birth attendant in a health facility within 2 hours of the onset of labour including making use of Maternity Waiting Homes (MWHs) or making arrangements to stay with their relatives or friends, who live in places where Emergency Neonatal and Obstetric Care (EmNOC) facilities exist during the last 2-4 weeks of pregnancy.

Delivery by Skilled Birth Attendant (SBA) in a Health Facility

528. Culturally speaking, most mothers decide to deliver at home with the assistance of unskilled birth attendants for many practical reasons. In this regard, the roles of TBAs appear to have no impact on the reduction of maternal and new-born deaths. It is estimated that only 1/3 of complications that lead to maternal and new-born deaths are detected during the antenatal period. The remaining 2/3 occur during labour and within 24 hours of delivery.
529. Monitoring the progress of labour using pantographs and by checking foetal heart rates, makes a vital contribution to the short and long term health of the new-born. If foetal distress is detected, urgent delivery, including Caesarean section, is performed in most hospitals.

Quality of New-born Care

530. The Reproductive Health (RH) unit of the MoH is working closely with its partners like UNFPA and UNICEF in order to ensure the availability of resuscitation equipment and the provision of EmNOC for quality new-born care. During the reporting period, adequately equipped neonatal units were established and training was conducted for the

management of new-borns. A Pre-natal/Neonatal Committee to oversee the development of guidelines and indicators for new-born care was also established. All kinds of congenital abnormalities are detected at this stage and corrective measures taken at the national referral hospital.

Access to Emergency Neonatal and Obstetric Care

531. The greater proportion of maternal and neonatal deaths occurred in rural and in disadvantaged communities, and this was due to: (i) lack of adequate provision of EmNOC; (ii) constraints with regard to communication and transport services; and (iii) failure to utilise the services of skilled birth attendants during delivery. During the three years, much was done in this area to avert the situation and much was achieved.
532. To alleviate the health and other social problems of communities, the RH program has been striving to increase the coverage of crucial health services, like, to rural vulnerable peoples. This required the upgrading of infrastructure, skills, knowledge and motivation of the health staff responsible for delivering quality of RH services.
533. The RH program has been taking tangible steps to increase the proportion of fully functional comprehensive EmNOC facilities from 62 to 90 per cent by 2015. This initiative is expected to decrease neonatal and maternal mortality and morbidity, and especially obstetric fistula. Extensive training programs are going on at the national level. Nurses, midwives and medical doctors are being trained on EmNOC procedures.

Postpartum Care Home Visit (PPC)

534. The introduction of PPC and its 'continuum of care' in 2007 have had a great potential to make significant contributions to the reduction of maternal and new-born morbidity and mortality. Health facilities that provided PPC services increased from 5 per cent in 2004 to 29.7 per cent in 2009.
535. In 2009, approximately 41,600 mothers and new-borns were visited during the postpartum period. PPC visits resulted in the *identification* of 533 maternal and 147 neonatal complications such as postpartum haemorrhage, pregnancy induced

hypertension, breast abscess and sepsis, asphyxia, bleeding from the cord and sepsis. Those with complications were either treated at home or referred to higher level care.

536. During postnatal care mothers, among others, were thought about the nutritional and immunological advantages of breastfeeding to the foetus, and about the contraceptive value of breast feeding to the mother.

Linkage of Maternal/New-born Health and HIV/AIDS Programs

537. HIV/AIDS and RH programs in Eritrea are linked in areas such as: (i) antenatal care, including information and education on HIV prevention, counselling and testing; (ii) prevention of mother to child transmission (PMCT) through the management of women with HIV during pregnancy, delivery and postpartum period; and (iii) availing of protective materials and detergents for care givers working with People Living with HIV/AIDS (PLWHA). Extensive HIV/AIDS preventive and curative measures were carried in all health facilities and especially so in obstetrics and gynaecology departments in all health facilities.

Access to Contraceptives

538. Use of contraceptive methods helps individuals and couples to decide when to start, how to space and when to finish having children. Contraceptives in the form of injections, oral ones and condoms were made available in almost all of the health facilities. However, the Contraceptive Prevalence Rate in Eritrea has remained as low as 8 per cent, and to improve the situation, community based awareness training activities have been conducted. The MoH strongly believes that planned family spacing could help to improve the health of mothers and the growth and development of children.

Harmful Traditional Practices

539. The general provision for the upper age limit of childhood is 18. Of the total population of Eritrea, the population aged 0 to 18 years is estimated to be 1.5 million, of which 51.3 per cent are boys and 48.7 per cent girls. Under the TCCE, any contract of marriage made between spouses below 18 years of age is null and void. Individuals younger than this are thus not allowed to marry. Sensitisation programs have been conducted by

involving community, traditional and religious leaders as well as the society at large, including children themselves, to enforce this legislation and curb the practice of early marriage and thus avoid its adverse consequences.

540. Accordingly, an assessment was made on minimum marriageable age under different ethnic groups so as to develop an appropriate sensitisation program pertinent to this purpose and consistent with the Charter and the CRC. Most written customary laws determine marriageable age through consensus of community elders while the unwritten customary laws determine such ages according to physical maturity, cultural ceremonies and participation in economic activities. For example, the written legal tradition of *Habtesullus Gerekrastos* sets marriageable age at fifteen for female and eighteen for male. Most customary laws do not, however, specifically state the minimum age for marriage and other marital relationships.
541. Proclamation No. 1/1991 of the GoSE specifies that any contract of marriage made between persons (spouses) below 18 years of age is null and void, and that the spouses and witnesses to such marriage shall be punishable under the Penal Code. The MoJ in collaboration with the MoLHW, the Police Department, the NUEW, the NUEYS and the Ministry of Information (MoI) conducted sensitisation programs involving community elders and traditional and religious leaders to enforce this provision and curb the harmful practice of early marriage.
542. Although Proclamation 158/2007 was a milestone toward banning the practice of FGM/C, the practice is still deeply rooted in the cultural and religious beliefs of some communities and thus a significant number of young girls continue to be affected. To confront this formidable challenge, the country has been intensifying its anti-FGM/C campaigns and sensitisation seminars. Heavy penalty is imposed on those who perform FGM/C and their collaborators. The NUEW worked vigorously on the application of the Proclamation by giving refresher training concerning advocacy and sensitisation against FGM/C to 692 students (56% girls), in 12 sub-regions. Sensitisation and awareness campaigns were conducted among 40,831 persons (46.1% women) organised in peer groups. In region NRS alone, training in advocacy and sensitisation was provided in 327 kebab administrations (785 women). The NUEW distributed copies of the Proclamation to about 15,000 communities, which served as a tool for campaigning, mobilisation and law enforcement. According to EPHS 2010, knowledge of Eritrean women who heard of

the proclamation regarding female circumcision was 91 per cent. The survey report indicated that nearly four-fifths (77 per cent) of Eritrean women and 82 per cent of men believed that there is no benefit from female circumcision.

543. During the reporting period, about 54 circumcisers and parents of circumcised children were convicted and fined based on the relevant provisions of the Proclamation. Community activists (including the CBRV) conducted sensitisation sessions to 120 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, among others, contribute in curbing the harmful traditional practice of early marriage and FGM/C. Radio, television and newspapers, as the main media outlets, conducted in disseminating first-hand information on the rights of the child and the practices of early marriage as well as on harmful traditional practices. The MoE also included the harmful nature and its adverse effects of this practice in the school curriculum.

544. The vigorous implementation of these campaigns resulted in the decline of the prevalence of FGM/C in girls who are under 15 years of age to 33 per cent and the number of mothers who support FGM/C has dramatically dropped from about 50 per cent in 1995 to 12 per cent in 2010. Efforts were made to engage the previous FGM practitioners in alternative means of livelihood or sources of income.

Table C.9: Prevalence of FGM by Age

Age	% of women circumcised
15 – 19	68.8
20- 24	79.1
25 – 29	84.9
30 – 34	88.4
35 -39	90.4
40 – 44	93
45 – 49	93.1

Source: EPHS, 2010

The National Blood Transfusion Centre (NBTC)

545. In 2007, the NBTC brought into focus a greater need for quality awareness, staff sensitisation and appointment of an officer to champion quality issues in the blood service delivery. To this end, the MoH in close collaboration with partners undertook

three major steps: (i) the training of quality manager who would champion the Quality Management Systems (QMS); (ii) the recruitment of a technical advisor to assist the QMS manager; and (iii) the hiring of a consultant to guide and shape the endeavour of QMS certification. As a result of the successful accomplishment of the quality blood delivery service operation, the NBTC was awarded the prestigious '*International Organisation for Standardisation (ISO) 9001:2008 Certification. Zimbabwe (2007)*' and Mauritius (2010) were the only two other African countries with ISO certified blood transfusion services. This means that Eritrea is among the first to '*be acknowledged as a centre of excellence in the discipline of blood transfusion medicine throughout the WHO Afro Region*'. The MoH and the NBTC do well understand that the certification is the beginning of yet another process of sustained improvement in QMS.

The Expanded Program of Immunisation (EPI)

546. The overall objective of the 2007-2011 work plan of the EPI program was to ensure access to vaccination to achieve and sustain high immunisation coverage of all antigens, to prevent susceptibility of vaccine preventable diseases; and to maintain Polio, MNT, and Measles free status, which are almost eradicated in Eritrea.
547. The Reach Every District (RED) strategy has been adopted and successfully implemented in 5 Regions of the country. As part of this strategy, Sustainable Outreach Services (SOS) were introduced and implemented in hard-to-reach areas and populations.
548. To improve the quality of SOS, successful nationwide campaigns and Vitamin A supplementation for the age group 6-59 months were implemented in selected 16 hard-to-reach sub-regions four times a year. The objective of the implementation of this strategy is to: (i) increase the number of static and outreach sites; (ii) strengthen SOS to reach the unreached areas and populations; (iii) decrease dropout rates and missed opportunities in health facilities; (iv) promote social mobilisation; (v) strengthen EPI planning and monitoring at all levels; (vi) integrate other health interventions with EPI; and (vii) ensure the establishment of sufficient supervisory capacity.

549. During the reporting period, health teams in all the planned sub-regions provided: (i) immunisation to children under two years of age; (ii) conducted TT immunisation for pregnant mothers and women of child bearing age; (iii) provided Antenatal and Postnatal care with Iron Folate supplementation; and (iv) conducted health education. The health promotion activities as part of the SOS plan were conducted to address the health problems of children and women. In all selected hard-to-reach sub-regions, small scale curative services were conducted while TTC eye ointment, ORS, analgesics, and antipyretics were provided as treatment of minor ailments. As indicated in Table C.10, in 2010 more than 32 per cent of the target population of children were immunised in DPT3 and 38 per cent in Measles.

Table C.10: Number of Children less than 2 Years of Age, Immunized with DPT 3 and Measles

Region	No of Sub-Regions	No. of Admin. Kebabis	Target Population (<2 years)	DPT3		Measles	
				Immunised	Coverage	Immunised	Coverage
Gash Barka	5	15	6,397	1,035	16.2%	1,404	21.9%
Anseba	5	22	4,069	1,619	39.8%	2,115	52.2%
NRS	3	10	2,087	1,190	57.0%	1,339	64.0%
SRS	3	17	2,891	1,177	40.7%	926	32.0%
Total	16	64	15,444	5,021	32.5%	5,784	37.5%

Source: MoH, 2010

550. In some sub-region villages, PMTCT activities were included. Such activities encouraged the integration of the SOS strategy for the benefit of pregnant mothers and new-borns regarding prevention of HIV epidemics. During the period under review, Antenatal Care (ANC), Postnatal Care (PNC) Iron Folate supplementation and health education were also routinely conducted during the SOS. The national coverage of women of child bearing age who received Tetanus Toxoid Vaccine reached 25 per cent in 2010 (Table C.11).

Table C.11: Number of Women of Reproductive Age Who Received Tetanus Toxoid Vaccine during SOS in 2010

Regions	No of Sub-regions	No. of Administrative Kebabis	Target Population (WCBA)	TT2+	Coverage of Women Child Bearing Age %
Gash Barka	5	15	15,993	1689	10.6
Anseba	5	22	10,172	2394	23.5
NRS	3	10	5,218	2676	51.3
SRS	3	17	7,228	2810	38.9
Total	16	64	38,611	9,569	24.9

Source: MoH, 2010

551. Reliable case-based lab supported Measles surveillance exists in the country and as of 2010, reliable measles surveillance indicators have been established for more than 80 per cent of the sub-regions, which confirmed a decline in confirmed Measles cases to a negligible level, and increased the trend of confirmed rubella cases, which is a sign of successful measles control activity.

Introduction of Liquid Formulation of Pentavalent Vaccine into Routine Immunisation Program

552. The MoH, with support from GAVI, introduced pentavalent vaccine (DPT-HepB-Hib) liquid lyophilised formulation of two dose vial vaccine in July 2008. By the end of 2010 the EPI switched from liquid lyophilised formulation to fully liquid formulation of one dose vial pentavalent vaccine in the routine immunisation program.

553. To improve the performance of the national EPI program, EPI modular training in the introduction of the new vaccine DPT-Hep+Hib for all health workers has been successfully conducted. It is believed that the introduction of this pentavalent vaccine markedly increased the coverage and reduced vaccine preventable diseases with zero per cent wastage rates at service level.

Table C.12: Maternal Health and Rates of Immunisation

Indicators	2008	2009	2010
Women giving birth who received antenatal care from a health professional once	70%	80%	90%
Per centage of births assisted by a health professional	28%	30%	34%
Children 12-23 months fully vaccinated	---	---	92.8%

Source: MoH, 2008-2010

Table C.13: Rates of Immunization of Pregnant Women

Vaccine	2008	2009	2010
TT2+	29.4%	25.7%	21%

Source: MoH, 2010

N.B.: Percentage of children protected at birth was always above 90%

554. According to EPHS 2010 the percentage of children aged 12-23 months who received all three BCG, DPT3 and Measles vaccines was 83.0%. The percentage of children who did not receive any type of vaccination was 1.8 per cent. The data was collected at any time before the survey (according to a vaccine card or the mother's report) and percentage with a vaccine card seen (Table C.14).

Table C.14: Percent Vaccinated for Children Aged 12-23 Months by Region (2010)

Region	BCG	DPT3	Measles	All	No Vaccination	Percentage with a vaccination card
SRS	79.2	89.7	87.0	65.6	2.5	74.6
Maekel	100.0	97.9	99.0	93.1	0.0	92.3
SRS	88.6	87.4	85.8	75.6	5.4	84.9
Anseba	95.7	94.5	93.0	83.3	0.0	90.0
Gash Barka	92.8	87.7	82.9	76.2	4.2	80.1
Dehub	95.9	96.1	95.7	86.2	0.3	83.1
National	94.8	92.8	91.4	83.0	1.8	85.2

Source: National Statistics and Evaluation Office, EPHS 2010

555. Routine surveillance and Measles outbreak response activities were joint operations of IDSR and EPI programs. Activities to maintain polio free and measles control status and routine joint supervisory visits were carried out biannually in all the regions with the objective of: (i) assessing the status of cold chain; (ii) inspecting vaccine management at service level; (iii) checking availability and usage of the reporting tools and guide lines of the programs; and (iv) giving on-the-spot feedback for health workers on identified gaps. From the regular monitoring it was established that the overall Cold Chain System was properly functional and that mothers and children could be safely vaccinated in almost all health facilities.

Measles and Polio Supplemental Immunization Activities

556. Even with high routine EPI coverage, susceptible individuals can prevail due to the existence of un-vaccinated children in the hard-to-reach community. In Eritrea, Measles primary vaccine efficacy result was 85 per cent at 9 months of age in 2010.

557. Supplemental immunisation activities are given to reach the unvaccinated children who have never had Measles disease and to provide an opportunity for a second dose for cases of primary vaccine failure which reduces the proportion of susceptible individuals in a given population, to prevent Measles outbreaks in the context of high routine immunisation coverage, and eliminates indigenous Measles transmission.

558. The objectives of the 2009 campaign was to vaccinate at least 95 per cent of children 9 - 47 months against Measles; sustain the high coverage of Vitamin A supplementation among children 6-59 months; screen children 6-59 months for severe and moderate state of malnutrition and refer them to the Supplementary Feeding Program Centres, and vaccinate all children 0-59 months with OPV and sustain polio free status and to effectively prevent any importation of Wild Polio Vaccine transmission from endemic countries.

Cold Chain and Logistics

559. The MoH with the support of its development partners procured 55 solar powered refrigerators and 30 DULUS Solar Photovoltaic Refrigerators in December 2009 and distributed them to the regions. The equipment, among others, enabled the MoH to ensure availability of vaccine during the reporting period, and as a result the MoH was

able to continuously improve the provision of vaccination to all eligible children and mothers and attain a high rate of coverage of immunisation.

Table C.15: Measles OPV Campaign Report (May 2009)

Region	Projected Pop. For 2009	Age Group for Measles (9-47 Months)	No. Immunised	Cove- rage per cent	Age Group OPV (0-59 Month)	No. Immu- nised	Cove rage (per cent)	Vaccin ators	No. of Posts
Anseba	565,079	56,508	43,247	76.5	84,762	56,977	67.2	288	130
Debub	889,020	88,902	75,348	84.8	133,353	110,892	83.2	447	160
G.Barka	690,791	69,079	72,588	105.1	103,619	99,825	96.3	348	145
SRS	84,029	8403	6,824	81.2	12,604	9,615	76.3	54	43
Maekel	682,061	68,206	50,596	74.2	102,309	71,650	70.0	342	116
NRS	509,309	50,931	32,460	63.7	76,396	46,406	60.7	255	120
Total	3,420,290	342,030	281,063	82.2	513,043	395,365	77.1	1,734	714

Source: MoH, 2009

NB.: Population projections are estimates that were used to calculate coverage rates as denominators.

Nutrition

560. The nutritional status of children was a challenge to the MoH and as a result it strived to overcome this challenge by designing different strategies among which were: (i) a feeding programme at community and health facility levels; (ii) a micronutrient deficiency control program; and (iii) a nutrition surveillance system for better nutrition information interventions in schools.

561. The objectives of the Nutrition Programme include: (i) to reduce child mortality resulting from all forms of malnutrition; (ii) to sustain Vitamin A coverage at above 90 per cent for children 6-59 months of age; (iii) to strengthen Vitamin A supplementation to postpartum mothers; (iv) to encourage pregnant mothers to utilize Iron Folate at ANC visits; (v) to sensitise IDD prevention and Micronutrient supplementation at schools; and (vi) to provide updated Nutrition information to decision makers for their informed decision and action.

Feeding Programs

562. There were 57 facility based feeding programs running the treatment of severely malnourished children, and 164 Community-based Therapeutic Feeding Programs (CBTFP) managing the treatment of severely malnourished children in all the regions. New procedures and new skills have been introduced to involve communities in utilising easy and early case finding in their respective villages using Mid-Upper Arm Circumference (MUAC) screening method for referral. Moreover, all health facilities with paediatric care were providing supplementary food for the moderately malnourished children. According to the National Nutrition Sentinel Surveillance System (NNSSS) of 2010, all forms of malnutrition had declined from that of 2009 to 2010 due to scaling up of CBTFP in accordance with the global standard with a cure rate of >73% and death rate of < 0.6% and defaulter rate <16%. The FBTF sites treated the severely malnourished children with significant outcomes based on sphere standards. The contribution of UNICEF, WHO, and other partners in the growth in the number of CBTF sites between 2008 and 2010 is to be commended.
563. The annual FBTF report for 2009 indicates that from the total of 2612 children under five admitted to paediatric hospitals and health centres, those from SRS, NRS and Anseba regions showed increase in malnutrition. While the cure and defaulter rates in all health facilities in the country met the National Standard Sphere (NSS) with a cure rate of >75 per cent, death rate of <10 per cent and defaulter rate of <15 per cent; the death and defaulter rates in Gash Barka and NRS were above the NSS. This was due to the fact that in Gash Barka there were outbreaks of diarrhoeal diseases, whereas in NRS it was due to the apparent low family care-taker attitude towards care seeking behaviours.
564. In 2010 there were a total of 2,023 severely malnourished children admitted to FBTF with a recovery rate of 87 per cent, death rate of 6.7 per cent and defaulter rate of 6.6 per cent while the activities of the Community-based Therapeutic Feeding (CBTF) sites revealed that they functioned with a recovery rate 73 per cent, death rate 1 per cent and defaulter rate of 18 per cent. The total number of moderately malnourished children treated in the program was 138,142 for the period January to September 2010. The programme was a joint MoH and UNICEF scheme.
565. Although breast feeding is a traditional practice of almost all mothers in Eritrea, exclusive breast feeding was not the case in previous years. Overtime, however, the rate

of exclusive breast feeding, for children under 6 months, increased from 52% in 2002 to 75% in 2010 (EPHS, 2010).

566. The MoH promoted exclusive breastfeeding as part of daily health education in the health facilities and during World Breast Feeding Week as well as twice a year during the National Child Health and Nutrition Week. Infant and young child feeding is part of Integrated Management of Acute Malnutrition and Integrated Management of New-born and Childhood Illnesses.

The National Nutrition Sentinel Surveillance System (NNSSS)

567. The overall goal of the NNSSS is to develop a national sentinel health facility/community-based surveillance system in Eritrea focusing on trends in nutritional status among children under five to determine appropriate and immediate interventions. It was operational in selected 48 health facilities in all the 6 regions. It was done twice a year. According to the EPHS of 2010, the prevalence of wasting among children under five was - Maekel 7.1%, Debub 10.0%, Anseba 17.4%, NRS 21.0%, Gash Barka 22.5% and SRS 10.2%.

Micronutrient Deficiency Control

568. The Child Health and Nutrition Week Strategy which was regularly taking place twice a year with the aim of reducing child mortality and morbidity in line with the MDGs. Activities that occur during these campaigns include the delivery of a country specific package of public health interventions targeting children under five years old. These events use existing health resources and feature extensive social mobilisation and awareness raising campaigns to achieve high coverage in areas that are hard-to-reach or in communities generally underserved.

569. Here the Vitamin A Supplementation was linked with the promotion of infant and young child feeding and with the screening of under five children for nutritional status and referred those below MUAC of 115 mm to the nearest health facility for Measles and Polio vaccination and prevention of Trachoma.

570. The Child Health and Nutrition Week was and still is conducted with the objective of sustaining high coverage of Vitamin A Supplementation among children 6-59 months, screening children under five for malnutrition and referring them to the nearest health facilities, and delivering key messages on promotion of infant and young child feeding, as well as Trachoma prevention.
571. Vitamin A coverage was 84.4 per cent. It shows a declining trend over the years which could be due to inappropriate timing, internal migration especially in the coastal regions during the months of October and November - the harvest period. Such a trend attracted the attention of high level MoH officials and was addressed since 2010. Vitamin A Supplementation linked with the testing of school based H/H iodised salt consumption in all the regions delivered a satisfactory result of 80 per cent coverage.

Child and Adolescent Health (CAH)

572. The MoH expanded its child and adolescent health interventions to meet the different needs of the various age groups including newborns, infants, under five children, school children and adolescents. Result oriented and cost-effective interventions were made available to avert the major causes of child mortality. In Eritrea, as in many developing nations, malnutrition and prevalence of infectious childhood diseases such as diarrhoea and lower respiratory tract infections are the major causes of children's mortality and morbidity.
573. Integrated Management of Acute Malnutrition (IMNC) is the key strategy for the delivery of integrated child health services through improvement of health workers' skills. To that effect, training was given on integrated assessment and management of common childhood illnesses like upper respiratory infections, diarrhoea, and malaria, which by and large were the most significant contributors of child mortality and morbidity. IMNC also focuses on improving health system issues that affect care for children in health facilities and in family care practices that have the highest potential for child survival, growth and development
574. To address the need for the improvement of the health and quality of life of adolescents, the MoH has been developing Adolescents' Health Policy and strategic plan, which

advocates that children have the right to be heard, air their opinion in communities, families and in schools.

575. Through the school based health program, the MoH jointly with the MoE implemented sex and reproductive health education for middle and senior secondary school students. Life Skill education was given to students regularly starting from grade six. Knowledge attitude and behaviour practices on HIV/AIDS among school children between the ages of 10 and 18 were conducted. Following the findings and recommendations made in the mid-term review conducted in 2009, the MoH established a maternal health unit under the Young Child Survival and Development Unit.
576. During the reporting period, Eritrea implemented the scaling up and consolidation of components 1 and 2 of IMNC and the active introduction of household and community-based IMNCI into the regions. This significantly reduced the disease burden of the major causes of morbidity in children and as a result the fatality rate of the main five diseases combined declined from 4.06 per cent in 2006 to 2.04 per cent in 2010 which is a 50 per cent reduction. Additionally, U5MR dropped to 63/1000 LB in 2010. Similarly, the infant mortality rate showed a decline to 42/1000 LB in 2010; and the neonatal mortality rate showed marginal change to 23/1000 LB in 2010. To enhance the decline in neonatal mortality, the MoH incorporated the new born care into the generic IMNC algorithm (which was finalised, tested and put in place by the end of 2008) for health workers. Furthermore the MoH translated the community-based care for mothers and new born into local vernacular languages.
577. A National Child Survival Strategy (NCSS) document was developed towards the end of 2008. This strategy is one of the core component of the National Health Sector Strategy (NHSS) and has the rationale of providing guidance in the implementation of National Child Health Strategy (NCHS) in accordance to the MDG 4 in Eritrea, serving as a reference framework for a better integration of Maternal and Neonatal Child Health (MNCH) related programs, and prioritising a minimum package of effective interventions.

Malaria in Under Fives

578. Malaria, with the most pathogenic species, namely, *Plasmodium falciparum* accounted for 80 per cent and *Plasmodium vivax* accounted for 20 per cent of health problems in Eritrea during the reporting period. Currently, due to the widespread use of bed nets (ITNs/LLINs), child mortality due to Malaria has been rarely heard of. The MoH/MIS of 2008 showed that 80 per cent of households in the malaria areas owned at least one ITN/LLIN and 50 per cent of the <5 children slept under ITN/LLIN the previous night. As confirmed by a KAP survey, 90 per cent of the population identified ITN as an important source of reduction of malaria infection. Early diagnosis and treatment was also ensured by providing rapid diagnostic treatment and ACTs to lower level health facilities and Malaria agents.
579. Training on community-based integrated management of child illness was given to all health workers at lower levels and to Malaria agents. Data from health facilities showed that in 2008, confirmed in-patient department and outpatient department malaria cases declined by 82.9 per cent and 85.3 per cent respectively from the 1999 level. In 2008, malaria mortality decreased by 57 per cent as compared to 2007, and in 2009 it decreased by 33 per cent when compared with that of 2008. Figures for case fatality rate of children under five over the years 2008 to 2010 indicated a drop from 0.7 to 0.5 per cent. This constituted sharp decline from 1.2 per cent in 2007. These successes were associated with the aggressive implementation of appropriate preventive and curative interventions.

Environmental Health

580. Almost 90 per cent of all child deaths are attributable to just six conditions: neonatal causes, pneumonia, diarrhoea, malaria, measles, and HIV/AIDS. In each of these areas, the MoH, in collaboration with different partners, has achieved quite a lot. The goal is to further cut child mortality by two thirds by 2015. In short, environmental sanitation control has been one of the top priorities of the MoH.
581. With the goal to achieve universally safe and sustainable sanitation and hygiene practices a Rural Sanitation Policy was prepared and disseminated and an advocacy workshop was conducted to all sector Ministries, regions, hospitals, and higher institutions. The policy and strategy guideline aimed at facilitating environmental sanitation issues for

individuals, households, institutions and communities. It was believed that these measures would reduce further the child mortality and morbidity ratios in Eritrea.

Community Led Total Sanitation (CLTS)

582. CLTS is an innovative methodology for mobilising communities to completely eliminate Open Defecation (OD), which is the source of many communicable diseases that affect particularly children. Communities are facilitated to conduct their own appraisal and analysis of open Defecation (OD) and take their own action to become ODF (Open Defecation Free).
583. However, merely providing toilets does not guarantee their use, nor result in improved sanitation and hygiene. Earlier approaches to sanitation offered subsidies as an incentive. But this often led to uneven adoption, problems with long-term sustainability, partial use, and above all it resulted in a culture of dependence on subsidies.
584. CLTS focused on the behavioural change needed to ensure real and sustainable improvements in community mobilisation and in shifting the focus from toilet construction for individual households to the creation of “open defecation-free” villages. CLTS triggers the community’s desire for change, propels them into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.
585. In rural Eritrea, increasing the coverage and quality of basic sanitation is one of the main tasks of the MoH. OD practice is a common behaviour among rural inhabitants. To control this behaviour and ensure safe environment, the program took initiatives to introduce basic sanitation facilities in selected villages of a defined population using CLTS approaches. As indicated in the table below, 5 per cent of the total villages were triggered and 1 in four was declared ODF village as of September 2010.

Table C.16: Distribution of CLTS in Eritrea (as of September 2010)

Zoba	No of villages	Triggered villages	ODF declared villages
Maekel	105	30	4
Debab	984	20	2
Anseba	425	33	14
Gash Barka	790	18	3
NRS	269	25	14
SRS	71	13	1
Total	2644	139	38

Source: MoH, 2010

586. During the reporting period, five rounds of training workshops on water quality monitoring analysis were conducted to reduce the incidence of diarrhoea and other water related diseases through the integration of environmental health services and safe water supply. On-Site Water Testing Methods (i.e. using portable water testing kits for biological, physical, and chemical analysis) was the core of the training. Each region was equipped with at least two water testing kits to monitor water quality, and all the regions were provided with chlorine tablets/powder to disinfect water.
587. The MoH has been promoting strategies that support equitable access to safe water and sanitation/hygiene services, such as, for example: (i) local WASH committees exempting vulnerable families from paying for water; (ii) community members pooling their resources for the construction of latrines for vulnerable families; and (iii) in collaboration with the MoE, incorporating water treatment lessons in the elementary schools' curriculum of the Environmental Education Program

Food Safety

588. Contaminated food, especially in children, is one of the causes for poor nutrition, which results in weak human immune systems, impairs long-term cognitive development and productivity. To minimise food contamination due to poor food handling and storage, all the regions conducted routine inspection of the quality of food and beverages in business establishments every year. Training was conducted for food and drink establishment

owners and service providers every year, and food handlers were obliged to take medical check up to enhance their awareness of food handling, safety and hygiene.

Health Care Waste Management Systems

589. A Health Care Waste Management Policy was finalized and disseminated nationwide to establish a comprehensive healthcare waste management system which would ensure that all wastes generated from healthcare operations are effectively handled and removed. To this end, health safety materials like soap, detergents and waste collection bins were bought and distributed to all regions, national referral hospitals and other institutions. Hence, medical waste disposal, during the reporting period, was made environmentally safe for health workers or surrounding communities.

Mobilization and Sensitization in Sanitation

590. Mobilisation in sanitation and hygiene involved group learning, planning and action to promote the new practices in communities. Elements of mobilisation such as the National Sanitation and Hygiene Week and the Global Hand Washing Day events nationally raised the profile of sanitation and hygiene in the eyes of the public, government, civil society and other stakeholders. In 2010, the Global Hand Washing Day was celebrated nationwide for the third time. The theme was ‘washing hands with soap and water’.

National HIV/AIDS and TB Prevention and Control

591. The GoSE is committed to implement multi-sectoral strategies that confront silence, denial, stigma and discrimination associated with HIV/AIDS/STI and TB. The policy regarding HIV/AIDS/STI programs recognises the involvement of Ministries, civil society, and people living with HIV/AIDS, vulnerable groups, women and young people to contend with these diseases.

592. The National HIV/AIDS/STI and Tuberculosis Control Division (NATCoD) of the MoH is responsible for the planning, management, coordination and collaboration nationwide. The division ensures that all stakeholders including government sectors, NGOs, CSOs,

the faith-based and/or AIDS service organisations such as BIDHO collaborated to protect the rights of the People Living with HIV/AIDS (PLWHAs).

593. According to NATCoD, the prevalence of HIV and syphilis in the 2008 round of ANC sentinel surveillance was 1.33 per cent and 1.12 per cent respectively. In 2009, data derived from VCT and PMTCT clients and blood donors was continually showing reduction in HIV and syphilis positivity rates. Knowledge about HIV/AIDS and condom distribution had by 2009 also increased while PLWHA put on ART every year averaged 1000. Furthermore, the national sample survey of EPHS 2010 indicated that the national prevalence rate for HIV was 0.7 per cent.

594. NATCoD and its partner national agencies continued providing counselling to prevent further transmission of HIV and also gave psychosocial support for those already infected and affected families. It carried out activities aimed at strengthening existing VCT and PMTCT sites, which totalled 135 VCT (11 free standing), and 131 PMTCT sites staffed with more than 200 counsellors. Of the total of 249 health facilities which were available in the country 54 per cent were providing VCT services. The 135 VCT sites were integrated in health facilities of which 30 are in hospitals, 47 in health centres and 47 in health stations while 11 of the VCT sites are free standing VCTs which give only VCT services (Table C.17). During the reporting period alone, 25 VCTs (24 integrated and 1 free standing) were added to the cumulative number.

Table C.17: Distribution of VCT Sites by Region and Type as of 2010

Region	Hospital	Health Centre	Health Station	Free Standing	Total
Maekel	11	5	15	2	33
Debub	6	10	13	3	32
Gash Barka	5	10	10	3	28
Anseba	2	9	4	1	16
NRS	4	8	1	1	14
SRS	2	5	4	1	12
Total	30	47	47	11	135

Source: MoH, 2010

595. Data by age group for VCT clients is not available. Nonetheless, in the first six months of 2010, the data by sex distribution indicated that 55.4 per cent of the visitors were males and 44.6 per cent females. Females that visited VCTs were mostly married or in the child bearing age. During the reporting period, a total of 228,828 clients were served in all the

VCT sites in the country of which 5327 were found to be reactive. The mean prevalence rate was 2.32 per cent (Table C.18).

Table C.18: Yearly Performance of VCT Services between 2008 and 2010

Year	VCT Given	HIV Reactive	HIV Prevalence (%)
2008	91,032	2324	2.55
2009	86,285	1942	2.25
2010	51,511	1061	2.06
Total	228,828	5327	2.32

Source: MoH, 2010

596. The HIV positivity rate in VCT clients, was 2.71 percent in females and 1.48 percent in males indicating a trend in the feminisation of HIV/AIDS in Eritrea with clear implication on children; hence, the rationale for the MoH to pay special attention to women in all HIV prevention and control programs and interventions (Table 29).

Table C.19: VCT Clients and their HIV Positivity Rate by Sex Jan-Jun 2010

Sex	Tested at VCT	HIV Positive	HIV Positivity (%)
Male	16,193 (55.4%)	240	1.48
Female	13,049 (44.6%)	353	2.71
Total	29,342 (100%)	593	2.03

Source: MoH, 2010

PMTCT Service Delivery

597. NATCoD opened PMTCT testing centres for pregnant women in 2002 to enable pregnant mothers know their HIV status and assist the HIV positive ones prevent the transmission of HIV to new born babies. By 2010, a total of 58 PMTCT testing centres were added to the already 73 existing ones (Table C.20, which indicated the firm commitment of the GoSE to fight this fatal epidemic.

Table C.20: Number of PMTCT Sites (2008-2010)

Year	Newly opened PMTCT Sites	Cumulative PMTCT Sites
2008	16	89
2009	4	93
2010	38	131
Total	58	131

Source: MoH, 2010

598. PMTCT sites are integrated in ANC/MCH clinics all over the country. Their regional distribution by the end of 2009 was 10 in hospitals, 49 in health centres, 29 in health stations and 5 in free standing sites. This means that out of the total 249 health facilities available in the country 131 health facilities (52.6%) were providing PMTCT services.

Condom Sales and Distribution as Prevention from HIV and STI

599. Condom distribution and appropriate use is one of the main methods that reduce the risk of HIV and STI infections in sexually active people. Thus it is one of the main strategies in every HIV and STI prevention programs in Eritrea. The country has always been aware of the importance of condoms and has considered it as one of the main strategies for the prevention of HIV and STI.

600. In the public health sector, condoms were distributed free of charge through VCT/PMTCT sites, family planning and STD clinics etc. In the private sector, they were distributed by ESMG with a nominal fee through some 8000 outlets including: hotels, bars and vendor machines.

HIV/AIDS/STI Care and Support

601. During the period under review, NATCOD distributed ART to PLWHA free of charge through the 17 hospitals throughout the country. By June 2010 almost 5742 patients with advanced HIV disease were put on antiretroviral drugs, of which 2156 were getting regular HBC services through the 337 voluntary HBC providers.

ART Program Implementation

602. In 2010, there were 17 ART sites in the country. The total number of eligible patients declined from 1107 in 2008 to 736 in 2010 – a decline of 36 per cent. Of the total PLWHA that took ART during the reporting period, children constituted 8.4 per cent (Table C.21), although about 8.4 per cent of the total number of patients who started ART during the reporting period was children under 15 years of age. These were taking their ARV in Orotta paediatric hospital, the only paediatric ART site in the country.

Table C.21: ART Intake in Children and Adults by Year

Year	Children who Received ARV	Adults who Received ARV	Total
2008	57	1050	1107
2009	97	870	967
2010 (Jan-Jun)	82	654	736
Total	236	2574	2810

Source: MoH, 2010

603. According to NATCoD, the sex distribution of patients on ARV shows a relatively higher percentage for females (60.5 %) than for males (39.5 %). This finding was similar to other African countries where the majority of patients on ART were females.
604. NATCoD provided that the estimated number of people living with HIV at the time was about 47,880. If we assume that the people with advanced HIV disease constituted 15 per cent of the PLWHA the estimated number of people who needed ARV in the country was estimated at 7,182. Based on this calculation the coverage of ARV in the country reached above 70 per cent. This increased coverage could be one of the reasons for the decrease in ARV enrolment despite increase in sites. With revision of the ART guideline and starting ART with the recommended higher CD4 of between 200-350 cells/mm³ the people who needed ART may show marked increase.

Number of AIDS Cases Reported by Age Group

605. The number of AIDS cases reported by age group in the first six months of 2010 showed that 2.8% of the cases were in under-five years old children and the remaining 97.2% prevailed mostly in adults above five years old. As shown in Table C.22 about 5.33 per cent of the AIDS cases reported in 2008 were among under five years children. On average about 4.5 per cent of all reported AIDS cases between 2008 and 2010 were in the children under-five year age group. The health facility based AIDS caseload in under five children declined to 2.8 by 2010.

Table C.22: Number of AIDS Cases Reported by Age Group (2008-2010)

Year	No. of < 5 AIDS Cases	Per cent of Total	No. of > 5 Years AIDS Cases	Per cent of Total	Total
2008	110	5.33	1952	94.66	2062
2009	92	5.54	1566	94.4	1658
2010	29	2.80	998	97.2t	1027

Source: MoH, 2010

Table C.23: Number of AIDS Deaths Reported by Age Group (2008 – 2010)

Year	Under 5 Years AIDS Cases Reported	Per cent of Total	Above 5 Years AIDS Cases Reported	Per cent of Total	Total
2008	23	8.41	229	91.58	252
2009	18	9.00	182	91.00	200
2010	3	2.50	120	97.50	123

Source: MoH, 2010

606. From the total of 123 AIDS death cases reported in the first ten months of 2010 only 3 deaths or 2.5 per cent occurred in children under five years old, while the remaining 120 or 97.5 per cent of the AIDS death cases were in above five years old people. On average about 6.6 – 9 per cent of all AIDS deaths reported for 2008-2010 from health facilities were in children under five years of age. This shows that children received a big toll of the AIDS burden in the country during the reporting period.
607. The number of health facility based STI case reports indicated that it was stabilizing around 5500 cases annually. Thus, STI cases were steadily declining from year to year. This is a good indication for behaviour change on condom use. However, as the figures are health facility based reports there was a chance of missing cases of STI. The 2003, 2005 and 2007 sentinel surveillance carried out in pregnant women showed syphilis prevalence of 1.6%, 2.4% and 1.12% respectively. Therefore, the MoH considered these prevalence figures as plausible estimates.

Human Resources Development

608. In the effort to improve the health delivery system in general and that of children in particular, the MoH gave continuous pre-service and in-service training in the sector. Together with its partners, it trained associate nurses in the regional hospitals such as Mendefera, Ghindae and Barentu and comprehensive nurses in the college of nursing school of Asmara. The Orotta School of Medicine graduated two batches (60) of medical students in 2009 and 2010. These were deployed in regional hospitals. The Residency Program in Paediatrics graduated eight paediatricians in December 2009 and 4 at the end of 2010 and planned to continue producing more paediatricians each year. The surgery residence programme was also producing surgeons who are working in all the regional hospitals of the country.
609. Similarly, the Obstetrics and Gynaecology program which started in July 2009 was expected to produce the first five home-grown specialists by July 2012. Likewise the Asmara College of Health Sciences trained nurse anaesthetists pharmacist, laboratory technicians, public health practitioners, and other mini-specialists while the programmes at the MoH continued to provide in-service training for maternal, new born and child care including, Life Saving Skills (LSS) and IMNCI.
610. During the period under review, 524 nurses graduated with diploma of which females accounted for 31 per cent. This enabled the MoH to alleviate the shortage of human resources and facilitated effective health care provision at all levels including in the paediatrics sections of the health facilities. During the same period, 1509 associate nurses and 314 graduates in various specialisations graduated, of which 54 per cent and 21 per cent are females respectively. The efforts made to upgrade the quality and quantity of human resources in the health sector contributed in the reduction of the mortality and morbidity of the population in general and that of children in particular (EPHS, 2010).

Table C.24: Child Birth and Health Services

Year	Number of Children born in health facilities or assisted by health professional	Number of Children born unassisted by health professionals	Total Births	% of Children born in health Facilities or assisted by health professionals
2008	29533	69687	99220	29.77
2009	28313	73685	101998	27.76
2010	30854	74000	104854	29.43

Source: Ministry of Health, 2015

611. As table C.24 indicates there was a growing trend of mothers giving birth in health facilities or assisted by a health professional. This was due to the expanded mother and child health services as well as the growing health awareness being achieved through concerted campaigns. Almost a third of mothers gave birth assisted by health professionals and in health facilities during 2008-2010.

Table C.25: Mother and Child Health Giving Health Facilities

Year	Number of health facilities with paediatric services	Number of mother and child health services giving health facilities	Number of Paediatric Doctors
2008	274	8	7
2009	276	7	7
2010	279	7	8

Source: MoH, 2015

612. The number of health facilities with paediatric services continued to grow during the period. The number of health facilities providing combined mother and child health services remained almost constant at 7. The number of specialized paediatric doctors also did not show any improvement. The lack of adequate qualified human resources underlies the problem of slow rate of expansion in the child health services. Recognizing this problem, the GoSE introduced the post graduate education for specialization in paediatrics in Eritrea.

Table C.26: Number of Children less than 5 Years Olds Provided with Health Services/Treatment Each Year in All Kinds of Health Facilities, in OPD and IPD

Year	HS		HO & HC			Total
			OPD		IPD	
	FV	RV	FV	RV	No. Cases	
2008	235665	13112	216861	22715	29810	518163
2009	238675	13507	235552	21445	35197	544376
2010	219804	13114	221001	18247	39961	512127

Source: MoH, 2015

613. Over half a million children less than 5 year olds received outpatient and inpatient medical services annually during 2008-2010.

Table C.27: Under 5 Years Old Children Treated and Deaths in Health Facilities

YEAR	Subject	No of Cases	Rank	subject	No of Deaths	Rank
2008	Diarrhoea all forms	66107	1	Pneumonia all types	186	1
2008	ARI (without pneumonia)	63869	2	Malnutrition, all types	146	2
2008	Pneumonia all types	55125	3	Diarrhoea all forms	115	3
2008	Skin infection & scabies	21933	4	Septicaemia	98	4
2008	Malnutrition, all types	10899	5	Low birth weight	55	5
2008	Infection of eye including trachoma	10310	6	Other perinatal and neonatal problem	32	6
2008	Ear infection	8171	7	Intrauterine hypoxia/birth asphyxia	25	7
2008	Injury all types	7360	8	Neonatal sepsis	25	8
2008	Fever of unknown origin	4993	9	HIV/AIDS	23	9
2008	Soft tissue injury	3575	10	Congenital Malformations	19	10
YEAR	Subject	No of Cases	Rank	subject	No of Deaths	Rank
2009	Diarrhea all forms	78770	1	Malnutrition, all types	274	1
2009	ARI (without pneumonia)	70257	2	pneumonia all types	203	2
2009	Pneumonia all types	58587	3	Diarrhoea all forms	191	3
2009	Skin infection & scabies	20841	4	Septicaemia	110	4
2009	Malnutrition, all types	14626	5	Low birth weight	40	5
2009	Infection of eye including trachoma	10841	6	Anemia, all types	22	6
2009	Ear infection	7098	7	Neonatal sepsis	20	7
2009	Injury all types	7002	8	Intrauterine hypoxia/birth asphyxia	18	8
2009	Fever of unknown origin	5058	9	HIV/AIDS	18	9
2009	Soft tissue injury	3506	10	Other perinatal and neonatal problem	17	10

YEAR	Subject	No of Cases	Rank	subject	No of Deaths	Rank
2010	Diarrhoea all forms	67679	1	Malnutrition, all types	175	1
2010	ARI (without pneumonia)	63657	2	Pneumonia all types	158	2
2010	Pneumonia all types	58532	3	Diarrhea all forms	129	3
2010	Skin infection & scabies	16349	4	Septicaemia	90	4
2010	Malnutrition, all types	12331	5	Low birth weight	51	5
2010	Infection of eye including trachoma	8819	6	Neonatal sepsis	30	6
2010	Ear infection	7843	7	Intrauterine hypoxia/birth asphyxia	20	7
2010	Injury all types	7425	8	Other perinatal and neonatal problem	16	8
2010	Fever of unknown origin	7387	9	Anemia, all types	15	9
2010	Soft tissue injury	3539	10	Congenital malformations	15	10

Source: MoH, 2015

614. The majority of illnesses of the under 5 year old who were treated in health facilities were malnutrition, pneumonia, diarrhoea and septicaemia, which were also the leading causes of death. As can be seen from the below table the year 2009 saw more cases of under 5 year old illnesses and death cases in health facilities than in 2008 and 2010.

Table C.28: Under 5 Visits to OPD and IPD Cases and Deaths

Year	Total number of Cases		No of Deaths
	Age group	No of Cases	
2008	LessThan5	282360	870
2009	LessThan5	307906	1025
2010	LessThan5	293801	837

Source: MoH, HMIS 2015

Table C.29: Under 5 Year Olds Infected with HIV and Number of Deaths in Health Facilities

YEAR	Number of Cases	Number of Deaths
2008	110	23
2009	92	18
2010	71	12

Source: MoH, 2010

615. From the above Table C.29, it can be observed that the number of HIV infected cases and number of deaths among under 5 year olds in health facilities was steadily declining during the period (2008-2010).

Table C.30: Distribution of Children-Headed Households due to HIV/AIDS

Age in years	2008			2009			2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
10-14	89	80	169	14	20	34	12	16	28
15-17	43	48	91	20	29	49	16	23	39
Total	132	128	260	34	49	83	28	39	67

Source: MoLHW, 2010

616. There was also a declining trend in the number of child headed households resulting from HIV/AIDS. All this attests that there was an effective control campaign against the spread of the epidemic in Eritrea.

617. The NUEYS provided micro-credits to the families of vulnerable youth so that they would become role models in bringing about social changes, promoting their interest and benefitting and increasing their economic productivity through participation in income-generating activities. During the reporting period, the first pilot project was implemented in the Berik and Serejeqa sub-regions of the Maekel region, and the beneficiaries were 11 male and 8 female vulnerable youth engaged in different economic activities. Similarly, the NUEYS enabled 30 male and 32 female pastoralists in the Gash-Barka region through access to micro-credits to alleviate poverty and underdevelopment.

618. Between 2008 and 2010, the NUEYS also worked towards ensuring gender equality in education through increased participation in education and enhancing the academic performance of female students. As a result, more than 80 per cent of the poorly performing girl students passed the national examinations, drop out was reduced by about 70 per cent, and communities increased their awareness about the importance of girls' education. NUEYS reports reveal that 3,360 girl students from 84 classes in 6 regions benefited from this project.

619. The NUEYS also organized youth and adolescent members around clubs based on their interests. Such clubs played crucial roles in training, advocating, sensitising and providing information to members and their target peers and to communities at large so as to create a platform for dialogue, debate, and discussion among youth and between youth and the community. In 2010, there were music and drama, reading and literature,

creativity, debate and general knowledge, reading, mini-media, health, environment, and sports clubs. The main activities of these clubs included: (i) conducting awareness campaigns on HIV/AIDS and STI epidemics and reproductive health (RH) problems like abortion among youth; (ii) sensitising on gender equality in education and leadership; (iii) campaigning on harmful traditional practices such as FGM/C, early marriage, teenage pregnancy and domestic violence that negatively affect the life of many female youth; (iv) enabling youth to identify their talents by creating a competitive environment for writing poems, short stories and music, debating on topical issues, engaging in discovery, innovation and invention; and (v) enhancing awareness of the youth on environmental change and its preservation.

620. Youth clubs undoubtedly served the best interest of the child. In the three reporting years of 2008, 2009 and 2010, the NUEYS had 1,303, 1,259 and 1292 functional clubs, respectively, throughout the six regions of the country. The decline in their number was due to merger and consolidation. The number of members varied from year to year and females represented some 45 per cent of the total members. These clubs are reported to have performed more than 3,864 activities.

621. In the best interest of children and adolescents, the NUEYS ran a number of TV programs prepared by its own media personnel aiming at enhancing the knowledge of youth regarding HIV/AIDS, STIs, work ethics, time management, crime prevention, generation gap, early marriage, teenage pregnancy, abortion, domestic violence, peer pressure, education, gender, youth and love, anti-FGM/C, employment, and community awareness on children and youth's rights and best interests. These issues were discussed weekly on TV by a group of young people with the support of a facilitator and panellist experts in varied fields. For example, between 2008 and 2010, a total of 101 programs were broadcast. The children's TV show called *Wari* commenced in 2009 with the aim of weekly entertaining and educating children and broadcast a total of 89 programs.

622. The TCPC provided 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 reprimand, 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 professional to provide treatment when the child is in need of medical, emotional or mental treatment. Besides the MoE took initiative on avoidance of corporal punishment

and the MoLHW carried out sensitisation sessions to avoid inflicting corporal punishment or ill treatment of children as a traditional method of disciplining a child among some segments of the society.

623. Proclamation No.1/1991 officially rejects corporal punishment and flogging as inhumane kinds of punishment. The TPCE also prohibits corporal punishment in families, schools and any other institutions. Therefore, all government and civilian institutions are obliged to use alternative forms of discipline like caution, rebuke, admonishment, etc. rather than using corporal punishment. Article 548(1) of the TPCE also states that any parent or guardian who beats, ill-treats, over burdens or neglects his/her child may be deprived of his/her family right. In this regard, training was provided to the national police regarding legislations and internationally applicable instruments/standards for children.

VIII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

A. Expansion of the Provision of Education

624. In accordance with what is provided in the Constitution of Eritrea and other subsidiary laws and directives, the GoSE provides educational opportunities to all children irrespective of their ethnicity, language, gender, religion, disability and socio-economic status. The government, in line with its education policy and all other relevant commitments to achieving national and international targets including the EFA and MDGs, provides free education up to the tertiary level to all school-age children.
625. A revised National Educational Policy (NEP) was prepared in December 2009. The NEP was based on the principles and objectives of the Constitution of Eritrea, the Macro Policy and the Government's commitment to address global trends. The major aims of the policy pertaining to children include commitment to: (i) guide and promote the full development of the personalities of all Eritrean children to become self-confident and self-dependent citizens; (ii) support all Eritrean children to enjoy happy, healthy and secure lives; (iii) nurture Eritrean children with important basic values such as respect for others, solidarity, creativity, openness to new ideas, cooperation, readiness to work, goodwill, forgiveness, tolerance, honesty, etc.; (iv) promote the acquisition and appropriate use of literacy, social, scientific, vocational, technological, professional and

other forms of knowledge, skill and understanding to bring about desirable changes in children; and (v) assist children of all ages and under various circumstances to access appropriate education and training to fulfil their personal, social and economic needs.

626. Policy and Strategy on Inclusive Education (IE) in Eritrea was a document prepared in 2008. It dealt with increasing access to education and improving the quality of learning experience of all learners in schools and other educational institutions involved, among others, in curricular modifications and education provision as a whole. Some of the objectives outlined in the document address: (i) the provision of a range of diverse training programs related to educational inclusiveness; (ii) the institutionalisation of inclusive education; and (iii) empowering schools to respond to inclusive learning needs.
627. A concept paper on CEE for out-of-school children of ages 9-14 was the other document prepared in the last three years. This concept paper intends to institutionalise the provision of core knowledge and skills equivalent to those in regular elementary education for school age children who for some reasons could not enrol in the formal school system. The specific objective of this package is to provide further guidance for and mainstream children who missed formal education into appropriate levels in the formal school system or into apprenticeship schemes or Technical/Vocational Education and Training (TVET) depending on their ages, capacities and interests.
628. A Guidance and Counselling Training Manual for Secondary School Teachers was another document issued in January 2009 to facilitate the teaching-learning process and enhance the physical, mental, social and emotional development of the individual adolescent.
629. Policy and Strategy on Inclusive Education in Eritrea was a document prepared in 2008. This document explains that inclusive education is one of the major strategies for achieving the goal of Education for All (EFA) in Eritrea. Inclusive education is concerned with increasing access to education particularly for learners who do not have access to education. It also deals with improving the quality of learning experience of all learners in schools and other education institutions. It involves identification of problems, and actions needed to minimize or remove barriers that learners might face through changes and modifications in the education system as a whole, as well as, through education provision, curricula and practices. Some of the objectives outlined in the document are:

- Provision of a range of diverse educational opportunities.
- Strengthening the expertise for inclusive education through various training programs.
- Developing relevant educational support mechanisms
- Institutionalizing of inclusive education within the education sector.
- Enhancing education managers' and administrators' capacity.
- Empowering school communities to address and respond to diverse learning needs

630. Another document developed in September 2010 was the Nomadic Education Policy (NEP). The GoSE gave much emphasis to nomadic education because the education statistics revealed that Eritrean nomads are at the bottom of enrolment, participation, class-room performance, gender balance, achievement and progression rates at the national level. This was mainly because nomads are dispersed and constantly move from place to place. Secondly, the significance of children's participation in the production systems of these communities or in their households makes it difficult for parents to allow their children to participate in formal schooling.

631. As part of its efforts to test the strategy to be followed in the provision of Nomadic Education as enunciated in the Policy Guidelines, the MoE has: (i) conducted an extensive study tour to the Sudan to exchange experience with regards to nomadic education; (ii) trained about 130 new teachers at the national and 500 at the regional levels; and (iii) opened about 100 new, small schools in nomadic areas.

632. A concept paper on Complementary Elementary Education (CEE) for out-of-school children in Eritrea was another document prepared during the period. CEE is education provided to out-of-school children of ages 9-14. It intends to institutionalize the provision of an education package that is equivalent to regular elementary education for children of school going age outside the formal school system. The objective of the entire complementary education package is to provide learners with the core knowledge and skills that would enable them to pursue further education and/or join the job market. Some of the specific objectives of this package are to:

- Provide an equivalent package of basic education to children of ages 9-14 who have missed formal education.

- Mainstream the out-of-school children into appropriate levels in the formal school system or into apprenticeship schemes or Technical/ Vocational Education and Training (TVET) depending on their ages, capacities and interests; and
- Provide further guidance to ensure that they remain in the school system, get into technical and vocational education, or any organized apprenticeship scheme as appropriate.

633. The MoE published a training manual on how to avoid corporal punishment in Eritrean schools. This manual was published in February, 2010. The manual states that corporal punishment violates human rights, physical integrity and human dignity. Moreover, it reiterates that the international protocols require State Parties to take appropriate measures to ensure the protection of children from all forms of violence, injury, abuse and neglect. It stipulates that school discipline be administered in a manner consistent with the dignity of the child and children's rights. As stated in the manual, the main purpose is to empower school teachers and other staff with relevant knowledge and skills to manage and discipline their classes and their schools at large without the use of physical violence. The MoE subsequently provided extensive training in order to create awareness among teachers on avoiding corporal punishment in schools.

634. Guidance and Counselling Training Manual for Secondary School Teachers was another manual issued by MoE in January 2009. The manual portrays that secondary schooling is the transition into higher, vocational training and the world of work, as students begin to assert themselves and explore their independence. Nowadays, secondary schools are being exposed to pressures which weaken their major purposes. To alleviate these problems, facilitate the teaching-learning process and enhance the physical, mental, social and emotional development of the individual adolescent, the need arises for guidance and counselling. The main purpose of this training manual is therefore to empower secondary school staff members with the relevant knowledge and skills that would help them practice school-based guidance and counselling effectively.

635. Through an extensive policy of universal free education or 'Education for All' from pre-primary to higher education, the GoSE ensures that every child, irrespective of family economic background, gets the opportunity to enrol in education. At present, the conjunction of study, work, theory and practice enshrined in the national education

system, and more importantly, the new approach called *'Interactive Learning and Teaching'* are regarded as crucial to the all-round development of children.

636. To ensure the provision of educational services to vulnerable groups (especially disabled children and girls), the GoSE took the following measures during the period under review: (i) various awareness raising and training activities have been undertaken by and given to over 3000 teachers, directors and supervisors to enable them address and respond to the diverse learning needs of children with disabilities and other vulnerable groups ; (ii) grades 1-5 text books were adopted to suit the educational needs of blind and deaf children; (iii) piloting of nomadic education was carried out as an on-going process; (iv) communication strategies were developed and translated into the mother tongue languages to facilitate the schooling of girls and other vulnerable groups; (v) 25 resource rooms have been constructed in various regions of the country to improve access and quality of education for children with disabilities; (vi) 20 teachers were given training in IE in order to expand and strengthen the IE scheme; (vii) the Asmara Teacher Education Institute (ATEI) provided courses on IE to teacher trainees; (viii) support was provided to the Eritrean Association for the Deaf and to parents of children with Autism and Down's syndrome to enhance their children's learning opportunities.

Pre-School Education

637. Pre-primary schooling consisting of Kindergartens and Rural Community Care Centres (RCCS) for children whose ages are up to five years, has been provided in a comprehensive and integrated learning program for two years. The curriculum for this level of education lays the foundation for language and concept development, social relationships and the holistic development of the child, including basic life skills.
638. The GoSE believes that investment in early childhood development (ECD) is directly related to the promotion of child rights. Hence, much attention has been devoted to the subject of Early Child Care and Education (ECCE) for young children with special emphasis on disadvantaged population groups. The implementation of the GoSE's ECD Strategy has expanded the provision of free pre-primary education. In this regard, the following activities were completed by the MoE: (i) completion of the manual on parenting enrichment, which facilitates the expansion of pre-school education; (ii) provision of in-service training to 82 ECCE teachers selected from the six regions of the

country in 2010; (iii) provision of training to 170 participants (teachers, community care givers and ECCE coordinators) on the handling of children with special needs; and (iii) preparation of flip charts to facilitate the learning/teaching process among vulnerable children at this level.

639. In line with its commitment to the “Education for All” (EFA) goals, the MoE increased access to ECCE with due consideration to equity, fairness and social justice.

640. During the period under review, the MoE provided kindergarten services for children between the ages of 4 and 6 in cities and semi-urban areas. For the rural children of the age group 5 and 6, it provided community care-giving services, and parenting enrichment interventions have been made among parents of children in the age group 0-6.

641. In the Northern and Southern Red Sea Regions, Early Learning and Development Standards (ELDS), including in-service training programs for supervisors and community caregivers and making Parenting Enrichment Interventions were implemented. Moreover, a number of training workshops were undertaken for ToT and ECC stakeholders. Topics covered include: young children’s physical well-being and motor development, social and emotional development, language, literacy and communication, cognitive development and moral and cultural development.

642. As indicated in Table C.31 enrolment at the pre-primary level increased by almost 13 per cent in 2009/10 while the participation of girls increased by 12.3 per cent during the same period.

Table C.31: Pre-primary Erolment by Year and Sex

Year	2007/08			2008/09			2009/10		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
I	9,067	8,502	17,567	9,957	9,683	19,640	10,757	10,099	20,856
II	9,375	8,889	18,264	9,067	8,856	17,925	10,224	9,426	19,650
Total	18,442	17,391	35,831	19,024	18,539	37,565	20,981	19,525	40,506

Source: MoE: Basic Education Statistics 2007/08- 2009/10.

643. Table C.32 indicates that there was a general increase in enrolment both in urban and rural areas. The increase in enrolment in rural areas was almost 8 per cent during 2009/10 whereas female enrolment in rural areas showed an increase of 7.4 per cent for the same period.

Table C.32: Pre-primary Enrolment: School Ownership and Location

Owner Ship	2007/08				2008/09				2009/10			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Fem.	Total	Fem.	Total	Fem.	Total	Fem.	Total	Fem.	Total	Fem.	Total
Gov.	2,388	4,957	6,620	13,666	2,680	5,531	6,636	13,350	2,901	5,991	6,314	13,037
Mission	3,494	7,162	878	1,799	3,508	7,204	1,019	1,976	3,586	7,524	1,153	2,380
Private	1,312	2,711	304	606	1,617	3,288	254	500	1,319	2,763	703	1,445
Comm.	1,667	3,491	695	1,192	1,851	3,741	791	1,644	2,697	5,653	852	1,713
Awqaf	130	249	-	-	183	331	-	-	-	-	-	-
Total	8,991	18,570	8,400	17,263	9,839	20,095	8,700	17,470	10,503	21,931	9,022	18,575

Source: MoE: Basic Education Statistics 2007/08- 2009/10

644. The number of pre-primary schools showed a marked increase between 2007/08 and 2009/10 as compared to previous years. The fluctuating number of schools as indicated in Table C.33 could be due to reporting problems and further investigation will be necessary.

Table C.33: Pre-primary Schools: Ownership and Location

Ownership	2007/08			2008/09			2009/10		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Gov.	60	282	342	68	265	333	67	238	305
Mission	32	21	53	30	20	50	29	24	53
Private	21	5	26	25	6	31	18	9	27
Com	23	25	48	25	35	60	41	44	85
Awkaf	2	-	2	1	-	1	-	-	-
Total	138	333	471	149	326	475	155	315	470

Source: MoE: Basic Education Statistics 2007/08-2009/10

645. Table C.34 indicates a slight decrease of GER and NER in 2009/10 as compared to 2007/08. The decrease on NER in 2008/09 as compared to 2007/08 requires further investigation.

Table C.34: Pre-primary Gross Enrolment and Net Enrolment Ratios by Sex and Year

Academic Year	GER			NER		
	Male	Female	Total	Male	Female	Total
2007/08	21.1	21.5	21.3	14.5	14.7	14.6
2008/09	19.4	19.6	19.5	8.4	8.4	8.4
2009/10	21.3	18.5	21.0	14.3	13.8	14.1

Source: MoE, Basic Education Statistics 2007/08- 2009/10

Elementary School Education

646. The elementary level comprises grades 1-5 for children 7 to 11 years of age. The mother tongue is the medium of instruction, and the main purpose of elementary school education is to give children a firm grounding in basic learning skills as defined by the national curriculum.

647. As shown in Table C.35, student enrolment at the elementary level decreased by 9% in 2009/10 as compared to 2007/08. Female enrolment decreased by 8 % during the same period. The Ministry of Education conducted a preliminary study through focus group discussions and has made preparations to conduct a comprehensive study on the causes of the decline in enrolment at the elementary level.

Table C.35: Elementary Education: Enrolment by Grade and Sex

Grade	2007/08			2008/09			2009/10		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	33,506	27,434	60,940	35,217	29,448	64,665	37,899	31,725	69,624
2	33,583	27,972	61,555	32,128	26,187	58,315	32,105	26,682	58,787
3	34,822	28,925	63,747	30,686	25,492	56,178	28,609	23,346	51,955
4	38,066	30,558	68,624	33,393	26,873	60,266	29,108	23,705	52,813
5	33,265	25,903	59,168	33,687	27,018	60,705	29,082	23,760	52,842
Total	173,242	140,792	314,034	165,111	135,018	300,129	156,803	129,218	286,021

Source: MoE: Basic Education Statistics 2007/08- 2009/10

648. The information in Tables C.36 and C.37 shows that the majority of elementary schools and pupils were found in rural areas and other underserved regions. This is an indicator of the government's commitment to providing educational services to the neediest children, who were largely found in rural and remote areas.

Table C.36: Elementary Enrolment: School Ownership and Location

Owner Ship	2007/08				2008/09				2009/10			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Fem.	Tot.	Fem.	Tot.	Fem.	Tot.	Fem.	Tot.	Fem.	Tot.	Fem.	Tot.
Gov.	48,244	102,419	78,963	183,133	48,343	103,316	73,811	169,834	49,427	105,415	68,929	158,063
Mission	5,314	10,892	3,097	6,685	4,792	9,728	3,274	6,982	4,694	9,425	2,236	4,920
Comm.	3,670	7,290	178	384	3,760	7,561	183	402	322	617	207	403
Awqaf	1,326	3,231	-	-	855	2,306	-	-	785	2,095	-	-
Total	58,554	123,832	82,238	190,202	57,750	122,911	77,268	177,218	57,846	122,635	71,372	163,386

Source: MoE: Basic Education Statistics 2007/08- 2009/10

Table C.37: Elementary Schools: Ownership and Location

Ownership	2007/08			2008/09			2009/10		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Government	121	579	700	138	576	714	146	584	730
Mission	22	38	60	18	39	57	21	35	56
Community	11	4	15	10	4	14	2	-	2
Awqaf	8	-	8	5	-	5	12	3	15
Total	162	621	783	171	619	790	181	622	803

Source: MoE: Basic Education Statistics 2007/08- 2009/10

649. The pupil to teacher ratio at the elementary school level was 43, 39 and 38 for the academic years 2007/08 to 2009/10 respectively. This shows that there was a declining trend in the ratio during the given period.

650. The percentage of repeaters at the elementary level has declined significantly from 15.4 per cent in 2007/08 to 13.2 per cent in 2009/10. Female repetition during the three years was lower than that of males (Table C.38).

Table C.38: Elementary Education Percentage of Repeaters by Sex and Year

Year	2007/08			2008/09			2009/10		
Repeaters (in per cent)	Male	Female	Total	Male	Female	Total	Male	Female	Total
	16	14.6	15.4	14.4	12.8	13.7	14.4	11.8	13.2

Source: MoE: Basic Education Statistics 2007/08- 2009/10

Middle School Education

651. Middle school is the second part of the basic education cycle in the Eritrean education system and consists of 3 years of schooling from grade 6 up to grade 8 for children 11 to 13 years of age. The medium of instruction at this level is English.

652. While enrolment at the middle school level showed an increase of almost 5 per cent in 2009/10 as compared to 2007/08 (Table C.39), female enrolment increased by 11 per cent during the same period. Hence, the percentage increase for girls' enrolment was higher than that for boys.

Table C.39: Middle School Enrolment by Grade, Sex and Year

Grade	2007/08			2008/09			2009/10		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
6	33,332	23,720	57,052	34,398	24,709	59,107	32,070	24,943	57,013
7	27,240	19,005	46,245	26,834	19,630	46,464	27,706	21,378	49,084
8	23,194	17,540	40,734	25,865	17,775	43,640	24,996	20,609	45,605
Total	83,766	60,265	144,031	87,097	62,114	149,211	84,772	66,930	151,702

Source: MoE: Basic Education Statistics 2007/08- 2009/10

653. Table C.40 shows that the number of schools at the middle school level increased by almost 20 per cent from 2007/08 to 2009/10. Similarly, the number of schools in rural and remote areas increased by 20 per cent in 2009/10 as compared to 2007/08.

Table C.40: Middle school: Ownership by Urban/Rural Distribution

Ownership	2007/08			2008/09			2009/10		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Government	55	160	215	64	183	247	74	193	267
Mission	13	6	19	12	6	18	11	6	17
Community	6	1	7	5	2	7	7	1	8
Awqaf	4	-	4	3	-	3	3	-	3
Total	78	167	245	84	191	275	93	200	293

Source: MoE: Basic Education Statistics 2007/08- 2009/10

654. Table C.41 shows that there was a slight decrease both in GER and NER at this level in 2007/08 as compared to 2009/10. The decrease of GER occurred mainly due to the

introduction of a three year middle school level cycle (grades 6, 7, and 8) as a replacement for the previous cycle of only two grades (grades 6 and 7).

Table C.41: Middle School Education: GER and NER by Sex and Year

Year	GER			NER		
	Male	Female	Total	Male	Female	Total
2007/08	71	62.8	67.1	51.6	48.1	49.9
2008/09	71.2	63.5	67.5	51.4	46	49.8
2009/10	69.5	62.3	66.1	51.4	47.6	49.6

Source: MoE: Basic Education Statistics 2007/08- 2009/10

655. Table C.42 indicates that the number of students completing elementary and middle schools increased. It also shows that during the periods 2007/08 to 2009/10 the percentage of female completion at both levels improved significantly.

Table C.42: Percentage of Children Completing Elementary and Middle School Education by Sex and Year

Year	Elementary			Middle		
	Male	Female	Total	Male	Female	Total
2007/08	78.6	81.1	79.7	77.3	81.4	79
2008/09	78.5	83.3	80.3	78.7	85.8	81.7
2009/10	80.7	84	82.2	80.2	86.9	83.2

Source: MoE, Eritrea: Basic Education Statistics 2007/08- 2009/10

Secondary School Education

656. The provision of good quality secondary education plays a central role in the pursuit of education and employment opportunities for Eritrean youth. It thus prepares learners for further education and/or for the world of work.

657. As indicated in Table C.43, enrolment at the secondary school level showed an increment of almost 14 per cent in 2009/10 as compared to 2007/08 while the increase in female enrolment was higher (15.3 per cent) during the same period.

Table C.43: Secondary School Enrolment by Grade and Sex

Grade	2007/08			2008/09			2009/10		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
9	20,466	13,903	34,369	20,406	12,212	32,678	20,215	13,781	33,996
10	13,490	9,318	22,808	15,495	11,402	26,897	14,770	10,587	25,357
11	9,646	6,464	16,110	9,694	6,931	16,625	11,943	9,012	20,955
12	5,721	4,403	10,124	8,202	5,219	13,421	8,842	5,926	14,768
Total	49,323	34,088	83,411	53,997	35,764	89,761	55,770	39,306	95,076

Source: MoE: Basic Education Statistics 2007/08- 2009/10

658. Expanding secondary school education and bringing secondary schools closer to rural areas and hard-to-reach groups was pursued with so much emphasis that a significant number of secondary schools became located in rural areas. This enhanced the enrolment of students in the secondary schools in rural and remote areas in general and stimulated girls to continue into the secondary school level.

659. Table C.44 indicates that the number of secondary schools in urban and rural areas increased by 14 per cent and 27 per cent respectively during the period 2007/08 to 2009/10. Thus, the percentage increase of secondary schools was higher in rural areas than in urban areas.

Table C.44: Secondary Schools: Ownership by Location and Year

Ownership	2007/08			2008/09			2009/10		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Government	37	26	63	38	31	69	42	33	75
Mission	5	-	5	6	-	6	6	-	6
Community	3	-	3	2	1	3	3	-	3
Awqaf	2	-	2	2	-	2	2	-	2
Total	47	26	73	48	32	80	53	33	83

Source: MoE, Basic Education Statistics 2007/08- 2009/10

660. Table C.45 indicates that the teacher to pupil ratio decreased at all levels between 2007/08 and 2009/10. This obliged the MoE to train and recruit more additional teachers.

Table C.45: Teacher to Pupil Ratio by Level and Year

Level	2007/08	2008/09	2009/10
Elementary	43	39	38
Middle	53	45	41
Secondary	46	40	43

Source: MoE: Basic Education Statistics 2007/08- 2009/10

661. Table C.46 shows that class size declined at all the three levels during the academic years 2007/08 to 2009/10.

Table C.46: Class Size by Level and Year

Level	2007/08	2008/09	2009/10
Elementary	51	45	44
Middle	60	61	56
Secondary	62	64	61

Source: MoE: Basic Education Statistics 2007/08- 2009/10

662. In Eritrea, secondary school students from all over the country attend grade 12 in Sawa as an extension to grade 11. This brings together students from different geographic areas and ethnic groups and helps them to socialize with each other, thereby reducing stereotypes, as well as availing them with equal opportunities to prepare for their school leaving exams.

Teacher Population Growth and Teaching Methodology

663. The MoE revised its curriculum and introduced a new form of instruction - '*interactive pedagogy or learner centered teaching and learning methodology*'. This method was designed to allow a child to express his/her ideas, knowledge and thoughts freely among his/her peers and with his/her teachers and to encourage him/her to do the same at home with family members and in the community. In addition, frequent seminars and meetings were conducted in schools to raise the awareness of teachers and parents on this issue.

664. The GoSE allocated a big budget for the training of teachers in both the pre-service and in-service programs in various institutes and colleges during the academic years 2007/08 and 2009/10. This enabled the MoE to provide pre-service and in-service training to upgrade the qualification of existing teachers and thereby improve the quality of

schooling. The achievements recorded in the training component include: (i) training of 104 diploma level teachers (9 females) at the College of Education, Eritrea Institute of Technology; (ii) training of 1914 (51% female) teachers in the ATEI at the certificate level; (iii) in service training for a total of 4,688 (49 % female) teachers; (iv) open distance learning at the diploma level for 411 (6% female) teachers, and another 1,300 (14% female) teachers attended open distance learning; (vi) finalisation of the Master Plan for Teacher Education and Development and preparation of the Teacher Education Strategy for Eritrea that gives more focus to females in both pre-service and in-service trainings; (viii) preparation of a National Program for the Continuing Professional Development (CPD) of Teachers; (ix) proposing Teachers' Career Path; and (x) drawing a strategy for upgrading Pedagogic Resource Centres into Continuing Professional Development Centres for teachers.

665. The number of pre-primary school teachers was 1,062 and 1,143 in 2007/08 and 2009/10 respectively and this showed an increase of almost 8 per cent, and the proportion of female teachers both in urban and rural areas increased by 15 per cent and 2 per cent respectively (Table C.47).

Table C.47: Pre- primary School Teachers by Sex and Urban/Rural

Year	Urban			Rural			Grand Total
	Male	Female	Total	Male	Female	Total	
2007/08	15	543	558	22	482	504	1,062
2008/09	17	602	619	15	483	498	1,117
2009/10	12	627	639	12	492	504	1,143

Source: MoE: Basic Education Statistics 2007/08- 2009/10

666. Similarly the number of elementary school teachers was 7,328 and 7,535 in 2007/08 and 2009/10 respectively – an increase of 3 per cent (see Table C.48).

Table C.48: Elementary School Teachers by Sex and Urban/Rural

Year	Urban			Rural			Grand total
	Male	Female	Total	Male	Female	Total	
2007/08	1,171	1,781	2,952	2,912	1,464	4,376	7,328
2008/09	1,328	1,744	3,072	3,330	1,400	4,730	7,802
2009/10	1,394	1,835	3,229	3,062	1,244	4,306	7,535

Source: MoE: Basic Education Statistics 2007/08- 2009/10

667. Table C.49 indicates that the total number of middle school teachers increased by 35 per cent in 2009/10 while female teachers comprised 13 per cent of the total during the same period. In the rural areas, the number of female teachers increased by 158 per cent between 2007/08 and 2009/10.

Table C.49: Middle School Teachers by Sex, Urban/Rural and Year

Year	Urban			Rural			Grand
	Male	Female	Total	Male	Female	Total	Total
2007/08	1,330	198	1,528	1,132	58	1,190	2,718
2008/09	1,463	256	1,719	1,558	75	1,633	3,352
2009/10	1,613	348	1,961	1,582	137	1,719	3,680

Source: MoE: Basic Education Statistics 2007/08- 2009/10

668. Table C.50 shows that the number of secondary school teachers increased from 1,508 to 2,472 between the academic years 2007/08 and 2009/10, which is a 64 per cent increase. The number of teachers in rural areas in particular increased from 317 to 821, which is an increase of 159 per cent, while that of female teachers in rural areas showed an increase of 56 per cent.

Table C.50: Secondary School Teachers by Sex and Year

Year	Urban			Rural			Grand
	Male	Female	Total	Male	Female	Total	Total
2007/08	1,019	172	1,191	301	16	317	1,508
2008/09	1,301	242	1,543	725	25	750	2,293
2009/10	1,385	266	1,651	773	48	821	2,472

Source: MoE: Basic Education Statistics 2007/08- 2009/10

Flow Rates of Promotion, Repetition and Dropout

669. Flow rates (promotion, repetition and dropout) are the best indicators of the internal efficiency of a school system. As indicated in Table C.51, the repetition rate decreased at the elementary, middle and secondary school levels by 2.7 per cent, 3.8 per cent and 2.7 per cent respectively from 2007/08 to 2009/10. Similarly, during the same period, the female repetition rate decreased by 3.1 per cent at the elementary school level, by 4.3 per

cent at the middle school level and by 2.6 per cent at the secondary school level. The trend of improvement in the promotion rate is also significant at all levels. However, the issues of repetition and drop out still remain among the main challenges in the education system.

Table C.51: Flow Rates by School Level and Sex

Year	Levels	Drop outs (%)			Repetition (%)			Promotion (%)		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
2007/08	Elementary	6.0	4.8	5.5	15.4	14.1	14.8	78.6	81.1	79.7
	Middle	6.7	5.3	6.3	16	13.3	14.9	77.3	81.4	79.0
	Secondary	8.1	9.3	8.6	16.7	11.2	14.5	75.2	79.5	76.9
2008/09	Elementary	8.7	6.5	7.7	12.8	11.2	12.1	78.5	82.2	80.2
	Middle	9.7	5.5	7.9	11.6	8.6	10.4	78.7	85.8	81.7
	Secondary	12.4	8.6	10.8	9.1	5.4	7.6	78.5	86.0	81.5
2009/10	Elementary	6.3	5.0	5.7	13	11.0	12.1	80.7	84.0	82.2
	Middle	7.1	4.1	5.7	12.7	9.0	11.1	80.7	86.9	83.2
	Secondary	9.3	7.8	8.6	14	8.6	11.8	76.7	83.6	79.6

Source: MoE: Basic Education Statistics 2007/08- 2009/10

B. Special Needs-Inclusive Education

670. The activities performed by the MoE during the period under review to facilitate the program for children with learning difficulties include the following: (i) 25 child-friendly pilot schools equipped with first aid kits were established and became functional; (ii) focal health teachers were assigned to check the general health conditions and give health education to all students and to disabled children in particular in these schools; (iii) pedagogical resource rooms, where additional support is given to children with learning difficulties and where effective and individual learning processes are ensured were established; (iv) diagnostic instruments were supplied to schools for checking students' eyes and ears, and tooth paste and brushes were supplied; and (v) educational materials such as exercise books, pens, and pencils were provided by the MoLHW to children with disabilities in the pilot schools.

671. Several training courses and workshops were conducted to promote the education of children with special needs: These included: (i) training on inclusive education for teachers, supervisors, directors and regional education office workers; (ii) workshop for staff of the MoH and MoLHW on policy ratification on inclusive education, barriers to access, participation and learning, collaborative teaching (peer teaching), parents' involvement, and education planning; (iii) training to teachers by the MoH on Autistic children and children with Down's syndrome; and (iv) curriculum adaptation for blind and deaf children and their teachers.

672. In general, the MoE made efforts to promote education for children with special needs. Currently, there are three special elementary schools – one for children with impaired vision and two schools for the hearing impaired. The school for the vision impaired is located in Asmara, whereas the two schools for the hearing impaired are located in Asmara and Keren. Table C.52 below shows that the number of pupils who attended the special schools during the period fluctuated.

Table C.52: Number of Pupils Attending Special Schools by Sex and Year

Year	Abraha Bahta School for the Vision Impaired (1-5)			Evangelical School for the Deaf (1-5)			Grand total
	Male	Female	Total	Male	Female	Total	
2007/08	49	20	69	124	88	212	281
2008/09	49	17	66	126	110	236	302
2009/10	42	12	54	112	63	175	229

Source: MoE: Basic Education Statistics 2007/08-2009/10

673. Since 2007/08 the National Association of Intellectual/Developmental Disability of Eritrea has been active in identifying children with Autism and Down's syndrome and making efforts to enrol them in schools and contribute towards their development.

Table C.53: Number of Intellectually/Developmentally Disabled Students in School

Year	Number of students		
	Male	Female	Total
2007 – 2008	25	28	53
2008 – 2009	26	27	53
2009- 2010	29	30	59

Source: MoE, 2015

674. Table C.54 indicates that enrolment of CWD in regular schools during the three years under consideration was irregular. Females were consistently the minority in all of the four types of disabilities.

Table C.54: CWD in Regular Schools by Type of Impairment Sex and Year

Year	Vision Impaired			Hearing Impaired			Mentally Handicapped			Physically Handicapped		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
2007/08	2,769	1,529	4,298	3,817	2,463	6,280	607	245	852	1,104	476	1,580
2008/09	5,034	3,513	8,547	2,566	1,604	4,170	513	250	763	1,191	552	1,743
2009/10	4,616	3,257	7,873	2,383	1,558	3,941	478	290	768	952	502	1,454

Source: MoE: Basic Education Statistics 2007/08- 2009/10

675. In 2009/10, there were 14,036 students with disabilities of which 44 per cent were enrolled in elementary, 31 per cent in middle and 25 per cent in senior secondary schools. Region wise, the distribution of educational opportunities for CWD shows that the Maekel Region with 39 per cent has the largest number of CWD students followed by Debub (Table C.55).

676. Over the three years, many students with disabilities or learning difficulties were able to enter 'regular' schools. For example, many of the pupils with learning difficulties who had completed their education at the special elementary schools were mainstreamed into the regular middle schools. Similarly, efforts are being made to increase access for children in nomadic circumstances, girls in remote neighbourhoods, orphans, street and/or working children, etc.

Table C.55: Children with Disabilities (CWD) by Level of School and Region 2009/10

Admin. Region	Elementary (1-5)	Middle (6-8)	Secondary (9-12)	Total
Anseba	741	554	641	1,936
Debub	1,711	1,262	978	3,951
NRS	58	74	59	191
Gash Barka	1,027	532	385	1,944
Maekel	2,237	1,741	1,432	5,410
SRS	404	156	44	604
Total	6,178	4,319	3,539	14,036

Source: MoE Eritrea: Basic Education Statistics 2007/08- 2009/10

677. Nevertheless a large proportion of school going age children including those with disabilities still remain excluded from school. Moreover, CWDs pursuing regular schools face challenges due to lack of appropriate educational support.

678. The MoE has endorsed IE policy orientation and strategies to establish child-friendly schools that accommodate children's participation and learning as well as enhances the awareness of students, teachers, parents and the local communities to care for and support the education of children facing exclusion. Furthermore, in the efforts to consolidate IE, the following activities were accomplished during the past three years: (i) policy and strategy on IE have been prepared; (ii) curriculum modification is underway to accommodate the special educational needs of children with learning difficulties; (iii) pilot Special Needs Education (SNE) classes were conducted in some regions involving nine primary schools, three special schools and one middle school as well as higher education institutions, Ministries , and disabled people's organisations, with demonstrations of learner-centred teaching methods; (iv) a guideline on SNE/IE was developed and about 400 copies disseminated to regions; etc.; and (v) teachers in the six regions were provided with an orientation course on IE to suit the needs of children with disabilities, and to establish regional inclusive education support groups. All these approaches and initiatives are expected to minimise exclusion.

Adult and Continuing Education

679. The government worked hard to ensure access to adaptable non-formal education of high quality to vulnerable groups, including street children, orphans, refugees and displaced children. More specifically: (i) the review of the curriculum on literacy and post literacy was completed; (ii) a new curriculum for out-of-school children was prepared and the material put on a pilot test; (iii) the preparation of a comprehensive policy and a clear strategy for literacy and out-of-school children was going on; (iv) a Learning Needs Assessment Survey on Literacy and Continuing Education was conducted; (v) a Guideline for Evening Schools was prepared, and evening classes were in progress in major towns; (vi) a National Literacy Survey was conducted in 2008 and showed an adult literacy rate of 64.6 per cent (57 % females); and (vii) on the basis of the efforts made in the provision of non-formal education in the mother tongue during the previous ten years, a literacy impact assessment was conducted. This was helpful in the provision of information on the strengths, weaknesses and achievements of the literacy program.

680. The Literacy Program targets female and male adults and out-of-school youths. As part of the continuing education program, a guideline for evening schools was developed in November 2010. These schools have been started as a pilot project in urban areas with the aim of expanding them to semi urban areas and villages.

681. Table C.56 shows that during 2007/08-2009/10 a total of 142,187 adults and out of school children, out of whom 90.2 per cent were females, participated in the literacy program. About 77 per cent of the total participants and about the same percentage of the female participants completed the program. The table also shows that a significant number of the participants were children under the age of 15, and that about 78 per cent were females. The participation of adults, especially mothers, in the literacy program is believed to have had a great impact on their children's schooling.

Table C.56: Literacy Participants: by Age, Sex and Year

Year	Under 15		15-19		20 and Above		Completed	
	Female	Total	Female	Total	Female	Total	Female	Total
2007/08	2,589	3,548	6,532	7,309	39,790	44,311	37,806	42,066
2008/09	1,918	2,425	5,681	6,632	35,150	38,043	33,087	35,837
2009/10	2,256	2,711	4,440	4,705	29,943	32,773	28,736	31,397
Total	6,763	8,684	16,653	18,376	104,883	115,127	99,629	109,300

Source: Department of Adult and Media Education 2007/08-2009/10

682. In the three academic years, the continuing education program was solely conducted in the Southern Red Sea, Anseba, Gash-Barka and Northern Red Sea regions because most of the children who had missed the opportunity of schooling were found in these regions. Table C.57 shows that on average 5327 Out of School Children were enrolled annually in this program. Females constituted 48 per cent. Similarly, female teachers who participated in the programme constituted 23%.

Table C.57: Education for Out-of-School Children - Enrolment, Teachers and Centres by Sex and Year

Year	Enrolment			Teachers			Centres
	Male	Female	Total	Male	Female	Total	
2007/08	2,520	2,267	4,787	175	57	232	49
2008/09	2,408	2,423	4,831	194	62	256	54
2009/10	3,471	2,893	6,364	238	61	299	62

Source: Department of Adult and Media Education 2007/08-2009/10

Vocational and Technical Education (TVET)

683. The government has been investing huge sums of money on short and long-term TVET programs to produce a properly qualified labour force (Committee's recommendation 67g). Accordingly, the TVET sub-sector has accomplished the following tasks to strengthen the skills of the youth including adolescents who are out-of-school: (i) finalised a plan to construct three new skill development centres; (ii) provided training in various skills, such as building construction, agriculture, and commerce and business management for thousands of youngsters each year at the Centre for Vocational Training; (iii) trained 118 TVET teachers in diploma courses in fields such as electrical, mechanical and civil engineering at the Eritrea Institute of Technology (EIT); (iv) installed new machines in existing technical schools; and (v) established additional departments including surveying, drafting and plumbing in the technical schools of Dombosco, Mai Habar, and Wina.
684. During the reporting period six formal technical schools namely the Asmara Commercial School (ACS), and the Asmara (ATS), Dombosco (DTS), Mai Habar (MHTS), Hagaz (HTS) and Wina (WTS) Technical Schools provided intermediate training for two years to students who had completed grade ten. This type of training increased the number of graduates. The information in Table C.58 shows a decline in enrolment during the year 2009/10 because some of the technical schools were then providing training to many more students at the certificate level.

Table C.58: Technical and Vocational Enrolment by Sex and Year

Schools	2007/08			2008/09			2009/10		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
ACS	168	170	338	127	201	328	114	170	284
ATS	339	280	619	293	273	566	126	88	214
DTS	293	135	428	206	199	405	117	86	203
MTS	329	147	476	264	132	396	162	86	248
HTS	224	101	325	188	106	294	84	106	190
WTS	239	71	310	196	61	257	123	59	182
Total	1,592	904	2,496	1,274	972	2,246	726	595	1,321

Source: Department of Technical and Vocational Education and Training

685. Table C.59 shows that a total of 697 (43%) 1,292 (75%) and 1,304 (45%) female students enrolled at the certificate level in the academic years 2007/08, 2008/09, and 2009/10 respectively.

Table C.59: Certificate Level Enrolment at Technical and Vocational Schools by Sex and Year

Schools	2007/08		2008/09		2009/10		Total	
	Female	Total	Female	Total	Female	Total	Female	Total
Hagaz	35	67	107	296	104	188	246	551
ACC	-	-	203	335	170	284	373	619
Asmara	88	172	273	578	86	210	447	960
Don Bosco	42	83	202	404	89	199	333	686
Mai-Habar	42	133	132	396	84	243	258	772
Wina	34	83	57	200	58	180	149	463
Massawa	61	159	-	-	-	-	61	159

Source: Department of Technical and Vocational Education and Training

686. The size of enrolment, during the three years under review, at all the institutions for Technical and Vocational Training was 2,777 trainees (51 % females), 2,354 (52 % females), 2,708 (41 % females) in 2007/08, 2008/09, and 2009/10 respectively (Table C.60). At the same time, the Eritrean Institute of Technology (EIT) started providing vocational training at the college diploma level.

Table C.60: Enrolment at the National Centres for Vocational Training by Sex and Year

Year	Male	Female	Total
2007/08	1,372	1,405	2,777
2008/09	1,125	1,229	2,354
2009/10	1,609	1,099	2,708

Source: MoE, Department of Technical and Vocational Education and Training

687. Many school-age children also acquired skills informally in the many private enterprises in the informal economic sector. These boys and girls often spent half a day in school and the other half at local workshops learning skills and earning small incomes.

E. Girls' Education

688. The GoSE believes that, educating women and girls makes a major impact on the family, the community and the nation. Thus, the participation, retention, and achievement of girls as well as women were given priorities in education in line with the implementation of the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW). This was expected to contribute significantly to the achievement of the MDGs and EFA Goals on girls' education and to the empowerment of women in the long run. Some of the interventions made by the MoE during the three years on Girls' Education included, among others: (i) additional lessons in English and mathematics were provided to female students in some schools; (ii) material incentives such as donkeys, household utensils and cash were provided to female students in rural and remote areas to encourage them to learn and to reduce the burden of their household chores; (iii) female students who travelled long distances to school were provided with bicycles; (iv) in rural areas, new middle and secondary schools were constructed as near as possible to villages, with the additional aim of retaining female students; (v) frequent sensitisation meetings were conducted among parents on sending their girl children to school in villages and remote, rural areas; and (vi) financial awards were given every year at the national level to role model female teachers.

689. As indicated in Table C.61, the female enrolment rate declined as the level of education increased from the pre-primary to the secondary levels. This has been one of the challenges of the education system in the country, although there was a noticeable increase in the participation of girls in school.

Table C.61: Percentage of Enrolment of Female Students by Level

Level	Year	Enrolment		Per centage Female Enrolment
		Female	Total	
Pre-primary	2007/08	17,391	35,839	49.0
	2008/09	18,539	37,565	49.4
	2009/10	19,525	40,506	48.2
Elementary	2007/08	140,792	314,034	44.8
	2008/09	135,018	300,129	45.0
	2009/10	129,218	286,021	45.2
Middle	2007/08	60,265	144,031	41.8
	2008/09	62,114	181,131	34.3
	2009/10	66,930	151,702	44.1
Secondary	2007/08	34,088	83,411	40.9
	2008/09	35,784	89,761	39.9
	2009/10	39,306	95,076	41.3

Source: MoE: Basic Education Statistics 2007/08- 2009/10

Curriculum reform, material development and dissemination

690. During the period under review, the Eritrean general education curriculum and pedagogy have been undergoing a major reform intended to make them more responsive to the country's human resources needs. In this respect: (i) a National Curriculum Framework that provides a road-map for curriculum and pedagogic reform is now in place; (ii) textbooks and teachers' guides for most subjects for all grades of the elementary and middle school level as well as for some enrichment subjects in secondary schools were developed (iii) resource materials for kindergarten and syllabus guides for different core subjects in secondary education were prepared and disseminated; (iv) a variety of teaching aid materials were prepared and disseminated to all schools; and (v) teachers were familiarised with the content and teaching methodology of the new textbooks.
691. During the process of writing and translation of the materials, 80 to 100 experienced teachers from elementary, middle and secondary schools were mobilised each year to assist the curriculum panels in the writing, translation, and illustration of the textbooks.

The main activities that were accomplished included the printing and re-printing of textbooks and teachers' guides and the production of audio cassettes.

Printing and Reprinting of Textbooks and Teachers' Guides and Production of Audio Cassettes

692. Before 1996 there was a critical shortage of textbooks in schools at all levels, but now the provision of textbooks to students for the different subjects at all levels has virtually reached a 1:1 ratio.
693. New syllabus guides for different subjects in secondary education , textbooks and teacher's guides for all grades in elementary and middle schools, workbooks of languages and maths for grade 1, English workbooks for grade 2, English language cassettes for grades 1, 2, 3, 4, 5 6 and 7 have been printed and distributed to schools.
694. After being piloted for three years, the new textbooks for grades 3 and 4 were reviewed before undergoing large-scale printing. Grade 5 textbooks and teacher's guides were introduced into the schools for trial in the academic year 2008/2009 and feedback was gathered to improve them before they go to the press.
695. Great attention was paid to the development of reading skills. The long-term plan was to develop and introduce graded supplementary reading materials in the different Eritrean languages as well as in English for the different grades. In 2008, a total of 72 trial edition textbooks and teacher's guides of Maths, Science, Mother Tongue, and English for grade 5 were printed and tried-out. In 2009, all textbooks and teacher's guides for grades 1-2 were reprinted, and grades 3 and 4 textbooks and teacher's guides for all subjects were printed in full scale. In addition, English language cassettes for grades 3 and 4 were produced.
696. The new textbooks for grades 3 and 4, after a trial of three years were reviewed before undertaking large scale printing. Grade 5 textbooks and teachers' guides were introduced in schools for trialling in the academic year 2008/2009 and feedback was gathered to improve them before full printing.

Promotion of life skills and HIV/AIDS education

697. The Ministry of Education, through its 'Education Sector HIV/AIDS Policy and a Five-Year Strategic Plan of Action for School-Based HIV/AIDS Life Skills Education' crafted interventions involving learners and teachers in the fight against HIV/AIDS, mainly to enable students to make informed and knowledgeable decisions in their sexual behaviour.
698. The MoE believed that these measures would enable teachers and students to become behavioural change agents in school and community settings. The training-of-trainers (ToT) approach that followed was expected to have a multiplier effect in terms of the number of educators trained in a short space of time with minimal financial and technical resources.
699. Some of the activities carried out to advance Life Skills/HIV/AIDS Education included the following: (i) 35 life skills education trainers from all regions took a one week refresher course in August, 2008; (ii) a survey of learners' Knowledge, Attitude, Behaviour and Practice (KABP) about HIV/AIDS and Life Skills was conducted in 2008; and (iii) in 2009, a training of trainers' workshop was conducted for 50 potential Life Skills learning materials developers and trainers.

Consolidation of the school support system

700. To raise the quality of education in the formal school system, the MoE during the reporting period, worked hard to equip schools with the necessary facilities and equipment, including science laboratories, libraries, sports and arts education equipment and pedagogical resources centres, Information Communication Technology (ICT) resources, etc.
701. The MoE allocated a budget in the Education Sector Development Program (ESDP) for the procurement of school materials and equipment. For 2010/11 alone a total of Nakfa 31.3 million was allocated. ICT laboratories were installed in 65 secondary schools and 50 junior secondary schools. A total of 5,300 computers were distributed to these schools, among which 21 remote rural schools became beneficiaries of solar powered computers. This program assisted schools to facilitate their teaching-learning processes,

strengthened the capacity in data collection and analysis, which in turn are helpful for the provision of quality education.

702. The MoE in the three years provided training in advanced data base, Statistical Package for Social Sciences (SPSS), school record management, data base entry analyses and reporting and Geographical Information System (GIS).

Sports, culture and health-related activities

703. Every year, many students participate in competitions involving various games conducted among schools. These games strengthen students' physical and mental fitness. In addition, students have been participating in cultural activities organised by schools. Clubs that have been established in schools, such as debating, general knowledge, painting, arts and handicrafts, drama and music all assist students' potential to discover, invent and innovate new things.
704. Health focal persons assigned in schools have been checking students' health conditions. Students with mild health problems are treated at the school level, while those with serious cases are referred to nearby clinics and hospitals.
705. With the goal of facilitating the child's access to a variety of educational and recreational opportunities, the Government further equipped an already existing children's educational and recreational resource centre in Asmara (The Expo Educational and Entertainment Centre) in collaboration with development partners and stakeholders. The centre is expected to help children's physical, mental and psychological development as well as to assist them in interacting with other children of different backgrounds and capabilities. A manual for the Expo Educational and Entertainment Centre for children and a data base system was drafted. This manual guides the management of the centre, defines the role of the different stakeholders, and assists in the follows up of the beneficiaries who had attended the centre.

IX. SPECIAL PROTECTION MEASURES

706. The GoSE continued providing support to children with disabilities so that they would be enabled to solve some of their basic problems. One of the forms of support provided was donkeys and accessories to help ease the transport difficulties, as well as enhance income generation activities for disabled children and their families. During 2008-2010 the MoLHW provided 876 donkeys (table C.62).

Children with Disabilities (CWD)

707. During the period under review, the MoLHW, with funding support from the National Association of the Disabled (Norway) and UNDP, strengthened and expanded the CBRP for persons with disability in 51 sub-regions covering over 90 per cent of the country. CBRVs in these sub-regions numbered around 2690, of which 25% were female. The overall objective of the program was to promote and advocate for the human rights of persons with disabilities and to improve their livelihoods and those of their children. Besides enhancing community awareness, the CBRVs played a critical role in the advocacy for equal access to opportunities for disabled families. Hence, disabled people of both sexes were able to: (i) access vital resources such as land for farming and/or for residence; (ii) access educational institutions (schools for disabled children and other formal and non-formal education and training opportunities for the disabled youth); (iii) access health service facilities; (iv) actively participate in communal meetings; and last but not least (v) establish families.

708. In Eritrea, there are four associations for persons with disabilities: (i) The Eritrean National War-Disabled Veterans Association (ENWDVA) (ii) The Eritrean National Association of the Blind (ERNAB); (iii) The Eritrean National Association of the Deaf (ERNAD); and (iv) The National Association of Autism and Down syndrome. These associations play a complementary role in the improvement of the quality of life of the CWDs; as well as in advocating for the right of CWDs and sensitise families and communities about CWD. All these initiatives have helped the families of CWDs to send their children to school and also to promote love and affection.

709. The MoLHW, in cooperation with the National Association for the Deaf, published the first Sign Language Dictionary, which was disseminated throughout the country,

including in schools, public libraries and book-stores and stationeries. This undertaking is expected to contribute to the education of deaf children to help them express themselves more clearly, to enable them to communicate more easily with the general public, to interact more easily and to play a more active role in social life.

Table C.62: Donkey and Accessories Provided to Children with Disabilities by Age (2008-2010)

Age	Male	Female	Total
0-4	-	1	1
5-9	57	40	97
10-14	227	147	374
15-18	266	138	404
Total	550	326	876

Source: MoLHW, 2015

710. At the same time 876 children (62.8% males) with disabilities in the six regions (Table C.62) were given a donkey each with accessories. 778 (91%) of the beneficiaries were in the age bracket 10-14 and 15-18 years. According to the evaluation conducted in 2010, both disabled girls and boys and their families were able to benefit as per the intended objective of the project. More specifically, 326 (37.2% females) children with disabilities were provided with donkeys as means of transport resulting in the reduction of the drudgery of women and girls and in promoting disabled boys' and girls' school attendance.

Orthopaedic Appliances for CWD

711. The MoLHW also operated three orthopaedic workshops in the country which produced various appliances and devices including wheel chairs, crutches and body's trolly to disabled persons of both sexes. These appliances enabled the disabled persons, including, of course, children, to participate more in all daily activities, and assisted disabled children to resume schooling, and adults and youth to improve their living conditions on a sustainable basis.

Table C.63: Person with Disability Provided with Orthopaedic Appliances by Sex and Year

Year	Sex		Total
	Male	Female	
2008	1725	366	2091
2009	1322	533	1855
2010	1719	341	2060
Total	4766	940	6006

Source: MoLHW, 2010

712. Initiatives taken by the MoE towards addressing the problems of disabled children include: (i) an Inclusive Education Policy by the MoE, which provides for the provision of facilities and resources for disabled children in schools; (ii) efforts made by the MoE to promote education for CWDs such as the vision and hearing impaired, children affected by autism and Down's syndrome; and (iii) mainstreaming persons with disabilities into secondary schools and colleges. The MoH's efforts included trying to sustain 'polio-free status by vaccinating all children 0-50 months old.

Table C.64: Disabled Children Provided with Orthopaedic Appliances

Year	Sex		Total
	Male	Female	
2008	40	36	76
2009	34	33	67
2010	34	35	69
Total	156	144	300

Source: MoLHW, 2015

713. In addition, the MoLHW provided mobility appliances to enhance the physical movements of children with disabilities so that they can move with ease and do various activities. On average 100 children with disabilities benefitted from the distribution of orthopaedic appliances annually during 2008-2010.

Refugees and internally displaced children

714. While taking the primary responsibility itself, the GoSE fully cooperated with competent humanitarian bodies such as UNDP, UNICEF, WHO, UNFPA, several humanitarian organizations and the affected and host communities to secure the all rounded protection of internally displaced persons. Unaccompanied and orphaned children were accorded

special treatment and care. Tracing of missing children and reunification of unaccompanied children with their parents and relatives were some of the special efforts undertaken, in addition to the provision of basic necessities. The GoSE demonstrated its true commitment and efficient management of the hundreds of thousands of victims of conflict during the recent border war with Ethiopia, including deportees, internally displaced persons, and returnee refugees. Basic social amenities such as shelter, food, water and sanitation, educational and health were provided, and psychosocial services made available. Victims were provided with decent transport support when they returned to their original habitats. Those victims, whose villages are still occupied by Ethiopia, in violation of the final and binding decision of the Eritrea Ethiopia Boundary Commission (EEBC) in April 2002, were settled in nearby areas. These daunting tasks were implemented despite many odds and obstacles.

715. During the reporting period there was no new displacement. Nonetheless, the GoSE continued programmes of rehabilitation of the victims of the recent border conflict. It built new schools and reconstructed damaged ones, provided teachers, staffed health facilities with required personnel, improved water facilities and most of all improved their food security situation. In all these efforts, agencies like UNDP, UNICEF and WHO complemented the government's efforts in their respective mandates.

716. With regard to ensuring the protection of refugees, the GoSE hosts 4,000 Somali and Sudanese refugees. Eritrea fully respects the principles enunciated in the 1951 Geneva Convention, the African Union Charter, and other related international and human rights laws and instruments. The Office for Refugee Affairs (ORA) within the Department of Immigration and Nationality is the Governmental Office responsible for refugee affairs and issuing *prima facie* refugee status. ORA was also responsible for a wide range of camp administration matters, including management, delivery of assistance, health care, water, and sanitation, and camp maintenance. Moreover, the government of Eritrea cooperated with the refugees in finding lasting solution to their case. The UNHCR also cooperated with ORA on the issue of refugees to complement the government's efforts in providing modest funding and in the joint monitoring of the livelihood of the refugees.

717. As indicated in Table C.65 below, there were 4,000 refugees in 2010 of which some 30 per cent were children and around 48 per cent females. The GoSE, in collaboration with the UNHCR, has been meeting their basic needs by providing them **with monthly food**

rations, water, clinics and schools. There is electricity supply in their semi-permanent shelter, and for cooking, they are provided with kerosene so as not to deplete the fragile environment. Monitoring and assessment missions regularly collect and analyse field data to ensure that nutritional requirements are met.

Table C.65: Demographic Data of Refugees in Eritrea by Age Group and Sex

Age group	Male	Female	Total
0-4	539	578	1,117
5-11	447	424	871
12-17	253	212	465
18-59	825	662	1,487
60+	34	26	60
Total	2,098	1,902	4,000

Source: MoLHW, 2010

Children in Armed Conflict

718. Proclamation No. 51/1994 provides that every citizen has the duty to defend the country and to complete one's duty in national services. Those who are duty bound to complete national service are citizens between 18 and 40 years of age and this is strictly adhered to. The Proclamation further stipulates that all men and women who are above 18 years of age are required to do 18 months of national military service. Any person below the age of 18 years is not required or recruited to serve in the army. Therefore, there is no practice of under-age child recruitment in the Eritrean Defence Forces.

719. According to what is stipulated in Proclamation no. 82/1995, full-time students and those who are certified medically unfit are exempted. The protection of minors against military service is a norm and a political culture that the GoSE has nurtured and guaranteed ever since the old days of the liberation struggle. During the years under review, there were and there still are effective legal and practical measures put in place to prevent under age recruitment in the army.

Land Mine Victims

720. Land mines continued to maim and kill children. During the three years 35 children were killed and another 109 children injured by land mines Table C.67. The mine action

measures, taken during the reporting period, included awareness raising in the communities especially amongst children who would easily risk going into the danger areas or venturing to play with deadly substances. The Mine Risk Education (MRE) program involved disseminating mine risk education through the mass-media. It was a coordinated program involving the National Mine Action Agency, the Eritrean Demining Authority and the MoLHW, and was complemented with modest funding from UNICEF and UNDP. At the grass root level, the MoE implemented school based interventions while community-based MRE campaigns were conducted by community volunteers and the staff of the NUEW, NUEYS and the Red Cross Society of Eritrea.

Table C.66: Children Injured or Killed by Landmines and Unexploded Ordinances by Sex and Year

Year	Females		Males		Injured	Killed	Total
	Age in years		Age in year				
	< 18	>18	<18	>18			
2008	6	7	21	30	42	22	64
2009	0	6	9	23	30	8	38
2010	3	7	11	21	37	5	42

Source: Eritrean Demining Authority, 2015

721. The ultimate objective of Mine Risk Education (MRE) was to alleviate the risk taking behaviour by creating awareness and educating people on safety procedures in the mine-affected communities, and taking good care of land mine victims. The goal was to avoid and reduce injury or death caused by mines and explosives.
722. By 2008, the community-based MRE had reached 960,000 people of whom 70 per cent were children. The war traumatised children from former IDPs and re-settled communities were believed to have reduced the state of risk as a result of MRE interventions involving drama and games. Furthermore, the MoE trained more than 2000 teachers in MRE activities; while the MoLHW supported land mine victims' families to help their children attend schooling through the provision of orthopaedic appliances and income-generating assistance.

Street Children

723. The MoLHW, in cooperation with partners (including the MoE, MoH, NUEYS and private establishments) provided preventive and rehabilitation measures to street children to enable them to be self-supporting and productive during the period under review. The

problems of street children were addressed mainly by the Community-based Approach, which had five major components, namely: educational support, public sensitisation, guidance and counselling, vocational training, and income-generation.

724. In 2010, alone, some 5,052 school age children (48 % girls) were given educational support for the purchase of uniforms and school materials (Table C.67). This contributed to a reduction in the drop-out rate, improvement in the academic performance and enhanced self-esteem of the supported students.

Table C.67: Number of Street Children Provided with Educational Materials Support by Sex and Year

Age in years	2008			2009			2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
5-9	540	475	1015	497	487	1284	565	554	1119
10-14	1123	1089	2212	774	756	1530	1214	1107	2321
15-17	563	353	916	757	758	1515	835	777	1612
Total	2226	1917	4143	2028	2001	4329	2614	2438	5052

Source: MoLHW, 2010

725. Sensitisation and awareness creation exercises were carried out for communities on the problems of street children and the harmful consequences of anti-social behaviour, as well as on the prevention thereof and rehabilitation of street children. To this end, sensitisation programs were undertaken using media such as skits, drama and songs as well as seminars and workshops. These exercises were made possible with the participation and committed support of CBRVs, social workers in the MoLHW, community leaders and local administrators.

726. Guidance and counselling services were provided to improve the wellbeing of street children. The services included individual counselling meant to improve the personal and social functioning of the child, and group counselling aimed at discussing, solving and synthesising common problems of street children. This was accomplished by forming peer groups based on age, type of problem, and interests and work habits. Subsequent evaluations suggested that most of the trainees were able to get employed gainfully.

727. The MoLHW's reunification program primarily focused 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.

Reunification was usually carried out after conducting a thorough study by social workers and community leaders.

728. Between 2008 and 2010, about 13, 524 street children, who were unable to go to school for economic reasons, were given reference books, stationery, school uniforms and other educational materials. Additionally, 820 families of street children were supported with income-generating assets to enable their children to pursue their education and discourage them from drifting back to the street.
729. Vocational training was also given to 1,502 street children between the ages of 15 and 17, and the training enabled the children to acquire employable skills. The training areas were in auto mechanics, wood, metal, leather and electrical works. Of the total trainees, 1,198 (80%) were given the opportunity to enhance their skills through on-the-job training with public and private employers. The program had a significant impact on street children because it created job opportunities for them and better living conditions for their families. Between 2008 and 2010, the NUEYS in close coordination with the MoLHW, gave vocational training to about 2376 street children.

Economic Exploitation, including Child Labour

Child Labour

730. The information obtained from the public prosecutors' office indicates that there were no reported cases of violation in Eritrean courts of Labour Law concerning child labour. This shows that the efforts of the Government to control child labour practices were and still are effective.
731. Generally speaking, all forms of child labour are prevented legally and administratively. If crimes relating to child labour are committed in violation of the Penal Code, the Police and Prosecutors will get actively involved and bring the cases to court. At the same time, according to Article 143(1) of the labour proclamation, the labour inspection service has power to supervise workplaces, oversee the execution of the labour proclamation, take corrective measures and bring the offender to justice.
732. The MoLHW works hard to address the problem of Commercially Sexually Exploited Children (CSEC) by rehabilitating them in home-based care and conducting wide

prevention activities including creating fora for peer group discussions. In addition, the Ministry provided support to households that hosted CSEC and to those at risk with counselling services and alternative long term income-generating economic assets.

733. Eritrea acceded to ILO Convention on the Minimum Age for Work in 1999. Since then, the Government had always endeavoured to make the national laws conform to the principles set in the Charter and CRC. In this regard, the GoSE was considering the ratification of The Convention Against the Worst Forms of Child Labour. In an effort to develop and implement a comprehensive assessment and a plan of action to prevent harmful child labour practices, the MoLHW in collaboration with the MoJ drew a thin line between child socialisation and child labour exploitation – child socialisation entailing allowing children as young as 13 or 14 to be engaged in some kind of work, like farm work and herding livestock, to supplement household earnings.

734. The MoLHW finalised the draft amendment on the Labour Proclamation that also includes hazardous jobs, after consulting with the representatives of the workers' and employers' associations. Moreover, the Labour Law provides that a disabled person may not be discriminated against as regards opportunity for or treatment in employment or wages solely due to his/her disability. All these provisions indicate that the GoSE is committed to eradicating all kinds of discrimination towards, in particular, vulnerable groups, such as children and women. Moreover, pursuant to Article 38 of the Labour Proclamation, the MoLHW has the authority to issue supervision regulations for the working conditions of apprentices.

735. The MoLHW followed closely statistical data on the employment of children and young persons, extracts from the reports of inspection services and information on the number and nature of violations involving children and young persons. Generally speaking, child labour in Eritrea is controlled both legally and administratively through judicial and labour inspection. Whenever crimes related to child labour were committed in violation of the Penal Code, the Police and Prosecutors would bring the case to court. Moreover, according to Article 143(1) of the Labour Proclamation, the labour inspection service is empowered to supervise the workplaces, oversee the execution of the Labour Proclamation, take corrective measures and bring offenders to justice.

736. The information obtained from the public prosecutors' office confirmed that neither cases of child labour practices in any of its forms nor violation of it were filed in Eritrean

courts. This shows that the efforts of the Government to prevent child labour were and still are effective.

Sexual Exploitation and Sexual Abuse

737. Article 589 (2a) of the TPCE criminalises a person who compels a child under 15 years of age to submit to sexual intercourse to be punishable by rigorous imprisonment up to 15 years. In addition, any other sort of sexual outrage or indecent act on a child under 15 years of age or between 15-18 years of age is penalised under Articles 594 and 595.
738. The MoLHW finalised the study on CSEC and it was expected that the findings would enrich the information required for the planning and management of future interventions in child protection. The child protection programme addressed a number of issues linked with various vulnerable groups of children.
739. During the three years under review, the large majority of sexually abused children were female juveniles in the age bracket 16-18. To ameliorate the situation, the MoLHW supported households that hosted 316 adult commercial sex workers and CSECs at risk. Counselling services and alternative long term income-generating economic assets were also provided. This brought about attitudinal changes among the target group and it became common for them to make regular medical check-ups and to use condoms.
740. During the period under review, the MoLHW prepared a multi-disciplinary training manual for social workers, policemen and policewomen, judges, prosecutors, community leaders and administrators that are involved in the care and protection of commercially exploited children.

Juvenile Justice

741. Juvenile justice concerns child offences and all aspects of children's involvement with the enforcers and administrators of the law and emphasises that children were and still are given special consideration outside adult criminal justice system because of a child's age and level of understanding and maturity.
742. The GoSE took modest steps to improve the protection of Children in Conflict with the Law (CCWL). It established a probation service, which attempts to provide counselling

for children in conflict with the law in their communities in order to help them integrate into their neighbourhoods and schools. It also set closed chambers where cases of children in conflict with the law are heard in a closed sessions. The Government also organised after-care services to CCWL who complete probation and correctional periods. Advocacy is considered as one mechanism for improving the existing custody and detention centres where children are kept while awaiting trial, or in cases where parents/guardians cannot be located. In this regard, the government, for example, financed the renovation of the existing pre-trial detention centre in the Maekel Region.

743. Under Article 174 of the TCPC, the court must appoint an advocate to assist the young person in cases where no parent, guardian or other person in loco parentis appears to represent the young person, or when the young person is charged with an offence punishable with rigorous imprisonment exceeding ten years. The GoSE pays fees to such advocates for rendering legal assistance to children throughout the proceedings. Furthermore, Article 162 of the TCPC prescribes that the courts can order measures like admission to a curative, correction or rehabilitation institution, supervised education, reprimand and school or home arrest, for a young person found guilty of a crime. Only after the above-mentioned measures have been applied and failed would courts order fine, penitentiary detention or imprisonment of young offenders. This indicates that the Eritrean legal system employs detention and institutionalisation of child offenders as a last resort.

744. As shown in Table C.68, of the total number of crimes allegedly committed by the youth during the reporting period, about 88 per cent were committed by male offenders. Moreover, all types of crimes and offences increased from 6,105 in 2008 to 7,299 in 2009 and 8,035 in 2010. Petty offences and crimes against property represented the highest percentage of misdemeanours.

Table C.68: Alleged Juvenile Crimes Reported to the Police by Type of Offence and Sex

Type of offences	2008		2009		2010	
	Male	Female	Male	Female	Male	Female
Corruption/Counterfeiting	35	3	17	5	8	3
Attempted Homicide	253	30	192	25	267	28
Sexual Offence	206	10	193	8	143	22
Crime against Property	1284	188	1875	286	1809	324
Illicit Purchase and Selling of Goods, Drugs, and Arms	241	53	324	65	383	134
Petty Offences	3443	359	3840	469	4378	532
Total	5462	643	6441	858	6992	1043

Source: Eritrean Police, 2010

Table C.69: Crimes Committed Against Children Presented to the Courts

Year	Types of crime							Total
	Killing of children	Attempted killing of children	Abandonment of children	Abduction	Rape	Abortion	Deflowering	
2008	4	0	5	46	126	28	96	305
2009	2	0	1	51	132	26	93	305
2010	0	0	5	49	60	52	54	220

Source: Ministry of Justice, 2015

Table C.70: Civil Cases Presented to the Courts

Year	Types of civil cases					Total
	Custody	Adoption	Child maintenance	Handing over of child	Paternity	
2008	1734	23	158	28	221	2164
2009	2014	43	92	55	175	2379
2010	1978	40	94	31	178	2321

Source: Ministry of Justice, 2015

745. During the reporting period, there were approximately 200 children in various places of detention in the country pending court trial, and others were serving sentences. Due to limited resources, the Asmara pre-trial detention centre could not be expanded to the other five regions. Likewise, there were no rehabilitation centres for children in CWL.

This condition forced the authorities to detain adolescent offenders in facilities of the same prison compound with adults but in different cells.

746. So far the number of international conventions, including those directly or indirectly related to human rights, ratified by the GoSE has reached 104. Three of these, namely, the International Convention Against Doping in Sport, the Convention for Safeguarding Intangible Cultural Heritage, and the Statute of the International Renewable Energy Agency were ratified during the reporting period.

Children Belonging to a Minority or Indigenous Group

747. The Eritrean constitution and laws safeguard 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 sizes.

748. The provision of education in the mother tongue at the elementary level, the national radio broadcasts in most of the nine ethnic groups' languages and the diverse cultural shows represented during festivals attest to the equal opportunities accorded to minority groups with the majority groups.

FOURTH PERIODIC REPORT

(2011-2013)

I. GENERAL MEASURES OF IMPLEMENTATION

749. The unjust and illegal UN Security Council sanction imposed on Eritrea in 2009 was not lifted during this reporting period. The sanction weighed heavily on the social and economic development programmes which the country planned to undertake. The global economic and financial crisis which started in 2008 also continued to affect the economic performance of the country, which is heavily dependent on imported goods, including fuel, medicine, construction and agricultural machinery, electronic technology, means of transportation, etc.

750. The GoSE refers to the previous reports presented concerning the legal and policy measures taken to implement the provisions of the Charter for the promotion of the rights and welfare of the child. During the period under review, there were no new laws and other legal instruments taken towards the advancement of the rights and welfare of the child.

751. Eritrea signed or acceded to the following international conventions:

- i. African Union Convention Governing the Specific Aspects of Refugee Problems in Africa (25 April 2012)
- ii. Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (25 April 2012)
- iii. African Convention on Preventing and Combating Corruption (25 April 2012)
- iv. African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention) (25 April 2012)

752. Whenever relevant, this Fourth Periodic Report will reflect on policies and programmes initiated in the various segments of the report. Wherever appropriate, the report will also respond to any unattended comments and queries made by the Committee.

753. In a concerted manner the various Eritrean stakeholders of the Charter conducted relentless sensitization campaigns and awareness creating training and education to discourage the negative attitudes and harmful traditional practices against the rights and welfare of the child.

754. As explained elsewhere in the preceding Periodic Report, the MoLHW continued to spearhead the coordination of the implementation of the provisions of the Charter and CRC based on the mandate vested upon it by the Government. The coordination and monitoring structures that were created at policy, technical and local levels remained in force during the period being reported.

II. Definition of the child

755. The GoSE refers to the definition of the child as presented in the First Periodic Report component of this consolidated and comprehensive report on the implementation of the provisions of the ACRWC. There was no alteration of the definition of the child.

III. GENERAL PRINCIPLES

756. The GoSE also refers to the presentation on the legal and policy measures put in place concerning non-discrimination, best interest of the child, the right to life, survival and development, respect for the views of the child, provision of information to children and promotion of their participation. The provision of health services and education were the two main areas of priority towards the attainment of the best interest of the child.

IV. Civil rights and freedoms

757. Here again the GoSE refers to the presentations in the First and Third Periodic Reports concerning civil rights and freedoms including name, nationality, identity and registration at birth; freedom of expression, freedom of thought, conscience and religion, freedom of association and peaceful assembly, protection of privacy and protection against child abuse and torture.

758. Registration at birth, which was limited to municipal services and religious institutions gradually became widely practised in local administrations. The registration and issuance of birth certificates has recently gained momentum and become a common phenomenon.

V. Family Environment and Alternative Care

759. During the Fourth Reporting Period (2011-2013) the MoLHW assisted the reunification of 4,201 female and male orphans with their families. It is noted that the Government consistently upholds that family reunification is the best option for the care and development of orphans.

Table D.1: Orphans Re-Unified with Families by Sex and Year

Age in years	2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	31	26	57	187	173	360	182	182	364
5-9	89	79	168	260	254	514	310	306	616
10-14	133	111	244	277	136	413	370	324	694
15-18	78	58	136	127	124	251	209	175	384
Total	331	274	605	851	687	1538	1071	987	2058

Source: MoLHW, 2015

760. In the course of the period the MoLHW assisted the processing of the adoption of 30 orphans (female and male) domestically. The Government is in favour of domestic adoption in contrast to international adoption, because it believes that the best interest of the child, socially and culturally, is maintained within the society of origin.

Table D.2: Adopted Children by Sex and Age

Age in years	2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
< 1year	-	-	-	-	4	4	2	1	3
1-4	2	4	6	2	3	5	1	4	5
5-9	-	-	-	1	3	4	1	1	2
10-14	-	-	-	-	1	1	-	-	-
TOTAL	2	4	6	3	11	14	4	6	10

Source: MoLHW, 2015

761. Group homes are community based rehabilitation forms for tackling the problems of orphans. Although not ideal, group homes were established in the different administrative regions and orphans originally from them were placed there making them stay and become integrated within the communities of their origin. A total of 604 orphans were placed in different group homes during 2011-2013.

Table D.3: Orphans Placed in Group Homes by Sex and Year

Age in years	2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	1	-	1	6	3	9	6	3	9
5-9	17	13	30	52	51	103	52	51	103
10-14	16	13	29	53	48	101	53	48	101
15-18	13	11	24	21	26	47	21	26	47
Total	47	37	84	132	128	260	132	128	260

Source: MoLHW, 2015

762. Orphans cared for in orphanages grew in number compared to previous experiences. The orphans were a result of various causes including HIV/AIDS, abandonment, etc.

Table D.4: Orphan Children Cared for in Orphanage Centres by Sex and Year

Age in years	2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	13	6	19	13	10	23	22	17	39
5-9	30	33	63	54	60	114	56	53	109
10-14	77	69	146	44	52	96	37	49	86
15-17	27	39	66	67	49	116	47	60	107
Total	147	147	294	178	171	349	162	179	341

Source: MoLHW 2015

763. Orphans due to HIV/AIDS constituted the majority of the orphan caseload during the period. But fortunately these orphans were cared for and assisted within family environment.

Table D.5: HIV/AIDS Infected and Affected Orphans Assisted while Living with Families

Age in years	2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	106	131	237	25	29	54	104	102	206
5-9	290	348	638	99	94	193	250	249	499
10-14	508	384	892	130	104	234	309	264	573
15-17	359	275	634	60	43	103	140	112	252
TOTAL	1263	1138	2401	314	270	584	803	727	1530

Source: MoLHW, 2015

764. The monthly cash assistance provided to children orphaned due to HIV/AIDS increased annually. Male children accounted for the majority of the HIV/AIDS orphaned children.

Table D.6: Orphans Infected and Affected by HIV/AIDS Supported with Monthly Cash Assistance

Age in years	2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4				187	173	360	182	182	364
5-9				260	254	514	310	306	616
10-14				277	136	413	370	324	694
15-18				127	124	251	209	175	384
Total	585	549	1134	851	687	1538	1071	987	2058

Source: MoLHW, 2015

765. Since 2012 the Government has been providing monthly cash allowance to children infected or affected with HIV/AIDS. Previously, the assistance provided to them was in kind, mainly in terms of income generating materials of their choice.

Table D.7: Children-Headed Households (due to HIV/AIDS) who Received Assistance by Age, Sex and Year

Age in years	2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
10-14	89	80	169	14	20	34	12	16	28
15-17	43	48	91	20	29	49	16	23	39
Total	132	128	260	34	49	83	28	39	67

Source: MoLHW, 2015

766. The number of children headed households (due to HIV/AIDS) progressively declined from 260 in 2011 to 67 in 2013. Although the figures do not indicate why, the trend is positive and probably linked with the drastic drop in the HIV/AIDS prevalence rate the country has achieved.

767. A **Comprehensive National Policy Document on Persons with Disabilities** was drafted during this period. This draft document charts the approaches, strategic options and course of action to be taken regarding persons with disabilities in the context of the overall socio-economic development orientation of the country, and in alignment with the main tenets of the pertinent international principles and norms. The draft policy document was prepared in 2012 with the active participation of various governmental institutions and the associations of persons with disabilities at national and local levels.

768. This draft policy document is expected to contribute towards the realization of the rights and equal opportunities of Persons with Disabilities (PWDs) in Eritrea; and to serve as a guide for the general course to be followed in the protection of the rights of the disabled. It underlines the respective roles and responsibilities to be assumed by the Government and the various social partners including the organizations of the disabled and the community. The cardinal aim of the policy document is to facilitate the ascertainment of equal rights and equal access to opportunities for persons with disabilities.

769. Another **Comprehensive Policy Paper on Children in Eritrea** (Child Policy) was also produced under the leadership of the MoLHW, with the active participation of numerous government institutions, civil society organizations, families, communities and national experts in child related matters. This policy document charts out the approaches, strategic options and courses of action to be taken, guides the actions for addressing the broad aspects of child care and protection, including the needs of vulnerable children and indicates tangible ways to harmonize the interventions of the various stakeholders concerned with or involved in the areas of child welfare and development. This Policy document is expected to create greater synergy among the specific child-related sectoral interventions by serving as a reference for the coordination of actions directed at children.

Table D.8: Number of Disadvantaged and Street Children Supported with Educational Materials Support by Age, Sex and Year

Age in years	2011			2012			2013		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
5-9	540	475	1015	497	487	1284	565	554	1119
10-14	1123	1089	2212	774	756	1530	1214	1107	2321
15-17	563	353	916	757	758	1515	835	777	1612
Total	2226	1917	4143	2028	2001	4329	2614	2438	5052

Source: MoLHW, 2015

770. The number of disadvantaged and street children who were assisted kept growing during the three years period (2011-2013). The main causes of street children are urbanization, poverty and family problems. The hard economic conditions and high cost of living might have aggravated the prevalence of street children.

VI. Health and Welfare

771. The GoSE continued to heavily invest in the provision of health services in terms of expanding the health infrastructure, educating/training professionals, provision of equipment and supplies, diversification of specialized services and improving the quality of services. Mother and child health and the prevention of communicable diseases were the focus areas of the public health programme.

772. The maternity services, both antenatal and postnatal services, saw a rapid expansion combining both facility visits and home visits. The number of children born in health facilities or assisted by professionals steadily grew from 36,901 cases in 2011 to 40,583 cases in 2013. From as low as 29% in the past reporting period the health facility or professional assisted deliveries rose to 35.6% (see table below).

Table D.9: Child Deliveries in Health Facilities or Assisted by Professionals

Year	Number of Children born in health facilities or assisted by health professionals	Number of Children born unassisted by health professionals	Total Births	% of Children born in health Facilities or assisted by health professionals
2011	36901	70889	107790	34.2
2012	38274	72534	110808	34.5
2013	40583	73328	113911	35.6

Source: Ministry of Health, 2015

Table D.10: Health Facilities with Paediatric and Mother and Child Health and Doctors

Year	Number of health facilities with paediatric services	Number of mother and child services giving health facilities	Number of paediatric doctors
2011	277	7	13
2012	283	7	13
2013	282	7	11

Source: Ministry of Health, 2015

773. The paediatric service giving health facilities showed a gradual growth. The mother and child health service giving facilities remained constant at 7, due to the limited availability of gynaecologists, obstetricians and paediatricians.

774. On average, half a million cases of under 5 year old children annually received services in the outpatient and inpatient sections during the reporting period (2011-2013)

Table D.11: Number of Children less than 5 Years Old Provided with Health Services/Treatment Each Year in all Kinds of Health facilities, in OPD and IPD

Year	Health Station		Hospitals & Health Centres			Total
			OPD		IPD	
	1 st visit	Repeaters	1 st visit	Repeaters	No. Cases	
2011	214763	8803	220595	14703	39979	498843
2012	233534	7867	240265	15399	34794	531859
2013	209841	7497	215939	14032	41112	488421

Source: MoH, 2015

Table D.12: Top Ten Illnesses in under 5 Year Olds and Ranking of Causes of Deaths in Health Facilities

YEAR	Subject	No of Cases	Rank	Subject	No of Deaths	Rank
2011	Diarrhoea, all forms	66505	1	Pneumonia, all types	139	1
2011	ARI (without pneumonia)	62127	2	Malnutrition, all types	132	2
2011	Pneumonia, all types	60524	3	Septicaemia	79	3
2011	Skin infection & scabies	12717	4	Diarrhea all forms	63	4
2011	Malnutrition, all types	9437	5	Low birth weight	49	5
2011	Ear infection	8957	6	Neonatal sepsis	38	6
2011	Injury all types	8008	7	Intrauterine hypoxia/birth asphyxia	37	7
2011	Infection of the eye including trachoma	7733	8	Other perinatal and neonatal problem	35	8
2011	Fever of unknown origin	4692	9	Heart diseases	27	9
2011	Soft tissue injury	3707	10	Congenital malformations	26	10
YEAR	Subject	no of cases	rank	Subject	No of Deaths	Rank
2012	Diarrhoea all forms	76718	1	Malnutrition, all types	223	1
2012	Pneumonia all types	67936	2	Pneumonia all types	192	2
2012	ARI (without pneumonia)	67840	3	Septicaemia	137	3
2012	Skin infection & scabies	12240	4	Diarrhoea all forms	121	4
2012	Malnutrition, all types	10806	5	Low birth weight	82	5
2012	Ear infection	9058	6	Neonatal sepsis	54	6
2012	Infection of eye including trachoma	8465	7	Anaemia, all types	26	7

2012	Injury all types	8409	8	Other perinatal and neonatal problem	26	8
2012	Fever of unknown origin	4758	9	Intrauterine hypoxia/birthAsphyxia	25	9
2012	Soft tissue injury	4174	10	Congenital malformations	18	10
YEAR	Subject	no of cases	rank	subject	No of Deaths	Rank
2013	Diarrhoea all forms	67524	1	Malnutrition, all types	170	1
2013	ARI (without pneumonia)	65707	2	Pneumonia all types	149	2
2013	Pneumonia all types	56798	3	Low birth weight	100	3
2013	Skin infection & scabies	13016	4	Diarrhoea all forms	78	4
2013	Malnutrition, all types	9593	5	Neonatal sepsis	64	5
2013	Injury all types	8349	6	Septicaemia	57	6
2013	Ear infection	8112	7	Other perinatal and neonatal problem	47	7
2013	Infection of eye including trachoma	7542	8	Intrauterine hypoxia/birth asphyxia	27	8
2013	Soft tissue injury	4222	9	Congenital malformations	27	9
2013	Other urinary tract infection	3152	10	Anaemia, all types	18	10

Source: Ministry of Health, 2015

775. Malnutrition, pneumonia, diarrhoea and septicaemia were the main causes of death during the period. The majority of the cases treated in the Out Patients Department (OPD) and In Patients Department (IPD) were respiratory infections.

Table D.13: Summary of Cases in OPD and IPD Health Services and Deaths among Under 5 Year Olds

	Total number of Cases		Total number of Deaths	
Year	AGEGROUP	No of Cases	AGEGROUP	No of Deaths
2011	LessThan5	285068	LessThan5	731
2012	LessThan5	300628	LessThan5	1013
2013	LessThan5	285856	LessThan5	859

Source: Ministry of Health, 2015

776. The number of under 5 year olds who sought services in health facilities were close to 300,000 and the average annual deaths among the same age group in the health facilities was 867.

Table D.14: Under 5 year olds infected with HIV and Number of Deaths in Health Facilities

YEAR	Number of Cases	Number of Deaths
2011	54	9
2012	42	5
2013	12	3

Source: MoH, 2015

777. The number of HIV infected cases among the under 5 year olds served in health facilities steadily dropped from 54 in 2011 to 12 in the year 2013. Likewise the number of deaths among the same age group in health facilities fell from 9 in 2011 to 3 in 2013. Thus the infection and consequent deaths among the under 5 years gradually came close to being controlled. In general, as one can see in the document, the health care of infants, children and mothers is progressing at a remarkable pace.

VII. Education and Leisure and Cultural Activities

778. The GoSE continued its concerted efforts for the development of its human resources in a bid to bring about all rounded development of the country. Reference is made to the preceding Periodic Reports concerning the constitutional legislative and policy matters enforced in the education sector.

Pre-primary level

Table D.15: Pre-primary Level: Gross and Net Enrolment Ratios, Sex and year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2010/11	23,648	22,456	46,104	33.8	35.2	34.5	22.0	22.9	22.4
2011/12	23,378	22,595	45,973	30.8	32.3	31.5	19.5	20.2	19.9
2012/13	23,797	22,691	46,488	24.6	24.9	24.8	20.6	20.8	20.7

Source: MoE: Basic Education Statistics 2010/11-2012/13

779. The government made efforts to expand access to pre-primary education by giving much attention to rural and remote areas. This can be seen from Table D.16. As the table

indicates, there was a general increase in enrolment at the pre-primary school in urban areas while there was a slight decline in enrolment of males and females in rural areas during the entire period. In Table D.16 Non-government schools include: private, mission/church, community and Awkaf schools.

Table D.16: Pre-Primary Enrolment: School Ownership, Location and Sex by Year

Years	Total				Government				Non- Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
2010/11	12848	12114	10800	10342	3520	3316	7883	7540	9328	8798	2917	2802
2011/12	13414	12871	9964	9724	3512	3343	7356	7159	9902	9528	2608	2565
2012/13	14116	13297	9681	9394	3574	3243	6605	6391	10542	10054	3076	3003

Source: MoE: Basic Education Statistics 2000/01- 2012/13

780. Investment in training teachers improves the quality of schooling by increasing the level of pupil achievement. Recognizing this fact, the GoSE continuously trained and recruited many teachers every year. The MoE provided pre-service in-service training in order to meet the increasing teacher requirements of the nation and upgrade the qualification of the existing teachers.

781. Table D.17 reveals that the total number of teachers was increasing from time to time both in government and non-government schools. The total number of pre-primary school teachers was 1115 and in 2012/13 it rose to 1374.

Table D.17: Pre-primary Teachers: Ownership, Location by Sex and Year

year	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2010/11	685	695	510	520	167	171	374	382	518	524	136	138
2011/12	779	791	494	505	178	184	368	376	601	607	126	129
2012/13	834	853	509	521	196	203	346	353	638	650	163	168

Source: MoE: Basic Education Statistics 2000/01- 2012/13

782. Table D.18 generally indicates that the pupil teacher ratio was declining from time to time and reached 30 students per teacher during 2012/13 academic year. However the GoSE recognizes that there is much work to be done at this level.

Table D.18: Pre-primary Schools: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2010/11	46,104	1,215	38
2011/12	45,973	1,296	35
2012/13	46,488	1,374	30

Source: MoE: Basic Education Statistics 2010/01- 2012/13

783. The number of pre-primary schools showed a remarkable increase during 2012/13 as compared to the year 2010/11. As can be seen from Table D.19, during the period being discussed, the number of pre-primary schools in rural areas increased more than that of urban areas. In 2000/01 the numbers of pre-primary schools in rural and remote areas was only 22 and in 2012/13 the number of schools increased remarkably and reached to 308. This is because the government has invested more in rural and remote areas than in urban areas during the past thirteen years. As the table indicates, the fluctuating number of schools in the following table could be due to reporting errors. It needs further investigation.

Table D.19: Pre-primary Schools: Ownership and Location by Year

Years	Total		Government		Mission/Church		Private		Community		Awkaf	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
2010/11	175	317	72	262	31	24	24	24	33	20	0	0
2011/12	176	312	66	258	34	23	23	27	24	14	1	0
2012/13	167	308	61	244	33	27	40	17	30	20	3	0

Source: MoE: Basic Education Statistics 2010/11 to 2012/13

Elementary Education

784. In the Eritrean education system, the elementary level comprises grades 1-5 for children 6 to 10 years of age. The mother tongue is the medium of instruction. As indicated in the

educational policy, the main purpose of elementary education is to give children a firm grounding in basic learning skills. The general objective of elementary education is to have all children complete the cycle, while at least accomplishing the minimum learning achievements level as defined by the national curriculum.

785. As can be seen from Table D.20, in the period indicated, elementary education showed an increase in enrolment of 12% from 2010/11 to 2012/13. Female enrolment showed an increase of 12.8% during the same period.

Table D.20: Elementary Schools: Enrolment, GER, NER by Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2010/11	172,153	139,584	311,737	92.0	81.3	86.9	66.3	69.0	63.3
2011/12	184,404	149,841	334,245	104.2	93.0	99.0	79.7	73.4	76.8
2012/13	192,118	157,534	349,652	107.8	96.7	102.5	83.4	78.7	81.1

Source: MoE: Basic Education Statistics 2010/11-2012/13

786. The information in Tables D.21 shows that the majority of elementary school pupils were found in rural areas and other underserved regions. This attests to the increased attention given to remote and underserved communities in rural areas.

Table D.21: Elementary Schools: Enrolment: Ownership, Location and Sex by Year

Year	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2010/11	56926	121237	82658	190500	48818	104372	79799	184464	8108	16865	2859	6036
2011/12	60783	129428	89058	204817	50799	108681	86250	198789	9984	20747	2808	6028
2012/13	60873	128982	96661	220670	48416	102879	93219	213325	12457	26103	3442	7345

Source: MoE: Basic Education Statistics 2000/01-2012/13

787. As shown in Table D.22 the number of elementary school teachers increased from 7704 in 2010/11 to 8680 in 2012/13. Similarly, the number of female teachers in rural areas showed a notable increase.

Table D.22: Elementary School Teachers: Ownership, Location and Sex by Year

Year	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2010/11	1839	3125	1285	4579	1583	2669	1192	4358	256	456	93	221
2011/12	1860	3285	1458	4881	1620	2772	1359	4649	240	513	99	232
2012/13	1820	3272	1432	5408	1528	2640	1328	5146	292	632	104	262

Source: MoE: Basic Education Statistics 2010/11-2012/13

788. Table D.23 reveals that the pupil teacher ratio at the elementary level stayed at around 40 during the three years.

Table D.23: Elementary Schools: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2010/11	311,737	7,704	40
2011/12	334,245	8,166	41
2012/13	349,652	8,680	40

Source: MoE: Basic Education Statistics 2010/11-2012/13

789. Table D.24 shows that the total number of schools at the elementary level increased to 908 in 2012/13 from 836 in 2010/11 This made 8.6 % rise. The table also reveals that there were more schools in rural than in urban areas during the period being reviewed.

Table D.24: Elementary Schools: Ownership and Location

Year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	Total	Urban	Rural	total
2010/11	173	663	836	140	621	761	33	42	75
2011/12	185	690	875	151	650	801	34	40	74
2012/13	177	731	908	136	688	824	41	43	84
Total	535	2084	2619	427	1959	2386	108	125	233

Source: MoE: Basic Education Statistics 2010/11-2012/13

Middle School education

790. Middle School is the second part of the basic education cycle in the Eritrean system of education. Basic education is the minimum level of education which every individual must attain in order to function as a productive citizen in the country. Middle school

education consists of 3 years of schooling from grade 6 up to grade 8 for children 11 to 13 years of age. The medium of instruction at this level is English.

791. Table D.25 on enrolment, GER and NER at the middle school level reveals that enrolment showed an increase of 0.6%. Female enrolment stayed almost constant. The NER for females in 2012/2013 (29.1%) reached close to the level of males which was 29.3%.

Table D.25: Middle School Enrolment, GER, NER by Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2010/11	85,939	68,588	154,527	66.7	56.2	61.6	39.3	35.8	37.6
2011/12	93,116	74,812	167,928	72.3	62.1	67.3	39.7	36.8	38.3
2012/13	86,586	68,940	155,526	74.4	64.3	69.5	29.6	29.1	29.3

Source: MoE: Basic Education Statistics 2010/11-2012/13

792. The government made efforts to expand access at the middle school level by giving more attention to rural and remote areas. As table D.26 shows, there were ups and downs in enrolment at the middle school level both in urban and rural areas.

Table D.26: Middle School: Enrolment: Ownership, Location by Sex and Year

Year	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2010/11	38422	80788	30166	73739	34798	73515	29563	72340	3624	7273	603	1399
2011/12	42090	89384	32722	78544	37222	79675	31972	76931	4868	9709	750	1613
2012/13	37481	79204	31459	76322	32603	69449	30768	74794	4878	9755	691	1528

Source: MoE: Basic Education Statistics 2000/01-2012/13

793. Table D.27 shows that while the overall number of teachers at the middle school level did not change much, the number of female teachers made significant progress. The increasing number of female teachers could provide more role models to female students who traditionally dropped out in big numbers mainly due to early marriages.

Table D.27: Middle Schools Teachers: Ownership, Location by Sex and Year

Years	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2010/11	368	1921	164	1786	338	1733	161	1740	30	188	3	46
2011/12	428	2032	204	1835	393	1810	201	1791	35	222	3	44
2012/13	438	1995	234	1910	408	1752	231	1869	30	243	3	41

Source: MoE: Basic Education Statistics 2000/01-2012/13

794. One observes from Table D.28 that the total number of middle schools both in urban and rural areas made progressive increment both in rural and urban areas during the reporting period.

Table D.28: Middle School: Ownership and Location by Year

year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	total	Urban	Rural	Total
2010/11	86	215	301	66	208	274	20	7	27
2011/12	94	221	315	73	214	287	21	7	28
2012/13	96	244	340	74	237	311	22	7	29

Source: MoE: Basic Education Statistics 2010/11-2012/13

795. As can be seen from Table D.29 the pupil teacher ratio in 2013 was 40 compared to 42 and 43 in 2010/11 and 2011/12 academic years.

Table D.29: Middle School Pupil to Teacher Ratio

Year	Enrolment	Teachers	Pupil/teacher ratio
2010/11	154,527	3,707	42
2011/12	167,928	3,867	43
2012/13	155,526	3,905	40

Source: MoE: Basic Education Statistics 2010/11-2012/13

Secondary Education

796. The provision of increased equitable and good quality secondary education plays a central role in the creation of education and employment opportunities for Eritrean youth. The GoSE believes that the development of a modern economy in Eritrea depends to a large extent on the supply of well-educated and trained secondary school graduates. This is clearly stated in its educational policy.

797. Secondary education prepares learners for further education and/or for the world of work. Moreover, related practical studies, with relevance to the individual learner's interests and national development needs, form an integral part of the secondary education curriculum.

798. As indicated in Table D.30, enrolment at the secondary level showed an encouraging result. It showed a stable rise in enrolment. However, fluctuating rates of GER and NER are observed. Note is also made that the year 2011/12 showed decreased enrolments across all levels of education. It needs some investigation.

Table D.30: Secondary Schools: Enrolment, GER, NER by Sex and Year

Years	Enrolment			GER			NER		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2010/11	57,309	42,684	99,993	39.5	29.5	34.5	27.9	22.4	25.2
2011/12	54,936	40,216	95,152	36.3	27.0	31.7	24.4	19.8	22.1
2012/13	62,881	47,488	110,369	37.9	30.0	34.1	24.4	21.0	22.7

Source: MoE: Basic Education Statistics 2010/11-2012/13

799. The government made efforts to make secondary schools accessible to children who reside in rural and remote areas and especially to female students. As table D.31 indicates, there is a general increase in enrolment in urban secondary schools. But there was a suppressed enrolment in the year 2011/12 compared to the years preceding and following it.

Table D.31: Secondary Schools: Enrolment: Ownership, Location by Sex and Year

Year	Total				Government				Non- Government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2010/11	27731	62618	14953	37375	26298	59671	14953	37375	1433	2947	0	0
2011/12	25935	59669	14281	35483	24589	56849	14281	35483	1346	2820	0	0
2012/13	28152	64590	19336	45779	26601	61410	19336	45779	1551	3180	0	0

Source: MoE: Basic Education Statistics 2010/11-2012/13

800. Table D.32 shows that the total number of secondary school teachers increased during the first two years and then declined. Female teachers constituted only 19% of the teachers in urban secondary schools and 16% of the teachers in rural schools in 2012/13.

Table D.32: Secondary School Teachers: Ownership, Location by Sex and Year

Year	Total				Government				Non-government			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total
2010/11	293	1613	84	947	274	1480	84	947	19	133	0	0
2011/12	340	1740	117	1114	324	1626	117	1114	16	114	0	0
2012/13	334	1720	223	1356	320	1618	223	1356	14	102	0	0

Source: MoE: Basic Education Statistics 2000/01-2012/13

801. Table D.33 reveals that the pupil to teacher ratio at the secondary level dropped from 39 to 33 in one year and then rose to 36 the next year. All along there must be a documentation error that took place in 2011/12, because that year became a turning point in the general trend of all educational indicators.

Table D.33: Secondary School: Enrolment, Teachers and Pupil/Teacher Ratio by Year

Year	Enrolment	Teachers	Pupil/teacher ratio
2010/11	99,993	2,561	39
2011/12	95,152	2,845	33
2012/13	110,369	3,076	36

Source: MoE: Basic Education Statistics 2000/01-2012/13

802. Table D.34 indicates that the number of secondary schools in rural areas increased by 23% during the period being reviewed. The majority of secondary schools were disproportionately located in urban areas, suggesting that there is a need to give greater attention to rural areas in terms of the provision of secondary schools.

Table D.34: Secondary Schools: Ownership and Location by Year

year	Total			Government			Non-Government		
	Urban	Rural	total	Urban	Rural	total	Urban	Rural	total
2010/11	51	38	89	40	38	78	11	0	11
2011/12	54	38	92	44	38	82	10	0	10
2012/13	53	47	100	44	47	91	9	0	9

Source: MoE: Basic Education Statistics 2000/01-2012/13

Flow Rates (promotion, repetition and drop-out rates)

803. In addition to improving enrolment rates, MoE has been making efforts to improve the quality of education and thus enhance progression rates at all levels. As indicated in Table D.35-D.37 there were mixed outcomes in terms of the dropout, promotion and repetition rates during the three years period. .

Table D.35: Elementary School Flow Rate by Sex and Year

Year	Drop-Out			Promoted			Repeaters		
	M	F	T	M	F	T	M	F	T
2010/11	5.4	4.3	4.9	82.5	85.5	83.8	12.1	10.3	11.3
2011/12	5.5	4.3	5	81.1	84.2	82.5	13.4	11.5	12.6
2012/13	5.4	4.1	4.8	80.7	84.4	82.4	13.8	11.5	12.8

Source: MoE: Basic Education Statistics 2000/01-2012/13

Table D.36: Middle School Flow Rate by Sex and Year

year	Drop-Out			Promoted			Repeaters		
	M	F	T	M	F	T	M	F	T
2010/11	6.3	4.4	5.5	81.1	86.9	83.7	12.6	8.8	10.9
2011/12	7.2	4.9	6.2	76.9	84.3	80.2	15.9	10.8	13.6
2012/13	7.2	4.5	6	75.9	85	80	16.9	10.4	14

Source: MoE: Basic Education Statistics 2000/01-2012/13

Table D.37: Secondary School Flow Rate by Year

Years	Drop-out			Promoted			Repeated		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2010/11	8.1	7.5	7.8	79.5	84.3	81.5	12.4	8.2	10.6
2011/12	9.9	8.3	9.2	77.8	84.2	80.5	12.3	7.5	10.3
2012/13	9.4	7.7	8.7	76.9	85.2	80.5	13.7	7.1	10.9

Source: MoE: Basic Education Statistics 2000/01-2012/13

Special Needs Education (Inclusive Education)

804. The GoSE believes that every citizen has the right of equal access to publicly- funded social services and may not be discriminated against on the basis of race, ethnicity, language, gender, disability, religion, age, political view, and/or social or economic status. This was made evident in the National Education Policy (draft, 2003), where it is stated that “...all citizens, irrespective of differences, will have equal access to educational opportunities...”

Table D.38: No of Intellectual/Developmental Disabled Students

Year	Number of Students		
	Male	Female	Total
2010 – 2011	30	37	67
2011- 2012	58	72	130
2012- 2013	96	114	210
Total	184	223	407

805. Efforts were made to identify other factors of students that inhibit or limit children's participation and learning. These efforts benefitted many children in disadvantaged circumstances, such as nomads, girls in remote neighbourhoods, orphans, street and/or working children, etc.

806. Table D.39 and D.40 show the number of students with disabilities who attended school at all the levels. Table D.39 indicates that 43%, 36% and 21% of those with disabilities who were attending schools were at elementary, middle and secondary school levels respectively in the academic year 2012/13

Table D.39: Children with Disabilities in Regular Schools by Type of Impairment, Sex and Year

Year	Visual impaired		Hearing impaired		Mental handicapped		Physically handicapped	
	Female	Total	Female	Total	Female	Total	Female	Total
2010/11	3,264	7,272	1,367	3,257	266	678	489	1,310
2011/12	2,964	6,607	1,273	3,224	301	726	408	1,196
2012/13	2,551	5,951	1,340	3,277	315	855	425	1,265

Source: MoE: Basic Education Statistics 2010/11-2012/13

807. The majority of the children with disabilities attending regular schools were mainly found in the Maekel and Debub administrative regions. S. Red Sea and N. Red Sea administrative regions had the lowest number of children with disabilities attending regular schools.

Table D.40: Children with Disabilities Attending Regular Class by Level, Zoba, Sex in 2012/13

Zoba	Elementary			Middle			Secondary		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Anseba	492	323	815	386	222	608	224	159	383
Debub	917	603	1,520	718	448	1,166	495	198	693
S. Red Sea	78	24	102	66	12	78	9	6	15
Gash-Barka	586	329	915	372	151	523	185	75	260
Maekel	1,399	1,142	2,541	1,349	1,271	2,620	860	760	1,620
N. Red Sea	304	186	490	237	106	343	135	76	211
Total	3,776	2,607	6,383	3,128	2,210	5,338	1,908	1,274	3,182

Source: MoE: Basic Education Statistics 2000/01-2012/13

808. The biggest number of children with disabilities was in the elementary level, and the number decreased with the progression of the school level. The number dropped from as high as 6,383 children with disabilities in the elementary level to as low as 3,182 children with disabilities attending in the secondary level.

Adult and Continuing Education

809. One of the aims of adult and continuing education programmes is providing access to out-of-school children to education. In the three academic years, the programme continued in four regions of the country, namely the Southern Red Sea, Anseba, Gash-Barka and Southern Red Sea regions. These regions were selected because most of the children who had missed the opportunity of schooling were found there.

Table D.41: Education for Out-of-school Children Enrolment, Teachers and Centres by Sex and Year

Year	Enrolment			Teachers			Centres
	Male	Female	Total	Male	Female	Total	
2010/11	3720	3114	6834	275	50	325	69
2011/12	4205	3028	7233	214	44	258	78
2012/13	4092	3065	7237	318	49	367	77

Source: Department of Adult and Media Education 2010/11-2012/13

810. During 2010/11-2012/13 the Adult and Continuing Education programme enrolled 21,304 students, of which 43.2% were females. The programme deployed a big teaching force of an average of 316 teachers annually.

811. Table D.42 shows that over 21,000 students were enrolled in the continuing education programme. The majority of students were males. Average completion rate was 74.6% with 25.4% either dropping out or failing.

Table D.42: Continuing Education: Enrolment, Drop Outs, Completed by Sex and Year

Years	Enrolment			Dropout/failed				Completed			
	Male	Female	Total	Male	Female	Total	%	Male	Female	Total	%
2010/11	3720	3114	6834	1533	492	2025	29.6	2187	2622	4809	70.4
2011/12	4205	3028	7233	1050	311	1361	18.8	3894	2717	6611	81.2
2012/13	4092	3065	7237	1533	492	2025	28.0	3600	2573	6173	72.0
Total	12017	9207	21304	4116	1295	5411	25.4	7901	7912	17593	74.6

Source: Department of Adult and Media Education 2010/11- 2012/13

Technical and Vocational Education and Training (TVET)

812. The technical and vocational schools continued to enrol male and female students. During the three years males constituted the majority (60.0%) of the students enrolled in the technical institutions of learning. On average the technical schools enrolled 1130 students annually.

Table D.43: Technical and Vocational School Enrolment by Sex and Year

Years	Enrolment		
	Male	Female	Total
2010/11	706	580	1286
2011/12	697	577	1274
2012/13	615	208	823
Total	2018	1365	3383

Source: Department of Technical and Vocational Education and Training

Leisure, Recreation and Cultural Activities

813. The MoE continued consolidating and expanding sports and cultural activities across all levels of education. The participation of students in important national events, including independence day, summer festivals and the annual school cultural and sports week have increasingly become eventful.
814. It is worth noting that in 2011 the NUEYS organized students around a project on ‘Canvas painting’ with a length of 7.2 kilo meters which got the Guinness World Record as the longest canvas painting. The theme of the painting was “**Pollution Free World**”. The activity aimed at motivating the creativity and talents of the Eritrean youth and children. 800 boys and girls under the age of 18 years who came from middle and secondary schools took part in the painting.
815. Moreover, NUEYS organized various entertainment and educational programmes, including TV panel discussions, general knowledge competitions and provided training in painting for children of various ages. For instance, in 2006/07 and 2007/08 NUEYS involved 5,467 and 10,305 children respectively, in general knowledge competitions.
816. The Sports Commission also continued supporting the various sports clubs, both at regional and sub-regional and community levels. Football, volleyball, basketball, athletics, cycling, ground tennis, etc, which are popular sports in Eritrea have their respective federations which carried out different levels of competition. Grassroot level of clubs have been on the rise, especially in the Maekel Region. The following are examples of the sports events in which children under 18 years took active participation.

Table D.44: Some Sports Activities in which Children under 18 were Organized and Actively Took Part

Year	Types of sports and number of children organized in clubs						
	Cycling		Ground tennis		Badminton		
	Male	Female	Male	Female	Male	Female	
2011	378	20	60	30	316	201	
2012	126	30	70	35	371	226	
2013	275	36	40	20	423	273	

Sources: Respective Sports Federations, 2015

817. Virtually every school in Eritrea carried out different types of sports activities. Communities in the sub-zoba and administrative environs took active parts in supporting the organization of grassroots sports clubs by providing financial and material support towards the development of sports activities in their respective areas. Although most types of sports are male dominated, there is no sport activity from which females are excluded.

VIII. Special Protection Measures

818. During the period being reported Eritrea had cleared its caseload of expellees, returnees and internally displaced persons (IDPs), including children. Through the repatriation and reintegration programmes that it had undertaken in the previous years, the children affected by the border war (internally displaced and expellees) and refugees who had returned from the Sudan were successfully resettled and reintegrated into their original communities or were settled in new sites. They were provided with economic support packages and social services in their places of settlement.

819. Note is taken of the Committee's comments (para. 64-74) on various aspects of special protection measures. Some of them have already been addressed in the appropriate preceding sections of this Consolidated Periodic Report. A point that needs elaboration is the fact that children in detention are mostly placed in correctional or rehabilitation centres. The Eritrean Prison and Rehabilitation Centre organizes various vocational skills

development or training courses both for adult men and women and for minors. Academic classes are also provided, up to the secondary school level and detainees do sit for the Secondary School Leaving Exams.

820. There are no particular agreements worth mentioning concerning cooperation mechanisms with neighbouring countries for displaced children (Para. 64). From 1994 until 2005 there was a cooperation framework with the Government of the Sudan and UNHCR concerning the repatriation of Eritrean refugees who included adults and children.
821. Refugee children received by the Office of Refugee Affairs (ORA) constituted roughly 50-55% of the refugee population (para. 65). Eritrea makes educational opportunities available to refugees hosted on its territory on a par with its nationals. In this regard, the State of Eritrea has one of the best practices regarding the right to education for refugee children (para. 66).
822. Reference is made to paragraphs 68 (a-e), 69, 70, 71, 72 and 73 of the Committee's comments and the Committee is requested to kindly refer to the relevant sections of this Consolidated Report.
823. The GoSE considers mental disorder (para. 74) as a health and social problem and a form of disability. The cases of mental/intellectual disabilities that have been encountered among children are mainly congenital, and appear in the form of Autism, Down's Syndrome, etc. An association dealing with Autism and Down's Syndrome has been established and is actively addressing the problem in collaboration with government institutions.
824. Concerning the issues raised by the Committee on "Responsibilities of the Child" (para. 75-79), there is no children's parliament in Eritrea. The National Union of Eritrean Youth and Students (NUEYS) is an umbrella organization in which children and young adults can be members. Tens of thousands of students, especially in middle and secondary schools are active members of NUEYS. Besides, students are members of every Parents', Teachers' and Students' Associations (PTSA) established in every school. As such, children are involved in many organizations which deal with children's affairs. Some of the inputs to this report were made by NUEYS and it has thus made a vital contribution to the development of this national report.

Table D.45: Crimes Committed Against Children Presented to the Courts

Year	Types of crimes							Total
	Killing of children	Attempted killing of children	Abandonment of children	Abduction	Rape	Abortion	Deflowering	
2011	4	0	10	37	152	13	28	244
2012	10	0	6	37	133	9	34	229
2013	13	1	4	15	108	16	48	205

Source: Ministry of Justice, 2015

Table D.46: Civil Cases Regarding Children Presented to the Courts

Year	Types of civil cases					Total
	Custody	Adoption	Child maintenance	Handing over of child	Paternity	
2011	1781	30	85	68	41	2005
2012	1606	58	47	17	146	1874
2013	507	10	27	17	102	663

Source: Ministry of Justice, 2015

825. As tables D.45 and D.46 show the government has been providing protection to children from various forms of potential abuses through the law enforcing bodies. Some of the cases addressed by the Eritrean courts dealt with crimes while the others were civil cases that affected the best interest of the child.

826. Concerning the protection of children from labour, the MoLHW, in an effort to reinforce Article 9(2) of the Labour Proclamation 118/2001, finalized the draft regulation that specifies the jobs that a person below 18 years cannot hold, and forwarded its recommendations for its enactment to the competent authority. Likewise, during this period, the MoLHW proposed the enactment of the regulation on the number of hours and the conditions under which light work may be undertaken by minors.

IX. RESPONSIBILITIES OF THE CHILD

827. The GoSE refers to the presentation in the preceding parts of this Consolidated Report on issues relating to the legal and cultural instruments that deal with the responsibilities of the child towards his country, family, elders, etc.
828. GoSE further refers to the Committee's comments (para.76-79) and informs the Committee that Eritrea does not have a children's parliament. Nonetheless, as mentioned earlier, children can become members of various associations such as the NUEYS, NUEW and Young PFDJ or social clubs.
829. Outside the legal framework, the GoSE has been striving to inculcate the precious cultural traits of the Eritrean society among children, so that these noble values are preserved and inherited by Eritrean children and youth. All social institutions, including the NUEW, NUEYS, National Confederation of Eritrean Workers (NCEW), as well as all the local administrations and community organizations spread throughout the country are relentlessly working to produce responsible citizens who fulfil their duties to their parents, country and people.

Concluding remarks

830. The Government of the State of Eritrea expresses its highest considerations for the cooperation and close working relations which the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) has extended it, and reaffirms its strong commitment to strive towards the full implementation of the provisions of the Charter.
831. As the preceding sections of this Consolidated National Report have shown, Eritrea has been making steady progress in the implementation of the provisions of the child rights and child welfare. These achievements were not made easily, considering the external hostilities, sanctions and unfavourable global economic climate that the country has had to endure for so long, compounded by the state of no war and no peace imposed by the unwillingness of Ethiopia to abide by the ruling of the EEBC. A chunk of Eritrean territory remains occupied by Ethiopia in blatant defiance of the final and binding ruling of the Boundary Commission.

832. The GoSE believes that it has furnished the Committee with adequate and relevant information that would facilitate its consideration of the Consolidated Report for the four reporting periods. It further feels that it has adequately responded to the observations and queries raised by the Committee on reports by the State Party.
833. Finally, the GoSE confirms its preparedness to further clarify any issues in any segment of this Consolidated First, Second, Third and Fourth National Report on the African Charter on the Rights and Welfare of the Child upon which the Committee might require further elaboration.