



**Convention on the
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COMMITTEE ON THE RIGHTS OF THE CHILD

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SUMMARY RECORD OF THE 866th MEETING

Held at the Palais Wilson, Geneva,
on Tuesday, 20 May 2003, at 3 p.m.

Chairperson: Mr. DOEK

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The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 6) (continued)

Initial report of Eritrea (continued) (CRC/C/41/Add.12; CRC/C/Q/ERI/1; CRC/C/RESP/30)

1. At the invitation of the Chairperson, Ms. Berhane, Mr. Ogbazgi, Mr. Tesfie and Mr. Ghebremedhin (Eritrea) took places at the Committee table.
2. Ms. BERHANE (Eritrea) said that the Government offered training programmes and refresher courses to social workers providing psychosocial support to vulnerable children. A number of such courses were conducted in conjunction with the United Nations Children's Fund (UNICEF). Following an assessment of the psychosocial effects of war on disadvantaged children, the Government had also carried out rehabilitation and counselling programmes for children. In addition, a national women's association provided support to women who had been raped or abused during the war, as well as to children who had been forced to watch such acts.
3. The Government's programme to integrate vulnerable children into families included orphans, abandoned and disadvantaged children and children in institutions. The aim of the programme was primarily to reunite children with members of their immediate or extended family. Social and economic evaluations were carried out to ensure that interested families were capable of providing and sustaining the necessary financial and psychosocial support. Funds had been made available to help the families, to start up small businesses or to work in agriculture or animal husbandry. Those efforts had enabled families to become self-reliant and to provide children with comfortable homes. The psychosocial aspect of the income-producing schemes was currently being evaluated by the Council of Social Workers, and it was hoped that such efforts would further enhance the children's integration.
4. Any family that qualified under the relevant legislation could adopt children. Priority was given to families with few or no children, since it was considered that such families could devote more attention to the needs of disadvantaged children. Group home care, in which a group of 10 to 12 children lived together with three or four mothers and one father as a family, had proved to be a successful alternative to adoption, from both the psychosocial and financial standpoints. The Government considered institutionalization as a last resort since, while it provided for children's material needs, it often failed to meet their emotional needs. Although institutionalization was discouraged, some 1,500 orphans were being cared for by various religious groups and by other non-governmental organizations (NGOs). Approximately 300 orphans were being cared for by the sole government orphanage. A plan to place the 300 orphans in group homes had recently been developed jointly by government institutions and NGOs.
5. The CHAIRPERSON requested additional information concerning the group home plan. As he understood it, the 300 orphans would require 25 group homes. He asked how the Government planned to provide those homes and what support it could expect from other sources.

6. Ms. VUCKOVIC-SAHOVIC said that the initial report contained no mention of intercountry adoption, and she wondered whether Eritrea had enacted legislation on that form of adoption. If so, did it occur in practice, and had there been any violations? She also enquired whether Eritrea was considering ratification of the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption.
7. Ms. ALUOCH said that she was surprised to learn from the report that the Government's foster care programmes had not been successful and would not be extended. She wished to know why foster care had been viewed by the communities as an alien concept, whereas adoption was not. She was concerned that the predicted increase in the number of AIDS orphans would increase the need for foster care.
8. Ms. ORTIZ requested information on the status of the thousands of Eritrean children who had been reported missing in Ethiopia.
9. Mr. LIWSKI, referring to the income-generating schemes for families, asked whether the efforts to place children with members of their extended family took account of such factors as community of origin, ethnic group or common cultural references.
10. Mr. KOTRANE wished to know what measures might be taken in the future to make parents aware that they had responsibilities towards, but not "rights over", their children, as had been stated in the initial report. That was an important distinction from the standpoint of the Convention. It was not a question of placing the child in the service of his or her parents but of ensuring that the parents' separation had the least possible impact on the child and that the decision to live with his or her mother or the father was in the child's best interests.
11. With regard to the right of recovery of maintenance for the child, the main idea of the Convention was that, if the person responsible for maintaining the child did not pay, there should be another option. He enquired whether there was a social security body that could provide for the child's maintenance.
12. Ms. KHATTAB, referring to the children who had been reported missing in Ethiopia, said that she understood that the Office of the United Nations High Commissioner for Refugees (UNHCR) and UNICEF had made efforts to reunite families. She requested information on the type of assistance that the Government provided to those organizations and on the status of negotiations between Eritrea and Ethiopia. She asked whether the government programmes to rehabilitate victims of war were already under way.
13. Ms. BERHANE (Eritrea) said that the current plans to establish group homes would not be able to accommodate all 300 of the institutionalized children. While some of the older children were at university or attending skill programmes and would soon be leaving, they would be replaced by abandoned children. An early childhood development programme, funded by a loan from the World Bank, would be implemented until all under-age children were accommodated. In addition, alternative plans were being developed to reintegrate older children in ways other than placing them in families.

14. A survey had indicated that there were some problems with the Government's foster care programme, not the least of which was finding sufficient numbers of suitable caretakers, given that only 8 of the 52 applicants had been selected. There were various explanations for the small number of applicants selected, including the fact that some families hoped to use the orphans for personal gain, which was prohibited.

15. As for intercountry adoption, the Government considered that children should not be far from their immediate or extended family, or from the culture and environment in which they were brought up. The Government therefore encouraged domestic adoption over foreign adoption.

16. Mr. OGBAZGI (Eritrea), referring to the issue of the separation and divorce of parents, said that the law clearly established the interests of the child as the prevailing criterion. As to the maintenance of children, Eritrean law had devised an elaborate system to ensure that children were maintained by their extended family, which had been categorized according to degree of relationship. Failing that, there was a provision establishing affinity, as opposed to consanguinity, as a criterion.

17. The CHAIRPERSON said that he understood that the family council had the authority to appoint a guardian for a child following the parents' divorce, and he wished to know how that process took into account the best interests of the child. Other traditional practices mentioned in the report did not appear to be in the child's best interests. He enquired whether such practices were still in use.

18. Ms. KHATTAB asked what the difference was between the family council and the local supervisory authority. She requested information on the factors that determined which authority would be called upon.

19. Ms. ORTIZ asked whether there was any obligation to attempt to maintain family ties before children were placed in foster homes or put up for adoption, and whether there was any data on the number of cases in which attempts to keep families together had succeeded.

20. Ms. BERHANE (Eritrea) said that Eritrea had a national service law. However, because of the recent conflict, many young people had remained on duty for more than the required 18 months. That did not affect the country's economic development since, while awaiting demobilization, army personnel took part in rebuilding the country. Most were employed in agricultural development and the construction of bridges, roads, housing, hospitals and schools. Thus, national service members could not be considered as an unemployed or idle group of people.

21. The principal means of raising awareness of the Convention in Eritrea was the radio, since many people did not have television sets, but nearly everyone listened to the radio. Information concerning the Convention on the Rights of the Child was broadcast in six languages.

22. Relations among religious and community leaders were very good in Eritrea. Some religious leaders had formed a committee to deal with AIDS and increase awareness of the disease among communities. Religious leaders were often viewed by communities as influential and had therefore been successful in spreading such awareness.
23. Mr. TESFIE (Eritrea) said that female genital mutilation was a traditional practice that was very widespread in Eritrea. During the struggle for independence, the Government had made many efforts to inform the population of the adverse health effects of the practice and to reduce its prevalence. That was a very difficult task, since female genital mutilation was an ingrained tradition and, at least for some, had religious implications. The Government had devised a strategy to coordinate with various sectors of the community, as well as with its non-governmental and intergovernmental partners, including the United Nations, to combat the problem. A workshop was under way to modify the Government's approach to raising the population's awareness of the adverse consequences of the practice.
24. Ms. KHATTAB said that the Egyptian Government had determined that the practice of female genital mutilation, which existed in Egypt, was not religious in nature but was rather a cultural practice prevalent in the countries of the Nile river basin. If that distinction was made in the awareness-raising campaign, it might encourage people to see the practice as a violation of girls' rights and not as a religious requirement, thereby increasing the campaign's effectiveness.
25. Mr. TESFIE (Eritrea) said that the assessments carried out in Eritrea had revealed that the practice was prevalent among a variety of religious and ethnic groups. For that reason, the Government was attempting to address the problem from several different angles.
26. Abortion was permitted in Eritrea in two circumstances: if a woman's pregnancy was endangered by a disease, or if it was determined that her pregnancy would lead to a mental breakdown. Abortion was prohibited for women in good health owing to its potentially adverse effects.
27. Since 1995, the infant mortality rate and the under-5 mortality rate had declined dramatically, partly as a result of a strategy adopted by the Government to improve health facilities. Another factor was the success of the national immunization programme, which had increased immunization coverage to approximately 70 per cent nationwide, reaching over 90 per cent in some urban areas. Unfortunately, problems continued in areas affected by drought and among internally displaced populations.
28. Eritrea had suffered immensely as a result of the war. Approximately 70 per cent of the population was currently living below the poverty line. As part of the national development programme, a poverty reduction strategy was being prepared. Attention would focus on priority areas in all sectors.
29. Ms. SARDENBERG said that she wished to know whether the poverty reduction strategy would address the specific problems faced by children.

30. Ms. KHATTAB asked whether the Government intended to reduce its military spending and increase spending on social welfare and children. She also wondered whether any measures were being taken to address the chronic shortage of services for children with psychological problems. It would be interesting to learn about existing health services for adolescents, particularly in view of the high teenage pregnancy rate.

31. Mr. LIWSKI requested further information about the causes of under-5 mortality. He could not understand why the under-5 mortality rate had declined at a slower pace than the infant mortality rate, given the efforts that had been made to increase immunization coverage. He enquired whether the Government intended to make any changes to its mortality reduction programmes for children between 1 and 5 years of age.

32. Mr. GHEBREMEDHIN (Eritrea) said that Eritrea had adopted the Integrated Management of Childhood Illness strategy developed by the World Health Organization (WHO) and UNICEF, which was aimed at controlling acute respiratory infections, febrile diseases, diarrhoea, malaria, tuberculosis and other communicable diseases. A central office and a number of regional units had already been established to monitor implementation of the strategy. Special efforts were being made to involve the community; for example, workshops had been organized and training manuals had been made available.

33. Replying to Ms. Khattab's question about military spending, he said that funds that had been earmarked for the military were currently being allocated to other areas, including social services.

34. The CHAIRPERSON said that, according to the information provided by the Government, military spending had decreased dramatically since 1999. He wondered whether further reductions were envisaged.

35. Ms. BERHANE (Eritrea) said that a number of different ministries were involved in the preparation of the poverty reduction strategy. In addition, the Government had called on a number of experts to work closely with it, and steering committees had been established at both the ministerial and technical levels. The Committee would be provided with updated reports on any developments made in that field.

36. Military spending had been reduced and a significant amount of funds were now being channelled into reconstruction work. Although Eritrea's development efforts had been disrupted by the war, they had not been halted altogether.

37. The CHAIRPERSON said that a number of questions remained to be answered, particularly those relating to domestic violence, physical and sexual abuse, corporal punishment and birth registration.

38. Ms. ALUOCH said that, according to paragraph 4 of Eritrea's written replies, anyone found guilty of sexually abusing a student or a child in his or her care was liable to be severely punished. Such a definition was too restrictive and should be extended to include anyone in a position of authority. It would be interesting to know why perpetrators of sexual abuse were so rarely prosecuted.

39. Ms. ORTIZ said that, according to the information provided, international adoption did not take place because it was considered preferable for orphans to be placed with members of their extended family. However, it appeared that children were commonly placed in foster care or institutions. She wondered whether the authorities were making any efforts to investigate alternatives to institutionalization. She would also be interested in knowing how many children were being brought up by relatives and whether such a practice had proved successful in the past.
40. Mr. GHEBREMEDHIN (Eritrea) said that, although the Government's policy of free and compulsory basic education might appear to be contradictory with the goal of education for all, the two concepts actually went hand in hand. His Government was fully committed to the United Nations Millennium Development Goals, and free and compulsory basic education had been one of its priorities. Until very recently, all education, including tertiary education, had been provided free of charge. However, because of a lack of resources and technical capacities, the Government was introducing cost-sharing measures at the secondary and tertiary levels. Basic education would remain free, even though it had not yet been possible to make it compulsory. A draft "education for all" national action plan was awaiting finalization and a five-year educational development plan had recently been prepared, focusing on basic and secondary education. Efforts were now being made to obtain the financial resources needed for its implementation.
41. In reply to the question about services for children with special needs, he said that the Government had adopted an inclusive approach to education and hoped to establish a number of special schools for children with severe learning disabilities. Owing to its limited resources and other difficulties, the Government had been unable to make any major investments in that field and its projects were still in the research or pilot phase. Nevertheless, the authorities recognized that education for children with special needs was one area of education that had not yet received the attention it deserved.
42. The CHAIRPERSON said that, before turning to the issues of basic health and welfare, education and special protection measures, the delegation should answer the questions that had already been raised.
43. Mr. GHEBREMEDHIN (Eritrea) said that, although corporal punishment was prohibited both at home and in public institutions, it continued to be acceptable among some ethnic groups. For example, the Tigrinya disciplined their children by using fairly severe punishments. However, other groups, such as the Tigre, had adopted a more liberal attitude towards child-rearing, an approach that was encouraged by the Government.
44. While corporal punishment was strictly forbidden in schools; some incidents did occur. Cases involving corporal punishment were dealt with by the school authorities or by parent-teacher associations. In extreme cases, teachers who practised corporal punishment could be prosecuted, although such cases were rare.
45. The sexual abuse of children was considered to be an extremely serious crime, particularly if the perpetrator was a teacher or a person in a position of authority. A teacher found guilty of sexually abusing a pupil was usually dismissed and prosecuted. Counselling was normally provided to the victim within the school environment, and families of victims were generally supportive. Under no circumstances were child victims forced to leave home.

Although no special body or institution was responsible for addressing the issue of child abuse, mainly because the problem was not widespread, the Government of Eritrea recognized its obligations under the Convention and was aware of the need to establish such an institution.

46. Ms. BERHANE (Eritrea) said that it was difficult to provide a definitive answer on the issue of corporal punishment in the family, because victims were usually too ashamed to talk about it. Similarly, it was difficult to give a clear-cut answer about cases of sexual abuse, as a stigma was still attached to the issue. Traditionally, a sexually abused girl was not marriageable and would therefore not wish to report her case.

47. Ms. ALUOCH said that further attention should be given to the rights of victims. She wished to know what steps were being taken to protect victims of sexual abuse who became pregnant or who were infected with a sexually transmitted disease.

48. Mr. FILALI said that the dismissal of perpetrators of abuse from their workplace was only an administrative measure. He would like more information about legal measures to punish perpetrators and protect victims.

49. Mr. GHEBREMEDHIN (Eritrea) said that, in addition to dismissal, perpetrators of abuse faced prosecution. Cases of abuse resulting in medical complications were dealt with very carefully. In more straightforward cases, counselling was provided and measures were taken at the community level to ensure the safety of victims.

50. Ms. TAYLOR enquired whether the Government intended to create a system to collect data from hospitals and doctors about injuries sustained as a result of child abuse. Such a system would provide valuable data about specific types of abuse.

51. Mr. GHEBREMEDHIN (Eritrea) agreed that such a system would be useful. However, given the social stigma attached to child abuse, it was still rare for victims to report cases.

52. Mr. FILALI said that the penalties under the Transitional Penal Code of Eritrea for performing sexual intercourse with a minor without consent were very light, which seemed to suggest that child abuse was considered to be a minor offence. It would be interesting to know whether the same penalties would be included in the new penal code. He expressed concern that any person found guilty of abusing his or her adopted child was treated in the same way as an individual who abused a pupil, apprentice, school boarder or domestic servant. Such an offence was tantamount to incest and should be addressed in a separate chapter.

53. Ms. SARDENBERG requested additional information about the freedom of association and the freedom of expression accorded to young people in Eritrea, particularly in the light of recent reports that some 2,000 university students had been held in detention for refusing to participate in the Government's holiday camp programme.

54. Mr. KOTRANE said that penalties for sexual abuse of children should extend not only to teachers but also to social workers, doctors and anyone who had authority over children. While it was important to draw on the experience of other countries in that area, such experience should be applied with due respect for local traditions.

55. It was important to take measures to prevent the sexual abuse of children. In that regard, every adult must report child abuse and threats of child abuse immediately in order to enable the authorities to take swift preventive measures. Providing children with sexual education could also prove useful.

56. Mr. OGBAZGI (Eritrea) said that, under the new Civil Code, every person was entitled to receive a name upon his or her birth. If the child had no parents, a civil registration official named the child. The new Civil Code also gave families the choice of giving either the father's or the mother's name to the child.

57. Registration of births was a rather difficult process. There were no registration offices in rural areas, and illiteracy complicated the situation even further. He hoped that, with time, Eritrea's registration capacity would be expanded.

58. Ms. OUEDRAOGO enquired whether the fact that the child's full name included the name of the father and grandfather, but not of the mother, was not a sign of discrimination against women. Since a considerable proportion of the population was illiterate, she wondered whether any information campaigns were in place to make people aware of the need to register births.

59. Mr. OGBAZGI said that, although parents were responsible for registering their children, they often failed to do so owing to the lack of appropriate facilities in rural areas. Since a birth certificate was required for school attendance, a system had been set up, whereby a court of law established the person's date of birth on the basis of the evidence provided.

60. Ms. KHATTAB asked what the Government was doing to give parents an incentive to register their children and what was the penalty for failure to do so. She wished to know whether the Government had requested assistance from United Nations agencies and various donors. She wished to know why Eritrea, a country with serious needs in the areas of health and education, was not receiving any international assistance.

61. Ms. BERHANE (Eritrea) said that, in general, when a child was registered, the names of the father and the grandfather were included in the birth certificate. However, the mother's name was also mentioned. In remote areas, women often gave birth to children without going to a hospital and therefore did not have an opportunity to register the child immediately. However, local governments registered every citizen and the registration process was currently being improved.

62. She had no information about the religious group that had recently been jailed but would try to follow the matter up. However, she stressed that different religious and ethnic groups lived in harmony in Eritrea and that freedom of expression and belief were guaranteed by law. There were currently no children's associations or parliaments in Eritrea.

63. Ms. KHATTAB wished to know how much progress had been made in the girls' education initiative and whether the Government had a plan of action for protecting street children. She would welcome an explanation of the Government's understanding of child labour. It would be useful to have further information on measures taken to protect children from commercial sexual exploitation.

64. She wished to know whether the child health programme had been initiated, how many children it targeted, and the amount of funding that had been allocated to it. To what extent were national and international NGOs involved in the project? She asked what measures were being taken to clear the country of mines in order to protect children.

65. Mr. KRAPPMAN said that, while progress had been made in the field of education, a number of challenges remained. According to a United Nations Educational, Scientific and Cultural Organization (UNESCO) study, entitled "Education for All", the official pre-school enrolment age was 7, with many children starting at the age of 8 or 9. That could be a crucial indicator of school enrolment, since children who entered school late might have to leave it early. In that regard, he wondered whether there was a policy to lower the age for school enrolment.

66. He wished to know whether the Government was planning to expand its capacity to train teachers and whether in-service training was provided for persons who, although not teachers by profession, were hired to work as such. According to the report, most pre-school establishments were run by religious institutions. He wished to have more information about those institutions and how they prepared children for primary education.

67. Ms. AL-THANI asked how the HAMSET programme on HIV/AIDS, malaria, sexually transmitted diseases and tuberculosis, and the 2002-2006 programme of cooperation with UNICEF, were linked. The conduct of more than one programme in that area at the national level might put a strain on available resources and reduce efficiency.

68. With regard to attended deliveries, she noted that the Government was focusing mainly on mothers' health during pregnancy rather than providing them with trained medical staff and midwives. She enquired whether there were any programmes to train local midwives in rural areas. She also wished to know whether any measures were being taken to ensure adequate sanitation and safe drinking water? It would be useful to have information on the meaning of "food taboos", and how many mothers were breastfeeding, either exclusively or with supplements.

69. Mr. CITARELLA said that Eritrea's education budget for 2001 had been much greater than that for 2002, and he enquired about the reasons for the decline in expenditure on education. Information on the proportion of the State budget taken up by military, social, education and other expenditure would be very useful.

70. There was a discrepancy between the information provided in paragraphs 74 and 77 of the report. According to paragraph 74, children below the age of 12 had no responsibility for their acts and, if they committed a crime, their parents, school or guardian were expected to take correctional measures. However, according to paragraph 77, the court was responsible for taking measures against child offenders between the ages of 9 and 12. Clarification in that regard would be helpful. Referring to paragraph 79 (e) of the report, he wished to know how courts applied corporal punishment. Had the Government considered setting up juvenile courts?

71. Mr. AL-SHEDDI said that there was no real compulsory education in Eritrea. Over 60 per cent of children between 7 and 11 years of age were not attending school, and there was no mechanism in place to ensure attendance. In that connection, he wished to know what

measures the Government was taking to increase school enrolment. He noted the persistence of disparities in the literacy rate between girls and boys, and between regions. He enquired whether the Government had considered extending its literacy campaign to rural areas. What was being done to ensure that school activities were based on the rights of children? The delegation should explain why the draft National Policy on Persons with Disabilities, released in 1999, had not yet been adopted.

72. Ms. OUEDRAOGO said that the Government should take measures to register unregistered children and marriages. Since Eritrea had recently been a country at war, she enquired what was being done to ensure that children would develop a culture of peace and tolerance. She also wished to know whether any breastfeeding programmes were in place as well as the current status of the draft code for marketing substitute milk.

73. She asked what sort of support urban families expelled from Ethiopia were receiving from the Government, particularly with regard to child development, and whether a lasting solution had been envisaged to ensure the integration of those families into the community. She also wished to know whether young men under 18 years of age been spared from joining the army, especially since most of them had no birth certificates.

74. Mr. LIWSKI said that he wished to know how much of Eritrea's health budget was devoted to a primary health-care strategy with focus on protection of mothers and children. He also wished to know, in view of Eritrea's multicultural composition, whether there were any mechanisms that recognized the special role of community organizations and leaders, especially women, in the preparation of a primary health-care strategy. He also wished to know whether displaced children who were still in camps were receiving health care.

75. Mr. KOTRANE asked whether the Government's plans to improve education included the introduction of human rights education, particularly the rights of children and especially of girls. It was reassuring that Eritrea showed no signs of religious intolerance. He hoped that the Government would continue to raise awareness of human rights values, with emphasis on equality.

76. Mr. FILALI requested additional information on social security. In particular, he wished to know whether the study by the Ministry of Labour and Human Welfare on the introduction of a social security system had been issued. He also wished to know what the State was doing to introduce the notion of citizenship into school curricula and teaching methods.

The meeting was suspended at 5.20 p.m. and resumed at 5.30 p.m.

77. Ms. BERHANE (Eritrea) said that the Government was making efforts to assist street children. Those with families were receiving allowances to purchase uniforms and books so that they could attend school. Most street children no longer of school age were sent to private training centres with a view to reintegrating them into the community. She said that, although relatively few children were sexually exploited, they constituted a highly vulnerable group and were one of the main sources of the spread of HIV/AIDS in Eritrea. Attempts to train female prostitutes to do other work had proved successful, and the Government intended to pursue that approach.

78. Many people had been killed by landmines, and a national agency had begun work on identifying the areas of the country that were most affected. Victims had benefited from a programme of the Eritrean Humanitarian Demining Project, as well as from other State programmes.

79. She reassured the Committee that there was proper coordination between the Early Childhood Development Project and UNICEF and other programmes, which targeted different regions and groups. While legislation to assist the disabled had not yet been adopted, the Government had already begun to implement a policy for the disabled.

80. The Government was doing its best to integrate families expelled from Ethiopia into Eritrean society. While it was true that some families were still in camps, they were receiving material, financial and psychological support. Children were receiving schooling in the camps. The Government hoped that all of the families would soon be fully integrated into society.

81. The introduction of a social security system had proved very difficult. Although the data had been prepared, people still needed to be trained. A training course would be held in South Africa in August 2003, following which the Government hoped to introduce a social security scheme.

82. Mr. TESFIE (Eritrea) said that the school enrolment rate of girls had risen thanks to the efforts of the mass media and national and international NGOs. Since a major obstacle was the fear of sending girls a long way from home, small feeder schools aimed at bringing education closer to the community had been built. Girls' dormitories at boarding schools had been built with a view to encouraging a greater number of girls to attend school. While the enrolment rate for girls still lagged a long way behind that for boys, the Government would continue to aim at parity. The main reason for regional disparities in school enrolment was that development had been concentrated in urban areas. The Government intended to achieve universal school enrolment and had singled out disadvantaged communities as priority targets.

83. Conservative or traditional attitudes among parents explained why fewer girls attended schools. In Eritrea, most domestic and family tasks were performed by girls rather than by boys. The Government hoped to break down parents' resistance by means of incentive schemes and by raising public awareness. Eritrea had only recently been included in UNICEF's "25 by 2005" Girls' Education Campaign. According to a UNESCO study most Eritrean children entered the education system at age 7; the Government aimed to lower that to 6 years. Teacher-training facilities in Eritrea were very limited. The capacity of the Asmara Teacher Training Institute was only 500. It was hoped that a new teacher-training college with a capacity of 1,500 to 2,000 would be established. Teacher training was too short, lasting normally no more than one year beyond secondary education. In order to improve the quality of teaching, there were plans to extend training to the diploma level for primary school teachers and the degree level for secondary education teachers.

84. Until recently, insufficient resources had severely limited access to pre-school education. The Government had earmarked \$49 million for the education of pre-school children. Currently, most pre-schools were run by religious institutions, to which only 10 per cent of the population had access. Although it was true that government spending on education had been less in 2002 than in 2001, that did not reflect any reduction in the State's efforts to improve access to and the

quality of education. The explanation was that many teachers had been working without a salary, as part of their national service, which had reduced the salary budget. The Government intended to increase spending on education, which currently amounted to 7 per cent of the national budget. While compulsory education and 100 per cent enrolment were among the Government's policy objectives, it currently lacked the resources to implement them. In the light of the Government's recent decision to make the education system more relevant, school curricula would place the greater emphasis on civics and moral education.

85. Mr. GHEBREMEDHIN (Eritrea) said that, over the past two years, the Government had been extending mental health services to the community and rural levels. Studies and training programmes involving national and international experts were under way, and a new health-care strategy should be in place by the end of 2003. Since the main causes of child mortality were preventable diseases, Eritrea had introduced an approach based on the integrated management of childhood illness, which included training and other measures; the programme was still in its early stages. Adolescent health was being addressed by the Government in cooperation with United Nations agencies, including the United Nations Population Fund (UNFPA), UNICEF and WHO. One initiative was the establishment of youth-friendly clinics where young people could seek advice on sex-related matters, including sexually transmitted diseases. There was no overlapping between the World Bank's HAMSET control project and UNICEF programmes in Eritrea since the Government had established a strategic plan and had laid down precise guidelines.

86. One important area in which improvements had been made was emergency obstetrics. Special training for midwives and the introduction of emergency obstetric wards in hospitals had addressed the problems of emergency child delivery, such as Caesarean section.

87. Ms. KHATTAB, speaking on behalf of the Committee, thanked the delegation of Eritrea for its informative replies. The Committee was aware of Eritrea's achievements but had focused its debate on the challenges. The conclusions and recommendations would place emphasis on ways of seeking technical assistance from the United Nations and other bodies in order to facilitate the implementation of the Convention in Eritrea. The preparation of the next periodic report should involve all government departments, NGOs and children themselves. She hoped that contact would be maintained between the Committee and the State party so that Eritrea would remain on the right track.

88. Ms. BERHANE (Eritrea) said that Eritrea looked forward to receiving the Committee's conclusions and recommendations. In particular, she hoped to receive advice on how to obtain funds to meet the many needs of Eritrean children.

The meeting rose at 6.05 p.m.