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## COMMITTEE ON THE RIGHTS OF THE CHILD

## CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES

## UNDER ARTICLE 44 OF THE CONVENTION

# Initial reports of States parties due in 1996

# Addendum

## ERITREA

[27 July 2001]

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# Acronyms/Abbreviations

|  |  |
| --- | --- |
| AIDS | Acquired immunodeficiency syndrome |
| AIFO  | Associazione Italiana Amici di Raoul Follereau  |
| ARI | Acute respiratory infections |
| CNSPM | Children in need of special protection measures |
| ECCE | Early childhood care and education |
| ECCD | Early childhood care and development |
| ECD | Early childhood development  |
| ECE | Early childhood education |
| EDHS | Eritrean Demographic and Health Survey |
| EFA | Education for All |
| EPI | Expanded programme on immunization |
| EPLF | Eritrean People’s Liberation Front |
| EPPC | Eritrean Provisional Penal Code |
| ERIWESP | Eritrean Rural Water Supply and Environmental Sanitation Programme |
| ERREC | Eritrean Refugee and Relief Commission |
| FGM | Female genital mutilation |
| GDP | Gross domestic product |
| GER | Gross enrolment ratio |
| GNP | Gross national product |
| GSE | Government of the State of Eritrea |
| HAMSET | HIV/AIDS, malaria, sexually transmitted disease, and tuberculosis-control programme |
| HEP | Health education and promotion |
| HIV | Human immunodeficiency virus |

# Acronyms/Abbreviations (continued)

|  |  |
| --- | --- |
| IDD | Iodine deficiency disorders |
| IDPs | Internally displaced persons |
| IMF | International Monetary Fund |
| IMR | Infant mortality rate |
| MIA | Ministry of Internal Affairs |
| MLHW | Ministry of Labour and Human Welfare |
| MMR | Maternal mortality rate |
| MoA | Ministry of Agriculture |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| MoI | Ministry of Information |
| MoJ | Ministry of Justice |
| NACP | National AIDS Control Programme |
| NAD  | Norwegian Association of the Disabled |
| NCEW  | National Confederation of Eritrean Workers |
| NGO | Non-governmental organization |
| NPA | National Programme of Action |
| NUEW | National Union of Eritrean Women |
| NUEYS | National Union of Eritrean Youth and Students |

# Acronyms/Abbreviations (continued)

|  |  |
| --- | --- |
| OAU | Organization of African Unity |
| ORT | Oral rehydration therapy |
| PFDJ | Peoples’ Front for Democracy and Justice |
| PHC | Primary health care |
| PROFERI | Programme for Refugee Reintegration and Rehabilitation of Resettlement Areas in Eritrea |
| STD | Sexually transmitted disease |
| TCCE | Transitional Civil Code of Eritrea |
| TFR | Total fertility rate |
| TPCE | Transitional Penal Code of Eritrea |
| TVET | Technical and vocational education and training |
| U5MR | Under-5 mortality rate |
| UNICEF | United Nations Children’s Fund |
| UXO | Unexploded ordnance |
| WSC | World Summit for Children |

# Introduction

1. Eritrea has been exposed to wars through much of the last four decades, first during the liberation struggle (1961-1991) and then, in recent years, during the Ethiopian-Eritrean border war (1998-2000). At the same time the country was also affected by major droughts and famines in the 1970s and 1980s (1973-1984, 1984-1985) and several lesser ones thereafter, continuing until the present time. These wars, ecological disasters, and years of relief activity have had a deep impact on the rural and urban populations and have given rise to several classes of impoverished populations.
2. From 23 to 25 April 1993 Eritreans (both from within and outside the country) voted in an internationally monitored referendum. An overwhelming 99.8 per cent of the voting population decided in favour of independence, which was formally declared on 24 May 1993. Eritrea became a member of the United Nations on 28 May 1993 and a member of the OAU a few days later; in September 1993 Eritrea signed the Convention on the Rights of the Child and ratified it in August 1994.
3. This report was prepared pursuant to article 44 of the Convention, and on the basis of the “Consolidated guidelines for the initial part of the reports of States parties” as contained in document HRI/1991/1.
4. This report is the product of collaborative effort by all pertinent ministries and NGOs. The government body responsible for children in Eritrea is the Ministry of Labour and Human Welfare (MLHW). Specifically, the MLHW has the primary responsibility to promote, enforce, implement, monitor, inspect and report the status of progress with regard to the Convention. In addition to the legal rights of children stipulated in the laws and other legal instruments of the country, the MLHW had drafted various new legislation aimed at protecting the rights accorded to the child as rights given to all children. Ensuring quality childcare facilities, including health care, education, recreation and nutrition, has been the goal of the Eritrean Government.
5. Accordingly, policies were drafted and working programmes prepared in order to facilitate (ensure) attainment of the objectives of the Convention and actual work started for its implementation.
6. The 1998-2000 war with Ethiopia required the Department of Social Affairs/Division of Child and Family Welfare to make substantial changes in its work plans in order to address the grave situation occasioned by mass expulsions from Ethiopia, the dislocation and displacement of up to 1.5 million people. Disruptions caused by the war have negatively impacted a large number of children.
7. As stated above, the Ministry of Labour and Human Welfare, and specifically the Division of Child and Family Welfare, has responsibility to implementing the Convention. There is still much work to be done for the full implementation of the Convention; however, the National Programme of Action for Children offers a framework for working towards compliance with the Convention. In line with the Convention, a Child Protection Unit has been established in the Division of Child and Family Welfare to monitor the activities of the Ministry. Activities implemented to date include: the drafting of the Child Law; the translation into local languages, distribution and radio broadcast of the Convention; the preparation and distribution of other related brochures, posters, postcards and T-shirts; national and regional workshops were convened - with the active participation of children - aimed at sensitizing the public on the Convention; training on implementation for school directors, teachers, law enforcement personnel, the youth, local administrators and religious leaders; formation of a national Committee on the Convention on the Rights of the Child; conducting of a national “Say Yes for Children” campaign; annual publication and free distribution of a children’s magazine on the Day of the Child (8 December). Most importantly, the integrated Early Childhood Development (ECD) project started in 2001. The project is designed to provide services for young children’s basic needs, namely health care, proper nutrition, social protection, and early psychosocial stimulation as a means of helping children realize their full potential. The project is multisectoral, involving six ministries (Education, Health, Agriculture, Fisheries, Labour and Human Welfare), NGOs and the University of Asmara.
8. The main difficulty hampering the implementation of the Convention is the socio‑economic condition of the country, and the lack of adequate and effective implementation mechanisms; for instance, the MLHW has a severe shortage and in some cases a total lack of financial and trained human resources which prevent it from always fulfilling its obligations, even when it has appropriate policies and guidelines that it wants to follow.
9. In the 1950s Eritrea, compared to other sub-Saharan African countries, was economically advanced. Thirty years of war prior to liberation in 1991 and neglect and deprivation by the Ethiopian Dergue regime devastated the country’s economic and social infrastructure. Decades of lost opportunities for growth have made Eritrea one of the poorest countries in the world.
10. Similarly, the 1998-2000 war has affected all aspects of the social and economic life of the people, and has been a tremendous setback to all development achieved since independence. Hundreds of thousands of people were displaced in the region, 75,000 were expelled from Ethiopia and much infrastructure in war-affected areas was either destroyed or vandalized by the Ethiopian army.
11. Although the problems faced by children are some of the many rehabilitation, reconstruction and development dilemmas facing Eritrea, the Government is well aware that of all the country’s citizens, children as a group have been the most adversely affected by war and famine. This has created an environment in which children, especially those in difficult circumstances, are now seen as a priority.
12. Since gaining official independence, Eritrea has been building its legislative, judicial and administrative structures virtually from scratch. Nevertheless, the experience of the EPLF during the struggle set useful legal structures in the liberated areas which together with the traditional customary laws and democratic practices, e.g. customary law (*Hegi Indaba*) and village councils (*Baitos*) of the respective communities, have proven useful in establishing well‑founded systems of justice. The first phase of this process has been the drafting of a new Eritrean Constitution. The drafting process has involved extensive public input and debate by all sectors of society. In order to be inclusive of all opinions the drafting process has been a slow one. The draft constitution, completed in July 1996, has been publicly debated and was ratified on 23 May 1997, coinciding with the sixth Independence Day anniversary.
13. The Constitution outlines national objectives and directive principles, fundamental rights, freedoms and duties, and establishes the basis for elected legislative and executive branches. It also provides a framework for the administration of justice and essential government services. It is a relatively short document and is intended to protect all citizens, without detailing the rights of any specific group, including children. It emphasizes equality, unity, peace and stability, and guarantees the right of all citizens to participation in decision-making affecting their lives. With regard to the girl child, the provision of equality before the law and the provision against discrimination helps towards ensuring the removal of all kinds of bias against the girl child.
14. Following the ratification of the Eritrean Constitution, new laws have been drafted and old codes reviewed and reformed. The codified laws which are currently operational in Eritrea are essentially Ethiopian laws with some amendments. The amendments include sections from the Charter of the Eritrean People’s Liberation Front (EPLF) and relate to basic human rights and freedoms, many of which are applicable to this report. The Penal Code, the Criminal Procedure Code, the Civil Code, the Civil Procedure Code and the Commercial Code are now finalized and are waiting for the approval of the National Assembly. The legal rights of children stipulated in the laws and other legal instruments of the country are, by and large, compatible with the provisions of the Convention.
15. The GSE is facing many other development challenges as a result of past colonial occupations, the 30 years of war for independence and the 1998-2000 border war. When the EPLF took on the responsibilities of governing the country, Eritrea’s infrastructure was all but destroyed; transport links were unserviceable, power supplies were virtually non-existent, communication links were limited and in disrepair, and social services - such as schools and health facilities - were totally inadequate for the population. Personal and public property of the Eritrean people was destroyed so that the people and the Government had to rebuild their homes and societal structures respectively. After independence, between 1992 and 1997, the new Eritrean Government pursued policies, strategies and investments to promote rapid, widely shared economic growth led by the private sector. It created an enabling policy environment investing in infrastructure and strategic industries. It adopted policies to rehabilitate, upgrade and expand transportation, communication, power, and water supply facilities; improve the capacity and quality of the health care, education, and financial systems to deliver services; and restore the productive capacity of the economy particularly in agriculture and fisheries, tourism, construction, mining and manufacturing. In the years following independence, until the outbreak of the border war in 1998, Eritrea enjoyed an average annual growth rate of 7 per cent, one of the highest in Africa (GSE and IMF/World Bank estimates).
16. While the war damage to physical structures is devastating, the damage done to individual and community life is perhaps more so. During the war for independence tens of thousands of Eritreans died as a direct or indirect consequence of the war, and about 1 million Eritreans (as many as one in three) became refugees, fleeing to neighbouring countries and as far as the Middle East, Europe and the United States. The 1998-2000 border war with Ethiopia and drought resulted in massive displacements of people; at the peak of the war in May 2000 about 1.5 million were internally displaced and 1.75 million were in need of emergency assistance (80 per cent of them women and children). Those who remained living in areas occupied by the Ethiopian army were subjected to persecution and terror and, in particular, women and children were adversely affected. Many watched their mothers being raped and some were direct victims of rape themselves. Of the 75,000 Eritreans and Ethiopians of Eritrean descent expelled from Ethiopia between 1998 and 2001, a great number were children. The expellees were subjected to cruel and inhumane family separations, with some family members expelled and others forced to stay behind. Husbands were separated from wives, wives from husbands, and children separated

from one or both parents. Parents were expelled but children remained behind. Thus, many parents do not know the whereabouts of the children they left behind in Ethiopia and unaccompanied children do not know what has happened to their parents. Between May 1998 and November 1999, 450 under-age children were expelled to Eritrea without their parents; at the same time 2,600 children were left behind in Ethiopia without any adult taking charge of them as both parents had been expelled. Fear, displacement, death and separation from parents have opened afresh the wounds of war that had taken so long to heal.

1. There are also developmental challenges, not only in rebuilding the destroyed infrastructure, but also in producing skilled workers needed to support those development efforts. While Eritrea has historically had good relations with many of its neighbours, recent events have highlighted the international challenge of maintaining harmonious and constructive relations with neighbouring countries. There is also the environmental challenge of creating sustainable development in a country with extensive land degradation, recurrent droughts and (even in good years) a large food deficit. It is against this very poor economic background that Eritrea faces the challenges of reconstruction, rehabilitation, and the longer-term goal of creating economic sustainability.
2. Economic development and poverty reduction have been the central goals of the Government’s development programme since independence. In addition, social services like basic health and education are recognized as inalienable rights of the child. Within the State’s resources and capacity, the Eritrean Constitution, ratified in 1997, guarantees the following:

 (a) The State shall work to bring about balanced and sustainable development throughout the country, and shall use all available means to enable all citizens to improve their livelihood in a sustainable manner, through their participation (art. 8, para. 2);

 (b) Every citizen has the right of equal access to publicly funded social services. The State shall endeavour, within the limits of its resources, to make available to all citizens health, education, cultural and other services (art. 21, para. 1);

 (c) The State shall secure, within available means, the social welfare of all citizens and particularly those disadvantaged (art. 21, para. 2);

1. The Government has defined a vision of the new Eritrea that has been articulated initially in the Macro-Policy Paper of 1994, and more recently in the National Economic Policy Framework and Programme, presented in 1998. The strategy involves some of the following main elements: (a) raising the skills and well-being of people by investing in education, nutrition, health care, and water and sanitation systems; (b) reducing rural poverty by investing in rural infrastructure, agriculture, management of livestock and pastures, and development of the fisheries sector which aims at mapping out a strategy to catch up after over three decades of war, recurrent droughts and lost opportunity for socio-economic growth.
2. The overriding national development objective is to create a modern, technologically advanced and internationally competitive economy within the next two decades, as stated below. National development efforts will, therefore, be directed towards the realization of:

 (a) Improved agricultural production through the development of irrigated agriculture and by enhancing the productivity of peasants, pastoralists and agro-pastoralists;

 (b) Developed capital, knowledge-intensive and export-orientated industries and services;

 (c) An upgraded and technologically improved informal sector;

 (d) A developed tourism sector and high-grade conference and convention centres;

 (e) A competitive international financial centre;

 (f) A developed and systematic public health-care system;

 (g) Broad-based education incorporating widespread dissemination of skills and languages and extensive human capital formation;

 (h) An effective social welfare and safety-net system;

 (i) A decentralized and democratic political system;

 (j) An internally peaceful and stable nation at peace and harmony with its neighbours; and

 (k) A free and sovereign State where human rights are respected.

1. More detailed policy frameworks have been developed in specific areas.
2. In health, basic health services guided by Primary Health Care (PHC) strategy principles such as equity, accessibility, affordability, and community involvement with services being delivered in an integrated manner are being expanded nationwide. Other important concerns will be decentralization and intersectoral collaboration. The MoH has already developed a policy on community health services which indicates that communities will be expected to select their own village agents who will be accountable to them. The Government will be involved in the training of community agents and the initial supply of essential items, with communities expected gradually to assume responsibility for the sustainable implementation of these services. Since independence much progress has been made in the provision of public services; by 1999 about 70 per cent of citizens lived within 10 kilometres of a health-care facility, as opposed to 10 per cent at independence in 1991. The number of professional health-care workers rose by nearly 70 per cent, from 2,550 in 1993 to 4,240 in 1999, and the number of physicians grew 2½ times, from 58 to 145.
3. In the area of basic education, the macro-policy statements and the MoE policy guidelines commit the Government to compulsory basic education, including instruction in mother tongue, and eventually ensuring universal access to basic education. The policy also expresses the principle of non-formal education to cater for the majority of the population who are currently not being served by the present system. The national human resources development policy provides the framework for the development of education. The principal objectives of education and training in Eritrea are: (a) to produce a population equipped with the necessary skills, knowledge and culture for a self-reliant and modern economy; (b) to develop self-consciousness and self-motivation in the population to fight poverty, disease, and all the attendant causes of backwardness and ignorance; and (c) to make basic education available for all. To reach those objectives, the Eritrean Government has adopted a series of policies for education and training (detailed below in the education section).
4. To improve access to education, the Government has increased spending on education from 4 per cent of government expenditure in 1993 to over 9 per cent in 2001. Expanding primary school enrolment (grades 1-5) and improving its quality are the Government’s top priority for education. Currently nearly 70 per cent of resources for education are spent on primary education, and nearly 78 per cent of the primary schools are located in rural areas. As a result primary and middle school enrolment increased from about 178,800 in 1991/92 to 370,000 in 2000. During the same period, enrolment in secondary schools rose from about 27,600 to 60,000, while the number of university students rose from 2,940 to 4,100. However, 60 per cent of 7- to 11-year-old children remain out of school.
5. From 1998 to 2001 the number of men and women benefiting from adult education schemes leaped to 90,000, of whom 90 per cent were women.
6. Between 2001 and 2005 the Government plans to steadily increase the share of expenditure for education to reach 14 per cent of total government expenditure in 2005.
7. In the area of social affairs, the government policy advocates the provision of legal protection to children and youth from economic, sexual and other forms of exploitation. The policy also encourages the strengthening of traditional social security and self-help schemes and the promotion of the rights of the child, the disabled and other vulnerable groups through the active participation and collaboration of communities and concerned governmental and non‑governmental organizations.
8. It is with these policy objectives that the Government aims to overcome the massive impediments facing the country today. Eritrea is presently one of the poorest countries in the world with an estimated GDP per capita of about US$ 200. Although the Eritrean Government did not inherit any debt to service, its ability to raise funds has been severely hindered by the devastated economy with a relatively large proportion of the people being below the poverty line. The recent war coupled with drought greatly reduced agricultural production, making almost all the rural population dependent on food aid. Although the war ended in 2000, an exceptionally severe and prolonged drought continues in 2002 threatening the survival of people and animals.
9. Demographic situation. The population is estimated at 3.7 million people living within Eritrea and another 700,000 to 1 million living abroad. These figures are based on local village‑level estimates, since there has not been a formal census. About 50 per cent of the population are children under 18, of whom around 18 per cent are under the age of 5 years. The annual growth rate is estimated at 2.7 per cent. Life expectancy is about 51 years, slightly above the sub-Saharan average of 47, but well below the average of 59 years for other low-income countries. Nine ethnic groups are found in the country, of which the largest are the Tigrinya (50 per cent) and the Tigre (31 per cent). Much has been achieved, despite the problems faced by the country. The infant mortality rate (IMR) has declined from 72 per 1,000 live births in 1992 to 48 in 2002 and the under-5 mortality rate (U5MR) declined from 140 per 1,000 live births in 1992 to 93 in 2002 (one of the lowest in Africa). The maternal mortality rate (MMR) is about 985 deaths per 100,000 live births, one of the highest in sub-Saharan Africa. Female genital mutilation (FGM) affects 89 per cent of girls by the age of 7 years. There is lack of access to quality reproductive health services, particularly those that are youth friendly; in fact, coverage of antenatal care services declined from 49 to 40 per cent from 1995 to 1999.
10. Eritrea is categorized as a country with a low HIV infection rate with a population prevalence rate of about 3 per cent in 2000; however, the Ministry of Health estimates a doubling time of 18 months, which means that if left unchecked, the population prevalence rate of HIV might reach 12 per cent by 2006. AIDS orphans are already adding to the nearly 80,000 war orphans who remained as of 1999; this number does not include the additional orphans as a result of the border war since 1998. By 2002 there were 552 AIDS orphans registered with and receiving support from the MLHW. The adult literacy rate is about 30 per cent. The gross primary school enrolment rate is about 52 per cent. Access to safe drinking water and adequate sanitation is very low and is estimated at 22 and 18 per cent respectively; the scarce water supply is aggravated by the destruction of water supply installations during the war and by the drought. Although there have been encouraging trends a great deal needs to be done to improve the health and general well-being of women and children.
11. Although some data from the Eritrean Demographic and Health Survey (EDHS) 2002 on health have been quoted in this report, many sections still contain data from the EDHS 1995; the final report of the new EDHS and a National Study on Persons with Disabilities are expected to be finalized by the end of 2002. Since independence the Government and UNICEF have conducted three analyses on the situation of children and women, the first in 1994; an update of the situation was done in 1996 in view of new data from the 1995 EDHS; a third situation analysis was conducted in 2001. Although the latter will need to be updated when the results of the 2002 EDHS are available, it remains the most up-to-date report covering all aspects of the situation of children and women in Eritrea. In addition to these, the MLHW have conducted various studies, assessments and evaluations of the situation of children in Eritrea, among them: Evaluation of the Orphan Reunification Programme and Group Homes; Psychosocial Needs Assessment of War-Affected Children; an assessment on the situation of separated children in internally displaced persons’ camps and various situation analyses of vulnerable children. It is obvious, however, that the lack of baseline information on critical social and economic indicators constitutes an obstacle to the design, monitoring and evaluation of programmes at all levels. As capacity is built within the various government and non-government agencies that plan and implement projects, baseline data will be collected and incorporated into the planning, implementation and evaluation processes.

## i. GENERAL MEASURES OF IMPLEMENTATION

#  A. Measures taken to harmonize national law and policy

#  with the provisions of the Convention

1. As a recently liberated country, Eritrea has a formidable task ahead of it to give the rights of the child a factual basis within its legislative, judicial, administrative and institutional structures. Colonialism and the long history of oppression, recent war and resultant massive human rights abuses, and extreme deprivation, including famine, make the transition of Eritrea into a country with a population committed to the rights of the child a challenging one.
2. Basic human rights were espoused and defended by the EPLF during the war, and there is a widespread acceptance of the necessity of not only enshrining these rights in law but establishing strong societal structures, both formal and informal, which will ensure that these rights are upheld.
3. The GSE understands the urgent needs of the country in terms of the collection of baseline information, the formulation of detailed policies and guidelines and the implementation of programmes to meet the basic rights of children; these have been a priority of the MLHW. Additionally, capacity-building within the government line ministries and more general human resource development are the first priorities of the GSE. Implementing the Constitution by developing legislation in relation to child rights and instituting a budget process have been two other basic priorities. The MLHW is in the process of finalizing various social policies, like the National Policy of Child and Family Welfare and a policy on prostitution. Much emphasis has been given to creating community awareness concerning the Convention and proper childcare and protection in general.
4. During the drafting of the Constitution, Eritrea embarked upon a process of examining how its national laws coincide with the provisions of the various international conventions and declarations to which the country is signatory. As a whole, the drafting of the Constitution has been a “bottom-up” approach, with the population being involved in massive consultations across the country. The deliberations have concentrated on the following background.
5. The family is the most basic institution within Eritrean society for raising children, and it can play a positive role in the creation of productive and competent citizens. Within the new Constitution of Eritrea, article 22, which refers to the family, satisfies certain criteria required in the Convention: both males and females have to be over 18 years of age to marry and both must fully consent to marriage and the establishment of a family. It also guarantees the equality of the two partners during marriage ties and divorce.
6. The Constitution says that the family is the natural and fundamental unit of society and that it is entitled to the protection and special care of the State and society; this is interpreted to extend special care and protection by the State and society to children too. The same article adds that the parents also have the obligation and right to raise children with all the necessary care and

protection. Though traditionally within the society children are loved by their parents and the wider community, it is still a widespread practice to have children engaged in economic activities (production of commodities and services), both within and outside the home, with the status of employees or apprentices.

1. The Government of the State of Eritrea has signed and ratified the Convention on the Rights of the Child, and this move will help to ensure the protection of the rights, freedoms and dignity of children. Before the application of the Universal Declaration of Human Rights and other covenants, children were deprived of their basic human rights both at national and international levels. Recently, it became clear that children are the victims because of violations of their rights and the consequences of social problems: violence, military conflict, exploitation, poverty, disability and the like. Thus, the situation has motivated a continuous initiative to ensure the specific security of children. As outlined in the Convention, the best interests of the child should be the primary consideration.
2. Although article 22 of the new Constitution generally advocates for the proper care of children, the parents, the society and the Government have a collective responsibility to render appropriate care to children. Most of the international and regional human rights instruments, among other things, provide the following:

 (a) The right from birth to a name and the right to acquire a nationality;

 (b) The right to security, adequate food, basic health and social services;

 (c) The right not to be deprived of a family environment and protection from abuse;

 (d) The right of the child to be protected from labour exploitation. A child should not be exposed to hazardous forms of child labour. Children should not be required to work or admitted to employment which is likely to be harmful to their education, health or development;

 (e) A child who is in conflict with the law should be treated in a manner which takes into account the age and developmental capacities of the child.

1. The concept of the child should be defined in a proper way in Eritrea. According to the standards of many constitutions, a child shall attain the legal age of majority on reaching 18 years of age. With regard to other rights and obligations contained in the Convention, the Constitution Commission had raised the following points for community discussion:

Name. The right to a name is a universal right. A name is an integral part of the identity of a person. It is an inherent part of this human right that, upon registration, a child is given a birth certificate.

Nationality. A child has a right to acquire nationality immediately after birth. The aim would be to protect the entitlement of the child to citizenship. This will enable children to enjoy their rights to citizenship and other rights within the Constitution of their country.

Parental guidance. The law should recognize the right of parents to protect their children from arbitrary intervention by any administrative body. There is an issue as to the role of government if the child is an orphan or if his/her parents are unfit to raise a child. Under such circumstances, the child is entitled to alternative care. According to the relevant article of the Convention, the Government has the obligation to establish childcare institutions.

Nutrition and basic health services. This is one of the concrete examples of socio‑economic rights, and Governments do have the capacity to remove the barriers to the implementation of this right. Primarily, this right aims at the protection of children from maltreatment, neglect, hunger and abuse. Even in the most disadvantaged areas, it is possible for the Government to provide a minimum of food and health services. This should be one of the basic obligations of Government, although this obligation must be carried out within the context of the level of development of the country.

Neglect and abuse*.* Children have the right to be protected from neglect and abuse. According to this article of the Convention, the Government has an obligation to take appropriate measures whenever this right is violated. It is not clear, however, what the Government’s specific role is in protecting children from abuse and neglect within the family and private relationships, in particular, to what extent the Government is capable of handling this obligation.

Child labour. There should be statutory regulations on how many hours children work (light work and after school hours), and the type of work which should not be performed should be the same whether inside or outside the family.

Detention*.* There is also a need for a particular provision on children in conflict with the law. Juvenile offenders should be detained separately from adult offenders. The child should have the right to maintain contact with his or her relatives, and the child must have the right to educational information.

Recognition of parenthood*.* The International Covenant on Economic, Social and Cultural Rights prohibits discrimination based on birth. The definition of a child in the Constitution has a provision both for those who are born inside and outside wedlock. The law should not permit discrimination in the field of inheritance.

1. The Eritrean Constitution was ratified on 23 May 1997 by a constituent assembly representing all Eritreans, whether living inside the country or outside. National elections will be held in accordance with the Constitution and the people of Eritrea will elect a new National Assembly. Once in place, the National Assembly will also have the responsibility of enacting and overseeing the execution of the laws and approving the national budget. Until that time a 150-member National Assembly is in place. Legislation detailing the rights of the child has been drafted following the ratification of the Constitution and is currently under review.
2. The Child Law Committee has been set up by the MLHW. It has been working to examine the relationship between the provisions of the Convention, the new Constitution, the Transitional Codified Laws and the Eritrean Customary Laws. The Committee is composed of representatives of all the pertinent ministries, in addition to some NGOs whose mandates require them to advocate for the rights of children. The Committee produced a discussion paper in 1996 on the differences between the various laws and the principles upon which each is based. Examination of these issues forms the basis for some of the present report. Following extensive participatory research throughout the country on child-rearing practices and a review of customary laws, the Child Law Committee drafted child laws, which include all aspects of the Convention. The Ministry of Justice is currently reviewing the draft laws.

# B. Existing or planned mechanisms to coordinate policies and monitor

#  the implementation of the Convention

1. The Ministry of Labour and Human Welfare has the primary responsibility to promote, enforce, implement, monitor, inspect and report on progress achieved with respect to the Convention.
2. The MLHW has established a Division of Child and Family Welfare within the Department of Social Affairs, whose organizational objectives are:

 (a) Advocating generally the interests of children;

 (b) Formulating policies, procedures and guidelines for programmes and projects relating to children;

 (c) Undertaking studies and keeping records of children in need of special protection measures (CNSPM);

 (d) Identifying and providing protection and services to children in especially difficult circumstances;

 (e) Allocating resources equitably to children’s social services.

1. To discharge this responsibility, the MLHW has established a Child Rights Unit within the Division with the following Convention-related responsibilities:

 (a) To protect and preserve the rights of the child;

 (b) To create full awareness of the Convention among the public;

 (c) To coordinate activities, such as seminars and workshops, in order to respond and monitor the Convention;

 (d) To prepare reports relevant to the Convention;

 (e) To conduct research relevant to children’s needs, particularly in relation to children with special needs;

 (f) To publish and distribute booklets, posters, cartoons and brochures supported by photographs;

 (g) To organize nationwide publicity and disseminate information about the Convention using the mass media.

1. The Eritrea Integrated Early Childhood Development Project started in 2001. The project is designed to provide services for young children’s basic needs, namely, health care, proper nutrition, social protection, and early psychosocial stimulation, as a means of helping children realize their full potential.
2. The MLHW also works in partnership with United Nations agencies, particularly UNICEF, and international and national NGOs in promoting the Convention. Following the 1998 border war with Ethiopia, a child protection working group was set up by the MLHW and UNICEF representing all United Nations agencies and local and international NGOs working with children. The MLHW has designed and implemented programmes to cater for children in need of special protection. Various assessments, studies and evaluations have been conducted. The programmes developed and being implemented focus on:
* Orphan reunification and support of caretaker families;
* Institutional care for orphans;
* Foster care, adoption and group homes for orphaned and unaccompanied children;
* Community-based rehabilitation for disabled children;
* Orthopaedic workshops producing appliances for disabled children;
* Rehabilitation of street and working children;
* Services for juvenile delinquents;
* Vocational training
* Sexually exploited children;
* War-affected children: displaced and expelled children.
1. In 1996 the Committee for the Convention on the Rights of the Child was established. The Committee consists of representatives from the Ministries of Labour and Human Welfare, Internal Affairs, Health, Justice, Information and Education and the Constitution Commission. Two local NGOs, the NUEW and NUEYS, are also represented. The Committee is chaired by the MLHW, which also provides secretarial services. The main activities include coordination of intersectoral activities and information sharing. Since the 1998 border war the Committee has some contributions towards support for war-affected children. In 1999 it participated in organizing an exhibition on child rights, and in 2001 it contributed towards the “Say Yes for Children” campaign. The Committee also assisted in the update of this report.
2. The National Programme of Action (NPA) of 1996-2000 and the new one for 2002-2006 address most Convention-related issues. The respective components will be detailed in the forthcoming sectoral chapters of this report.

# C. Measures taken to publicize the Convention

1. In order to create awareness of the principles of the Convention, a Tigrinya (local language) version was published and circulated among government officials, representatives of United Nations agencies, NGOs and representatives of communities on the occasion of the Convention signing ceremony in 1993. Its ratification in August 1994 evoked the need for convening a national workshop as a means of discussing the content of the Convention and how it should be implemented. The then Authority for Social Affairs (now Department of Social Affairs under the MLHW) with support from UNICEF invited representatives of institutions and organizations involved with children, laws and research and proposed the establishment of a workshop preparatory committee.
2. The National Workshop, which was convened in Asmara on 7 and 8 December 1994, aimed:

 (a) To create awareness of the main provisions of the Convention among influential political and social figures;

 (b) To create awareness of the general situation of children in Eritrea and the relationship of these situations to the main provisions of the Convention;

 (c) To advocate for the integration of the contents of the Convention in legal and policy matters relevant to Eritrea;

 (d) To identify (and create) bodies responsible for awareness, surveys, implementation, monitoring and evaluation, and reporting on the Convention.

1. About 300 participants, including a large number of children, were present for the whole workshop. Civil servants, administrators, NGO representatives, religious leaders and traditional community leaders were all present. Children aged between 11 and 14 were invited from across the country, representing children, including disabled groups, from all nine ethnic groups. The representative children actively participated throughout the workshop. Their concerns and recommendations included corporal punishment, the right to go to school, the issue of early marriage, the definition of a child, the issue of harmful traditional practices, and the discrimination practised against girls and children with disabilities.
2. The workshop accepted the fundamental aspects of the Convention on the Rights of the Child and highlighted the right to survival, the right to development, the right to protection and the right to participation. The workshop recognized the major constraints that Eritrea had to face - the long-term effects of the war and disasters which the population had been exposed to, economic and technical skill limitations, lack of awareness on the part of the population with regard to the Convention and the harmful traditions that are present in the country - that will set limits on how fast the implementation can be carried out.
3. The workshop recommended that:

 (a) The drafting of the Constitution seriously take into consideration the fact that the Convention on the Rights of the Child is now among the laws of the land;

 (b) A structure (i.e. an organization/body and preferably two) be created, one to be in charge of responsibility for implementing the rights of the child, the other to undertake the monitoring and reporting;

 (c) The organization(s) be created by the National Assembly and be accountable to the National Assembly. The members of the organizations should include pertinent ministries, NGOs and various components of the community. The implementation should not be left to the Government alone, but various elements of society should be part of the implementing body;

 (d) A nationwide study be conducted to help the country understand the present state of its children and used as a basis for the implementation process;

 (e) The Convention on the Rights of the Child be published in all the languages of Eritrea;

 (f) Children’s programmes be published or disseminated through the mass media;

 (g) The rights of the child be incorporated into the curricula of schools and training programmes;

 (h) The rights of the child be balanced with the duties of the child;

 (i) Harmful traditional practices be prohibited by law;

 (j) Vulnerable groups - orphans, the disabled, street children, working children (especially those engaged in industries) and school drop-outs - be given special attention with regard to rehabilitation;

 (k) Juvenile offenders be given special guidance and care;

 (l) Fair distribution of social services (schools, medical services, etc.) be extended to all children;

 (m) Boarding schools be established for disadvantaged children;

 (n) Workshops on the Convention on the Rights of the Child be conducted at regional, district and village levels.

1. As a result of the National Workshop’s recommendations, regional workshops were convened throughout Eritrea. Government officials, representatives of peoples’ councils, religious leaders, international partners, NGOs, and children participated in all workshops. A total of 1,200 participants from all six regions participated in the various workshops from March to May 1996.
2. The workshop accepted the fundamental aspects of the Convention on the Rights of the Child, highlighted the right to survival, the right to development, the right to protection and the right to participation. A summary of the recommendations of the regional workshops is as follows:

 (a) Harmful traditional practices should be prohibited by law;

 (b) Families are the basic social institutions, and they should rear and educate their children properly;

 (c) Public awareness programmes should be undertaken to change the negative attitudes the community has towards disabled children. Efforts should also be made to integrate disabled children into regular and vocational schools;

 (d) The rights of illegitimate children should be ensured by law;

 (e) Parents and caregivers should take proper care when punishing children, and such punishment should not cause physical or mental harm;

 (f) Correctional institutions should be established to deal with juvenile offenders;

 (g) Workshops on the rights of the child should be conducted at subregional and village levels;

 (h) The rights of the child should be disseminated through the mass media;

 (i) The community in general and religious and community leaders in particular should play a particular role in ensuring the rights of children;

 (j) Recreational places for children should be expanded;

 (k) The number of kindergartens should be increased and the public should be actively involved in their establishment;

 (l) Social services such as health and education should be equitably distributed;

 (m) A committee should be set up to implement and follow up the Convention at the regional level.

1. Recommendations of the national and regional workshops are being used for programme and project formulation. They were used in the preparation of the NPA. Although the workshop recommendations relating to cultural concerns will require more time, many of the recommendations, such as those enumerated below, have been implemented since 1996:

 (a) Workshops have been conducted;

 (b) The new early childhood development programme covers many of those issues;

 (c) Article 836/1 of the TCCE provides that illegitimate children are to be considered heirs of the deceased and share the same portion as the legitimate children. In the new draft Code these children are referred to as children born out of wedlock;

 (d) Health and education services have been extended to the most marginalized areas, the national IMR had dropped from 72 per 1,000 live births in 1997 to 48 per 1,000 live births by 2002;

 (e) Disabled children have been integrated into regular schools.

1. Since liberation (before ratification of the Convention), the Division of Child and Family Welfare has organized events that highlighted the rights of the child. To celebrate International Children’s Day, each year posters and booklets are distributed throughout the country. In 1993 a magazine published in Tigrinya and Arabic, two of the most commonly used languages in Eritrea, was distributed to the people. The OAU‑designated Day of the African Child (16 June) has also been commemorated since 1993. Shiden, a magazine concerned primarily with child rights, was published and distributed every three months from 1992 to 1994, and annually since then.
2. Since the 1994 workshop there have been numerous awareness‑raising workshops on the Convention and related matters and workshops on specific issues such as HIV/AIDS, sex workers, “Say Yes for Children”, EFA.
3. With an extremely limited background and resources to monitor and report on such conventions, and with capable but inexperienced personnel in such matters, Eritrea has struggled to meet its obligations with regard to the Convention. The workshop proved to be an important beginning in the crucial first steps towards a solid understanding by participants of the overall implications for Eritrea of the signing and ratification process. The following activities have been undertaken between 1994 and 2002:

 (a) The Convention has been translated into Tigrinya (20,000 copies), Arabic (15,000 copies), Tigre, Afar, Saho and Kunama (10,000 copies each) and distributed to all regions;

 (b) To help the public in general and children in particular, a more easily understandable form of the Convention has been prepared using cartoons;

 (c) A national and six regional workshops aimed at sensitizing the public on the Convention have been convened;

 (d) A booklet has been translated into six local languages and distributed to the public;

 (e) All the articles of the Convention have been broadcast on national radio programmes (*Dimtsi Hafash*) in six languages;

 (f) The initial report on the implementation of the Convention was prepared in 1997;

 (g) A number of training programmes were organized for law enforcement personnel, teachers, youth, local administrators and religious leaders;

 (h) Close to 1,000 elementary and junior secondary school teachers in all regions have been trained on the implementation of the Convention;

 (i) A summary of the Convention has been translated into Tigrinya and Arabic and distributed to government officials working at all levels (more than 5,000 hard copies);

 (j) A national committee has been formed which coordinated the activities relating to the Global Movement for Children as well as the “Say Yes for Children” national campaign;

 (k) “Say Yes for Children” had a very high participation of people from all walks of life who pledged to safeguard the rights of children. The following priorities were held to be essential among the 10 critical actions of the Global Movement for Children: (a) education for all children (62 per cent); (b) combating HIV/AIDS (58 per cent); (c) caring for all children (43 per cent);

 (l) Efforts are being made to look into ways of ensuring that young people participate actively as partners in peace processes and policy development related to young people, through education, skills training and creation of youth networks;

 (m) A children’s magazine has been published and distributed free annually since 1992;

 (n) Over 135,000 copies of different publications - brochures, posters and postcards - have been distributed to the public on the occasion of International Children’s Day;

 (o) Other advocacy materials include printing of 20,000 T-shirts on the principles of the Convention and distributing them to children and their parents/guardians in order to create awareness among the public;

 (p) In‑depth comparative studies on the feasibility of the various placements of orphans have been conducted.

1. Further plans regarding the advocacy and social mobilization for child rights include:

 (a) Prevention and rehabilitation of disadvantaged groups: street children, commercial sex workers/sexually exploited children, children in conflict with the law;

 (b) Promotion of youth development: construction of youth recreational and training centres;

 (c) Orphans’ reunification with extended families: conduct of surveys/assessments, identification and needs assessment of host families; convening of regional implementation workshops; provision of income‑generating assistance and strengthening the psychosocial capacity development of service providers and community-based monitoring and evaluation aspects of CNSPM;

 (d) Childcare and protection, support for AIDS orphans; establishment of additional community‑based group homes; finalization of child and welfare policy and law; awareness creation and community sensitization on the rights of the child; reintegration of displaced, returnee and expelled children (emergency response); capacity‑building to promote childcare and protection;

 (e) Service to juvenile offenders: public education on the prevention of delinquency; probation service and community service for juvenile offenders;

 (f) Secure the safety, health and minimum labour condition of under‑age workers: identify the working condition of this special group; train inspectors; set up safety committees at establishment level;

 (g) Conduct studies essential for policy development and appropriate intervention on children;

 (h) Human resource development;

 (i) Initiating and operating children’s drama clubs;

 (j) Organizing a series of lectures on the Convention for broadcast on radio and television; and

 (k) Conduct a general knowledge competition on the Convention among different groups of schoolchildren.

1. One of the general aims and policies of the Ministry of Information is to transmit educational and recreational programmes that develop and enrich the thinking power of the people through the mass media. UNICEF‑supported communication interventions adopted in 1996-2000 (programme with the GSE) try to analyse communication for the realization of child rights in Eritrea using three main strategies: (a) advocacy to raise resources and secure leadership commitment for development goals; (b) social mobilization for wider participation and ownership; and (c) programme communication for change in the knowledge, attitudes and practices of participants. The right to information is articulated in article 19 of the Constitution, which states “Every person shall have freedom of speech and expression, including freedom of the press.”
2. In collaboration with the MoE and NUEYS, the MoI transmits children’s programmes through the mass media; there is a radio programme three days a week on mother and child health care, and recreational programmes. In particular, there is a weekly programme that helps children to participate in expressing their problems and needs through drama and recreation. There is also a cartoon programme and documentary films through Eri-TV. Additionally research was carried out resulting in a programme on developing and enhancing the participation of children and parents and their duty and responsibility in family activities and in the reconstruction process of the country. General knowledge competitions are also held to encourage children to develop their knowledge and share their experiences. Additionally, there are sports programmes for children. There is also a quarterly children’s magazine, Kolahta, published by the MoE, which has a great role in encouraging children’s rational thinking.

**II. DEFINITION OF THE CHILD**

**A. General**

1. A citizen is defined as any person born of an Eritrean father or mother, or any foreigner who acquires Eritrean citizenship (Constitution, art. 3).
2. TCCE (art. 198) defines a “minor” as someone of either sex who has not yet reached the age of 18 years (age at majority). Although this means that the age of attaining majority (ceasing to be a “minor”) is essentially 18, a child may, according to the law, attain majority before 18 years of age if, for instance, the child marries before the age of 18 (art. 329), or he/she can be emancipated when he/she has attained the age of 15 years when the family council so decides (art. 330). The same law is adopted in article 330 of the draft Civil Code of Eritrea. The majority of people in Eritrea, particularly in rural areas, have little contact with codified laws, and instead, their social and economic rights and responsibilities are governed by custom.
3. According to some customary laws of the country (among the Bilen ethnic group), a “coming of age” ceremony marks the transition from childhood to adulthood (particularly for boys). As an example, for those who adhere to the *Fithi Mehari Woadotat* customary law, a boy comes of age not at a particular age, but when the community considers him mature enough, which may happen at any time from about 13 to 20 years. The ceremony of coming of age, known as *shinglat*, can continue for 40 days, during which the boy-turned-adult receives gifts from his relatives. Thereafter the boy is considered an adult and can participate in the social activities of the community. He can now be a witness, can participate in the council, can be armed, has to pay taxes and other contributions and the meat of the animal he kills can now be eaten.
4. The other laws that specify age levels for particular legal rights, powers and protections in Eritrea are outlined below. Where applicable, an attempt has also been made to give an indication of how children are considered within customary law in Eritrea. Customary law

varies greatly across the different ethnic groups and between regions. It is not the intention of this report to outline all of these laws and how they affect children, but to give a small number of examples of how they may support or be in conflict with the codified laws.

**B. Employment**

1. According to article 68/1 of labour proclamation No. 118/2001, it is prohibited to employ a person under the age of 14. A contract of employment shall not be enforceable against a person below the age of 18 if it is determined to be prejudicial to the interest of that person (art. 9/2). In addition, article 69 of the proclamation provides that the minister may, by regulation, issue a list of activities prohibited to young employees (between the age of 14 and 18), which shall in particular include:
* Work in the transport of passengers and goods by road, railway, air and sea and in docksides and warehouses involving heavy lifting, pulling or pushing, or any other related type of labour;
* Work connected with toxic chemicals, dangerous machines, electric power generation plants, transformers or transmission lines;
* Underground work, such as mines, quarries and similar works; and
* Work in sewers and digging tunnels.

A young employee may not be assigned to work after 6 p.m. and begin work before 6 a.m. (art. 68 (2)) and may not be made to work for more than seven hours per day (art. 68 (3)).

**C. Minimum marriageable age**

1. According to article 46 of proclamation No. 1, 1991 of the TCCE, marriage is solely based on the voluntary agreement of both partners. In general, persons have to attain the age of 18 years if they are going to marry. In spite of this, the Code in many articles talks of under‑age marriage. But for an under age person to marry, he/she must voluntarily agree and get the permission from his/her parents (article 309/1of the Transitional Penal Code of Eritrea (TPCE)). According to article 329 of TPCE, once a minor is married, she/he is considered an adult and gets all the benefits of being an adult. With regard to the minimum marriageable age, although the draft Civil Code of Eritrea states that the marriageable age is 18, this does not apply if the man and woman have both attained the full age of 16 years and the woman submits to the authority who will celebrate the marriage a declaration made by a doctor stating that the woman is pregnant or has already given birth to a child (article 581/2 of the draft Civil Code).
2. In many parts of the country, the male elders of the extended families pursue all marriage alliances - usually along religious, ethnic and linguistic lines. Girls are often betrothed between the ages of 8 and 14 and conclude the marriage between the ages of 13 and 15. Girls often have no choice in their marriage partner. However, in some ethnic groups, such as the Nara, marriage is not acceptable until the woman is 18 and the man 20 years of age.
3. The previous EPLF Marriage Law offers a clear challenge to gender inequality in marriage, and it will be a difficult road to travel until this challenge wins out in post‑independence Eritrea, when the former members of the EPLF are no longer isolated from the full force of traditional culture. The new Constitution of Eritrea aims to further this challenge, by stating that men and women of full legal age shall have the right, upon their consent, to marry and to found a family freely, without any discrimination and they shall have equal rights and duties as to all family affairs (article 22/2 of the Constitution).

**D. Giving testimony in court**

1. The issue of a minor giving testimony in court is a matter governed by judicial practice. A minor can testify in court with or without taking the oath, depending on the discretion of the judge.
2. The customary laws relating to being a witness vary. For example, *Fitihi Mehari Woadotat* states that only adults (i.e. those who have come of age) can be witnesses. The *Higy Adgena-Tegeleba* customary law, however, says that any person who does not have a conflict of interest in the case can serve as a witness provided they are 7 years old or older.

**E. Criminal liability**

1. With regard to under‑age criminal liability. The Transitional Penal Code of Eritrea recognizes three categories of children:

 (a) Children below the age of 12: Article 52 of TPCE states that the criminal law does not apply to children below the age of 12 years. That is, children of this age have no responsibility for their acts. If they commit a crime, correctional measures are expected to be taken by the parents, school or guardian;

 (b) Children between 12 and 15 years: Criminals between the age of 12 and 15 are punishable according to the laws specified under articles 161-173 of TPCE. In addition, the law states that children are not to be given the death sentence or life imprisonment. Additionally, they should not be kept with adult prisoners;

 (c) When deciding or sentencing the court should take into consideration the mental and physical development of the young offender. In addition, the decision to be given must take the correction of the child as its primary aim. These articles also permit the court to amend its decision regarding the correction of the child. Article 55 of TPCE gives the court the right to take suggestions from professionals, school representatives and guardians with regard to the child’s welfare. The court also has the right to send the young offender to a medical or other suitable place;

 (d) Under age 15-18: Article 56/1 of TPCE states that, if an under‑age person between the ages of 15 and 18 commits a crime, she/he is tried under the ordinary provisions of the Penal Code. This article, however, also empowers the court, in assessing the sentence, to mitigate the penalties or to apply special penalties specified for young offenders. In doing so, the court is required to take into consideration the criminal’s age, conditions of the case, and his/her behaviour.

1. The death penalty is specifically prohibited for children under the age of 18 years, women with young children and pregnant women (articles 56, 118, 173 and 181 of TPCE).
2. In dealing with criminal liability of children, the draft Penal Code recognizes two categories (arts. 76 and 77): child offender and juvenile offender.
3. A “child offender” is between 9 and 12 years of age at the time of the alleged offence. Child offenders are not subject to any punishment prescribed in the Penal Code but the court can take the following measures if the child committed an offence punishable under the Penal Code:

 (a) Reprimand or warning;

 (b) Placing the child offender under the care of his parents or other suitable guardian;

 (c) Placing the child in a suitable home established for the care of children;

 (d) Placement of the child offender under the care of a professional qualified to provide treatment when the child is in need of medical, emotional or mental treatment; or

 (e) Other measures in respect to the living and upbringing of the child offender which will aid in the reformation of the child offender.

The court shall review all these measures periodically and any measures that have not been discharged shall terminate automatically when a young offender reaches the age of 18.

1. A “juvenile offender” is between 12 and 18 years of age at the time of the alleged offence. The court may order the same measures applied for child offenders if the court finds from the character and background of the offender that a juvenile offender convicted of any offence does not require criminal punishment to deter him from the commission of further offences or to aid in his reformation (art. 78). If, however, the court finds that the juvenile offender requires criminal punishment to deter him from the commission of further offence, it may sentence a juvenile offender under the provision of the Penal Code. However:

 (a) A juvenile offender shall not be sentenced to death or life imprisonment;

 (b) The maximum sentence or aggregate sentences allowed shall be reduced to 10 years;

 (c) A juvenile offender shall be eligible for conditional release after service of six months of any sentence of imprisonment;

 (d) A juvenile offender shall serve any sentence of imprisonment in an institution under conditions conducive to his reform and education; and

 (e) A juvenile offender may be allowed to perform Community Work, not exceeding three hours per day, under the supervision of a probation officer; and attendance at school may be substituted for Community Work.

**F. Deprivation of liberty**

1. There are a number of instances in which children between the age of 12 and 15 may be deprived of his or her liberty:

 (a) The courts in Eritrea are obliged to send young offenders to a “curative medical institution” if he/she is affected by mental, health or physical disability (art. 162, EPPC/TPCE). As will be discussed later in this report the provision of such institutions is extremely limited;

 (b) School or home arrest where the offence is of “small gravity” (art. 165, TPCE);

 (c) Admission to a corrective or rehabilitative institution (art. 167, TPCE). According to this article, the duration of such deprivation of liberty cannot exceed five years or be less than one year. The offender in a corrective institution should be provided with general, moral and vocational education. There currently exist, however, no such juvenile centres in Eritrea;

 (d) Supervised education where the child has been “morally abandoned, or is being, or is likely to be exposed to the danger of corruption” (art. 163/1, TPCE). Again, the ability of the State to provide “supervised education” is very limited; and

 (e) If the young offender is rebellious, the court may order corporeal punishment if it thinks that it is likely to secure his reform (art. 172, TPCE). In the draft Penal Code, however, corporeal punishment is abolished.

**G. Imprisonment**

1. Deprivation of liberty can only be imposed on children under the age of 18 as a last resort, and only if the offence, if committed by an adult, would be punishable by rigorous imprisonment for 10 years or more, or by the death penalty. The sentence for children can be from 3 to 10 years, and can only include simple imprisonment. The law states that young offenders between the ages of 12 and 15 shall be kept separate from adult offenders (art. 173, TPCE), although, as stated earlier, this is usually difficult to achieve. In the case of repeated sentences, the court may order the child to be sent either to a corrective institution where special measures of safety, segregation or discipline can be applied to the child in the general interest or to a penitentiary detention institution if he is incorrigible and is likely to be a cause of trouble, insecurity or corruption to others (art. 173/1, TPCE). The court determines the period of detention according to the gravity of the act committed and having regard to the age of the child (art. 173/2, TPCE).

**H. Consumption and sale of alcohol and drugs**

1. Alcoholic drinks are not permitted to be sold to minors under the age of 18 years. According to article 514 of TPCE, “whosoever endangers the health of another, intentionally and unscrupulously, by administering or serving, or by causing or permitting to be administered or served to minors [...] alcoholic beverages or spirituous liquors of such kind or in such quantity as to make their injurious effect certain or probable [...] is punishable with simple imprisonment”. In addition, those who sell, offer or serve or allow to be served alcohol in a public place to children or young persons are punishable with a fine or arrest not exceeding one month (art. 773, TPCE).
2. Similarly, article 510/3/b of TPCE prohibits the sale of drugs. The court could pass a sentence of rigorous imprisonment not exceeding five years and impose a fine not exceeding Nakfa 30,000 (the figure does not take inflation into account) where a forbidden toxic substance is furnished for gain or improper motive to a child or young person.

# I. Civil and civic rights, and the right to perform juridical activities

1. The registration of births is possible in Eritrea and is carried out by municipalities and religious institutions. The right to register a newborn is not widely exercised, however.
2. All minors are prohibited from performing juridical activities, except in cases provided by law (art. 199/3, TCCE). The law gives some powers to perform legal actions when the child reaches 15 years of age. For example, article 304/1 of TCCE states that the child has the right to be consulted in all decisions in relation to him or herself. This article does not allow the guardian to avoid this responsibility.
3. The guardian, taking his/her financial conditions into consideration, can authorize the minor to perform some activities of a day-to-day nature (art. 305/1, TCCE). This authorization can be given explicitly (art. 305/2, TCCE). According to article 308 of TCCE, a child who attains the age of 15 years can draw up a will.

# J. Compulsory education

1. Traditionally, many communities provide education for their own children. For instance, the customary law of Logo-Chwa says that all civil penalties on public offences go toward an education fund, which requires all villages to build a school, hire a teacher and educate its children, without gender bias.
2. The Government is committed to making basic education free and compulsory. It plans to achieve not less than 80 per cent access to basic education within the next decade. The Government will ensure participation of all children in the level as it aims to enable all citizens to be both beneficiaries of and stakeholders in the development process.

# K. Military service and the armed forces

1. Recruitment of children under 18 into the armed forces is not allowed in Eritrea (Proclamation No. 11/1991). National service is compulsory for both men and women between the ages of 18 and 40 who were not members of the EPLF during the liberation military struggle.

# L. Sexual consent

1. According to TPCE, minors (below the age of 18) are considered incapable of giving consent to perform sexual intercourse. Whosoever performs sexual intercourse with a minor of more than 15 and less than 18 is punishable with simple imprisonment (art. 595/1). “Where the minor is the adopted child of the offender, the child of his spouse, or 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, the punishment becomes rigorous imprisonment not exceeding five years or simple imprisonment for not less than three months.”
2. According to article 594/1a, causing an infant or young person under 15 years of age to have sexual intercourse or performing an act corresponding to a sexual act is punishable with rigorous imprisonment not exceeding five years.
3. It is not only sexual outrage proper that is punishable by law: any other indecent act upon an infant or young person, inducing a child to perform such an act or deliberately performing such an act in the presence of the child is punishable according to the circumstances, with rigorous imprisonment not exceeding five years or with simple imprisonment for not less than three months (art. 594/2). Where the victim is the pupil, apprentice, school boarder or domestic servant of the offender or is in any other way directly dependent upon or subordinate to him, or is the offender’s adopted child, the child of his spouse, his ward or a child entrusted to his custody or care, the punishment is more severe and shall be rigorous imprisonment not exceeding eight years (art. 594/3, TPCE).
4. Seduction is also a criminal act and taking unfair advantage of the inexperience or trust of a female minor between 15 and 18 years age, inducing her to have sexual intercourse with him, whether by promise of marriage, trickery or otherwise, is punishable with simple imprisonment (art. 596, TPCE). Children or young persons seduced or led astray are, however, protected by law and, therefore, in all cases of sexual outrage the accused child or young person seduced or victim of the action of an adult person is not liable to punishment (art. 597/1, TPCE). In 2002 a sex‑workers policy has been drafted and is currently being revised.

## III. GENERAL PRINCIPLES

# A. Non-discrimination

1. The new Constitution of Eritrea specifies fundamental rights, freedoms and duties that are equally applicable to children. Article 14 of the Constitution states that no person shall be discriminated against on account of race, ethnic origin, language, colour, sex, religion, disability, age, political belief or opinion, or social or economic status or any other factors. The Transitional Civil Code and the Transitional Penal Code also elaborate on this principle.
2. Although specified as illegal under the law, some forms of discrimination are common in the Eritrean society. For example, virtually all ethnic groups in Eritrea are strongly patriarchal and patrilineal in inheritance (except one matrilineal group, the Kunama) and discriminate against women and girls accordingly. The girl child, children with disabilities, and children born out of wedlock are amongst those who are discriminated against in certain circumstances.
3. The Government of Eritrea feels strongly that a community that does not discriminate between members will only become a reality as the country develops economically, and education and public awareness begins to change the attitudes within the society. Changing perceptions is usually an extremely slow process, but is necessary for the society not to discriminate.

# B. Best interests of the child

1. The Transitional Civil Code incorporates a number of provisions that make up the principles of “the best interests of the child”. It is specifically mentioned in relation to the appointment of guardians and tutors to the child, placing the child with one parent in the event of dissolution of marriage, choice of type of education, conditions for approval of adoption and other similar issues pertaining to the child’s welfare. For instance, according to article 681/1 of TCCE, “The custody and maintenance of children born out of, or without a, marriage shall be regulated having regard solely to the interest of such children.”
2. Many other laws and proclamations contain articles which relate to the best interests of the child. For instance, the Press Proclamation No. 90/1996 [Part V/12(5)] states that “any matter which contravenes general morality, [or] encroaches on the dignity of minors” is prohibited by law.

# C. The right to life, survival and development

1. The Constitution of Eritrea guarantees the right to life and liberty to all persons. Although not specifically stated, this includes the right of every child to life (article 15 of the Constitution). The right of the unborn child is also protected in the law. Abortion is illegal in Eritrea unless the life of the mother is threatened (art. 528, TPCE).
2. With respect to the right to survival and development, the Government’s Macro-Policy outlines various objectives that will ensure better living conditions for all Eritreans, including the commitment to efforts to ensure the population is healthy and productive. The implementation of various policies regarding health, education and social welfare, environmental health and housing are aimed at the long-term.
3. Traditionally, children are loved by their parents and the wider community, however, it cannot be said that the legal rights of children have been fully guaranteed. Children are employed in economic activities both within and outside the home, e.g. herding livestock especially in pastoral areas. The division of labour in the home puts undue burden on young girls, often affecting their health, education and the achievement of their full potential. Traditional practices (genital mutilation, early marriage and birthing, and gender-biased upbringing) have a particularly negative and harmful impact on girls. The legal rights of children are stipulated in the Transitional Code and are compatible with the provisions of the Convention on the Rights of the Child; but customary laws (by which the majority of the population still lives) fall short of giving all children equal standing and protection. Although efforts have been made, the main problems hindering the implementation of the Convention remain the poor socio‑economic condition and the lack of adequate and effective mechanisms.
4. Consistent effort and mobilization of rural communities in particular will be needed so that the special care and assistance necessary for child survival is guaranteed. Parents and society must first accept the child’s rights, and then the appropriate mechanisms must be in place to allow for those rights to be upheld.

# D. Respect for the views of the child

1. Article 14 of TCCE explicitly provides that every person is free to think and to express his ideas. This includes children. Article 304 of TCCE in particular states that where a minor is capable of discernment and if he/she is 15 years old, he/she shall as far as possible be consulted on all important acts concerning him. The court also takes the view of the child in cases of adoption. Article 804/2 provides that the court, before making its decisions, will hear the adopted child if he/she is over 10 years of age.
2. It is recognized by the GSE that in some matters relating to children the law and reality are often at odds: this is epitomized in relation to respecting the views of the child. While the law may state that the view of the child shall be taken into consideration, the child’s view is rarely understood in practice. In general some communities do not consider the participation of children in, for instance, family decision‑making to be important. In an attempt to partially overcome the above problem at a public level, the National Union of Eritrean Youth and Students (NUEYS), the main local NGO for children and youth in Eritrea, has organized panel discussions between parents and children for a number of years. The programme aims at an exchange of ideas and views between parents and children who are culturally and traditionally unable to discuss their views in the home. The panels concentrate on the parents’ opinions about raising children, and the habits and concerns of children. The role of the media has been important to broadcast these discussions to a wide audience. This is in line with articles 12, 13 and 15 of the Convention, the rights to express opinions, to freedom of expression and to freedom of association. It is also in line with ILO Convention No. 87 (1948) on freedom of association and protection of the right to organize, which Eritrea ratified in 1999.
3. Another joint project for NUEYS and Redd Barna (Save the Children Norway) in 1997, aimed to identify the needs of children by using a series of participatory workshops throughout the country where children can express their views and perceptions, using their own words. The target groups were divided into two groups, children under the age of 12 years, and children between 12 and 18 years. The numbers of boys and girls were equal. This information “in the words of children themselves” should be valuable for not just the NGOs concerned, but also the government departments dealing with children’s needs. Children also participated in the UNICEF “Say Yes for Children” campaign.
4. In line with articles 12 and 13 of the Convention, the planned Participatory Poverty Assessment 2002‑03 will ensure children will directly participate in the assessment. Using the CRC as a basis framework for developing criteria for the evaluation of issues that directly affect them.

## IV. CIVIL RIGHTS AND FREEDOMS

# A. General

1. The Transitional Civil Code of Eritrea was basically drafted so as to reflect the rights of all human beings, and makes no distinction based on age. The child is therefore protected under the civil code and gets the benefits and protections that are provided by the code. In the first nine articles of the code, when outlining the basic rights and freedoms of the individual, the code states: “From the day of conception till after his death, every person shall have the rights and freedoms specified in the Code” (arts. 1 and 2, TCCE).
2. Article 8/1 of TCCE has specified that the basic rights and freedoms are those contained in the Constitution. When enforcing these rights and freedoms, article 8 of the code specifies that all rights be enforced equally and without any distinction or discrimination based on race, colour, religion or sex. Unless it is for legitimate reasons, and only for the purposes of social life, law does not permit voluntary renunciation of these rights.
3. An important addition to the TCCE has been the adding of article 45 from the EPLF civil code, which specifies that the family law be based on the legal rights of the spouses and no distinction can be made on the basis of sex. Furthermore, the code advocates for the rights of women and children. This Code clearly states that the contract of marriage should not derogate from these principles.

# B. Paternity

1. The question of paternity is raised in two situations only. Where there is the existence or the non-existence of a marriage contract between a man and the mother of the child, with this understanding TCCE resolves the issue in the following manner:

 (a) Maternity: By the mere fact of birth, the maternal relationship is established (art. 739, TCCE);

 (b) Paternity: If there is a marital relationship between a man and the mother of the child, during conception or birth of the child, then the man is presumed to be the father of the child, (art. 741, TCCE) and this presumption has its roots in the society. This marital relationship is recognized under the law. And according to article 699 of TCCE, in spite of the fact that there is no marriage contract between the man and the mother of the child, if they consider themselves to be spouses and this is widely accepted by their families and the society at large, proving these relationships can be enough for the presumption. Furthermore, article 700 of TCCE gives the right of bringing up witnesses who can testify the existence or non‑existence of the marital relationship.

1. If paternity cannot be established by proving the existence of a marriage contract or circumstantial evidence, the following means can be resorted to in order to establish paternity:

 (a) if the man acknowledges the child as his child (arts. 764, 765/1, 275 and 752, TCCE);

 (b) if the mother of the child declares who the father, is there is a presumption that this man is the father (art. 60 of Proclamation No. 1, 1991, of TCCE);

 (c) if the mother was abducted or raped the paternity of the child can be established by the decision of the court (arts. 740/3 and 758, TCCE).

1. In spite of the fact that the above articles are enough to establish paternity, the code goes further and gives some provisions which can be used to establish paternity. For example, article 772 of TCCE gives the child the right of applying to the court to have his or her paternity declared. In addition, article 775 of TCCE gives the same right to the guardians and heirs of the child.
2. The abandoned child is covered under article 103 and article 2/3 of the Nationality Proclamation. In addition, article 556 of TCCE gives the right of adoption. The issue of adoption is governed under article 796-706 of TCCE. With this right of being adopted, the child is given the chance of belonging.

# C. Guardianship

1. Every person who is below the age of 18 years is a minor (TCCE, art. 198) according to article 199 of TCCE, all legal and financial affairs of the minor are taken care of by a guardian or tutor. But the law also authorizes the minor to perform some financial activities. Pursuant to article 204 of TCCE, both parents are given the power of guardianship for their minor children. The death or unworthiness of either parent leaves the duty to the remaining parent (art. 205/1, CCE).
2. According to article 207/1 of TCCE, parents while alive are given the right of appointing a guardian for their children upon their death.
3. Article 207/2 of TCCE limits the powers of the guardian; furthermore the article governs the implementation of the power and authorizes the right of specifying conditions for the guardian. In addition to these, article 207/3 of TCCE specifies that limiting the number of guardians be authorized. The Family Council, pursuant to article 241-242 of TCCE has the power to appoint guardians upon the divorce of spouses (art. 206/1, TCCE). If there is no close relative who is fit to be the guardian, the court is authorized to appoint any person as guardian (art. 212, TCCE).
4. The responsibilities of the guardian are specified in articles 265-269 of TCCE. To mention a few, article 265 of TCCE mentions housing and residence, article 266 the health of the child, article 269 education and training of the child. These duties and responsibilities are to be performed in accordance with the possibilities and economic conditions of the family and the nation.

# D. Name and nationality

1. Pursuant to article 4 of Proclamation No. 1, 1991 of TCCE, every natural person is entitled to have a name upon his or her birth, and this full name includes the name of the father and grandfather. According to the new draft Civil Code of Eritrea, if the father of the child is not legally established the child shall have a first name, the name of his maternal grandfather and the name of his maternal great-grandfather (art. 33). Once a name is given to a person, it can only be changed with court permission. The issue of paternity and name have a direct and special relationship, however, in relation to abandoned children. Article 103 of TCCE states that abandoned children also have the right to a name. Adopted children are able to take the name of their adopted father (art. 41/1).
2. In relation to nationality, all children born to Eritrean parents are Eritrean by birth. The child has the right to have Eritrean nationality if either parent is Eritrean (article 2/1 of the National Proclamation, No. 21/1992). If either parent is given Eritrean nationality by permission of the court, all children born to such a parent have the right to be Eritrean nationals (art. 4/6, NP, No. 21/1992).
3. If a child is adopted by an Eritrean family, the child is given Eritrean nationality (NP art. No. 21/1992). Abandoned children are automatically given Eritrean nationality.
4. The registration of newborn babies is not widely exercised. Municipalities and some religious institutions play a part in the registration of children. During the armed struggle, the EPLF attempted to introduce the registration of babies through the people’s council (a form of locally elected decision‑making body). The failure of many families to register their infants has resulted in extensive problems relating to telling the exact age of a child: These problems include admission to school, and more seriously, the administration of juvenile justice.
5. Although article 7 of the Convention states that the child shall be registered immediately after birth, unregistered children were not denied their voting rights on reaching the age of majority or their rights as children, such as the right to health care and to education. Other institutions, such as the religious institutions and municipalities, play a part in the registration of children. With regard to the right of the child to know his or her parents, TCCP is silent. It is, however, provided in the draft code, article 806 (a). According to this provision, every private or public body or institution should document each child’s biological parentage. The record should include details of the parent’s whereabouts and the reasons the parents were unable to care for the child. The draft code further provides the right of the child to know the identity of the biological father if he/she is conceived through artificial insemination (article 806 of the draft Civil Code and article 8 of the CRC).

# E. Preservation of identity

1. Name is one way to identify a particular person (article 4 of Proclamation No. 1, 1999, of TCCE). TCCE provides that a person should be given a name when he/she is born. The child may not receive the first name of his father or of his mother or of one of his brothers or sisters who are alive (art. 38/1). The reason behind this is to differentiate the child from the rest of the family members. Pursuant to article 4/3 of Proclamation No. 1, 1999, of TCCE, a person cannot change his first name without the authorization of a court. These provisions indicate that a name is related to one’s identity and should be preserved. Every child is given a name in traditional society. Names are strongly linked to their meaning, and so many children receive names characterizing good wishes or which are related to religion. The various ethnic groups preserve identity in different ways; for example, the Hedarib group name children with the many names of their forefathers. All ethnic groups have some form of celebrations or rituals for a newborn baby, in order to give the child a firm place within the society.
2. Many illegitimate children face problems with identity. In some ethnic groups no birth ceremony is arranged for children born out of wedlock, and they are often subjected to both social and economic deprivation (including being deprived of inheritance).
3. As a result of the war, the number of unaccompanied children without a true identity is relatively low; this is due to the community and extended families taking responsibility for children. The Government has attempted to trace the kin of unaccompanied children, and offer placement opportunities for the child, which recognize his/her family origins. This has not been possible in some instances, particularly where an unaccompanied child is too young to remember his/her parents or caregiver.

# F. Freedom of expression

1. Articles 14-15 of TCCE and article 19/2 of the new Constitution of Eritrea state that every person shall have freedom of speech and expression, which includes the freedom of the press and other media.
2. The “Press Proclamation No. 90/1996” also guarantees freedom of the press, and prohibits censorship, suspension or banning of press products, except with approval of the competent court (Part II, 4 (1) (a) and (b)).
3. Freedom of expression is guaranteed by most forms of customary laws in Eritrea. However, many laws outline the prohibition of directly or indirectly insulting another person. Some laws outline that people are free to express themselves, but that they risk being sued if they cannot prove the accuracy of what they have said.

# G. Access to appropriate information

1. The Constitution guarantees the right of access to information (art. 19/3). It is recognized that some children do not currently have access to adequate information, and in the longer term the Government is committed to change this situation (through education, organized activities or the media). It launched a new initiative of establishing community public libraries throughout the country.

# H. Freedom of thought, conscience and religion

1. Articles 14-15 of TCCE and article 19/1 of the Eritrean Constitution will guarantee all Eritreans the right to freedom of thought, conscience and belief. This includes the freedom to practise any religion and to manifest such practice (art. 19/4). Article 14 of TCCE provides that every person is free to think and to express his ideas. The only restrictions, which this liberty admits of, are those imposed by the respect for the rights of others, morality and the law. There shall be no interference with the exercise, in accordance with the law, of the rites of any religion or creed, provided that such rites are not utilized for political purposes or are not prejudicial to public order or morality (art. 15).
2. A number of Eritrean proverbs (many of which refer to parts of customary laws, and are used as “memory aids” so that a largely illiterate population can learn these laws from a young age) point to the institutionalized acceptance of religion and conscience as a personal choice. For instance, one Eritrean proverb states that “while a nation is communal, religion is personal”, meaning that among the responsibilities and constraints on a person within society, religion is not included, and is a purely personal choice.

# I. Freedom of association, and of peaceful assembly

1. Although not widely exercised, children do have the freedom to assemble or to form associations. The Constitution of Eritrea outlines that all persons shall have the right to assembly and to demonstrate together with others peaceably (art. 19/5), and every citizen shall have the right to form organizations for political, social, economic and cultural ends (art. 19/6). In addition young employees are allowed to form associations based on article 86 of Labour Proclamation No. 118 of 2001 of Eritrea and on ILO Conventions No. 87 (1948) and 98 (1949) which Eritrea ratified in 1999.

# J. Protection of privacy

1. According to the Constitution of Eritrea, every person has the right to privacy (art. 18/1). No person shall be subjected to unlawful search, including his home or other property; there shall be no unlawful entry of his premises and no unlawful seizure of his personal possessions; nor shall the privacy of his correspondence, communications or other property be violated (art. 18/2). TCCE also protects individual privacy to their domicile. Article 13 of TCCE provides that the domicile of a physical person is inviolable and no one may enter the domicile of another against the will of such person, nor may a search be effected therein, except in the

cases provided by law. Violation of privacy of domicile and violation of privacy, interception or appropriation of correspondence or consignments is punishable by law (arts. 571 and 573 of TPCE).

1. Children and minors who are accused of, or are the victims of crime, are also protected under Press Proclamation No. 90/1996, which states that a journalist may not disclose the identity of children or minors who have committed or have been the victims of crimes.

# K. The right not to be subjected to torture or other cruel,

#  inhuman or degrading treatment or punishment

1. The dignity of all persons shall be inviolable, according to the Eritrean Constitution (art. 16). The article specifies that no person shall be subject to torture or to cruel, inhuman or degrading treatment or punishment. Also, no person shall be held in slavery or required to perform forced labour not authorized by law. According to the labour proclamation No. 118 of 2001, any work performed by a young person contrary to the provisions stated in the proclamation is considered forced labour and is illegal. Eritrea is also a signatory to the ILO Conventions No. 29, on forced labour and No. 105 on abolition of forced labour.
2. Torture is also regarded as a serious crime by TPCE. According to article 417 of TPPE, any public servant who treats persons in an improper or brutal manner or in a manner incompatible with human dignity especially by the use of blows, cruelty or physical or mental torture to obtain a statement or a confession, or to any other similar end, is punishable with a fine or simple imprisonment, the periods of imprisonment ranging from 10 days to 3 years. If his acts are very severe, the punishment can also be severe.

**V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE**

**A. Introduction**

1. After a long war of liberation and associated droughts, many if not most families in Eritrea have lost family members, been separated from one another, became either destitute or refugees, or have otherwise been adversely affected. Few families escaped with the traditional family structure unharmed. Children not only suffered from physical harm due to violence sanctioned by both wars with Ethiopia; but also suffered socially, emotionally, psychologically and developmentally, because of the often appalling conditions under which they were forced to live under the Ethiopian colonial regime. During the wars, families were often unable to deal adequately with the demands of children in need of special protection measures. Even now that the war is over, many families have been so damaged that they can no longer perform adequately, and meet the economic, social or psychological needs of their children.
2. Supporting the growth of family structures and their income‑generating ability, and expanding the local community’s auxiliary role in family support, is seen by the Ministry of Labour and Human Welfare as top priorities. Throughout the war for independence, the Eritrean People’s Liberation Front endeavoured to support families and their communities, and when this was not possible, it took on the responsibility of sheltering and caring for children themselves. Orphanages and childcare centres, boarding schools and many other services were provided in the liberated areas of Eritrea by the EPLF. For example, the EPLF cared for thousands of orphaned and unaccompanied children in a large orphanage in the Sahel. When it became obvious that these children were not thriving, despite the best efforts of staff, the EPLF, at the height of the liberation struggle, got expert advice and literally transformed the way these children were cared for (see report by Mr. Peter Wolf). Subsequent independent research has shown that the social and emotional state of these children improved dramatically after implementation of the reforms.
3. The EPLF, which has since formed the Government, has always been committed to the protection and care of Eritrea’s children, and is not new to the task of providing care for them. It believes strongly that the best place for children is with their own, well‑functioning families. The Government’s first priority is therefore to provide support so that families develop their own coping mechanisms. This includes the many economic, social and infrastructure programmes, which form the basis for the Government’s Macro-Policy. Only when families have clearly failed to provide adequate care, will the Government step in to take on the caring capacities normally carried out by the family.

**B. Parental and family guidance and responsibilities**

1. The Constitution of Eritrea states that the family is the natural and fundamental unit of society and is entitled to the protection and special care of the State and society (art. 22/1). As such, the Government is committed to support the family, within the limits of its resources. The prevailing widespread poverty and the lack of appropriate resources (both personnel and physical resources), war, displacement and drought means that the capacity to provide family support is currently severely limited.
2. The Constitution also states that parents have the right and duty to bring up their children with proper care and protection; and, in turn, children have the right and duty to respect their parents and to sustain them in their old age (arts. 22/2 and 22/3). This outline of the reciprocal rights and duties between parents and their children is seen as being fundamentally based in the culture of the Eritrean people: while parents have the responsibility to bring up their children with due care, children also have the responsibility to respect their caregivers. The Constitution goes on to state that both parents have equal rights and duties in all family affairs, including children. This statement of expected equality between men and women within a marriage is an important step toward encouraging gender equality within the society at large.
3. The responsibilities of the guardian, according to the Transitional Civil Code of Eritrea, have been outlined above in the section on guardianship. These responsibilities include the provision of housing, health care, education and training to the child. These duties and responsibilities are to be performed in accordance with the possibilities and economic conditions of the family and the nation.
4. It is an accepted norm for parents and extended families to raise children, even under difficult circumstances. If parents fail to do so, the nuclear family is generally subject to strong social controls and community sanctions. The mother plays a much greater role in socializing

children at home, and so can generate more community blame if her child fails to satisfy societal norms. As a child grows older, the extended family, religious and other institutions, and the wider community all participate in socializing children.

1. While the Government and the law respect the rights of parents, and expect parents to be responsible in the upbringing of their children, it is recognized that there are a number of cultural practices that are not necessarily in the best interests of the child such as FGM and early marriage. These practices can only be changed in the long term by community education and an understanding within the society of improved child-rearing methods.
2. The birth of a child is a happy occasion and the family feel that the house is progressing and is strengthened. The child is not seen as an economic burden, but as future security: “A man who has a child is in no hurry to die.” A child is seen as a support, both emotionally and economically. Young children often tend to get better care and attention from their parents and extended family than older children. The community tends to accept that younger children need constant attention; talking to children, playing with them, telling them stories and generally stimulating them are all positive aspects of the community’s interactions with young children. In some parts of the country, nonetheless, as children grow older, the chances of them being allowed to express their views and partake in decision-making and activities with adults declines. There is a wide variation in the child‑rearing practices of different ethnic groups. The lowland communities particularly the Hidareb and Tigre ethnic group, for instance, involve their children in decision‑making from a young age, and it is accepted practice for children to participate in everything from family matters to sale of livestock to more important community matters.
3. The socialization process among some ethnic groups in Eritrea is predominantly authoritarian. Among these groups there is a strong belief that children should be disciplined starting from an early age, and discipline is usually equated with punishment. Although some ethnic groups have strong sanctions against parents beating their children, in other communities corporal punishment is accepted. As a starting point, corporal punishment is forbidden in public institutions such as schools, and, although it is still practised, as staff discover that dialogue and discussion produce better results, so these methods will be better understood and taken up by parents and the wider community. The traditions of the fighter community in disciplining their children using positive reinforcement is a good example for the rest of the community, however it is recognized that these practices will only gradually become customary routines.

**C. Separation of parents**

1. Eritrean society considers the family setting as the most appropriate place for children (for example, most orphans live with relatives), and the separation and divorce of parents is a major concern for the welfare of the child. The Transitional Civil Code recognizes that it is the responsibility of the family council to make all decisions regarding the separation, divorce and guardianship of children in such circumstances. The family council is not a court, as such, but a council brought together from within the community when there is a family dispute to settle. Generally, the family council would consist of the parents or two other family members of each spouse, and one other member.
2. In the case of a couple wanting a divorce, TCCE provides that the custody and maintenance of children born of the marriage shall be regulated having regard solely to the interest of such children (art. 681/1). It specifically states that children up to the age of 5 shall remain with the mother (art. 681/2). Article 206 of the Civil Code specifies that the family council has the authority to appoint a guardian or tutor to serve as alternative care for the child on the divorce of his/her parents. A guardian would generally be a close relative of the child. However, if there is no close relative, the court has the authority to appoint any person whom it sees fit to be the guardian (art. 212). In this circumstance, the Civil Code also specifies the responsibilities of that guardian as providing housing, health, and education according to the economic conditions of the family (arts. 265-269).
3. In traditional Eritrean society, the situation of children after divorce is agreed on the marriage contract. Both parents have rights over children but the children have to succeed the father (except among the Kunama ethnic group who are matrilineal). Among the highland Christians it is up to the children, if old enough, to decide which parent they wish to live with. When parents separate or divorce, smaller children generally continue to live with the mother, and older children live with the father. However, the customary law of some ethnic groups stipulate that the elder boy in the family must live with the mother (in order to accomplish tasks which only males traditionally carry out, such as ploughing), and the older girl must live with the father, in order to take care of the housework. For instance, the Law of Adgena-Tegeleba states that during divorce, the oldest son goes to the mother, the oldest daughter to the father, and custody of the remaining children is done on a one-to-one basis by drawing a lot. At the same time, the child gets the final say with whom he/she wishes to live (art. 80). If they only have one son, he stays one month with the father and one month with the mother, at the age of 7 he is given the right to choose which parent he wants to live with.
4. In some ethnic groups, customary law alternatively states that, when a father requests guardianship of his children after divorce, he is allowed to have them live with him. This is only possible, however, where it is the specific choice of the children concerned.
5. Among the Kunama, a matrilineal ethnic group, the custom, for instance, allows a father no rights to his children after divorce. If the woman is the one who wanted a divorce or is the guilty party, then she has no rights to any property, except to her children. On the other hand, if the man is the one who asked for a divorce or is the guilty party, he too has no right to property.

**D. Recovery of maintenance for the child**

1. A child has the right of recovery of maintenance from his parents and in their absence from his relatives by consanguinity or affinity in the direct line (art. 808/1, TCCE). In the absence of his parents and his relatives by consanguinity or affinity in the direct line, it is an obligation of his brothers and sisters born of the same parents or born of the same father or the same mother to supply maintenance for the child (art. 808/2, TCCE). The persons mentioned above have the obligation to maintain the children only where they are in a position to supply the maintenance (art. 812, TCCE). Accordingly, parents have equal responsibility to maintain their children. However, if one of the parents is not in a position, it is the responsibility of the other one to maintain the children. The persons who have the obligation to supply maintenance shall feed, lodge, clothe and care for the health of the child in a decent manner, having regard to the social condition of the interested person and local custom (art. 807). An adopted child may claim maintenance from his adoptive family and not his/her family of origin unless the adoptive family is in a position to supply maintenance. In addition to TCCE, the Constitution of Eritrea provides that men and women will have equal rights and duties as to all family affairs (art. 22/2).
2. Customary laws with regard to maintenance of the child varies between the different ethnic groups. For example, within some groups an arrangement is made between the parents of the child to cover the expenses equally: one month the father covers expenses, and the next month the mother pays. For instance, the Law of Adgena‑Tegeleba says that during divorce, the mother and the father are both required to pay child support in an equal basis (art. 51). In other groups maintenance is the sole responsibility of the custodial parent.
3. The issue of inheritance and land rights are also of importance here within traditional society. Women in Eritrea have more secure access to land and other productive assets than is common elsewhere in developing countries. Among the highland Tigrinya ethnic group the customary law does not allow disinheritance of children, particularly if it applies to *risti* (tenure by descent) or *diesa* (tenure by periodic distribution of land), which is considered as property of the lineage and descendants and not of the individual. The dying parent can make small gifts to relatives or strangers, but cannot make one of the heirs a major beneficiary at the expense of another. This applies to all children, legitimate or illegitimate.
4. After divorce the customary laws of the matrilineal Kunama ethnic group state that a woman has no right to land from her former husband. In the case of death of her husband, all land and property is inherited by the husband’s nephews (his sister’s sons).

**E. Unaccompanied children and children deprived**

 **of a family environment**

1. Orphanhood is one of the main social problems resulting from years of war, drought and dislocation. A national survey conducted in 1992-1993 identified about 90,000 orphans in Eritrea, of which 48 per cent were girls; the majority, 61 per cent, had lost their fathers. A survey of the most vulnerable children, conducted in 1999‑2000, identified 51,000 orphans in need of urgent support. A study is being conducted to identify the number of AIDS orphans, currently there are 552 AIDS orphans registered with and receiving support from the MLHW. The term orphan is defined as a “child who lost either one or both parents, or has been abandoned”.
2. Government policy with regards to orphans and unaccompanied children is against proliferation of orphanages/institutionalization, and is based on the best interest of the child. Government policy strengthens the traditional safety nets, which the respective communities in the country have been practising for generations.
3. MLHW which is entrusted with the responsibility of children’s affairs has the following specific strategies and programme on orphans and unaccompanied children:

 (a) Reunification of orphans with their close relatives as the best solution for guaranteeing their psychological integration and developmental needs;

 (b) Foster care for reunifying orphaned children with their close relatives as a policy measure and second‑best alternative;

 (c) Adoption of abandoned children covered under the National Proclamation, in addition to the Transitional Civil Code of Eritrea giving the right to adoption;

 (d) Group care in community-based children’s homes; considered to be in the best interest of the child for it can diminish social psychological negative effects of institutional care; and

 (e) Institutional care is provided as a last resort and only when all other options have been exhausted.

**1. Orphan Reunification/Rehabilitation Programme**

1. MLHW has given a high priority to reuniting orphans with their extended families; the programme is in harmony with traditional practices and is at the same time cost‑effective. Orphan‑reunification activities were carried out from 1992 to 1994. A nationwide reunification programme between 1994 and 1997 supported reunification of close to 14,000 orphans with nearly 7,000 families throughout the country (at a cost of US$ 4 million). Sixty per cent of the children receiving support were aged below 9 years. Since that time, three government orphanages have been phased out. The Orphan Reunification/Rehabilitation Programme focused both on the placement of children with families and on strengthening the economic resources of these families. From 1994 to 2002, the number of orphans reunified with their kin, under the programme, is 25,547; economic support was provided to 13,966 caretaking families. Another programme is planned/expected to support an additional 40,000 orphans. The following categories of children are included: AIDS orphans, unaccompanied, displaced and expelled, priority is given to the most vulnerable children.
2. The presence of orphans in the homes of caregiving families is recognized as an additional burden. Hence, strengthening their socio-economic capacities is the main component of the reunification process. Vulnerable families have been identified and supported. The economic support was in the form of cash from 1992 to1994. A total of Nakfa 20 million (US$ 3.2 million) was given to orphan care‑taking families. This practice was reviewed in 1994 and has been replaced by income‑generating assets. The total expended so far is US$ 12,800,000. MLHW and UNICEF have trained 52 additional social workers on childcare and protection and the CRC; these social workers will have the specific responsibility for monitoring the reunified children and implementation of Community Based Rehabilitation Programme.

**2. Foster care update**

1. Placing orphaned children in foster care is a policy measure that has been tried since 1992, as a second alternative to reunifying orphans with their close relatives. If close relatives cannot be found, or are not able to take the child for some reason, the child is placed

with an unrelated family, willing and able to adequately care for the child. Emphasis has been on the ability of the family to both economically support the child, and also provide the necessary emotional care and love.

1. The following procedures are followed to ensure an appropriate placement of a child:

 (a) Families interested in foster care are asked to make themselves known to the MLHW, and are asked to fill in an application;

 (b) A home visit is made to ascertain the families’ situation, and their ability to foster a child; their economic status, caring capacity and access to services (schools, health facilities) are assessed;

 (c) Clear arrangements are made with the family regarding the placement;

 (d) Regular home visits are made by a social worker from the MLHW to assess the child’s progress. If unsatisfactory and the child is not thriving, an alternative placement is usually explored.

1. Out of the 50 families who submitted applications to become foster parents in 1992, only 8 were accepted on a trial basis. Eight orphan children were placed in these families, and a follow-up was done after three months, which showed a positive outcome. Later in-depth assessment, however, clearly showed that the psychological integration of the children into their foster families had not been achieved. Even though the families generally provided some kind of care, the children were not given adequate psychological support, and there was evidence that the families’ own children were given preferential treatment.
2. To alleviate these problems, regular counselling and advice was given to the families, but despite this effort, the level of care provided to the children continued to decline. There was a general lack of understanding by the foster parents about unacceptable child behaviour and resultant physical punishment. Even families who had knowledge of appropriate childcare and discipline were not putting it into practice. Measures were taken to remove some of the children from their foster homes, and were placed back in the orphanages.
3. Foster care has been rejected by the communities as an alien concept, for this reason, the Government does not consider the programme to have been a success, and is not intending to extend the programme.

**3. Adoption**

1. Adoption in Eritrea involves the legal recognition that a child is part of an adoptive family. It creates a bond of filiation artificially by a contract of adoption between the adopter and the adopted child (art. 796/1, TCCE). A minor cannot be a contracting party (art. 797/1, TCCE) and both the father and mother of the child must give their consent (art. 803/1 TCCE). The consent of the child is also required if he is over 10 years. The contract of adoption will have no effect if not approved by the court (art. 804/1, TCCE).
2. Having created a bond of consanguinity or affinity, the adopted child can claim maintenance from the adoptive family (art. 823/1, TCCE). In addition, the adopted child can claim inheritance from the adoptive family forming part of the other family members.
3. The abandoned child is covered under articles 103 and 2/3 of the Nationality Proclamation. In addition, article 556 of TCCE gives the right of adoption. The issue of adoption is governed under articles 796 and 806 of TCCE.
4. Adoption in Eritrea therefore involves the legal recognition that a child is part of an adoptive family. The family must first satisfy the requirements of MLHW that they can adequately care for the child, then a decision must be made in a court of law, after which the family signs a legal agreement to care for the child. Adoption may not take place unless there is very good reason for it, and it offers significant benefits for the child. If the child is old enough to make an informed decision, he/she must agree to the adoption.
5. There are a relatively large number of families who wish to adopt children. However, as priority is given to families that have either no children or only one child, few families qualify. Adoption is permitted only for abandoned infants; on average there are six to seven abandoned infants per year in the country. Since independence, there have only been 50 children adopted in Eritrea.
6. Adopting families are requested to send reports about the children every three months for the first year, and then yearly thereafter until the child is 18 years old.

**4. Community‑based children’s homes (group care)**

1. For children who cannot be reunified with close relatives, or provided for by adoption or foster care, the provision of services in community-based children’s homes is considered to be in the best interest of the child. This placement option can potentially diminish the social and psychological effects of institutional living. In this placement option, children are established in group homes in the community, which provide them with a relatively natural social environment. As much as possible, the number of residents is kept to a manageable size in order to adequately meet the social, psychological, emotional and educational needs of each resident.
2. To date, 12 group homes are operational both in larger regional towns, and another 6 group homes are under construction. Each home accommodates 10‑12 children and two housemothers. As of 2002, 132 orphans have been placed in group homes. Children from similar backgrounds, but varied ages, are grouped together so the children retain their ethnic and cultural identity. Children who have lost both parents, whose parents’ whereabouts are unknown, and who could not participate in the reunification programme, and who are between the ages of 1 and 12 years old, are selected for such homes. Siblings are kept together in one home, and both boys and girls are admitted into the programme. As much as possible, the children are placed in the regions from which they originate. The group homes were evaluated by MLHW in 1998 and more recently, in 2002, there has been an evaluation. The evaluation concluded that the homes were working well and provide a secure, caring home for children.

**5. Institutionalization**

1. The first orphanage operated by the EPLF was established in 1978, at Solomuna in the Sahel, and provided children with basic food, water, shelter, clothing, education and a medical service. At independence, over one half of these children were voluntarily reunited with their families.
2. The government policy is against institutionalization of orphans and unaccompanied children. Institutionalizing children is the least desirable option and is considered only as a last resort. Due to the effective reunification programme, a number of orphans were reunited with their extended families. As a result, all but one of the government‑run orphanages have been phased out.
3. There are currently 10 non-government orphanages operating in Eritrea, many of which are administered by religious organizations. Children are admitted from newborn up to the age of 11. The supervision of orphanages is carried out by MLHW. Guidelines for the management of the orphanages are drawn up in a joint agreement between MLHW and the directors of the orphanages. In a study conducted by MLHW, the total number of children in institutions was estimated at 1,500.
4. In the longer term, the Government’s policy includes the gradual de‑institutionalization of children in non-government orphanages, following a similar model to that used for children in the Government’s care.

**F. Illicit transfer and non-return**

1. The Government is not aware of any documented or anecdotal evidence to suggest that children are being taken illegally from the country for the purposes of adoption or other forms of illicit transfer. Although no study has been done on this issue, it would appear extremely unlikely that this constitutes a significant problem in Eritrea.

**G. Abuse and neglect**

1. In relation to punishable offences, a parent or guardian must not treat a child with negligence, give too large a task to the child to complete, beat the child in a way which may affect his/her mental or physical development; abandon him/her in dangerous places or conditions. If the child is denied necessities, then the court may impose a punishment on the parent or guardian, or may even limit their rights (arts. 548 and 626 of TPCE).
2. According to customary law, traditional Eritrean society tends to deal duly with families who mistreat children, and there are strong societal sanctions against such families. No adequate statistics are available on sexual abuse and neglect within the family. The GSE/UNICEF Country Programme 2002‑2006 foresees a study on child abuse and neglect. (The issues of sexual abuse and exploitation and also street and working children are discussed later in this report under chapter VII, Special Protection Measures.)

**H. Periodic review of placement**

1. As has been outlined in the section above, all placements of children through either the orphan reunification or foster care programmes are regularly checked by social workers of MLHW. If children are not being cared for appropriately, the social worker is required to first give advice and counsel the family involved, and then find alternative accommodation for the child if the situation does not improve. As outlined in the Section of Foster Care, the MLHW take great care to ensure suitable care of children, and will not hesitate to remove children from foster homes if necessary. Internal and external evaluations of the orphan reunification programme are periodically conducted, the conclusions have been very positive and recommendations made for continuation and expansion of the programme.
2. Adoption is slightly more difficult to deal with, because, of course, the child legally becomes part of the adoptive family, and the adoption cannot be revoked for any reason. However, regular, basic monitoring does take place with adopted children, including regular reporting by the family to MLHW, and home visits by social workers as needed.
3. There is a recognized need to develop guidelines for social workers in the field, particularly with regard to their handling of cases involving children. Staff training has been a major problem, as few of the social workers had formal training. MLHW, in collaboration with UNICEF, has made great efforts to upgrade social workers’ skills in the psychosocial care of orphans and other vulnerable children. Short courses have also been developed, and training of MLHW, Police Commission and MOJ staff extended in the basic skills involved in probationary services.
4. MLHW, in cooperation with the University of Asmara and other institutions, had taken measures to build the capacity of its human resources. Some of the following training programmes have been extended: social work, law, environmental science, sociology and anthropology, economics, finance/management/communication, juvenile justice and probation service. In addition, various orientation courses on childcare, protection and CRC have been extended to the MLHW staff.

## VI. BASIC HEALTH AND WELFARE

# A. Survival and development

1. The national infant mortality rate is 48 per 1,000 live births (Eritrean Demographic and Health Survey, (EDHS), 2002) and the under‑5 mortality rate (U5MR) 93 per 1,000 live births (EDHS, 2002). No cases of polio diphtheria have been reported since 1997 and all immunizable diseases have declined.
2. The 2002 EDHS shows that 40 per cent of children under 5 are underweight and 12 per cent are severely underweight, the numbers of children under 3-years-old who are underweight is 39 per cent and 13 per cent respectively. This shows that the overall nutritional status of children is improving and malnutrition rates have been significantly reduced since the 1995 EDHS.
3. The maternal mortality rate (MMR), which gives the number of women who die from pregnancy‑related causes, is an important measure both of the strength of health care generally and the priority given to women’s health. The maternal mortality rate in Eritrea is 998 per 100,000; approximately 1,000 women die yearly, and many others suffer from lifetime complications and disabilities. The lifetime risk of dying from pregnancy and childbirth complications of an Eritrean woman is 1 in 14, as compared to 1 in 100,000 in the developed world. These figures must, however, be viewed with caution as they are from the 1995 EDHS and since mortality rates were measured 5-10 years before, they give the picture of health‑care delivery systems prior to independence. The Government has acknowledged that this is an unacceptably high rate, and is attempting to tackle the problem in a number of ways. The first, and most basic, measure is to ensure that all women have access to basic health care during pregnancy, and receive sound information about their health and preventing maternal mortality.
4. In addition to the Safe Motherhood Initiative, two studies have already been conducted by the MoH that have provided data on both (a) the availability and quality of maternal health services, and (b) cultural factors influencing safe motherhood. The results of these studies were discussed at a workshop on safe motherhood.
5. Some positive cultural practices were identified which encourage safe motherhood, such as long breastfeeding (up to two years), tish (fumigation) which helps to cleanse and relax the expectant mother (the MoH although does not give any health education supporting this practice, because it can dehydrate the women), the provision of nutritious fluids during labour and encouraging immediate bonding between mother and newborn baby. However, a number of negative cultural practices are associated with the high MMR. They include:
* the widespread practice of female genital mutilation (FGM);
* food taboos during pregnancy;
* the heavy workload of women in general;
* early marriage;
* a belief that pregnancy is natural and does not need medical attention; and
* the overall low social and economic status of women.
1. The MoH micronutrient deficiency survey in 1994 shows that micronutrients, namely vitamin A deficiency, iodine deficiency disorders (IDD) and nutritional anaemia, are all major child health concerns in Eritrea. This survey found that 6.7 per cent of children below 1 year of age had vitamin A deficiency, another 6.7 per cent were at high risk, and 21.7 per cent at moderate risk of developing this condition. These relatively low rates may be as a result of the high levels of breastfeeding, since breast milk usually provides enough vitamin A for the first 6 months of a child’s life. Vitamin A deficiency is probably much higher in children over 1 year of age. The Ministry of Health initiated vitamin A supplements in conjunction with

national immunization days (NID) for polio eradication in 1996, and by 2000 has attained 94 per cent coverage in children under 5 years of age. With these campaigns, severe vitamin A deficiency is expected to verify the reduction of vitamin A deficiency in the short run. A national survey planned for 2002 is expected to verify reduction of vitamin A deficiency in Eritrea.

1. The micronutrient survey also found that 23 per cent of schoolchildren between the ages of 9 and 11 show the most visible sign of iodine deficiency, a swollen thyroid gland, or goitre, with gender disparity of 26 per cent for girls and 19 per cent for boys. A complimentary study of iodine levels in the urine of children found that 82 per cent showed an iodine deficiency (36 per cent severe, 25 per cent moderate and 21 per cent mild). Similar tests conducted in 1998, however, revealed that IDD prevalence, as measured by urine iodine levels, had decreased from 82 per cent to 25 per cent and that 97 per cent of households surveyed use iodized salt. The reduction of IDD is attributed to the initiation of universal salt iodination (USI) in Eritrea in early 1996 in which Eritrea was able to iodize about 80-85 per cent of its salt. Estimates suggest that 510 mentally handicapped and 50,960 brain‑damaged (IQ‑loss) infants are born in Eritrea every year. It is also believed that as many as 637,000 children aged 0-17 years have some form of brain damage. The Government has a programme to eliminate iodine and vitamin A deficiencies and reduce iron deficiencies by 33 per cent by 2004. The draft legislation of salt iodination has been prepared and is currently being revised.

### Communicable diseases

1. According to the 1999 data available from the State of Eritrea Management Information System for Health (SEMISH), the four leading causes of illness in outpatient children under 5 years of age are: acute respiratory infections (ARI), cause of 39 per cent of child admissions; diarrhoea diseases, cause of 22 per cent of admissions; malaria causes 10 per cent and malnutrition 2 per cent of admissions. The four leading causes of child deaths are: diarrhoea (27 per cent), acute respiratory infections (20 per cent), malnutrition (10 per cent) and malaria (9 per cent). Although diarrhoea is less often the reason for children to be admitted to hospital than either malaria or acute respiratory infection (ARI), it has a much higher fatality rate and therefore kills almost as many children. Acute respiratory infections cause about 44 per cent of child admissions to hospital, but only about 3 per cent of these children die from the condition. Malaria causes about 20 per cent of child admissions, but kills about 7 per cent of those admitted with it. By contrast, only about 11 per cent of children were admitted with diarrhoeal diseases, but almost 13 per cent of these children will not leave the hospital alive, even though the condition which brought them there can in most cases be easily and completely treated.
2. One of the striking changes in the leading causes of death is HIV/AIDS, which was ranked 10th in 1996, but was ranked 1st and 2nd in 1999 and 2000, respectively, in the age group 5 years and above. Moreover, hypertension and liver diseases are also increasing. On the other hand, diarrhoea is becoming less fatal in age groups 5 years and above (MoH 2000).

### Immunization update

1. The Eritrean immunization programme goal is to enhance child survival by reducing morbidity, mortality and disability attributed to the seven vaccine preventable childhood diseases and the main objectives are by the end of the year 2005:
* To achieve sustainable immunization coverage of at least 90 per cent for all antigens;
* To reduce measles mortality by 95 per cent and morbidity by 90 per cent by the year 2004;
* To eliminate neonatal tetanus by the year 2004; and
* To eradicate poliomyelitis by the year 2005.
1. The following table shows the achievement made to increase immunization coverage rate between the year of liberation, 1991, and December 2000.

# Table 1

# Immunization coverage (in percentage)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Antigen | 1991 | 1993 | 1996 | 2000 |
| BCG | 13 | 37 | 53 | 61 |
| DPT3/POL3 | 9 | 28 | 46 | 52 |
| Measles | 9 | 23 | 39 | 50 |
| TT2+ | 1 | 5 | 23 | 25 |

1. By 2000 the national immunization days (NID) for polio eradication has attained 94 per cent coverage in children under 5 years of age.
2. With the introduction of the EPI programme, the morbidity and mortality rates had been significantly reduced by end of 2000. With the emergence of HIV/AIDS, tuberculosis was the major cause of morbidity and mortality due to immunization‑preventable disease cases by end of 2000. Without considering tuberculosis, the outpatient and inpatient morbidity rate in 2000 was only 0.3 per cent, but including TB, it was 1.3 per cent. The death rate without TB was 0.2 per cent and with TB it was 6.5 per cent. No cases of diphtheria and polio were reported.

### HIV/AIDS and sexually transmitted diseases

1. The first AIDS cases were reported in Eritrea in 1988; the cumulative number of reported AIDS cases rose from 8 in 1988 to 13,500 in 2001, of which 2,462 were reported in 2001 alone (excluding the military). The National AIDS Control Programme (NACP) estimates that approximately 60,000-70,000 Eritreans have been infected with HIV. MoH analysis indicates the doubling time for AIDS cases is about 18 months. By mid‑2001, HIV/AIDS prevalence was estimated by MoH at 3 per cent of the population. Of the 1999 reported cases, 70.3 per cent are aged 20-39 years, with 5 per cent in children below 15 years, and 60 per cent males. More than 98 per cent are from urban areas, mainly the larger cities of Asmara, Massawa and Assab. The peak age is 20-24 years for females and 25-29 years for males. A study conducted in 1997 indicated that over 2 per cent of pregnant women attending antenatal clinics in Eritrea were HIV‑positive and that the HIV prevalence among commercial sex workers was 35 per cent. A comprehensive policy on HIV/AIDS and STDs was established in 1998. The policy emphasizes the need for involved communities and intersectoral cooperation to uphold the rights of people living with HIV/AIDS (PLWA).
2. In 2000 the Government launched its HIV/AIDS, malaria, sexually transmitted disease, and tuberculosis‑control programme (HAMSET), with support from the World Bank. The project/programme aims to increase effectiveness and efficiency of policies and interventions to reduce the spread of HAMSET diseases; to improve access to and quality of primary health‑care services; and to identify community-based assessment and mitigation activities for HAMSET diseases. A concerted effort by the Government and the United Nations Theme Group on HIV/AIDS in Eritrea is scheduled to develop its first integrated plan in 2002.
3. In 2000, a total of 3,790 STD cases (0.49 per cent) were reported in hospitals, of which 0.6 per cent were children under 5 years. This number was lower than 1999 (4,526). The prevalence of STD in Eritrea is not studied and there is limited data. It is underreported since many may be self-treated in drug stores and other dispensaries. However, the priority of NACP is to prevent and control STDs which facilitate the transmission of HIV/AIDS. The most common STDs reported in Eritrea are gonorrhoea and syphilis.
4. Strategies employed attempt:

 (a) To reduce the transmission of HIV/AIDS and sexually transmitted diseases;

 (b) To reduce the social and economic impact of HIV/AIDS;

 (c) To mobilize local and external resources to fight the epidemic of AIDS; and

 (d) To take care of AIDS orphans.

1. There is a notable increase in the 15-19 age group of reported AIDS cases. The number of newly infected women is mounting. A narrowing gap between males and females was seen with the sex ratio falling from 2.3:1 (male to female) in 1995, to 1.9:1 in 1997 and 1.61:1 in 1999. The vulnerability of women is due to:

 (a) A lower literacy level in women than men, so they have less access to information;

 (b) Biological vulnerability;

 (c) Lack of control over economic resources, lower social status as compared to men; and

 (d) Most STDs are asymptotic in women, which hinders early treatment.

1. When increased numbers of women are infected by HIV/AIDS and sexually transmitted diseases the impact is serious. Because women are caregivers of families, there will be increased number of child infections (mother to child) and increased number of orphans will remain without support.

### (a) Adolescents

1. In addition to the services extended by the MoH to the whole population, the National Union of Eritrean Youth and Students is one of the NGOs that provides an integrated adolescent reproductive and sexual health programmes, it has established youth friendly medical clinics, a peer education system, and outreach orientation seminars; activities involve parents, policy makers and the community at large and include sensitization workshops (e.g. on FGM, condom usage). The outreach orientation seminars are mainly for secondary schools, out‑of‑school females, youth leaders and commercial sex workers. Reproductive health related to unprotected sex, STDs and sexually transmitted infections and HIV/AIDS are among the issues covered.

### (b) Children

1. The Ministry of Labour and Human Welfare and UNICEF are currently undertaking a study of AIDS orphans in Gash Barka. There is no data that reliably explains the number of children with HIV/AIDS, or the number of AIDS sufferers. By 2002 the number of AIDS orphans registered with and receiving support from MLHW was 552.
2. In 2000, AIDS was the second‑leading cause of death among patients 5 years of age and older. Greater efforts are being made to counsel HIV‑positive women about their personal risks and choices. Measures taken to prevent mother to child transmission are: wider provision of voluntary counselling and testing (VCT) services in all antenatal clinics. A trial surveillance programme initiated by the MoH in four regions demonstrates such a commitment:

 (a) To accelerate sensitization and counselling for vulnerable women, girls and men. In 1998, approximately 28 per cent of all reported HIV‑positive clients were counselled, the MoH reports this figure has risen to about 75 per cent in the year 2000;

 (b) To produce information on AIDS orphans to raise public awareness and sensitize the public;

 (c) To counsel and educate about contraceptive methods for at‑risk mothers or those known to be HIV‑positive; and

 (d) To support AIDS orphans.

1. Measures have been taken to prevent and combat discriminatory attitudes against infected children or orphans with counselling services and financial support. Infected children will not be targeted, compromising their rights to basic services.

### Water and sanitation

1. Eritrea suffers from severe recurring droughts, which cause serious shortages of water for people, crops and livestock; the water problems were aggravated by the destruction of water supply installations during the 1998-2000 war. The shortage of clean water affects the quality of hygiene and sanitation in Eritrea. Most Eritrean rivers become dry seasonally, although many Eritreans depend on groundwater. There are villages that own dams and use dam water with their animals without any filtration and treatment.
2. The transitional economic growth and poverty reduction report for 2001-2002, states that only 10 per cent of rural and 63 per cent of urban populations respectively have access to clean water.
3. A water resource survey carried out in 1994 estimated that the average Eritrean used less than 3 litres of safe water per day, which is below one quarter of the minimum WHO standard. The 1995 EDHS reveals that about half of all rural households use unprotected sources of water such as springs, rivers or streams and the other half depend primarily on public wells - hand‑dug or bore holes of varying standards (41 per cent public, 8 per cent taps). Nationally about 22 per cent of households have access to piped water at home or from a public tap, another 9 per cent depend on tankers, 32 per cent on public wells and 36 per cent on unprotected sources of water (springs, rivers and dams). While urban Eritreans may have access to pipe water, the systems are old and lose as much as half their water through leaks and breaks. Rural Eritreans collect water from springs, rivers and streams, reservoirs or drilled wells, where great distances are involved; for example, in the arid lowlands, the daily burden of hauling water discourages people, as a result there is poor hygiene. While wells offer reliable access, sinking is difficult as only three out of five boreholes are successful. About four in five pumps in existing wells are functioning; most pumps are “India mark II” hand pumps. The depth of the wells is 60 metres. Functioning pumps deteriorate rapidly from overuse and wrong use. Both humans and animals drink from the same source. Maintenance is poor. For any type of maintenance, people from regional head offices are expected to come and caretakers face many financial and transport problems to handle repairs on time.

### Needs to improve sanitation

1. The 1995 Eritrean Demographic and Health Survey (EDHS) estimated that less than 1 per cent of the rural population and 12 per cent of the urban population (18 per cent national population) have access to adequate sanitation facilities. Most people do not know how to practice good hygiene. The EDHS confirms that 99 per cent of rural households have no facility for excreta disposal and they use the bush as the best way for defecation. In the urban areas, however, 30 per cent use the flush toilet, 15 per cent share a flush toilet and 18 per cent use the traditional pit latrine. Nevertheless, even in urban areas, slightly more than a third of all households have no sanitation facilities.
2. The Eritrean urban areas, such as Asmara, Keren, Massawa, Mendefera, Agordat, Adi Keyih, and Assab, have piped sewerage. About 40 per cent of Asmara’s houses are connected by sewerage to Mai Bella but the system is in poor condition. Another 20 per cent of Asmara’s houses are connected to septic tanks or pit latrines; the remaining 40 per cent have no system. Public latrines are being built where households are too poor or have no open space to offer their own.
3. An important achievement in 1997 involved the effort to provide skills to government staff on assessment of perceptions and practices regarding hygiene, in order to improve them. A first initiative of “training trainers” on hygiene and evaluation procedures was given to 35 senior staff of the Ministry of Health and the Water Resources Department (WRD). These trained government personnel are now in the process of conducting similar training of HEP and practical application exercise at the regional and sub-regional levels. Participatory Hygiene and Sanitation Transformation (PHAST) is given in all Zones.
4. Lack of safe water supplies is a major cause of disease in Eritrea. However, poor sanitation and hygiene is of even greater concern. A project launched by the Water Resources Department with the support of UNDP and UNICEF is aimed eventually at addressing the deplorable situation with regard to water supply and sanitation. The Eritrean Rural Water Supply and Environmental Sanitation Programme (ERIWESP), will rehabilitate and expand water supply systems, construct boreholes in rural areas, provide essential equipment and spares, train staff, provide technical support and develop a database for planning and exchange experience with countries in the region. In addition, the Water Resources Department understands the necessity of strengthening local level initiatives, promoting community participation, ensuring a greater role of women, and using school-based initiatives.

### Traditional practices harmful to the health of the child

1. Traditional practices which are harmful to the health of a child, are still carried out extensively in Eritrea. Most of these practices are thought to be carried out not for religious, but rather for cultural reasons, and vary accordingly between the different ethnic groups. Some documentation of cultural practices across the country, including harmful traditional practices, was made by EPLF during the war. More study needs to be carried out. Like all harmful traditional practices, they are difficult to eradicate because those that carry out these practices are often ignorant of the real consequences of the custom.

### (a) Female genital mutilation (FGM)

1. An estimated 89 per cent (EDHS, 2002) of all girls in Eritrea have undergone some form of female genital mutilation (FGM) (the number in 1995 was 95 per cent). Young girls brought up under the EPLF are the exception to this custom. In the lowland areas, infibulation is generally practised, where the population is mostly Muslim. In the predominantly Christian highlands, excision and cliterodectomy are widely practised. The age at which FGM is carried out varies from a few days after birth to about 12 years of age. This variation in age depends mostly on the ethnic group concerned. As pointed out in a number of publications on harmful traditional practices in Eritrea, women who have not undergone some form of circumcision are seen as being “impure”, having uncontrollable sexual impulses which drive them to sexual deviation and prostitution, and often put them in the category of being “unmarriageable”. Genital mutilation is also considered a social rite of passage that can be avoided only at the cost of ostracism. For this reason it is recognized by the Government that simply banning the practice will not wipe it out. Long-term community education is the only effective means of bringing about change.
2. An effective education campaign countering FGM requires an understanding of the reasoning behind community attitudes toward FGM. The community education programmes currently being carried out in Eritrea include a programme by the NUEYS. The Campaign on Female Genital Mutilation aims to recognize the unique social, political, environmental and economic contexts that result in harmful traditional practices such as FGM. The programme has been running since 1994 with public discussions and films being shown on FGM. In 1996 the NUEYS extended the project to include “Training of Campaigners” with participants from all regions. These campaigners receive training in a range of related issues, including FGM, avoidance of STDs, the importance of vaccination, family planning and child rights.
3. In addition, on 24-27 September 1997, Eritrea hosted a regional consultation on the elimination of FGM where the Government made renewed commitments to eliminate FGM. Countries represented during this meeting included Eritrea, Ethiopia, Kenya, Tanzania and Djibouti. The EPLF experience of the anti-FGM campaign, as well as those of NUEW and NUEYS since independence, was shared and views of important religious leaders were presented and discussed during the above consultation. A recommendation of the Minister of Justice was to develop a national plan of action integrating key sectors such as MoE, MoH and local NGOs, while the Ministry of Health made a commitment to coordinate such an endeavour.
4. Other community education programmes which encourage the elimination of FGM, include general programmes for women run by the NUEW. Amongst other topics, the Union advocates for the prevention of traditional practices harmful to both women and children.
5. The first strategy to eliminate female genital mutilation was developed at a workshop in Asmara from 11-15 October 1999. Fifty participants were brought together representing government ministries, traditional birth attendants, religious groups, youth and women’s associations (NUEYS and NUEW), United Nations agencies, bilateral donors and the University of Asmara. The goal of this strategy is to implement communication activities that will educate and motivate key partners and target groups to take action to eliminate FGM.

### (b) Other traditional practices

1. Uvula excision is widely practised as a measure to prevent vomiting and thus ensure food intake. Often this practice is connected to giving the new-born infant butter. This is supposed to soften the infant’s alimentary canal, but results in infection, vomiting and diarrhoea. During teething, when the baby’s gums are irritated, the white spot where the tooth is emerging is burnt with the heated point of a needle used for plaiting hair. Apart from the pain, this usually results in infection and the formation of an abscess. Some practices are related to removing swelling when a child has an infection: cuts are often made over the eyebrows to relieve swelling if the child has an eye infection; the tonsils are ruptured with the point of a finger directed down the throat; and scarifying the cheeks and the forehead are also said to cure illness.

### (c) Feeding babies and children

1. EDHS collected data on the infant feeding for all children born in the 3 years preceding the survey and found that almost 98 per cent of children were breastfed for a median duration of 22 months. Exclusive breastfeeding is practised in about 65 per cent of all infants under 4 months and less than 1 per cent are fully weaned at the age of 4 months. The Ministry of Health plans to encourage this positive aspect of child‑rearing, and discourage the introduction of breast-milk substitutes into the country. Almost for all families, breast-milk substitutes are simply not affordable; however, as some families become wealthier, the inevitable trend away from breastfeeding will need to be countered by the introduction of government regulations and advice from health-care professionals, which spell out the necessity of breastfeeding.
2. Children suffer from poor nutrition. About 38 per cent of children in Eritrea under 5 years are stunted (low height for age), 15 per cent are wasted (low weight for age) and 44 per cent of children are underweight. Nearly 50 per cent suffer from anaemia (source: the transitional economic growth and poverty reduction report, 2001-2002).
3. According to the Health and Nutrition Survey, weaning practices in Eritrea can sometimes have a detrimental effect on the child, and go part of the way to explaining why malnutrition peaks in the second year of an Eritrean child’s life. Weaning typically begins too late in Eritrea. The health and nutrition survey found that about 30 per cent of children were not fed any supplementary foods until they were over 18 months old, far later than the 4-6 month recommended age for the beginning of weaning. In addition, most Eritrean children eat meals with their family, typically three meals a day (instead of the recommended 5-6 small meals a day), and usually the same food as the adults (instead of mixing the food with small quantities of protein-rich vegetables and adding small amounts of fats and oils). The health and nutrition survey also found that in 28 per cent of Eritrean households the father of the family eats first, usually denying the women and children the most nutritious foods. Women and hence the children that eat from the same plate often eat nothing but injera (a fermented bread) and salt.
4. Recognizing the prevalence of the different forms of malnutrition and their consequences, the Government of the State of Eritrea has developed a number of policies and strategies that address these problems. Two of these policies are the National Policy on Breastfeeding and Weaning Practices adopted in July 1995 and the Marketing of Infant and Young Child Foods Act, which is still in a draft form ready to be adopted. (The others that deal with the major micronutrients, iodine deficiency disorder and vitamin A deficiency, are dealt with below.)
5. Recognizing that breastfeeding is one of the most important child-survival and protection strategies and promotes maternal well-being, the Ministry of Health launched a programme known as Baby Friendly Hospital Initiative. This was in response to the global momentum and commitment in promoting breastfeeding and regulating the use of breast-milk substitutes in maternity health facilities and communities at large. As a result, the Ministry of Health intensified its efforts, resulting in good infant feeding practices in 46 maternity health facilities (hospitals and health centres). In these health facilities, children and women are protected from being subjected to advertising and promotional activities for infant formula or feeding bottles.

The breastfeeding policy also ensures that mothers and babies remain together all the time and that mothers are free to begin breastfeeding promptly after birth and to continue exclusive breastfeeding on the child’s demand during their stay in a given health facility and, later, at home.

1. Household incomes are usually simply not high enough to purchase nutritious food. The Government of the State of Eritrea recognizes that the malnutrition resulting from such incomplete eating habits can only be tackled in the long-term by policies which endeavour to overcome the overall low economic status of the country and aim to eradicate household poverty by the introduction of appropriate income generating schemes.
2. The Ministry of Agriculture reports that from 1992 to 1999, the average caloric intake per adult per day was only about 1,500 calories, representing about 56 per cent of the requirement.

### (d) Child marriage

1. With regard to the minimum marriageable age the draft Civil Code of Eritrea states that the marriageable age is 18. However, this does not apply if the man and woman have both attained the full age of 16 years and the woman submits to the authority who will celebrate the marriage a declaration made by a doctor stating that the woman is pregnant or has already given birth to a child (article 581 (2) of the draft Civil Code).
2. In spite of the fact that child marriage is forbidden by law, it is still practised extensively in the rural areas, where it is estimated that the average age of marriage is 12-14 years. Girls of 18‑20 years who are still single are often stigmatized. The fact that children often get married early, and thus bear children in their teens is one of the many reasons for the high maternal mortality rate (MMR). Combined with complications resulting from FGM and lack of proper antenatal care, teenage mothers are likely to be over-represented in the number of women dying in childbirth.

### (e) Preventive measures

1. Other practices harmful to the health of children can only be stopped by changes in community attitudes to child‑rearing. In addition to the community education programmes carried out by the NUEYS and NUEW outlined above, the Ministry of Health is trying to improve its IEC to prevent such problems.

# B. Children with disabilities

1. MLHW provides care for the disabled in Eritrea. A community-based rehabilitation programme is the chosen approach. This approach has maximum utilization of community resources and has been found to be more effective at addressing the subtle effects of disability such as stigma, rejection, etc. CBR is implemented through the combined efforts of disabled people themselves, their families and communities. There is conflicting information about the attitudes of people toward children with disabilities. There is, on the one hand, significant stigma attached to being a child with disabilities, particularly the visually, hearing and mentally handicapped, but at the same time, there is substantial community sympathy for handicapped children. Partly this has been a result of society’s acceptance of the many war-disabled within Eritrea: however, for the non-war-disabled community, acceptance is not yet as high. The community pays tribute to the war-disabled as heroes but the non-war-disabled are still “blamed” for their disability. This is only slowly beginning to change, as a speaker at the first Eritrean National Conference on Rehabilitation of the Disabled in 1995 outlined:

There is something new happening in Eritrea. The realities of war and the numbers of disabled men, women and children it has produced, have forced the community to be acutely aware of the disabled in our midst. This legacy we count as part of the heavy price still being paid for independence. With it has come a sense of responsibility to address this question. But how do we see other non-war-related disabilities? Traditionally, any disability has been viewed with fear and a belief of it being either a punishment by God or the work of the devil. We cannot evade a thorough collective soul-searching on our attitudes towards the disabled, because these attitudes create the environment in which the disabled must live.

1. Much of the stigma faced by disabled children in Eritrea relates to a lack of understanding about the medical basis for a disability (for example, there is a common belief in Eritrea that epilepsy results from the “will of God”, and can therefore not be treated by modern medicine, and so families of children with epilepsy do not seek medical help). Many families will take disabled children to traditional healers rather than a trained doctor. While in some instances this may bring comfort to the family (and indeed some valuable advice about the condition), traditional healers are usually unlikely to be able to offer any medical advice, and rarely encourage families to seek further assistance.
2. Stigmatization often results in the overprotection by parents of children with disabilities. At the First National Conference on Rehabilitation of the Disabled in Eritrea held in 1995, this issue was well described by a blind participant. He said, “Whenever I asked my parents for permission to go and play outside my home, the answer was no with a tone of anger and insult. They also tell me that it was the will of God. And God would have not made me a disabled person if He had wanted me to play. This expression affected me greatly and I had a low morale.”
3. The conference noted the problems of misunderstandings within the community about the disabled, with parents not encouraging disabled children to participate in daily routines, and limiting or totally preventing contact with the outside world. This partly results from the fact that many families feel it is a disgrace not only for the individual to be disabled, but for the family as a whole, because it limits the marriage prospects of siblings etc.
4. A comprehensive study on persons with disabilities in Eritrea was carried out by MLHW in 2002 and is expected to be finalized by the end of the year, preliminary findings of the survey found that there are about 80,000 persons with disability in 4 regions, this number does not include the Northern and Southern Red Sea regions.
5. The 2002 study shows the total number of persons with disabilities in Debug and Maker Region alone was 34,704, of which 20,292 were males and 14,412 were females, and 7,253 were children. The following tables show disabilities by age and type in two regions:

# Table 2

# Children with disabilities in Maker and Debug regions

|  |  |
| --- | --- |
| Region | Age distribution |
| 0-9 | 10-18 | 19-35 | 36-55 | 56-76 | 76> | Total |
| Maker | 452 | 1 266 | 1 910 | 2 273 | 1 956 | 847 | 8 704 |
| Debug | 2 026 | 3 509 | 5 355 | 7 015 | 5 885 | 2 210 | 26 000 |
| Total | 2 478 | 4 775 | 7 265 | 9 288 | 7 841 | 3 057 | 34 704  |

# Table 3

# Type of disabilities in Maker and Debug regions

|  |  |
| --- | --- |
| Region | Type of disability |
| Blindness | Deafness | Mental disability | Physical disability | Multiple disability | Learning difficulty | Leprosy | Epilepsy | Not stated | Total |
| Maker | 2 598 | 1 296 | 838 | 3 298 | - | 121 | 21 | 322 | 210 | 8 704 |
| Debug | 3 182 | 3 182 | 2 324 | 10 277 | 1 626 | 498 | 390 | 1 036 | 1 701 | 26 000 |
| Total | 7 564 | 4 478 | 3 162 | 13 575 | 1 626 | 619 | 411 | 1 358 | 1 911 | 34 704 |

1. Given the figures outlined earlier in this report relating to iodine deficiency disorder (IDD), and the known effect of IDD on the normal mental development of children, it is unlikely that there is not actually a large “hidden” group of children who suffer from either learning disabilities, or, at the extreme end, severe mental retardation.
2. Over 35,000 persons with disabilities benefit from the Community Based Rehabilitation Programme. The number of people with disability who got active rehabilitation from MLHW were 3,763, between 1996 and 2000, and 4,338 people were fitted with various appliances.
3. In 1996 the universal salt iodination (USI) initiative started in which Eritrea was able to iodise about 80-85 per cent of its salt. A survey conducted in 1998 indicated that about 97 per cent of all households surveyed consume iodized salt. At the moment all salt produced from public salt enterprises, which is about 70-80 per cent of the total salt production in Eritrea is iodized. The Eritrean Government has made tremendous efforts to support the private salt producers to iodinate their salt. Required iodination and quality control equipment and other supplies are already supplied for the private salt producers around Assab and Massawa. Legislation to prohibit production or importation of non-iodinated salt, for animal and human consumption is expected to be enacted in 2003. When all salt produced in Eritrea is iodized, Eritrea will not only be fighting to eliminate IDD from Eritrea but also to support other African countries in eliminating IDD from their respective countries.
4. Vitamin A supplementation started in December 1997, as part of the second National Immunization Day for polio eradication, and has attained 94 per cent coverage in children under 5 years of age (UNICEF, 2001).
5. The number and type of disabled children in school in 2002 is summarized in the table below.

# Table 4

# Disabled children in school in 2002

|  |  |  |  |
| --- | --- | --- | --- |
| Type of disability | Day care | Elementary schooling | Grand total |
| Male | Female | Total | Male | Female | Total |
| Blindness | 320 | 240 | 560 | 420 | 610 | 1 030 | 1 590 |
| Deafness | 400 | 290 | 690 | 850 | 1 060 | 1 910 | 2 600 |
| Mental disability | 90 | 120 | 210 | 160 | 190 | 350 | 560 |
| Physical disability | 568 | 152 | 720 | 402 | 774 | 1 176 | 1 896 |
| Multiple disability | 38 | 28 | 66 | 38 | 34 | 72 | 138 |
| Total | 1 416 | 830 | 2 246 | 1 870 | 2 668 | 4 538 | 6 784 |

 Source: *MLHW 2002.*

1. Some of the physical disabilities experienced by children are as a direct result of the war, when children, along with the rest of the population, were subjected to wanton shooting, aerial bombing, landmine explosions and even rape and torture in prison. Psychological trauma was experienced by children who saw parents killed by the invading Ethiopian soldiers, villages razed to the ground, and many other horrendous acts of violence. Some children have witnessed their mothers, sisters and other women and girls in their communities being raped; others were direct victims of rape themselves. All this must contribute to the number of psychologically disabled children in the country. One year into the border war in 1999 the MLHW and UNICEF conducted a psychosocial needs assessment of war-affected children (the findings are reported below in the section on children in situations of emergency, paras. 374-393).
2. There are a small number of services for the disabled operated by Government and NGOs in Eritrea. They are generally administered for all age groups.

# Table 5

# Services available to disabled children and adults

|  |  |  |
| --- | --- | --- |
| Institution | Location | Service provided |
| Abraha Batha School for the Blind | Asmara | Residential school for 130 pupils. Teaches blind children a general education using Braille. |
| Deaf School | Asmara | Day-education for about 70 children. |
| Deaf School | Keren | Boarding-school education for about 80 deaf children. |
| Hansenians Eritrean Welfare Organization | Asmara | Care for lepers. |
| Cheshire Clinic | Asmara | Helps children under 15 with physical disabilities, including polio, congenital deformities and burn victims. |
| St. Mary Neuro-Psychiatric Hospital | Asmara | Capacity for 240 beds, with children occupying beds in wards with adults. |
| Mai Habar Vocational School | Mai Habar | Vocational training for physically disabled youths and adults in metal work and carpentry. |
| Orthopaedic workshops | Asmara: 2Keren: 1Assab: 1 | Fitting patients with prosthesis and other appliances. Plans for further workshops in other regional centres. |

1. The Cheshire Clinic in Asmara is the only health clinic dealing specifically with children with physical disabilities. It is operated by a non-governmental organization, and only treats children below the age of 15 years. The clinic serves the whole country and has recently constructed dormitories for out-of-town patients for the period while they are being treated; 75 per cent of its cases are polio cases, 20 per cent are children with clubfeet and the rest have muscle disorders, cerebral palsy and physical trauma cases. The clinic provides orthopaedic shoes, corrects contractors with plaster of Paris and braces, and offers physiotherapy. The clinic sees about 3,000 cases a year.
2. To date there has been no comprehensive nationwide survey on landmines and unexploded ordnance (UXO) contamination in Eritrea. In 1994, around 50 different types of anti-personnel and anti-tank mines from 14 different countries have been identified in Eritrea. According to information provided by the Eritrean Humanitarian Demining Project, by the end of the border war with Ethiopia in 2000, between 500,000 and 1 million mines and 3 million UXO are present in Eritrea. It is estimated that more than 5 per cent of Eritrean land area may be mine-affected. About 40 per cent of landmine victims are children. Eritrea has signed the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti‑personnel Mines and on Their Destruction (Ottawa Treaty) on 27 August 2001. Eritrea has voted in favour of all pro-ban resolutions, including General Assembly resolution 54/54B of 1 December 1999. In October 2000 UNICEF and EHDP launched a mine-awareness programme which aims at reducing and ultimately eliminating death and injury currently caused by landmines and UXO among all vulnerable groups in Gash Barka and Debug regions, the most affected areas. Injuries from anti-personnel mines are said to be common. Another clinic for war-disabled adults and children operates at the Cheshire Clinic and fits artificial limbs. A number of children are seen each month in this clinic. The incidence of mine injuries would be much greater, except for the mine‑removal campaigns undertaken by the Government, and the closure of many areas which are heavily mined. Mine-awareness campaigns have also been carried out in the local media.
3. There are no special facilities for the care of children with psychological disturbances. Those who cannot be managed adequately at home are admitted to the psychiatric ward of the main psychiatric hospital in Asmara. These children are kept in the hospital alongside the adult patients.
4. Mental health is one of the main problems in the country, and child and adolescents are the least cared for. Those who cannot be managed adequately at home have few admission facilities. There is no child psychiatrist in the country. Most childhood psychiatric problems are assessed by the one psychiatrist and seven psychiatric nurses working at the only hospital in the country, St. Mary’s Neuropsychiatric Hospital in Asmara. A few patients are also cared for in the paediatric unit of Mekane Hiwot Hospital by two paediatricians. There are two psychiatrists in Asmara University who are mainly involved in teaching, but could be available on special request or referral. The largest proportion of childhood psychological and psychiatric problems seen in the hospital is predominantly seizure disorders with or without behavioural problems and other congenital neurological deficits, learning difficulties (mental retardation) with or without other psychiatric problems, and a very few with childhood psychological problems. The fact that very few children and adolescents are seen in the health services with psychological problems does not reflect the absence of the problem. Many young children and adolescents are passing through the health-care services unrecognized due to lack of appropriate knowledge and skills of the health personnel. Another issue is the poor community ability to recognize childhood psychological problems. Children and adolescents with psychological problems are either believed to be bad kids or the explanation of the cause of their problem is related to demons and other traditional beliefs. This is strongly associated with stigma and as a result patients are hidden or traditional methods of treatment are sought.
5. In developing countries like Eritrea, the major causes of seizure disorder and learning difficulties (mental retardation) are preventable with good antenatal care and improved delivery services. Salt iodination and its use by pregnant women will contribute significantly to the prevention of hypothyroidism-related mental retardation. Training parents in good child-rearing practice and improved communication between parents and children and adolescents can also prevent a lot of other psychological problems.
6. In 1999, a committee comprised of governmental and non-governmental organizations released a draft National Policy on Persons with Disabilities in Eritrea. It sets out recommendations and strategies for the implementation and monitoring of programmes for the disabled.
7. The policy objectives of the draft National Policy on Persons with Disabilities in Eritrea cover some of the following provisions:
* To minimize trends that originate from backward traditional attitudes and customs that hinder the disabled persons from being active in social life;
* To create the necessary conditions for the respect of human rights and the building of self-confidence of the disabled so that they could actively participate in all the development initiatives;
* To ensure the participation of persons with disabilities in the socio-cultural context by raising their physical, psychological, educational and emotional standards or profile in society;
* To introduce coordination mechanisms for the prevention of sicknesses and accidents that cause disabilities; and
* To ensure that persons with disabilities have equal opportunities in education and training.
1. The education of disabled children is covered elsewhere in this report (see paras. 354-361 below).

# C. Health and health services

### Health facilities

1. Since independence, the Ministry of Health has made significant progress in rehabilitating and expanding health services. The following developments have been made in provision of public services: by 1999 about 70 per cent of citizens lived within 10 kilometres of a health-care facility, as opposed to 10 per cent at independence in 1991. The number of professional health-care workers rose by nearly 70 per cent, from 2,550 in 1993 to 4,240 in 1999, and the number of physicians more than doubled, from 58 to 145 (2001).
2. In order to meet the objectives of delivering primary health-care services to rural areas, the main activity of MoH has been focused on the establishment of primary health-care facilities to areas that have not benefited from access to health-care facilities previously. By 2000 there were 23 hospitals, 52 health centres, 170 health stations and 55 clinics (26 private).
3. Since liberation, MoH has constructed 7 new hospitals, 48 health centres and 98 health stations, representing a total increase of 44 per cent, 1,200 per cent and 136 per cent, respectively, from the number of health facilities existing before independence. However, many health facilities lack trained personnel, electricity, water and furniture supplies, which are hindering the adequate provision of health care.
4. Human resources development is one of the leading priorities of MoH because the realization of adequate and quality health services delivery is not possible without adequate skilled manpower.
5. Training is given to pre-service and basic service, post-basic, short and long‑term and continuing education training for the various categories of health personnel. Between 1992 and 2000, a total of 1,672 health professionals have graduated and been awarded a degree,

diploma or certificate from the College of Nursing and Health Technology and Asmara University; an additional 542 were enrolled by the end of 2000. The training programmes of the Ministry of Health include training of nurses, health assistants, laboratory technicians, assistant physiotherapists, pharmacy technicians, X-ray technicians and dental clinicians.

1. In 2000 there was a ratio of one doctor per 13,000 people, one nurse for every 2,800 people, and one associate nurse for every 1,700 people. The 10-year health sector plan envisages by the year 2005: one doctor for every 10,000 people, one dentist for every 100,000 people, one nurse for 2,000 people and one health assistant for every 1,500 people.
2. The number of health facilities by 2005 is expected to reach: hospitals, 42; health centres, 100; health stations, 400. Accordingly, the health services coverage is expected to increase from 70 per cent in 2001 to 80 per cent in 2005. This envisages construction of primary health-care facilities, hospitals, development of mobile clinics and community health services that would be staffed by community health workers.

### Health policy guidelines

### Sector policy

1. The goal of health policy in Eritrea is to improve the health and well-being of all Eritreans with a focus on those most at risk and to encourage the health system to be more responsive to the needs of the people. The specific objectives of the health policy include:

To reduce infant mortality;

To increase life expectancy;

To ensure availability of health services;

To ensure self-sufficiency in manpower through human resources development; and

To promote health awareness in Government and communities.

1. The Government’s macro-policy (1994) has outlined the general objectives:
* To reduce and eventually eliminate deaths from easily controllable diseases; and
* To enhance awareness of good health practices in order to improve the productivity of the workforce.
1. Health policy in Eritrea focuses include:
* Basic health services will be made available to both urban and rural populations;
* Priority will be given to primary health care and immunization programmes;
* Major health hazards will be given special attention for containment;
* The private sector will actively participate in the provision of health services following rules, regulations and operational modalities provided by the Ministry of Health;
* Community and beneficiary contribution in financing health services will be promoted; and
* National health insurance schemes will be introduced. Information dissemination on healthy practices will be actively promoted.

### Health education and promotion (HEP)

1. The Ministry of Health regards health education and promotion (HEP) as a strategically important tool to its primary health-care programme. Health facilities are poorly equipped and face a critical shortage of trained personnel. Additionally, many health facilities have been destroyed and equipment looted by the invading Ethiopian soldiers in the 1998-2000 war. As a result, the population is suffering from a number of preventable health problems. The health status of women and children is particularly problematic. However, many of the diseases contributing to high mortality and morbidity rates are preventable.
2. In the primary health-care strategies, preventive and promotive health care for the most vulnerable groups - children and women - receives priority attention.
3. Priority is given to major health problems of the country such as malaria, diarrhoea, acute respiratory infection (ARI), tuberculosis, HIV/AIDS, obstetric emergency condition, vaccine‑preventable diseases, and malnutrition. These problems were accorded the highest priority because of the high contribution to the morbidity and mortality and because health education intervention can play a pivotal role in them.
4. At the national level, HEP policy has clearly stated objectives and strategies. Its main aims are to lay out the role for HEP in the national health plan, to provide guidelines for setting HEP priorities, dealing with issues related to language, decentralization, integration of health services and coordination with other donors.
5. The importance of the involvement and participation of community leaders, local administrative bodies, women’s association, youth and students’ associations in HEP campaigns is duly recognized.
6. There is limited home-level HEP activity for antenatal and postnatal programmes, except for breastfeeding promotions. Support groups from the community play a great role in promoting Baby Friendly Hospital Initiative throughout the country. The problems frequently mentioned by hospitals, health centres and health stations are lack of teaching-aid materials and language problems in communicating with the local people.
7. Recently, some regional Ministry of Health management teams were established to develop HEP materials after having training on formative research and materials development.
8. To promote health for all, the following HEP programme strategies will be pursued with regard to future activities:

 (a) Tackle priority health problems;

 (b) Focus on behaviour change;

 (c) Use different message delivery strategies to support integrated services;

 (d) Decentralize HEP;

 (e) Community participation; and

 (f) Reach different language and culture groups.

### Child health policy guidelines

1. The approach to the management of child health in Eritrea focuses on the management of the most important causes of infant and child mortality and morbidity. In order to reduce mortality, the programme stresses an integrated approach to the management of infants and children, which is directed toward the prevention of all the most important causes of mortality and morbidity at the same time.
2. The child-health programme also addresses the special problems faced by children with disabilities, children of school age and adolescents.
3. The objectives of the child health policy guidelines include these priorities:

 (a) The child health programme will focus on the reduction of morbidity in children less than 5 years of age from acute lower respiratory tract infections (ARI), malaria, diarrhoea, measles and malnutrition;

 (b) A primary health care coordinating committee will develop an integrated approach to the prevention and management of childhood diseases. Health-care workers at all levels will be trained to address all major causes of morbidity and mortality in children under 5 at the same time. Prevention strategies will also address all major causes simultaneously;

 (c) An integrated child-health programme will be developed and coordinated with the participation of all relevant divisions of the Ministry of Health;

 (d) The child-health programme will address the needs of handicapped children;

 (e) The child-health programme will address the needs of school-age children and adolescents;

 (f) The child-health programme will aim to improve the following measures of facility and community performance:

* Increase the proportion of health staff who have received training in the integrated management of children;
* Increase the proportion of health staff who receive regular integrated supervision on child health;
* Increase the proportion of health workers who correctly diagnose and treat sick children;
* Increase the proportion of caretakers and family members who correctly administer oral dehydration solution of a recommended home-made fluid to a child with diarrhoea;
* Increase the proportion of caretakers and family members who know how to correctly take care of a sick child within the home;
* Increase the proportion of caretakers and family members who know the signs for seeking care when their child is sick;
* Increase the proportion of caretakers and family members who understand and practice simple preventive behaviours for the prevention of child illness and the promotion of good health; and
* Increase the proportion of caretakers and family members with a handicapped child who have education in basic primary health-care topics.
1. The child-health programme is being coordinated by the Family and Community Health Unit of the Primary Health Care Division. The development and implementation of an integrated child-health programme involves close collaboration between the divisions of the Ministry of Health and joint participation in all development and training activities. Focus is placed on the improvement of service delivery at the community level. A cooperative and participatory approach is used to develop and manage the programme.
2. The management of all main causes of infant and child mortality uses a standard case‑management approach. Integrated case-management guidelines for ARI, malaria, diarrhoea, measles and malnutrition will be developed and tested by the child health programme. The principles of the case-management approach will be:

 (a) The use of standard clinical algorithms to assess, classify, treat and follow-up infants and children and to counsel their caregivers on the management of their children at home;

 (b) The use of standard clinical algorithms to manage and treat infants and children in first-level health facilities. Laboratory confirmation of diagnoses will be required only in sites where it is available and affordable; and

 (c) All sick children meeting defined clinical criteria will be referred for treatment at the next level of the health-care system. The MoH will commit itself to providing referral-level care for sick children who cannot be adequately managed at lower level health facilities.

1. The Early Childhood Development Project includes the following child and maternal health component, led by the Ministry of Health, which aims to:
* Improve the quality of care provided to children under five years of age at health facility and household levels through education;
* Strengthen the health system in order to sustain integrated management of childhood illness;
* Empower communities and families for improved practices regarding child health and development through training and participation; and
* Improve awareness through information, education and communication campaigns and training to improve attitudes of parents, caregivers and communities.
1. The Mother and Child Nutrition and Food Security programme, led by the Ministries of Health, Agriculture and Fisheries, aims to:
* Empower targeted communities and families to deal with the needs of the child through appropriate training;
* Reduce micro- and macro-nutritional deficiency among children under 5 years of age through equipping health workers with proper skills;
* Improve food security, especially for children in the target population, through agricultural development; and
* Build capacity within Ministries for nutrition programme management.

# D. Social security and childcare services

### Social security

1. There is no comprehensive social-security system in the country, although a number of benefits are provided, aimed at relieving the hardship of the most needy within the community. This support is targeted at families, and so directly helps children, if they exist, within the family structure. Eritrea has long-term plans to introduce some form of social-security system. To this end, MLHW, in collaboration with pertinent authorities, are conducting a study, with a final report expected in early 2003. The study is based on Labour Proclamation 1/18/2001, whereby the Ministry has the power to issue regulations pertaining to Social Security Article 84. The Government’s macro-policy (1994) has as an objective: To introduce, stage by stage, a comprehensive national social-security scheme in line with the pace of the economic development of the country. Policies designed to achieve this include:

 (a) Development strategies aimed at meeting the basic needs of the population will be designed and implemented;

 (b) Traditional social security and community self-help schemes will be encouraged;

 (c) Appropriate monetary policies will be put in place to enhance private savings;

 (d) Employment safety nets will be introduced through labour intensive public works

programmes in areas and periods of major economic distress;

 (e) Access to productive resources (land, water, livestock, credit etc.) will be provided to the unemployed and under-employed;

 (f) Pension schemes will be introduced for public-sector employees;

 (g) Victims of war and vulnerable groups will be provided with proper care and attention;

 (h) Children, youth, the aged and women will be provided with legal protection from economic, sexual and other forms of exploitation; and

 (i) National capacity for disaster preparedness and prevention will be gradually developed and strengthened.

### Family education and childcare

1. The Government’s macro-policy (1994) outlines within its approach on gender issues a number of relevant points regarding childcare services, including that:
* Appropriate labour-saving technologies will be introduced to reduce the drudgery of women in the household and for other activities (water, fuel wood, childcare centres, etc.); and
* Mother-childcare services will be improved and expanded.
1. Pre-school education, which is aimed at preparing children for formal education, is covered in chapter VII of this report, under the heading of “Early childhood education”. The related issues of family education and childcare are covered here, but both chapters should be seen as complementary.
2. The longer-term plans for the provision of childcare and family services within the country are very broad in scope. Childcare will not be treated simply as “child-minding” for working, urban women. The Government sees the provision of childcare as an important part of overall family and early childhood education. Childcare services will be primarily aimed at community-based family education; that is, creating awareness amongst parents and the wider community of the health, nutrition, developmental and educational needs of young children. In a country in which basic levels of knowledge about the relationship between, for instance, health and hygiene/sanitation practices, are unacceptably low, education of families becomes vitally important. The aim is not only to provide care and education for children, but also to educate whole families via their children. The MoH is creating awareness on the above issues.
3. The Ministry of Education aims to expand its provision of resource centres for early childhood education (described in detail in the section below on early childhood education, paras. 310-315).
4. A number of other ministries currently provide some form of family education. The Ministry of Agriculture provides basic family education through its home-economics programmes. This programme is operated by the ministry to secure improvements in the living conditions of farming families. Women have the opportunity to attend the food and nutrition, and mother and childcare classes conducted in villages in all zones. Home agents who are responsible for this work are assigned throughout the rural areas. In 2002, 45 home agents provided women, in remote areas of the country, introductory classes. Additional classes have also been held in:

 (a) Hygiene and environmental sanitation;

 (b) Home improvement and management;

 (c) Clothing and textiles;

 (d) Income-generating activities:

* horticultural production,
* poultry production,
* beekeeping, and
* handicrafts.
1. All classes are taught with the participation of women, and many include practical projects, which will be of benefit to the communities, such as the construction and use of solar cookers.
2. An additional challenge for Eritrea is how best to provide appropriate family education (and perhaps childcare) for its nomadic population, and even more pressing how to provide for its refugee children. For both these groups a system of family and early childhood education needs to be developed that suits the life circumstances of these groups.
3. At this stage, purpose-built non-educational childcare facilities are almost non-existent within the country. With increased emphasis on women’s participation in training and income‑generating schemes, the need for childcare services and facilities is becoming obvious. While traditional society has provided well for the care of children by members of the child’s extended family, this is becoming increasingly more difficult, especially for single mothers who live in urban areas.
4. The National Union of Eritrean Women (NUEW) is perhaps the most active organization in the provision of childcare services. On behalf of their women members, in particular ex‑fighter women, they have been actively advocating for the establishment of childcare centres The NUEW have been providing childcare services in conjunction with their other programmes so that women can be free to take advantage of the educational or income-generating schemes on offer. Day-care services have been provided in four locations in conjunction with women’s rural credit programmes, and NUEW is attempting to provide childcare to all areas in which they have women’s literacy programmes, so as to allow for the full and active participation of women.
5. Basic childcare has also been provided on a limited basis by the Ministry of Education in conjunction with its Women’s Literacy Project. The project is currently being evaluated to assess its effectiveness, and the provision of childcare is one area, which will be appraised to understand its impact on women’s participation.
6. Childcare facilities based in the workplace are virtually non-existent in Eritrea at the moment, other than those associated with women’s rural credit programmes. NUEW is expected to provide childcare facilities alongside some of their other projects in the future, such as flourmill operations.

# E. Standard of living

1. In order to raise the standard of living of the average Eritrean child, it is necessary not to focus on short-term food-aid supported programmes, which necessarily characterized much of the initial post-liberation phase. Economic development and poverty reduction have been central goals of the Government’s development programme since independence. These goals are enshrined in the Constitution in three key clauses:
* The State shall work to bring about a balanced and sustainable development throughout the country, and shall use all available means to enable all citizens to improve their livelihood in a sustainable manner, through their participation (art. 8, para. 2);
* Every citizen shall have the right of equal access to publicly funded social services. The State shall endeavour, within the limit of its resources, to make available to all citizens health, education, cultural and other social services (art. 21, para. 2); and
* The State shall secure, within available means, the social welfare of all citizens and particularly those disadvantaged (art. 21, para. 2).
1. The Government has pursued economic development and poverty reduction through a strategy initially articulated in its macro-policy and more recently in its National Economic Policy Framework and Programme, presented in 1998. Since the formulation of the macro‑policy in 1994, a series of economic and structural initiatives have been taken, for example:
* A land-tenure system was proclaimed, which places land ownership with the State and guarantees the right of all citizens to access to land;
* The taxation laws of the previous regime were overhauled and price controls were removed to encourage competition and a favourable tax environment for local and international investment;
* Housing and property previously nationalized has been returned to its rightful owners; and
* The privatization of nationalized industries has begun;
1. The Government has been attempting to eventually raise income levels using a range of initiatives, including its general economic policy. It recognizes that the potential for rapid income generation is limited, however, a number of initiatives such as rural development, small‑scale income-generating schemes and literacy programmes all aim to ensure more of the community become economically self-supporting.
2. For much of the population, however, the long-term initiatives will come too late. People are suffering because of a lack of household food security, which, results in such widespread hunger and malnutrition. About 80 per cent of the population currently relies on agriculture for their livelihood, but productivity is very low. Eritrea is a long way from being self-sufficient in food production. Even in good years, only about 70 per cent of food needs are met from within the country. In bad years the figure can be nearer 15 per cent. The major constraints to food security in Eritrea include poor and erratic rainfall; environmental degradation, including soil erosion and reduced soil fertility; shortages of skilled workers; low capital investments; and, poor agricultural infrastructure and war.
3. Programmes, which ease the immediate requirements for income support, will therefore be needed for some time. Prior to the border conflict with Ethiopia, much progress was made promoting growth and increasing access to services and opportunities. Although progress has been disrupted, the Government remains committed to its development strategy.
4. Given the various fundamental constraints, improving household food security and income levels and hence the standard of living for children will be a long, slow process. Of course, numerous other factors also affect the standard of living. In particular, the Government wishes to concentrate on improving the status of women. EPLF had a good record of women’s participation during the struggle, resulting in 30 per cent women membership. In a number of areas, including training programmes, EPLF discriminated in their favour. As has been outlined elsewhere, EPLF also introduced numerous gender reforms in the liberated zones. However, cultural practices, which support gender inequality, are strong. It is proving difficult to extend concepts of women’s equality to the wider community who were not combatants. The Government is concentrating on programmes, which educate, provide health care and allow women to generate their own incomes. In addition, they aim to provide greater paid work opportunities. The Government is attempting to lead by example: there are 22 women in the National Assembly, and 3 women cabinet Ministers. Women, by law, will also constitute at least 30 per cent of all legislative positions.
5. Education will be discussed below (see chap. VIII), however, adult literacy, and in particular women’s literacy is worth mentioning in relation to the standard of living. With so many factors linking children’s well-being and the level of education of their mothers, literacy levels are vitally important. As outlined in the EDHS, about 40 per cent of girls aged 15-19 have received no education. This figure is 85 per cent for women aged 40-44, and more than 97 per cent for women 60-64. Overall, the women’s literacy rate for those aged over 15 years is about 10 per cent. Women’s literacy has therefore become a priority. Both Government and local NGOs run literacy classes and the media also contributes, through the “education radio” station, to basic education. Programmes aimed through the media are hampered, however, by the very low levels of access most people have to any form of media. EDHS found that only 37 per cent of rural women had access to a radio, 1.7 per cent were able to access television and 6 per cent were able to read a newspaper on a weekly basis.

## VII. EDUCATION, LEISURE AND CULTURE

# A. Aims of education

1. The Government’s national development strategy, as outlined in its macro-policy document of 1994, includes equipping the new Eritrean State with the necessary institutional structures and skilled manpower so that the State can operate efficiently and effectively. Education is recognized as an inalienable right of the child “Every citizen shall have the right of equal access to publicly funded social services. The state shall endeavour, within its resources to make available to all citizens health, education, cultural and other social services” (art. 21/1 of the Eritrean Constitution).
2. The education policy aims to provide equal opportunity in terms of access, equity, relevance and continuity of education for all school-age children. It gives priority to most vulnerable groups and regions and encompasses intellectual, physical, social and emotional outcomes.
3. The specific goals of the education policy are as follows:
* Raise access of elementary school children from 36 per cent in 1991 to 65 per cent by 2006; improve quality and efficiency at all levels;
* Support pre-school education initiatives; increase access to and quality and efficiency of secondary and technical and vocational programmes;
* Reduce illiteracy rate to 40 per cent by the year 2003; and
* Improve the ministry’s capacity to analyse options, develop strategic plans and information systems, and upgrade sector management at all levels.
1. The Government plans to develop and implement its national Education For All Plan of Action as of 2001. The GSE plans to further decentralize responsibilities for operating schools to the zonal level, allowing the Ministry of Education to focus on planning and co-ordination, setting national standards, reviewing and providing textbooks, monitoring and assessing quality, and setting standards for teachers. This will require strengthening of institutional capacity at the zonal level in planning and management.
2. The general objectives of the education system, as outlined in the Government’s macro‑policy, are therefore:

 (a) To produce a population equipped with the necessary skills, knowledge and culture for a self-reliant and modern economy;

 (b) To develop self-consciousness and self-motivation in the population to fight poverty, disease, and all the attendant causes of backwardness and ignorance; and

 (c) To make basic education available to all.

1. These objectives of the education policy are compatible with article 29 of the Covenant and they aim to create a united, prosperous, peaceful and democratic nation by producing women and men who:
* Have the various skills needed and the commitment to work together to reconstruct the economic, environmental and social fabric;
* Have a love of and respect for the nation and all peoples within it, regardless of sex, ethnic group, age, religion or profession. This includes producing citizens who are fully literate in their mother tongue and who know and wish to preserve the best aspects of their culture whilst changing those negative aspects, including working towards the achievement of gender and ethnic equality;
* Have respect for democratic institutions, and who fully and effectively participate in the democratic process, including developing and defending the basic human rights of children, women and men;
* Are guided by and adhere to the highest ethical principles;
* Have a deep knowledge of and respect for the environment, and the need for its restoration and protection;
* Have the ability to wisely use scientific processes and development so as to develop self-sufficiency in food, and a modern services and industrial sector, based on the principles of environmental sustainability; and
* Have the opportunity to develop to the full their creative potential in all aspects.
1. Given the need for comprehensive change in the whole education system following liberation, policies for every sub-sector have had to be developed. Although this process is still continuing in one or two areas, by and large overall policy has been decided. It should be stressed, however, that because of the new and also dynamic nature of Eritrea’s education system, policy in many areas would be continuously monitored and, if necessary, changed. The following are the major policies developed since 1991:
* Universal basic education up to seven years will gradually be made available to all. Universal access and completion of quality primary education for all will be attained as a way of securing formal basic education to all by 2015 with more than 80 per cent of the participants finishing the formal basic education level. Girls, disadvantaged and nomadic children will be the main focus of the overall formal basic education investment (EFA goals 2001);
* Skilled manpower requirements of both the public and private sectors will be met by steadily increasing enrolments at the secondary, technical and vocational schools;
* Continuing education through formal and non-formal channels will be promoted to achieve higher literacy rates and enhanced competence;
* Tertiary education will be expanded selectively to meet the envisaged manpower requirements of the country;
* The emphasis of technical/vocational training will be to impart multi-craft skills that enhance the job adaptability and retraining potential of the student;
* The government, the community and the direct beneficiaries will be made to contribute varying amounts towards financing education costs;
* Official recognition and/or professional accreditation of skill and academic attainment will be awarded only after undergoing government established certification procedures; and
* There will be no restraint on the provision of education by the private sector, but private schools will have to follow the national curriculum.
1. Recognizing that past neglect has deprived a substantial proportion of the population of access to education, and that past policies have severely damaged the quality of educational provision, strategies are aimed at improving educational quality and quantity simultaneously, on the one hand, and on the other hand securing equity. Major strategies include:
* The opening of more elementary schools throughout the country, and the adopting of special measures for girls and minority groups such as pastoralists, so that the right of basic education is able to be exercised throughout the country;
* Improvement in the quality of education through increases in internal and external efficiency, curriculum change, raising the standard of teacher education, and through developing various support systems;
* The promotion of popular participation and democratic control of basic education through community management;
* The encouragement of non-governmental organizations to open schools at all levels;
* The opening of more faculties in the university, including a faculty of education;
* The opening of more, well equipped secondary schools with relevant curriculum;
* To develop a flexible, 3-tiered system of technical education;
* The ensuring of the sustainability of financing, to create self-reliance within a framework of partnership with international bodies to help the initial funding of the programmes; and
* Major emphasis of training of new and existing personnel.

# B. Factors affecting education

1. Adult illiteracy is estimated at 75 per cent of the population; while the total number of primary‑school‑age children out of school, in 2000-2001, was 323,240 children of which 165,785 were girls. Sixty-one (61) per cent of 7-11-year-old children are out of school.
2. There are several major problems standing in the way of educational progress in Eritrea. The most significant problems are the poverty of the country as a whole, and the lack of financial resources of the Government. Progress in the educational field is intricately related with progress in the economy as a whole. As outlined in the introduction to this report, the economy is currently in devastated shape, making it extremely difficult for plans for increasing access to, and improving the quality of, education at all levels.
3. The acute shortage of skilled and/or trained professionals at all levels in the education system is a very major constraint; to date there are approximately 2,967 untrained teachers in the system. There is a limited capacity of the Asmara Teacher Training Institute (ATTI) to meet the growing demand for qualified teachers, and a low quality of teacher trainers. There is a lack of an updated gender-sensitive pre-service training curriculum, which would ensure that teachers learn how to teach in gender-sensitive ways. There is also a need to meet the demand for

teachers in the nine ethnic groups for mother-tongue teaching and learning. Finally, the education system is constrained by the lack of an in-service training programme which responds in dynamic ways to the problems of teaching and learning, including the onset of silent emergencies such as the HIV/AIDS epidemic.

1. Other constraints are attitudinal; for example, many people still consider it unacceptable or undesirable for girls to be educated. Attitudes such as these will take time to change. In addition, poor health leads to high child mortality rates, absenteeism and reduced school performance, whilst the war and poverty have created a large number of children with special needs. Environmental degradation has led to problems relating directly to the school (such as an extreme lack of water supply at school sites) and also indirectly to children’s participation in education.
2. Any developing country faces problems in allocating enough resources to expanding its social services. The problem is much greater here, as Eritrea is trying to rebuild a completely shattered education system at all levels simultaneously. This requires enormous financial and human resources. There is thus currently a very wide gap between the educational needs of the nation, and the ability of the Government and also the people to meet those needs from their own resources. To improve access to education, the Government increased spending on education from 4 per cent of Government expenditures in 1993 to over 9 per cent in 2001, spending on basic education has expanded faster than spending on other levels of education. Currently nearly 70 per cent of resources for education are spent on primary education, and 78 per cent of the primary schools are located in rural areas.
3. Notwithstanding the expressed commitment to education, and the desire to create a modern, forward-looking economy and to meet the needs of its population, various factors stand in the way. At the end of the 30-year war of liberation, Eritrea inherited a ruined infrastructure and a neglected educational sector. In spite of progress made in the seven years, which followed liberation, the 1998 war has caused tremendous setbacks and overburdened the system. It must be said that the challenges in education that Eritrea faces at the beginning of the new century are still overwhelming.

# C. Early childhood education

1. The MoE’s role in early childhood education has been limited to the provision of sectoral policy guidance, teacher education and monitoring. The policy on early childhood education includes the following principles:

 (a) The Government of the State of Eritrea aims to ensure the proper care of children by assuring physical, intellectual, social and emotional development during the early ages as central for the development of a progressive and developed Eritrean society;

 (b) The Government recognizes the need for children to participate in recreation. This recreation should include the freedom to play and a variety of self-directed activities, including cultural activities and art. All efforts will be made to ensure this opportunity;

 (c) Attention will be paid to expanding the learning environment to the home and community, and the knowledge children get from their life experience will be considered as an important aspect of their overall development;

 (d) Parents and communities have an obligation to ensure and improve the educational, health and nutritional status of children. The Government shoulders the responsibility of monitoring the status of children and will take measures to consolidate the health and nutritional status of Eritrean children; and

 (e) To guarantee their right to education the Government will work toward the development of a nation-wide system for education. This system will be guaranteed by law and by the educational policy of the country.

1. By 2001 there were only 90 pre-schools in the whole country, 69 of them being located in the urban areas with most of these in Asmara. Only four (4.4 per cent) are Government‑owned. During 1995 the Municipality of Asmara handed over all pre-schools under its jurisdiction to the community. Almost all pre-school management and financing were left to non-government initiatives. The gross enrolment ratio (GER) for the respective academic years 1991/92, 1995/96 and 2000/01 was only 3.4 per cent, 3.9 per cent and 5.2 per cent respectively. This figure is obviously very low. The Government recognizes that pre-school education is extremely important in laying the foundations for children’s overall educational experience.
2. The MoE has established a pre-school panel, which aims to develop and support good practice in pre-schools, including monitoring and supervising existing pre-schools and training existing and new teachers. During the 2000/01 academic year there were only 326 pre-school teachers in the whole country of which 211 (64.7 per cent) had some professional training.
3. The Government of Eritrea has recently initiated an integrated multi-sectoral Early Childhood Care and Development (ECCD) programme under the auspices of the Ministry of Local Government. The programme will address the education and development rights of children in the early years, in an integrated and multi-sectoral approach, particularly in rural areas. The goal is significant expansion of integrated, low-cost and community based early childhood development programmes of high quality in order to achieve more than 80 per cent of children covered by 2015 through formal and non-formal means.
4. Major components of the early childhood development project include Early Childhood Care and Education (ECCE) led by the Ministry of Education to:
* Promote complete social, physical and intellectual development of children;
* Improve the quality of life of children and the community;
* Empower the community and develop a system that involves their participation;
* Safeguard the basic rights of children; and
* Ensure long-term benefits for human resource development and economic growth by producing productive adults.
1. To date the following activities have been undertaken:
* Training of community caregivers has been given;
* Low-cost facilitating materials have been developed for kindergarten teachers;
* Workshops are given every two months to both teachers and community caregivers;
* A parent’s enrichment manual has been developed by parents, health workers, home agents, NUEW, NUEYS and teachers; and
* In order to report on the way forward, a needs assessment on early childhood education and care in Eritrea has been conducted by MoE in April 2002. A workshop is planned for October 2002.

**D. Basic education provided by the State**

1. The number of children aged 0-5 is 759,886 and those aged 6-14 is 904,499 (MoE 2000/01). (Additional statistics relevant to this section have been included in the statistical annex.)

**Table 6**

**Total school-age population by school level**

**(MoE 2000/01)**

|  |  |  |
| --- | --- | --- |
| Age group | Population | Estimated percentageof total population |
| 5-6 |  240 981 |  6.67 |
| 7-11 |  529 071 |  14.64 |
| 12-13 |  176 487 |  4.88 |
| 14-17 |  289 587 |  8 |
| Total |  1 236 125 |  34.2 |

1. Planning at a national level started being developed in 1991, and the process is still continuing. From project-based planning, the Ministry of Education has progressed to programme-based planning, with a consequently longer time horizon. Additionally, 5‑, 10‑ and 15‑year targets have been set for key indicators. The trends in gross enrolment ratio (GER) and net enrolment ratio (NER) over the last five years is as indicated in the table below.

**Table 7**

**Gross enrolment ratio (GER) and net enrolment**

**ratio (NER) 1996/97 to 2000/01**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Level | NationalGER | GER by Gender | NationalNER | NER by Gender |
| Male | Female | Male | Female |
| 1996/97 | Primary | 50.6 |  54.8 |  46.3 |  28.8 |  29.9 |  27.7 |
|  | Middle | 29.9 |  32.4 |  27.2 |  7.9 |  8.4 |  7.5 |
|  | Secondary | 15.7 |  18.2 |  13 |  10 |  10.4 |  9.6 |
| 1997/98 | Primary | 50.6 |  54.7 |  46.5 |  30.9 |  32.4 |  29.3 |
|  | Middle | 35.1 |  38.9 |  30.9 |  9.1 |  9.5 |  8.6 |
|  | Secondary | 15.7 |  18.4 |  12.7 |  10.3 |  10.8 |  9.7 |
| 1998/99 | Primary | 52.2 |  56.4 |  47.9 |  35.2 |  35.2 |  31.3 |
|  | Middle | 40.1 |  43.3 |  36.5 |  9.5 |  9.6 |  9.3 |
|  | Secondary | 17.4 |  21.2 |  13.4 |  11.4 |  12.6 |  10 |
| 1999/00 | Primary | 57.5 |  62.3 |  52.4 |  37.9 |  40.1 |  35.6 |
|  | Middle | 43.2 |  45.9 |  40.4 |  10.5 |  10.7 |  10.6 |
|  | Secondary | 21.3 |  26 |  16.2 |  14 |  15.8 |  12.1 |
| 2000/01 | Primary | 56.6 |  61.2 |  51.5 |  38.9 |  41.4 |  36.4 |
|  | Middle | 43.4 |  45.1 |  41.5 |  11.6 |  11.6 |  11.6 |
|  | Secondary | 22.2 |  27.2 |  16.9 |  13.3 |  15.2 |  11.3 |

1. Currently, five years of elementary and two years of junior secondary (the basic cycle) are followed by four years of senior secondary. The medium of instruction at elementary level is mother tongue, although currently communities are permitted to choose another language as medium if they wish; at post‑primary level, it is English. Official starting age is 7, but past lack of access means that the majority at all levels are over age. The pre-school programme is two years, beginning at age 5, although current provision is extremely small, with a GER in 2001 of only 5.2 per cent; pre-schools are almost wholly concentrated in urban areas, especially Asmara.
2. Concerning government funding, the Ministry of Finance is responsible for the overall allocation of the government budget. The Ministry of Education prepares its annual budget based on enrolments, numbers of teachers and other staff, and the school building programme.  To improve access to education, the Government increased spending on education from 4 per cent of government expenditures in 1993 to over 9 per cent in 2001. Purely governmental expenditure on education for the years 1992/93, 1995/96 and 2000/01 was ERN 34.7 million, 91 million and almost 253 million respectively (source: Ministry of Finance and Development and MoE). Nearly 70 per cent of resources for education are spent on primary education, and 78 per cent of the primary schools are located in rural areas. (A substantial amount of this, however, goes to recurrent costs especially the payment of teachers’ salaries (ERN 100,634,081 out of a budget of ERN 252,450,668: MoE, Essential Education Indicators 2000/01).)
3. Recurrent expenditure has been rising rapidly due to a number of factors, including the increase in the number of teachers and higher spending on supplies caused by the rapid rise in the number of schools. Most capital expenditure is currently financed by non-governmental organizations, making it more difficult to plan on a long-term basis. Some, however, are financed by the Government via the Community Development Fund.
4. The national curriculum was established during the liberation struggle and has been periodically modified and assessed in the last 10 years. The Ministry of Education has been developing a new national curriculum; serious efforts are being made to reflect the country’s new socio-economic situation in the review of the general education curricula (2001-2002). New teaching materials will be developed and piloted in schools as soon as the review is concluded. The technical education, vocational training, teacher education, and literacy programmes have been developing their own curriculum independently.
5. In the meantime, some changes have already been made to the existing elementary, middle and secondary curricula. Elementary textbooks for the minority languages have been revised, new English books have been prepared for many grades; new junior secondary books have been prepared for a range of subjects and revised secondary school books have also been prepared. Measures to enforce the standardization of the curriculum across all Eritrean schools have also been taken.
6. The pupil-teacher ratio at the primary level was 45:1 in 2000/01 as opposed to 37:1 in 1992/93. The ratio was 56:1 and 54:1 at the middle and secondary levels in 2000/01 as opposed to 33:1 and 35:1 in 1992/93. Although there are still some regional disparities, both enrolment and pupil‑teacher ratios are on the increase. The causes of high pupil-teacher ratios in some places include inadequate number of schools, teachers and school places. The reasons for increased demand for school places include reduction of infant mortality, improved awareness of the value of education and gradual (still inadequate) parental involvement; expulsion of children from Ethiopia, (over 31,000, 44 per cent children, expelled between 1998-2001), returnees from Sudan (between 1995 and 2002 there were over 110,000 children returnees).
7. The number of qualified teachers has increased in the past few years; at primary level the number of qualified teachers increased from 48 per cent in 1994/95 to 71 per cent in 2000/01. At the secondary level the increase was from 47 per cent in 1994/95 to 73 per cent in 2000/01. At the middle level, however, in the 2000/01 academic year, only 35.3 per cent have the necessary qualifications, as opposed to 70 per cent in 1994/95. The poor quality and availability of teachers is the underlying cause of low pupil achievement. Female teachers in 2000/01 represent 40.6 per cent, only a 5 per cent increase from 1994/95 in the teaching profession. This is still relatively low if girls’ education is to be a focus. Since 1998 the main cause of the poor quality of education has been the impact of the border war. The increased need for other social services such as health, nutrition, water and sanitation for war‑displaced persons meant that education came after the basic needs and received little resources.
8. Professional supervision is essential if the quality of education is to be assessed, and improved. The MoE aims to consolidate the supervision system in the regions so that supervisors work in a cluster of schools, in line with the strategy of monitoring educational

quality and localized training. Plans have been laid for a new system of regular supervision reports from the regions. The upgrading of existing supervisors and training of new ones is seen as a major priority, given the lack of qualified staff.

1. In terms of internal efficiency, school drop‑out rates have been steadily declining since 1991, especially for girls. Average withdrawal, repetition and promotion rates in 2000/01 were as indicated in the table below:

**Table 8**

**Girls’ status in schools (2000/01)**

**(in percentage)**

|  |  |  |  |
| --- | --- | --- | --- |
| Level | Withdrawal(dropouts) | Repetition | Promotion |
| Primary |  6.3 | 22.9 |  70.8 |
| Middle |  10.1 | 23.3 |  66 |
| Secondary |  10.1 | 29.2 |  61.1 |

1. These figures, however, do mask vast differences in flow rates between different zones. For instance, the withdrawal rate in elementary schools in Zoba Maker (central zone) in 2000/01 (with a relatively well-provided‑for education system, in terms of buildings and staff) was only 4.3 per cent, with a repeat rate of 20.3 per cent and a promotion rate of 75.4 per cent. In Zoba Gash-Barka the withdrawal rate in 2000/01 was as high as 7.44 per cent, with repeat rates of 26.1 per cent and a promotion rate of 66.4 per cent. These rates, particularly within the lowland provinces, are constantly worse for girls.
2. Although shortages of textbooks and equipment are often the norm in developing countries, it is not normally the case that a large number of school buildings are unusable because of war damage, or because of their use as military barracks, but that was precisely the case confronting the MoE after the war. Given the lack of adequate resources, both human and capital, devoted to education, it has been an immense challenge to properly rebuild damaged schools, build enough new ones and adequately equip them with necessary books and equipment. The Ministry of Education recognizes that decent buildings and proper equipment make a big difference to educational quality, and is attempting to seriously tackle this issue. Since independence the Government has built new schools where none existed before, and is currently rehabilitating schools that were either destroyed or damaged by war.
3. According to the educational policy of the GSE, basic education (grades 1‑7) is free and compulsory for all citizens. School‑age children (grades 1‑5) have the right to learn in their respective mother tongue. Currently, at primary level, eight ethnic languages are used as medium of instructions and English as a subject. At junior and senior secondary levels (grades 6‑11), the medium of instruction is English. In 1996 the textbook provision ratio was estimated at 1:60 but by 2002 the ratio had reached 1:2.
4. MoE has a goal of increasing access of elementary school‑age children from 56.6 per cent (in 2000/01) to 80 per cent (by 2015). Since 1991/92, a total of 270 schools have been constructed and 315 rehabilitated. In 1996/97 alone (just before the outbreak of the war) 77 and 60 schools were newly constructed and rehabilitated, respectively, giving a grand total of 686 schools in 1996/97 comprising 549 elementary, 99 junior secondary and 38 senior secondary schools. According to MoE’s statistics and projections for 1999-2003, the estimated need for new primary school classrooms is 1,502 of which one third (500) will comprise provisions for new classes in existing schools while the remainder (1,002) will be located in new schools. MoE also expects to construct 105 demonstration rooms and 105 reading rooms (libraries) for junior secondary schools and 128 resource centres (cluster schools) during the same period.
5. Utilization of school buildings is very high. Fifty-seven per cent of all schools have a double‑shift system because of the shortage of classrooms. In urban areas, most junior and senior secondary schools have a three-shift system, with the third shift for adult extension evening classes (which may in fact contain children under 18).
6. Boarding schools currently only exist in six locations, two are in the process of being built and studies have been conducted as to where to build more. These schools are seen as a highly important means of increasing access for girls and minority groups in the disadvantaged areas.
7. Twenty-four rural schools in Barka Province are also feeding centres for midday snacks of milk, protein mixture and high-energy biscuits. There are a tiny handful of such centres in the rest of the country.
8. School buses operate in parts of Eritrea. The majority of children go to school by foot or bicycle. The average distance from home to school ranges from 2.2 km in the capital Asmara, to 8 km in three of the provinces. Some children spend 4-5 hours daily walking to and from school. Official figures estimate that 98 per cent of all bicycle users are male, meaning that almost all girls go to school on foot, with consequently increased journey times. The Eritrean Agency for the Environment has begun the process of distributing donated second-hand bicycles from overseas, many of which are being given to girls who have a long distance to travel to school. There is, however, a significant cultural difficulty to overcome: in many Eritrean families it is not acceptable for females to ride bicycles. In some instances the male head of the family will only allow a girl to accept a donated bicycle so that they themselves can take it. In urban areas, however, it is becoming increasingly acceptable for girls to ride, but it is likely to take a great deal of time until it is a common sight to see girls on bicycles!
9. Children have between 30 (grades 1 and 2) and 35 (grades 3-11) periods of school per week (one period is 40 minutes’ duration). The length of the academic year is approximately 200 days, divided into two semesters. Lowland areas teach six days a week so as to finish before the very hot season. It is intended that the length of the school year will be increased to conform to the sub-Saharan average, and that the number of periods that teachers teach will also be increased.
10. The overall GER increased from 36 per cent in 1991/92 to 60.2 per cent in 2000/01. The GER for girls increased from 34 per cent in 1991/92 to 53 per cent in 2000/01.

**E. Girls’ education**

1. Despite the Constitution’s provision for gender equality and the positive experiences in this regard during the struggle for independence, customary discriminatory practices against women still exist in Eritrea. There are strongly entrenched cultural factors responsible for the low importance many communities attach to girls’ education. Many parents see education as either irrelevant or as a barrier to achieving the goals and aspirations which they have for their daughters, that is, to marry, and to perpetuate the cultural traditions.
2. The enrolment, participation, and retention of girls in the educational system are seen by the GSE as fundamental to overall development.
3. Since independence, various comprehensive studies have been conducted on girls’ education in order to assess the factors affecting girls’ primary school enrolment, participation and retention in the five regions and to make recommendations for appropriate interventions to improve the situation. Regional differences were found in terms of attitudes towards girls’ education. Christian or mixed religious communities, as well as mixed ethnic communities, appeared more receptive to the idea of education in general, as were semi-urban and urban dwellers. The greatest resistance was found among nomadic/semi-nomadic communities and those with little or no tradition of schooling. In some places, particularly those with a strong tradition of female seclusion, women have never heard of the idea of schooling girls.
4. Community solutions to increase girls’ education included increasing the number of female teachers and reducing distance to primary schools and single-sex schools. In order to encourage girls’ education, various strategies have been developed by MoE, among them:
* Feeder schools: one major strategy is to bring education closer to the community. To date (2001) 25 feeder schools have been completed, and 14 new ones started;
* The construction of girls’ hostels to encourage girls to enter junior secondary school. Construction of two hostels, one in Massawa and one in Agordat, have already started. Guidelines for their management have already been drafted;
* Female teachers: in order to reduce parents’ fear about girls’ security and provide role models, there is need for more female teachers. Coaching for female teachers has been conducted at the TTI since 1997. In addition, MoE plans to give post‑training support to female teachers;
* To encourage enrolment and retention of girls, an incentive scheme was developed and launched, in 2000, in the four most deprived regions (but this programme is not extensive); and
* Advocacy and social mobilization: Community sensitization programmes and mobilization campaigns are a priority of MoE; the comprehensive study on girls’ education conducted in 1996 has been translated into the various local languages and discussed in subregional and regional level.
1. A good start has been made in the training and deployment of female teachers, as well as in additional coaching given to female teachers, and reducing distance to primary schools through feeder schools. The challenge now is to meet the expectations for continued instruction beyond the initial years.
2. Activities focusing specifically on girls’ education include:
* Reducing distance to primary schools;
* Construction of feeder schools and two girls’ boarding schools;
* Community sensitization programmes;
* Female teachers’ coaching and gender sensitization for teachers;
* Adult education/literacy, rural reading rooms/libraries;
* Preparation, translation and dissemination of booklets;
* Provision of radios in the literacy centres to access the literacy radio programme;
* A training centre for paralegals;
* In-service training and classroom instructions in law given to 35 women; and
* Parent‑Teacher Associations (PTAs) will receive information and resources to carry out girls’ education promotion campaigns in their communities.
1. Despite the Government’s campaign, especially since 1996/97, to encourage girls’ education, the gender gap is still widening. A major weakness of the system has been the lack of comprehensive monitoring and evaluation mechanisms. New systems are now being put into place to address these problems, and to better follow up progress regarding girls’ education. When these are fully put into effect, it will be possible to assess the impact of the strategies.

**F. Urban/rural and regional disparities**

1. The demand for education in some parts of Eritrea is higher, mainly the highland regions (Maker 77.2 per cent and Debug 73.8 per cent), and little or no demand in other parts of the country. This is particularly true for the nomadic communities (Debubawi Keyih Bahri 9.8 per cent, Semienawi Keyih Bahri 28.9 per cent and Gash Barka 49.8 per cent).

**Table 9**

**Gross enrolment by region and gender - Government schools 2000/01**

|  |  |  |
| --- | --- | --- |
| Zone | Population ages 7-11 | Gross enrolment |
| Total | Male | Female |
| Anseba |  78 444 |  45 249 |  25 404 |  19 845 |
| Debubawi Keyih Bahri |  37 109 |  3 626 |  2 543 |  1 083 |
| Debug |  137 479 |  101 438 |  54 842 |  46 596 |
| Gash Barka |  100 896 |  50 295 |  29 262 |  21 033 |
| Maker |  98 299 |  75 858 |  38 531 |  37 327 |
| Semienawi Keyih Bahri |  76 843 |  22 225 |  13 941 |  8 284 |
| Total  |  529 071 |  298 691 |  164 523 |  134 168 |

**G. Private education**

1. In the EPLF education system there was no private sector. In the occupied areas of Eritrea a small number of mission schools were allowed to continue functioning. However, as a whole the private sector has played only a minor role since the early 1970s. This is hopefully set to change, as the Eritrean Government is committed to encouraging the growth of this sector, so as to provide more opportunities for schooling for disadvantaged and other groups by opening up more schools, to involve the community more in the opening and running of schools, and also so as to help improve the quality of education offered. Different non-governmental bodies include communities, religious and foreign organizations.
2. Non-government school enrolment as a percentage of the total enrolment has been declining at elementary and junior secondary levels, as new government schools at these levels have been increasing at a faster rate than the opening of non‑government schools. From 1991/92 to 2000/01 it declined from 22 per cent to 10.3 per cent (of the 27,860 students in 2000/01, 13,355 were female) at the elementary level, and from 17.2 per cent to 7.38 per cent (of the 5,598 students 2,787 were female) at the middle level. At the secondary level, however, there have been proportionally greater expansions in the private sector, with private enrolment increasing from 2.7 per cent to 4.04 per cent (of the 2,591 students 1,234 were female) of the total enrolment. In 2000/01 there were a total of 88 non-government elementary schools, 22 middle schools, 6 senior secondary schools and 3 technical schools.
3. It is recognized by the Government that these private schools are not wealthy establishments, and so need a helping hand to become established and to function efficiently. No charges have been made for in-service teacher training courses provided by the MoE, and until recently no charge for textbook provision.

**H. Technical and vocational training**

1. The destruction of the Eritrean economy during the war, including the loss of an entire generation of skilled and semi-skilled workers, means that there is a tremendous material and human‑capacity rebuilding task to be accomplished. The rebuilding of the technical and vocational education sector is absolutely vital if the agricultural, industrial, and service sectors are to be rehabilitated and developed. The Government is thus giving great priority to the sector, with the Ministry of Education playing the leading role. Comprehensive plans have been drawn up for the restructuring of technical and vocational education, based on the current needs of the nation. The current two-tier system is being replaced by a planned three-tier system, designed to produce different levels and types of needed skills. Training will be offered at:

 (a) Skill development centres: currently there are seven skill development centres (SDCs), with new ones being built to total two in each zone. They give 6-12 month courses in basic skills like plumbing, building construction and mechanics;

 (b) Technical schools: there are eight intermediate and two advanced technical schools; the technical schools provide three‑year courses for graduates of grade 10, in construction, electricity, metalwork, etc. There are two technical schools, with plans to build several more; and

 (c) Technical teacher training: This will be a Technical Training Institute to produce teacher trainers. It will also serve as a polytechnic.

1. The Government of Eritrea recognizes the need for vocational and technical education and training. To attain the national human‑resource policy objectives, the Ministry of Education has developed a National Policy Framework on Technical and Vocational Education and Training (TVET).
2. A committee has already been set up to revise the MoE framework. The proposed structure of the TVET has three formal levels: basic, intermediate and advanced levels. The training will be structured in a dual system, whereby trainees will spend periods of four months at a time in industries or enterprises, relevant for their skill to practise their school-acquired learning.
3. The minimum age for admission to TVET will be 15 years. The basic level entry requirements are completion of primary and junior secondary school cycle (5 + 2 = 7 years), and the course will last one year. The intermediate level will comprise of a formal training course, designed for those who have successfully completed nine years of schooling, and will last two years. The most advanced level of technical and vocational training will be for those who have completed their senior secondary school, this programme will last three years. The framework will allow the trainees to move upward once they have completed one level.
4. The vocational centres in various regions cater mainly for drop‑out youth, demobilized fighters, returnees and expellees. Between 2000-2001 the number of trainees at the intermediate level was 1,434, of which 337 (almost 24 per cent) were women; at the advanced level the number was 359 of which 110 (over 30 per cent) were women.
5. The Asmara Business School, established in 1996 offers school‑leavers courses in computing, business studies, accounting, etc. Currently the programme is too small, with the capacity for only 60 students. However, this will begin to relieve the shortage of trained personnel in the commercial and service sectors. An arts and crafts school, and two small fine arts and music schools also offer short and medium‑length courses.

**I. Special education**

1. In the liberated areas during the war, the Zero School in Sahel (later to become the Revolution School) catered for a large number of orphaned children, many of whom had witnessed appalling atrocities against their parents, relatives and friends. During the war, some were frequently exposed to the terrors of aerial bombardments, and if not killed, psychologically scarred. Many had physical disabilities caused by war injuries or disease. At different times during the war, the EPLF had to cope with huge numbers of internally displaced refugees, including children. The EPLF was well aware of the traumas suffered by children in these and other circumstances, and tried its best to provide these children with loving care and attention, for example, by having guardians in the Revolution School act as foster parents. However, the EPLF lacked any experience in the identification of children with different needs, or the ability to fully professionally care for them. Thus, due to the war, poverty and disease, there are many children inside and outside of the school system with special needs who are not being adequately catered for.
2. As a result of this, a small special section within the Department of Pedagogy was established in 1994 to deal with special needs education. The categories of children with special needs include children with learning difficulties and behavioural difficulties; disabled children; children suffering from trauma; orphans; refugees; and gifted and talented children.
3. Only few and preliminary data are available on the number of children with special education needs, or with disabilities. Children with special education needs are often excluded from the mainstream school system because parents do not think they need education. A small number of deaf children and blind children have been integrated into secondary schools in Keren and Asmara, and an unknown number of students are integrated into elementary schools throughout the country. The latter group receive no special support. The great number of children and young people with disabilities and special needs (especially in rural areas) do not receive any formal education. Government policy is, as far as possible, to include children with special needs in mainstream schools. That approach requires that all teachers have training specifically related to learners with special needs, this is still not the case. Emphasizing inclusive education, however, does not rule out special schools or centres.
4. There are at present three long-established separate special schools in Eritrea, two deaf schools and one school for the blind. All are located in urban areas and all lack human expertise as well as financial and material resources. In 2000/01, only about 203 children (of which 97 were female) were able to get access to these institutions. Although most children with special needs can and should be educated in mainstream schools, children with profound complex difficulties, will need other type of programmes, such as special schools and centres, or special units within existing mainstream schools. There is, therefore, the need to look carefully at special schools and centres. It is foreseen that the new national curriculum will address special needs education. Presently, however, the curriculum proposal is still very general. Activities are also needed for long‑term attitude shift on disabilities and the benefits of education for children with special needs. The blind school has 60 students and 10 teachers, but only 2 of them have special‑education training.
5. The deaf schools have developed sign language in Tigrinya. These schools cater to only a tiny percentage of children with special needs, and there is a need to expand these facilities so that more children have access to special education. As part of the expansion programme, funding is being sought to upgrade the school for the blind so that it can operate at full capacity and provide programmes more suited to the needs of the children. The expansion programme also aims to establish a special education resource centre within the school, which will provide resources for all the special schools and for children in an integrated setting.
6. All the special schools in Eritrea lack the necessary expertise in how to adapt the government curriculum to suit their particular circumstances. In 1995 the Ministry of Education established the first school which caters to children with moderate to severe intellectual disabilities. While this school only caters to a very small number of children, it is in recognition of the need for education of all children that it is opened.
7. Apart from wholly deaf and blind children, and children with moderate and severe intellectual disabilities, the aim is to enrol all other categories into the mainstream school system, i.e. both children not presently learning, in addition to those children who are already learning. A major priority is to give training to teachers on how to identify and cater to the needs of these children. This will include the introduction of a module on teaching children with learning difficulties in the pre-service teacher-training programme. Firstly, however, research has just been carried out to discover the number of children with the different types of learning difficulties. Although much needs to be done, the setting up of the Special Education Panel is seen as a significant step forward in addressing the needs of this important group in Eritrean society.
8. There are many myths and fallacies surrounding disability and some medical disorders amongst the community in Eritrea (this is discussed at greater length in the section on disabled children, paras. 231-251). These beliefs lead to negative attitudes toward disability. In order to foster more positive attitudes to disabilities and the education of children with special needs, funding is being sought for a campaign to raise community awareness of disabilities and the benefits of education for children with special needs. This campaign is to be nationwide and is to be conducted over three years.

# J. Leisure, recreation and cultural activities

1. As an extremely underdeveloped country, Eritrea must have priorities: it is necessary to house, feed and educate the population before resourcing less vital activities. However, Eritrea recognizes that in order to develop a united, stable and prosperous nation, it is necessary for the various groups (urban/rural, ethnic, religious, young/old, etc.) to understand one another and celebrate not only their similarities, but also their differences. The part that recreation and cultural activities can play in bringing about this understanding amongst the society should not be underestimated.
2. A number of ministries and the local NGO which provides programmes for youth and children, the NUEYS, have developed a range of programmes which use such things as sport and outdoor activities as a basis to encourage cultural understanding and unity of purpose.
3. It is recognized that schooling and cultural activities in Eritrea must be relevant and practical, and help to change attitudes in a positive way. This is especially important given the destruction of the education system and the consequent deliberate corruption, loss of culture and identity of much of the youth living under occupation during the previous regime. One important initiative in this direction is the Summer Work Campaign for secondary school students. The campaign started as a pilot project in 1994, and has now been extended to cover almost all students in grades 8-10. Students work for 50 days during their summer vacations, with groups of girls and boys being allocated to different zones. Students receive a small allowance and free food and accommodation. Development activities are carried out by the students in 95 sites, plus a further 72 sites for a literacy campaign. Development activities undertaken by the students include: reforestation, terracing, dam and canal construction, road construction, agricultural activities, including cotton and other harvesting, clean-up campaigns, a literacy campaign, office work in 13 government offices, research into school construction and collection of data for the Asmara census.
4. Sports and physical exercise are believed to have a strong bearing on the development of a healthy new generation. Sport is to be made a community accomplishment, promoting much wider community participation in planning and implementing sports activities and also vitalizing broad‑based financing opportunities. Sport is enjoying a renaissance in Eritrea, due in part to the re-introduction of sports in schools. A Sports Office has been established in the Ministry of Education, staffed partly by sports teachers from the schools. Initial focus has been of rebuilding school football teams and competitions. Volleyball and cycling are also popular. There are now 422 football teams, organized into age groupings. Of these, 216 are in Asmara, while the remaining are in the 9 ex-provincial capitals outside Asmara. Further, 300 football teams have been set up at the end of 1996, of which 48 were girl’s teams. Various training programmes for sports teachers with outside expert assistance and retired Eritrean sports people have taken place. The emphasis in the coming years will be on organizing the other sports into schools competitions.
5. Over the last two to three years, the Eritrean National Sport Associations have won recognition of important international federations and clubs. The State of Eritrea is now a member of: International Cycling Federation, as well as the volleyball/basketball, and marathon/athletics federations. Eritrean youngsters have been regularly taking part in competitions organized by the Nordic countries since 1994, with extremely satisfactory results. These teams are represented by children aged 12-14 from all over Eritrea. Female sport activities in Eritrea are highly encouraged as could be ascertained from their participation in almost all fields of sport.
6. Through its recreational and health centres in seven major towns, NUEYS has also played a vital role in the organization of sports teams and activities for boys and girls from ages 8 to 20 years. Children under the age of 18 are organized into teams to play football, athletics, volleyball, basketball, mountain-bike racing, etc. There are nearly 10,000 children participating in 510 NUEYS sports teams throughout the country. NUEYS also operates a gymnasium in Asmara, with a monthly fee for adults, which subsidizes the child and student membership.
7. In 1993 Circus Eritrea was founded and funded by the Sports Federation, but in 1997 NUEYS took over the responsibility for the group. Circus Eritrea aims to promote the creativity of children and youth and to instil values of cooperation, teamwork, skill and commitment to a healthy lifestyle. The process has trained a group of about 100 young people to a level of proficiency to enable them to provide a creative and alternative vehicle for raising awareness of issues of importance to Eritrean youth and children in the twenty‑first century. The educational messages in the performances focus on local traditions and culture, HIV/AIDS, health, environment and child rights. These activities have been of tremendous support to children and the youth in the IDP camps, returnees’ resettlement camps, students and to the public in general.
8. This field has so far been seriously lacking in terms of expertise performance. Plans to build a school of arts and the development of literature through continuous development of all the local languages will be priority cultural activities. Cultural activities carried out for children by NUEYS include general‑knowledge competitions, debating, poetry competitions, and children’s clubs. NUEYS sub-zonal offices organize competitions regularly. NUEYS cultural clubs and/or drama/musical groups are organized, for children between the ages of 10 and 18 years. These clubs/groups offer recreational activities such as painting, drama, music and literature, also participate in health education and mine risk education for children in schools.
9. In 1999 NUEYS conducted training for 27 puppetry beginners on hand puppets as well as 15 puppetry master trainers on hand/giant puppets, script writing and narration. Immediately, the trainers conducted training for 97 puppetry beginners nationwide. Puppetry clubs were established in three sub-zones and now participate in raising awareness on health and educational issues (i.e. improving girls’ education, sexual gender violence, FGM, abortion and unwanted pregnancy).
10. Further, an association called Sewit Children’s Theatre was established in November 1994 with 18 children and 5 coordinators with 10-15 years of artistic experience, i.e. playwrights, dramatists, poets and musicians whose chief aim has been to entertain children and at the same time disseminate information to adults about children’s rights.
11. The range of activities for younger children is less than for older children and youth. Virtually all activities for young children are limited to what goes on within the family, and children have virtually no opportunities for organized activities. In rural areas there are a range of games played by children, although these are rarely organized into structured or competitive activities. Children virtually always use local resources for their games, although in urban areas bicycles and footballs are increasingly being bought or donated by families and organizations.
12. A centre producing kindergarten toys and play materials has been operating since 1995, in recognition of the fact that there are virtually no low-cost educational toys available in Eritrea. The centre produces and sells toys at a reasonable cost to kindergartens, shops and individuals. More recently the Eritrean War Disabled Fighters’ Association has also started producing toys in Massawa.

## VIII. SPECIAL PROTECTION MEASURES

# A. Children in situations of emergency

### Refugee children and other displaced children

1. Displaced children who were separated or orphaned as a result of the war and other causes have been discussed elsewhere in this report, mainly in the section on Reunification. The specific problem of children in armed-conflict situation and children belonging to refugee families is discussed in this section.
2. The prolonged war for independence resulted in large numbers of refugees, displaced people and unaccompanied children. The number of Eritreans outside the country was estimated to be 750,000, of which about 400,000 people had settled in Sudan. Since independence in May 1991 there has been a huge return of refugees from throughout the world to Eritrea. A programme to repatriate and reintegrate refugees (Programme for Refugee Reintegration and Rehabilitation of Resettlement Areas in Eritrea, PROFERI) was launched in 1993. The pilot programme was implemented from 1994-1995 and supported the repatriation of about 25,000 returnees (some 4,970 families) from Sudan.
3. Between 1998 and 2001 over 8,770 of these refugees returned spontaneously (that is, outside of any government‑sponsored programmes); of these 3,861 were aged from 1 to 18, and girls were just under 50 per cent. From 12 May 2001 to 8 July 2002 a total of 51,694 individuals (26,839 females and 24,855 males) have returned home to Eritrea under an organized government‑sponsored programme; almost half (25,154) are children below 17 years of age.
4. The Eritrean Refugee and Relief Commission (ERREC) has overall responsibility for the repatriation and reintegration of refugees. For the returnee children, no specific programmes were offered by PROFERI, although a large number of general social services, such as schools, health, water and infrastructure are the responsibility of, and are provided by, the various line ministries within the normal regional planning process. Services like shelter, food and agricultural inputs are provided to individual households of returnees.
5. It is recognized that children who have become refugees, with or without their families, are likely to have suffered greatly. It must also be recognized, however, that the general population also endured extreme conditions during the war. Thus, a large number of refugees, although deprived of their homeland, have escaped the horror that was evident to those forced to stay in occupied zones.
6. The problem of separated children in Eritrea, as a result of more than two years of border war (1998-2001), was being kept to a minimum largely due to the strong family bond and sense of responsibility and response that exist in Eritrean communities. Significant numbers of separated children have links with their communities. Moreover, during the struggle for liberation, an effective system to deal with the situation of vulnerable children, mostly orphaned and unaccompanied children were developed, building a solid foundation for knowledgeable and

capable social workers within the most prominent actors for child welfare in Eritrea, namely MLHW and ERREC. However, the ongoing movements of population and subsequent social and economic disruption and the shortage of human resources caused by the war have increased and overstretched the workload of both the MLHW and ERREC.

1. According to a study on separated children in IDP camps (September 2000) the extended family system and social commitment to children and family unity remain very strong despite the tremendous obstacles created by the recent border war. Parents do not easily abandon or transfer responsibilities of their children to others, even under the most difficult conditions.

### Children in armed conflicts, including physical and psychological recovery and social reintegration

1. The Government’s Macro-Policy (1994) has a section relating to the rehabilitation of victims of war and other vulnerable and disadvantaged members of society:
* Sufficient and necessary empowerment will be accorded to victims of war, disadvantaged persons such as demobilized combatants, refugees and displaced persons and other vulnerable groups, in order to enable them to become productive members of society; and
* Continuous sensitization programmes will be conducted to enhance and promote the participation in society on the care of these groups.
1. Although this policy does not specifically mention children, it assumes the care and rehabilitation of children affected by war as an obvious part of “vulnerable groups”. The Government recognizes that children are often the victims of war and rarely, if ever, have a part in any decisions affecting them as war victims.
2. The Government has had long experience in caring for children during the armed conflict. It endeavoured to provide for the most urgent needs of children in its care. Even during times of extraordinary hardship, orphanages and schools were provided for the most needy children. Education, health services, nutrition programmes and recreational facilities were all provided in the liberated zones in line with the EPLF philosophy.
3. During the recent border war with Ethiopia (1998 to 2001) the population living near the border areas fled from the war zones, and areas occupied by the Ethiopians further into Eritrea. At the peak of the war in May 2000, when Ethiopia launched a major offensive on several fronts, the total number of internally displaced persons (IDPs) numbered about one million (1.5 million people were directly or adversely affected by the war). As most young men had joined the army, the IDPs were mainly women (25 per cent) and children (70 per cent).
4. Furthermore, from June 1998 to end of 2001 Ethiopia expelled over 75,000 Eritreans and Ethiopians of Eritrean descent from its territory. Of the 70,715 registered with ERREC, almost 10 per cent were children below 5 years of age and over 17 per cent were 6 to 12 years of age, while another 17 per cent were aged between 13 and 19. By 1999 close to 2,600 children (Eritrean and Ethiopians of Eritrean descent) were left in Ethiopia with both parents expelled, and close to 500 children were expelled unaccompanied.
5. The expelled had their property and possessions confiscated by the Ethiopian Government and they arrived in Eritrea with only what they could carry. National and international laws have been violated by these expulsions. Ethiopia expelled a number of persons described as “Eritreans”, who included even children of mixed marriages (Ethio‑Eritrean), children whose parents and grandparents were born in Ethiopia. Families have been separated, and one or both parents would be expelled without their children, these parents have not been able to contact their children. Often parents do not know the whereabouts or the safety of their children. On the other hand the unaccompanied children do not know the whereabouts of their parents. By the end of 1999, 2,600 children remained in Ethiopia separated from their parents. Article 9, paragraph 1, of the Convention on the Rights of the Child states: “State parties shall ensure that a child shall not be separated from his or her parents against their will.” The forced separation of the children from the parents is in contravention of the Convention and other humanitarian laws. Out of a total of 70,715 expelled persons who have been registered up to 2001 with ERREC, 41,238 of their family members were reported left behind, (19,415 males, 47 per cent, and 21,823 females, 53 per cent).
6. The social and psychological trauma experienced by children during the war is a widespread problem. Recognizing this, in 1999 MLHW in collaboration with UNICEF conducted a comprehensive psychosocial needs assessment of children in Eritrea affected by the war. The assessment team interviewed over 2,000 children and their parents, the following are some of the findings:
* Urban families who have been expelled from Ethiopia have lost all of their money and possessions. Rural expelled families have lost all of their land and their farm animals. That has left most groups destitute, completely dependent on government aid, and without any means to provide for their children in the future;
* The children who were expelled from Ethiopia saw people they knew and trusted turning guns upon them and their families. Children saw their parents imprisoned and some children were imprisoned themselves; and
* Both groups, the displaced and the expelled from Ethiopia, suffer from nightmares, night terrors, and “flashbacks”. Babies of mothers who witnessed violence suffer from feeding difficulties, and even “failure to thrive”. Children have headaches and stomach aches.
1. The assessment also found that:
* Children expelled from Ethiopia knew that they were now in their homeland, and however destitute they are, they are safe and welcome. This is a great source of comfort to the children;
* Community structures that kept people safe from violence and crime were holding strong, and that whether in Asmara or in the rural camps for displaced persons, the people were not suffering from fear of crime of any sort. Rape, often one of the worst consequences of war, is virtually unknown in both rural and urban settings. The social fabric has remained intact. As stated below, subsequent studies show that in the summer of May 1999 when Ethiopia occupied parts of Eritrea, sexual violence was perpetrated on a large scale on women and girls by the occupying Ethiopian military. The psychosocial needs assessment was conducted before this period and does not include the psychosocial impact of these atrocities.
1. MLHW, in response to the stress and trauma of war, family separation, abuse and migration and the negative effect on the physical and mental development of the child, initiated various activities. MLHW, along with UNICEF, trained 32 counsellors to work with children at risk in IDP camps. Together with UNICEF, MLHW provided psychosocial counselling services for an estimated 23,000 children in four IDP camps in Gash Barka region, helping them restore a sense of normalcy and prevent further long-term psychological problems. In addition, recreational supplies and toys were provided to these children in the IDP camps. MLHW and UNICEF, in collaboration with the MoE and the National Union of Eritrean Youth and Students (local NGO), support recreational activities for the IDP children. In addition to provision of psychosocial counselling services to children and women affected by the war, MLHW and UNICEF have established child‑friendly centres for approximately 1,710 junior and secondary students in the Temporary Security Zones.
2. Additionally, an Inter-Agency Child Protection Working Group was formed under the emergency in May 2000 to enhance information exchange and coordination efforts on child protection activities among various actors to effectively support war-affected children. The Working Group members are MLHW, UNICEF, UNHCR, Eritrean Red Cross, ICRC, Save the Children‑UK, and some local NGOs (National Union of Eritrean Youth and Students, Citizens for Peace in Eritrea and the National Union of Eritrean Women). The group commissioned an assessment of separated children in camps in September 2000 and followed up on recommendations. A regular meeting continues to be held to share information on various protection issues.
3. Under the orphan‑reunification programme, 22 social workers were retrained in 2001, in order to provide culturally appropriate short and long‑term psychosocial interventions and counselling to vulnerable children. In addition 163 village administrators were trained on improving management of traditional safety nets. The orientation is intended to introduce community‑based monitoring and evaluation systems for the systematic follow-up of children affected by armed conflict, including war-orphans at the village and community level.
4. The recent conflict with Ethiopia has other adverse social costs. With many adults participating in national defence, it has increased the number of female-headed households. The family separation due to military conscription has also a strong negative impact on the development of the children.
5. Among planned projects for war-affected children is the safe play-area project, which aims to establish a child-friendly play area for war-affected children in Senafe. The safe play area will provide targeted children physical, emotional and intellectual stimulation by creating an enabling environment (free of landmines) to help them restore their childhood and sense of normalcy. In addition, the safe play area provides a good opportunity for fostering intersectoral collaboration (health, education, Convention awareness) with a view to develop a long-term, more sustainable community centre for rehabilitation, reintegration, conflict resolution and peace-building initiatives. Plans are underway to organize a day of sports. These projects are compatible with the provision in articles 31 and 39 of the Convention.

# B. Children in conflict with the law

### The administration of juvenile justice

1. The new Constitution incorporates basic principles in the administration of criminal justice, regardless of the age of the accused. Fundamental rights, freedoms and duties are included in the Constitution of Eritrea, such as non-discrimination, non-retroactivity, the right to be heard before a court within 48 hours of arrest and the right to appeal.
2. Articles 171-180 of the Eritrean Provisional Penal Code (EPPC) also outlines basic and substantive rights, such as the right to legal counsel, rights against double jeopardy and retroactive effects of the law, presumption of innocence, right against self-incrimination and equality before the law. EPPC also prescribes various rehabilitative and reformative measures depending on the age of the child. Those who have not yet attained the age of 12 are held not liable for the acts they commit. The Penal Code specifies that if a child is under 12, the family, school, or guardianship authority should take appropriate steps (art. 52, Penal Code). The Penal Code also provides for special measures and penalties for children between the ages of 12 and 15. Those children over the age of 15, although they are tried under the ordinary provisions, the court is empowered, in assessing the sentence, to mitigate the penalties or to apply special penalties specified for young offenders. The death penalty is specifically prohibited for children under the age of 18 years (art. 56, Penal Code).
3. In summary, although the written law is generally consistent with the CRC, its full implementation is impeded by lack of adequate facilities and human resources.
4. A ministerial committee was established after independence to identify problems and prepare proposals on the problems of youth/young offenders. The committee conducted a study in 1996, to identify the problems and find solutions. Based on the study, a National Board Unit for treatment of young offenders was established. The board in 1998 formulated the working guidelines called “Administration System and Treatment of Young Offenders”. A national

rehabilitation centre for young offenders was built in Nakfa, as recommended in the guidelines. One separate detention centre has been set up in Asmara. The Ministry of Labour and Human Welfare carried out training of law-enforcement personnel in the rights of children. It is expected that these training courses will be ongoing.

1. A report prepared by the Ministry of Justice, the Courts and Attorney General’s Office, states that in relation to young offenders, “step by step inspection and continuous improvements and amendments of the existing measures is the only and proper means of facing the existing problems”. In particular, the report outlines a “programme” of the future of the juvenile justice system in Eritrea, which includes:

 (a) The opening of rehabilitation places for young offenders rather than other correcting options;

 (b) Opening of custodial institutions in cities and big villages to keep young offenders awaiting trial;

 (c) Taking primary actions with the aim of setting up special courts for young offenders. To start with, however, courts can set special day(s) to specifically hear cases involving young people;

 (d) Taking the load of work into consideration, courts can rearrange the timing and days for young offenders cases;

 (e) Selecting every article of the Eritrean Provisional Penal Code which relates to young offenders, and publishing a small “Penal Code for Young Offenders”; and

 (f) Taking the seriousness and sensitive nature of the case of young offenders into consideration and introducing regulations on how to treat young offenders. These regulations should, at the very least, be distributed to the Prosecution Office, Judges and the Police Chiefs.

1. In accordance with the above, MLHW in cooperation with the ministries of Justice, Interior, Information, Education, Health and Local Government have undertaken the following activities:

 (a) Established a probation service which attempts to provide counselling for juvenile offenders within their community in order to help them integrate into their neighbourhood and school;

 (b) Construction of a correctional and training centre to accommodate a small number of children. This institution will serve juveniles who have committed serious crimes;

 (c) Provision of aftercare services to juveniles who have completed probation, correctional service or training; and young offenders;

 (d) Training for correctional service personnel;

 (e) Advocacy to improve the existing custody and detention centres where children are kept while awaiting trial, or if their parents cannot be located; and

 (f) By 2001, training on juvenile justice and probation service was given to 53 participants, 21 from the Ministry of Labour and Human Welfare, 19 police officers, and 13 from the Ministry of Justice.

1. In addition, the Government of the State of Eritrea is determined to take the necessary measures to prevent children and juveniles offending at all. This “deterring stage” is seen as primarily the responsibility of the family, but with the backup of society and the Government, if the family is not able to adequately provide for the child. For children from dysfunctional families, this would include any, or all, of the following: provision of free education, with all expenses paid; establishing government-run boarding schools; and expansion of services, provided to orphans and street children.
2. The GSE is also fully aware of the lack of recreational activities available to children and juveniles, and the impact that this is probably having on petty crime rates. The provision of recreation in particular sporting activities is discussed elsewhere in this report.

### Children deprived of their liberty

1. The Penal Code (art. 53) states that young offenders between the ages of 12 and 15, if found guilty of a crime, are not to be kept in custody with adult offenders. Like a number of other articles within the Penal Code, this particular provision is often not carried out in practice. The prison system is often overcrowded, and what few facilities do exist, are totally inadequate. The separation of adult and child offenders is simply not possible in many, if not most, circumstances.
2. A lack of suitable juvenile detention and curative facilities has meant that children have in the past had to serve their sentences in custody alongside adult prisoners. This is neither appropriate for the child’s safety, nor are children likely in these circumstances to develop and mature in a way the society would wish. The planned construction of a juvenile correctional unit is aimed at overcoming this problem.
3. Although not specifically relevant to this section, the issue of children born to mothers in prison is discussed briefly here. Children under 2 remain with their mothers in prison. If the mother is still in prison after the child reaches 2, then the child is transferred to a children’s home where the mother is allowed regularly to visit. At any one time, there are very few children within the women’s prison, (there are usually less than 100 women prisoners in the whole of Eritrea), however an attempt is being made to provide them with some materials, which will aid their natural personal development.

### The sentencing of juveniles

1. With regard to sentencing and treatment measures, the court in Eritrea is obliged to send the young offender to a curative medical institution if he/she is affected by mental, health or physical disability problems (art. 162, Penal Code). Such measures cease when the responsible authority is satisfied that it has achieved its purpose (art. 167, Penal Code).
2. If the child has been “morally abandoned”, or is in need of care and protection, or is exposed to the danger of corruption, or is corrupted, the court is bound to order measures for the education under supervision by entrusting the child to relatives (either guardian or protector) or an organization, whichever is the most suitable. A local supervisory authority, as defined by relevant provisions in the Penal Code, is responsible for the control of these measures. Specific conditions, such as regular attendance at a school or the obligation to undergo apprenticeship for a trade, the prohibition to associate with certain persons or resort to certain places, the obligation to appear personally before, or to report on certain dates to the supervisory authority, may be imposed (art. 163). The duration of such measures is the same as that mentioned in article 167.
3. The court may reprimand the young offender, if this seems sufficient for the child’s reform, having regard to the child’s capacity to understand and if the offence is deemed not serious (art. 164). In cases which are not serious and the child seems likely to reform, the court may order the child to be kept at a school or in his house during his free hours, and to perform specific tasks under supervision (art. 165). The court may also waive penalty totally if more than six months has elapsed since the crime was committed, and in that time appropriate measures have been taken by the family or responsible authority (art. 174).
4. The court may order a young offender to be admitted for up to five years to a corrective and rehabilitative institution to receive moral and vocational education if the court considers that other measures are inadequate to deter the child from further crime (art. 166). In addition, it is possible for the Court to order conditional release by way of probation, with due regard to the rules of conduct as laid down in the Penal Code (art. 167). The court may vary the order on the recommendation of the management of the institution to which the young offender is entrusted (art. 168).
5. Prior to imposing any of the above measures, the court may seek expert evidence regarding the physical and mental condition of the young person and inquire into the suitability of various correctional measures (art. 55). In addition, the young offender upon whom the above measures have been imposed is not considered to have been criminally sentenced (art. 169).
6. It is only in the cases where the above measures fail to produce the desired results that penalties such as a fine or imprisonment may be applied (art. 170). A fine may only be applied in exceptional circumstances, and if the offender fully understands the reason for imposition. The imposition of a fine, however, does not preclude any additional penalties (art. 171). Imprisonment is imposed as a last resort only, and only where the offence, if committed by an adult, would be punishable by rigorous imprisonment for 10 years or more, or the death penalty.

The penalty of imprisonment is not mandatory and the court may impose a lesser penalty. The sentence passed ranges from three to five years of simple imprisonment, which is considerably lesser than for adults. The law states that young offenders shall be kept separate from adult offenders (art. 173). Great efforts are made to fulfil this obligation, however, shortage of facilities impedes its full implementation.

1. The period of limitation applicable to young offenders is calculated at half that for the ordinary period of limitation for adults (art. 175). Probation may not be set at more than three years, which is also significantly less than for adults (art. 176).
2. The law prohibits publication of a judgement in which a young offender has been involved, and all police records relating to the case are for informative purposes only, and must not be shown to third parties (art. 179, Penal Code). The young offender can also have the personal records relating to the measures and penalties imposed, cancelled on application (art. 178, Penal Code).
3. The Criminal Procedures Code outlines special provisions to ensure that children get a fair and speedy trial (arts. 171-180). To make sure the child is appropriately and quickly tried, article 172 requires the police, the complainant, the public prosecutor or the guardian to make the necessary steps to secure an immediate appearance before the nearest Sub-Zone Court (lower court). The court records the complaint and directs the police to conduct investigations. The police may not conduct investigations until the child has been brought before the court. It is only in cases of grave offences that the court orders the public prosecutor to draw up formal charges; otherwise juvenile cases are tried without this formality.
4. If the case is adjourned or awaiting transfer to a higher court, article 172 of the Criminal Procedures Code specifies that the young person is to be placed in the custody of his or her parents, guardian, relative or reliable person. The court is obliged to summon the parent, or guardian if they are not present when the young person is brought before it. If the alleged offence is grave, the court must appoint a legal counsel if the young person is not represented by a parent or person *in loco parentis*.
5. With regard to conduct of the hearings, the Criminal Procedure Code further provides that hearings of juvenile proceedings be conducted in an informal and confidential manner, and only in the presence of those essential to the case. Where the case is tried in the High Court, the presence of the public prosecutor is mandatory (art. 176, Criminal Procedures Code). Such hearings are to be held in chambers and where evidence or comments are likely to be heard which are not appropriate for the young person to hear, the young person shall be asked to leave the chamber.
6. If a young person freely and with his full understanding pleads guilty, a judgement of guilty will immediately be passed. If the young person does not plead guilty, he/she has the right to summon, examine and cross-examine witnesses (art. 176, Criminal Procedures Code). After evidence is concluded, the court may consult any person it feels appropriate regarding the young person’s character. In sentencing, the court will take into account age, character, and degree of mental and moral development and reformative effects of any measures likely to be imposed (art. 54, Penal Code and art. 177, Criminal Procedures Code).
7. The measures embodied within a judgement should be varied and modified in the best interests of the young offender: either by the court itself, or where the young person or representative applies for such a variation (art. 180, Criminal Procedures Code).
8. Police reports indicate that between 1991 and 1997 there have been 1,126 children between the ages of 12 and 15 who have committed crimes, the most common crimes committed by these children were petty theft and fighting-related assault. Although children below 15 are kept out of custody unless under exceptional circumstances, a study conducted by MLHW in 1996 identified 28 children below 15 in custody, awaiting trial. Some of these children had committed crimes repeatedly, while many were in custody because their parents or family could not be traced. During the three years of war, 1998 to 2000, the number of children who committed crimes was 5,406, a substantial increase from previous years and could be explained by the socio-economic difficulties faced by many households.
9. The other children who had committed crimes were turned over to the care of their parents while awaiting trial. In the majority of cases parents also are made responsible for their children’s actions after trial.

### Physical and psychological recovery and social reintegration

1. Many of the children who come into conflict with the law are children who have already suffered greatly in life through family break-up, death(s) in the family, economic hardship or, most commonly, malnutrition and disease. They are often severely malnourished and may have been living on the streets. Attempting to reunite these children with some members of their family, and getting that family to have ongoing responsibility for that child is an important step towards social acceptance of the child.
2. This is not always easy however and many children suffer in silence. Children who have suffered greatly before having committed a crime are punished, but their situation and reasons for committing the crime are often not well understood.

# C. Children in situations of exploitation

### Economic exploitation, including child labour/working children

1. The Department of Labour of MLHW has responsibility for employment legislation, which covers children between the ages of 14 and 18 years. Below 14 years, employment is officially prohibited; the previous Labour Proclamation No. 8/1991 did not cover children working for “family members” and in various employment sectors such as domestic work and self-employment. This resulted in the department having no jurisdiction over child labour in a range of employment. The new Labour Proclamation No. 118/2001, unlike the previous one, covers domestic work. The proclamation defines a domestic employee as “a person primarily hired for the performance of household duties and chores, the maintenance of the home and the care and comfort of the members of the household and includes a domestic/gardener/guard/driver”. With regard to which provisions of the proclamation apply to domestic employees, the Minister may issue regulation (arts. 39 and 40 of the Labour Proclamation).
2. There has been very little done to investigate the economic exploitation of children. The general situation of child workers is clear, however. Child work within the family is common in Eritrea, and children are usually expected to work for their family from a young age. Within the community this is justified on economic grounds; without the labour of children, many families would not survive. It is also seen as being socially advantageous; children must be taught from a young age to work as productive members of the family, so that they can care for themselves and other family members if the need arises. In the rural areas, children from about age 5 look after livestock and, particularly the boys, are expected to work in the fields. In most areas girls help in domestic work, which includes fetching water and firewood, often from far away. Like women, young girls often pay the price for the environmental degradation of the countryside: lack of accessible firewood and water sources means they have to walk long distances with heavy loads.
3. The Ministry of Agriculture has stated that the most appropriate means of overcoming the problem of working children in rural areas is not by banning it, but by introducing alternatives, so that parents will no longer obligate their children to work excessively, while allowing them to go to school. This approach recognizes that it is the system of life around them that requires parents to make their children perform potentially hazardous tasks.
4. The Ministry of Agriculture currently carries out a large number of programmes using village‑level labour, aimed at improving the existing farming practices, overcoming land degradation and conserving soil and water. Village workers are generally paid using a cash‑for‑work (previously food-for-work) procedure. These schemes are closely monitored, and adults are always used in preference to child labour. Regrettably, this is not possible in every instance, but the fact that villagers are warned against providing children to work on these projects is adequate indication to communities that child labour is not acceptable to the Government.

### Domestic workers and rural workers

1. In towns many children work as apprentices in shops, in workshops such as garages or metal-workshops, and others do domestic work. Inspections are carried out to investigate the occurrence of child labour. However, because of a shortage of inspectors all sectors are not covered. The inspectors focus mainly in areas that they consider hazardous to children. In such instances they take immediate action to ensure that children discontinue working.
2. No research has yet been done into the issue of children in domestic work. A 1994 report states that information about this sector is conflicting, ranging from informants who do not think it was a major problem, to those who think that there are significant numbers of 10-16 year old girls in domestic work. A local NGO, the National Union of Eritrean Women, believes that children are often sent to families in towns by relatives in the countryside, or non-related children work for families in towns. They apparently work for long hours for a pittance, and rarely attend school. Other sources feel that these children are better off than many others, because they are usually well looked after by the family, and get the opportunity to attend school. The Labour Proclamation does not currently cover this group of children, because it is not a form of licensed employment. Officially a domestic worker can present complaints that he/she may have to the Civil Court, however it is unlikely that many know about this option, and certainly this right is not exercised regularly.
3. Children employed in the rural sector, tending livestock or helping in the fields, are often in a similar position to child domestic workers. It will be difficult to gain an understanding of the numbers of such children and the conditions under which they work; it is often difficult to know if a child belongs to a family or not, and whether the child is actually “employed” and is receiving any form of remuneration.

### Petty traders, vendors and “street children”

1. In 1992 a campaign was launched by the municipalities of Eritrea to discourage unlicensed traders from the streets. Since then all traders and vendors have had to be licensed. The result of this campaign was the initial removal of all working children from the streets. Until 1998 there were few visible child vendors in the streets, however, following the border war in 1998 the number has drastically increased.
2. In 1992 a study has been carried out on street children in Eritrea, in spite of the implementation of the recommendations, the problem of street children persists. As a result, MLHW conducted a situation analysis of street children in Eritrea in 1999. The study was conducted in 65 towns and cities in Eritrea; interviews were conducted with 3,002 children, 278 parents and 146 key informants. The age of street children ranged between 6-17 years, the majority being 9-14 years old; 74 per cent were boys and 26 per cent were girls.
3. The circumstances that drive children to the streets are the need to survive and provide economic support for themselves and their families. Street children are thought of as being those who are involved in petty trading, such as selling chewing gum, cigarettes, who act as shoe‑polishers, or who have become beggars. The majority of the children, 87 per cent, work on the streets during the day and return to their home at night; just over 8 per cent of the children work and live on streets and 4 per cent alternated sleeping both at home and on the streets. There are an estimated 7,000 street children in the major cities and towns. The study found that two-thirds of the street children continue to attend school, work as peddlers and live with their parents, and most of the children were literate. Since the 1998 border war it is extremely likely that the number of street children has increased significantly with the increase in the number of people expelled from Ethiopia and internally displaced persons moving to Eritrean urban centres.
4. By 2002, MLHW trained 21 social workers who have the specific responsibility to implement street-children programmes. The following table shows some of the assistance extended to street and working children from 1993 to 2002.

# Table 9

# Assistance to street and working children, 1993-2002

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Schooling | Completed high school | University | Technical school | Vocational training | Family support | Conducted seminar |
| 1993 |  100 | - | - | - |  20 | 100 | - |
| 1994 |  540 | - | - | - |  30 | 540 | - |
| 1995 |  747 | - | - | - |  48 | 747 | - |
| 1996 |  761 |  57 | - | - |  70 | 761 | - |
| 1997 |  770 |  81 | - | - |  75 | 770 | - |
| 1998 |  769 |  95 | 2 | - |  84 | 854 | - |
| 1999 |  783 | 124 | 2 | 2 | 85 | 783 | - |
| 2000 |  812 | 136 | 3 | - |  88 | 60 | 1 700 |
| 2001 | 2 020 | 113 | 1 | 1 | 158 | 64 | 2 005 |
| 2002**a** | 1 887 | - | - | - | 161 | 280 |  300 |
| Total | 9 189 | 610 | 8 | 3 | 819 | 4 959 | 4 005 |

 **a** Numbers for 2002 are incomplete.

1. The reasons why children end up on the streets in Eritrea are mainly economic and social. They include:
* Families in distress, including divorced families, families with no income and families who lack proper family management;
* Children with disabled parents, and children who are disabled themselves;
* Natural and man-made disasters;
* Orphanhood; and
* Children sent from rural areas in order to get services in the towns.
1. Although it could be said that the number of street children is relatively low in the country, the GSE is determined to prevent the situation getting worse, and becoming like many other societies. A Street Children Rehabilitation Programme, run by MLHW, has been operating to encourage street children to reunite with their families, or, if that is not possible, to arrange some other way of getting children off the street and back to either education or employment.
2. The measures taken by the Street Children Rehabilitation Programme have been:
* Integration of 697 children into the formal school system, by providing them, through their families, with monthly assistance in the form of school uniforms, school materials and cash support for their daily living expenses;
* Vocational training is given to enable children to acquire adequate skills so that they can then support themselves. By 2001, 300 children graduated from various vocational training courses, such as shoe production, and mechanical and electrical training. For those receiving vocational training the Street Children Programme offers daily food and some clothing and shoes;
* In 1994 a programme was started in collaboration with the Ministry of Information to use the profits made from selling newspapers to benefit street children. The street children are given the responsibility of either distributing newspapers by bicycle, or selling them on the street. In a number of towns newspapers are distributed through private stationary shops, but half of the profits go to the street children; and
* By 2001, 1,500 families of street children were assisted with economic assets as income‑generation activities and thus could better support their children
1. In order to facilitate the Street Children Rehabilitation Programme and to generally upgrade the competence of the staff of MLHW, 23 “street educators” were trained over a six‑month period up to May 2002.
2. Many children are unable to go to school because of the economic situation of their families. The Educational Support Programme helps street children with financial and in-kind support to enable them to return to school. By the 2001/02 academic year, 3,000 street children have been supported. This has been done with collaboration between MLHW and the Ministry of Education. Thus exercise books, pens and pencils were bought and distributed to the beneficiaries.
3. The 1999 study recommended that the issue of “streetism” be dealt with on three levels, with particular emphasis on the activities identified below:

 (a) Adoption of policy measures with primary focus on the alleviation of poverty as the root of the problem, and various legislative measures to protect the children;

 (b) Prevention through awareness-building for parents and children, community participation, research, and programmes of early intervention, particularly in poorer areas;

 (c) Rehabilitation through reunification with parents, where possible, active involvement of the community and the parents, the need of the family as a whole must be addressed; children who cannot be reunited with families will be placed in group homes or with foster parents, and advocacy and lobbying; and

 (d) Although 5 per cent of children said their parents were deceased and 8 per cent said they needed to support their families, there was no indication in the study about possible “streetism” caused by HIV/AIDS or possible infection of children. As has been seen in other countries there is often a strong link between street life and HIV/AIDS, because of the vulnerability of street children to HIV infection. Future programmes must take this into consideration.

### The informal sector and factories

1. Placing children with artisans and in factories is not an uncommon practice. It is believed that these children are generally treated fairly well, although this has not been investigated adequately.

### Drug abuse

1. In a 1996 study of juvenile delinquency, a relatively small, but significant number of children were found to be using some form of substance which was detrimental to their health. Out of a sample of 305 children, about 10 per cent admitted to smoking cigarettes, 3 per cent admitted to drinking alcohol and a further 3 per cent admitted to other substance abuse, such as sniffing benzene or chewing chat (both methods of suppressing hunger). Article 510/3/b of TPCE prohibits the sale of drugs. The court could pass a sentence of rigorous imprisonment not exceeding five years and impose a fine not exceeding Nakfa 30,000 where a forbidden toxic substance is furnished for gain or improper motive to an infant or young person.

### Sexual exploitation and sexual abuse

1. The law states that strong punishments should be handed out to anyone who sexually exploits a child. Articles 594-599 of the Penal Code state that a child shall not have any sexual act performed on or in front of him/her, and no child shall be encouraged to practice any sexual act on or with other people. If the victim is a student of the perpetrator, or is under the care of the perpetrator, including as a trainee or boarder, or works for him, then the perpetrator is liable to be punished more severely. Although the law so strongly condemns sexual exploitation of children, it is rare that the rights of children or their guardians to take perpetrators to court are exercised.
2. This is partly due to the fact that very little is known about under-age prostitution or sexual abuse of children in Eritrea. The most recent national survey on commercial sex workers conducted by MLHW in 1999 revealed that out of the 4,579 sex workers identified, 225, or 5 per cent, were children between the ages 14 and 17, one fifth entered the profession at 14 to 17 years of age, starting as street children or bar girls. The primary reason given for entering into commercial sex is the attempt to escape poverty. Separation from parents at a young age was also found to be one of contributing factors. Reasons for separation are the desire to get a better job, avoidance of early marriage, divorce of parents, family abuse and rejection by parents if the girl is pregnant and peer pressure. Given this information, it is likely that under age girls are still

entering these activities. Young commercial sex workers are a potentially vulnerable group as they are often “invisible” to the general public. Girls have low status in the Eritrean society, limited or no adequate access to education, endure prevalence of harmful traditional practices such as child marriage and female genital mutilation (FGM).

1. All known sex workers, including those under 18, are required to be registered by the local municipality. Medical checks every month are compulsory, and penalties are meted out to those who do not follow these requirements. Nonetheless the 1999 survey found that their vulnerability to sexually transmitted diseases (STDs), including HIV/AIDS, is increased by the fact that only one third of those interviewed used condoms on a regular basis, and 6 per cent never used any form of protection. Social stigmatization affects their emotional health and limits their developmental potential. Many of those interviewed indicated that they are subjected to gender-based violence and abuse.
2. Since the 1998 border war and subsequent expulsions of people of Eritrean descent from Ethiopia, internal displacement, the large number of Eritrean young men and women (main breadwinners) in the military service, the presence of a sizeable number of United Nations peacekeeping mission personnel, has meant that the number of young commercial sex workers has significantly increased. These new group of girls are not often known to the municipality and are not easily accessible for identification and support.
3. MLHW considers law enforcement in this area among its priorities; to this effect it has drafted the Eritrean Child Law and National Plan of Action to Rehabilitate Commercial Sex Workers, at present being reviewed by the Ministry of Justice. Once endorsed, it will be a powerful tool to deter the engagement of children in commercial sex work.
4. MLHW and UNICEF are working closely to rehabilitate young commercial sex workers by providing them with access to health and psychosocial services as well as providing them vocational training and job placement. In 2001-2002 MLHW also conducted awareness creation seminars for 4,015 participants who consisted of community leaders, commercial sex workers, NGOs and relevant ministries.
5. Sexual abuse within the family is often said to be unknown, however as no research has been done to find out the extent of the problem, it is difficult to conclude that it does not occur at all.
6. Various customary laws within Eritrea, nonetheless, recognize incest and punish an offender severely. For instance, Adkeme Mlgae law states that a man convicted of incest looses his right to land (i.e. his livelihood) and public office.
7. There is some indication that teachers in schools sometimes sexually abuse their students in exchange for higher grades, and abuse also is said to occur in other institutions, such as orphanages. With no research on this matter, these allegations are difficult to verify, and it is possible that they are simply rumours. Girls in domestic employment would also appear to be another target for sexual abuse; there is no information, however, on possible sexual exploitation on under age domestic workers.
8. There are large numbers of young girls who were raped by Ethiopian soldiers during the border war. Rape was a common crime committed in the occupied areas between May 1999 and 2000. Rape is not dealt with openly within Eritrean society: the families of girls who have been raped generally protect them, and the incidents are kept a secret because of the shame brought on the family of a rape victim. In most Eritrean families virginity is a prerequisite to marriage, and rape is therefore seen as a disgrace for the girl and her family. Marriage often becomes unattainable for the girl, and she is therefore seen as a “burden” to her family. There has been some research, by a local NGO (Citizens for Peace) and the MoH as to the incidence of rape during the border war, but there have been no systematic investigation of the traumatic effects these girls have, and continue to experience as a result of rape. No significant intervention measures have been considered, as the priorities of the Government have concentrated on shelter, food, family reunification and education in the war affected areas.

### Sale, trafficking and abduction

1. There has been no documented or anecdotal evidence regarding the sale, trafficking or abduction of children; this is not a serious problem in Eritrea.

# D. Children belonging to a minority or an indigenous group

1. Equality of all Eritreans, ethnic groups or nationalities including children, was one of the bases from which EPLF won the liberation struggle. It is recognized that all Eritreans, regardless of any ethnic, religious or other grouping they come from, must be respected and their human potential exploited fully.
2. The Eritrean population is culturally and linguistically diverse, consisting of nine major ethnic groups. The two largest ethnic groups are the Tigrinya, who live in the central highlands, and the Tigre, living mostly in northern Eritrea. The other seven ethnic groups are smaller; the Saho, Afar, Hedarib, Bilen, Kunama, Nara and the Rashaida. The population breakdown of the ethnic groups, each with its own language, is shown in the table below:

# Table 10

# Population breakdown by ethnic group

|  |  |
| --- | --- |
| Ethnic Group | Percentage |
| Tigrigna | 50 |
| Tigre | 31 |
| Saho | 5 |
| Afar | 5 |
| Hedareb | 2.5 |
| Bilen | 2.1 |
| Kunama | 2 |
| Nara | 1.5 |
| Rashaida | 0.5 |

1. The preservation of language is perhaps the most important first step in ensuring the equal status of all Eritrean ethnic groups. The new Constitution of Eritrea states: “The equality of all Eritrean languages is guaranteed.” In terms of minority language groups in Eritrea, this is an important statement. All children currently have the opportunity to be educated at the basic level in their mother tongue, although communities do have the chance to choose another language for basic instruction if they so wish.

## IX CONCLUSIONS

1. Eritrea faces major obstacles with regard to the well-being of children, as 30 years of war for independence and the recent border war, droughts and famines have exacerbated the already difficult circumstances.
2. Research to this report indicates that much progress has been made since independence, among them that the infant mortality rate (IMR) has declined from 72 per 1,000 live births in 1992 to 48 in 2002, and the under-five mortality rate (U5MR) declined from 140 per 1,000 live births in 1992, to 93 in 2002 (one of the lowest in Africa). It should, however, be noted that other basic indicators remain some of the worst in the world: the maternal mortality rate (MMR) is still about 985 deaths per 100,000 live births, one of the highest in sub-Saharan Africa, female genital mutilation (FGM) affects 89 per cent of girls by the age of 7 years; literacy levels, access to safe drinking water and sanitation, and current income levels are very low.
3. In addition, war, expulsions, drought and the resultant famines and low development levels, have undoubtedly resulted in the increase of children in need of special protection measures. The 1998-2000 border war and the drought have created a major humanitarian crisis; it also derailed the Government’s plans and programmes, including those related to vulnerable children. In addition to basic needs, there is again the necessity to deal with family separations: war trauma, war injuries and disabilities. The destruction and anti-personnel mining of towns and villages, means that reconstruction and return to their homes will be slow and costly, at a time when financial and human resources are more than ever overstretched.
4. The drawing of a new Constitution has been one of the most important first tasks of the Government. It has been a slow process, which has aimed to involve the whole population in debate, discussion and input.
5. The new Constitution and the policies upon which the Government bases its current programmes are all firmly grounded on the principles of social justice and democracy.
6. The relationship between the social and economic situation of women and the welfare of children is well understood. Hence programmes such as women’s literacy and income‑generating schemes have an important flow-on effect to children. Although women in the EPLF were at the forefront of breaking gender barriers, this situation does not translate easily to peacetime. It will take time for women’s position in the general Eritrean community to improve. In particular, children living in these homes will benefit from women’s increased participation and legal rights.
7. In addition the war has placed increased demands on women and girls, particularly in rural Eritrea, with regards to both reproductive and productive roles, there are increasing numbers of both de facto and de jure female-headed households and women and children particularly girls in many households either continue to or have had to shoulder extreme burdens of work.
8. With regards to harmful traditional practices and gender bias, the forces of tradition are often extremely powerful and resistant to change; nonetheless the Government is working hard not to allow these to become the forces of inertia.
9. The implementation of the Convention on the Rights of the Child is an ongoing process; to this end a number of groups are working to support the implementation of the Convention, among them are: the CRC Committee, Early Childhood Development Project, the Child Protection Working Group, the NUEYS and NUEW.
10. Many programmes which affect children cut across a number of ministries, or levels within the Government, and this cross-sectoral approach is seen as important in many instances, however, it is also recognized that there have been problems when responsibility for particular programmes has not always been clearly defined. Government restructuring is expected to rectify this problem, and will also significantly decentralize Government structures. In the future, far more responsibility is expected to be taken at regional levels, and it is anticipated that this will create a system more responsive to local needs.
11. The expected Government restructuring and defining of responsibilities will lay the foundations for a stronger economy and society. Children’s issues, in particular health, education and social welfare, are currently given as high a priority as possible, and the situation of children can only improve with a competent, self-reliant nation.
12. When the draft Child Law is endorsed, the legal basis safeguarding children’s rights will be in place. This is a very important prerequisite for the full implementation of the Convention. Of course, legal guarantees by themselves are not sufficient and there is the need to understand and balance those optimal objectives with the reality of capacity and human resource availability, and in Eritrea there is presently a shortfall of resources. There is a powerful and rare common sense of commitment and dedication to the task of rebuilding and developing the nation, which goes a long way towards overcoming many such constraints. However, realistic limits have to be recognized.
13. As detailed in this report, much of this progress has concentrated on war affected Eritrean children. Eritrea’s commitment to its children has proved to be strong, and this commitment can only result in healthier, better educated and happier children, who can confidently face the challenges of adulthood.

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