



Convention on the Rights of the Child

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Committee on the Rights of the Child

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Consideration of reports of States parties

Replies of Eritrea to the list of issues in relation to its combined fifth and sixth periodic reports*

[Date received: 6 November 2024]

* The present document is being issued without formal editing.



Replies to the list of issues (CRC/C/ERI/Q/5-6)

Reply to paragraph 2 (a) of the list of issues

1. The 2016 Comprehensive National Policy for Children serves as the basis and reference document for the development of all child-protection related programs in Eritrea. A significant part of the cooperation framework of 2022–2026 between Government of the State of Eritrea (GoSE) and UN is based on this policy which addresses children's issues, focusing on reduction of child and maternal mortality; protection of children from violence, abuse and exploitation and providing social protection for vulnerable children, inter alia. The policy is still valid and fit for its purpose and there is no need to rush for drafting a new national child policy, although evaluating the policy and reviewing it might be considered in the near future.

Reply to paragraph 2 (b) of the list of issues

2. Budgetary allocations are regularly analyzed to ascertain that the actual allocated amount and the pattern is consistent with the government's social justice policy which prioritizes disadvantaged communities and geographic areas.

3. For example, the provision of boarding schools is meant to serve such communities, and priority is given to the places and communities in such needs. Moreover, some schools in remote areas are provided with extra budget to address school-feeding needs. The construction of new health facilities also takes these factors into account.

4. Between 2017 and 2023, the Government made notable progress in improving access to health services by reducing service fees thereby removing financial barriers. Payment for services is minimal at health centers and health stations, and they are mainly for registration purposes. Free emergency health services are available around the clock in all levels of health facilities. Annual cost recovery amounts to less than 10%. A 50% discount is made for referral health facilities. Poverty certificates from local administrations apply as waivers for payment of registration and treatment fees. Communicable diseases such as HIV, TB, viral hepatitis and SRH medication and services are provided free of charge.

5. The Strategic Plan for the Implementation of Reproductive, Maternal, Newborn, Child and Adolescent Health and Healthy Ageing Programs (RMNCAH and HA) 2022–2026 has a designated budget allocation for each program. Child and Adolescent health is one of the programs which has detailed costs for all its components. In the RMNCAH and HA strategy, Reach Every Child/District (REC/D), promoting health, development and wellbeing of children is distinctly placed and implemented.

6. The GoSE allocates relatively high annual budget to the education sector. Some of the allocated budget is used to strengthen analysis on the rights of children on education. The government gives much attention to children in disadvantaged situations. The Ministry of Education (MoE) has been conducting various studies to analyze developments in the status of the rights of children to education. Some of the areas given focus on this issue for analysis include on creating access, on quality of education, professional development of teachers, increase in enrolment at all levels etc. Currently, the MoE is conducting needs assessment analysis at the primary level giving more focus to the disadvantaged children. At the same time concerted efforts have been underway to sensitize parents and communities across the nation on the rights of children to education and to enhance these rights.

7. Jointly, with the MoH, National Union of Eritrean Women (NUEW) the MoLSW is implementing the Strategic Plan (2020–2024) to ensure the protection of the rights of children and women, focusing on combating harmful traditional practices such as FGM, UAM and other harmful practices across the country.

Reply to paragraph 3 (a) of the list of issues

8. Efforts are underway by the MoLSW to enhance the collection and management of data concerning disadvantaged persons, including orphaned children and the physically disabled. With the technical support of UNICEF Eritrea, the MoLSW is working to establish robust Child and Social Protection Information Management System (CSPIMS). As such computers, data centre with servers and other accessories supported by solar generated power has been set up in the MoLSW since 2022. This initiative aims to improve data administration and processing, ultimately leading to better planning of support for those in need.

9. The education data of the Ministry of Education (MoE) includes all indicators of the education system disaggregated by age, sex, and region, rural, urban and other essential characteristics. The data are annually published in the form of Basic Education Statistics and Essential Education Indicators. Efforts are made by the MoE to implement the children's rights on education based on the data collected annually. The published documents are made available to the public.

10. Currently, the MoE has decided to develop a comprehensive Education Management Information System (EMIS) which meets the emerging needs and improves the accuracy, privacy, and timeliness of the information that is produced. It is hoped that the EMIS will also help to develop a culture whereby information is used to support policy making, child protection, and research by making the information held within EMIS readily available to all relevant data consumers. In order to implement this new EMIS project, the MoE, procured necessary equipment: computers, laptops and Tablets. The (EMIS) is developed on a programming (SQL) platform suitable for the designed processes of data collection and designed in such a way to allow for a smooth transfer of previously collected data. This has components that run at Schools, Sub-regional, Regional, and central levels. Training manuals for trainers, System Administrators and User's Manual is developed. Additional personnel have been recruited to run and manage the EMIS. Trainers and System Administrators are trained to use and administer the EMIS database effectively.

Reply to paragraph 3 (b) of the list of issues

11. The MoLSW has established safe and child-sensitive counselling, complaints receiving and reporting mechanism to address complaints by children and violence committed against them. It has assigned social workers to closely monitor and establish strong social interaction with children in alternative care and in institutional arrangements. Most of all, the capacity of the committees for ensuring women and child rights, elimination of FGM/C and underage marriages and other Harmful Traditional Practices (HTPs) in all zobas and sub-zobas are enhanced so that the established committees in their turn also sensitize the general public and monitor the protection of child rights. The 67 committees established in all sub zonal administrations and administrative environs comprise member of at least one boy and one girl between the 14 and 17. They advocate for the rights of the child to be respected, and are entitled to take cases to the court. They receive, investigate and address complaints by children.

12. Meetings are organized by social workers in communities and families to strengthen awareness as well as to redress any wrongdoing against children. Supportive field supervision is jointly being conducted by MoLSW and UNICEF. Annual and semi-annual meetings at the different structures of the MoLSW are also part of the monitoring system. Moreover, the MIS of MoLSW is strengthening its capacity for child rights monitoring. Parent Teacher Associations (PTAs) also play a vital role to mitigate problems occurring at school. Monitoring the implementation of the Convention is addressed by high level committee of the public sector and National associations, and as such the need to establish a separate human rights body for monitoring is not required.

Reply to paragraph 4 (a) of the list of issues

13. After reviewing the combined Fifth and Sixth reports of the State of Eritrea, the Ministry of Justice (MoJ) noted that there was no specific mention of the Constitution or the term “other improper status” that would cause the Committee on the Rights of the Child to dwell on this matter.

Reply to paragraph 4 (b) of the list of issues

14. Eritrean law explicitly prohibits discrimination in all forms. Article 8(2) of the Transitional Civil Code of Eritrea (“TCCE”) underscores that all individuals are entitled to rights and liberties without discrimination. Additionally, Article 4 of the Transitional Penal Code of Eritrea (“TPCE”) affirms that criminal law applies equally to all individuals, regardless of social conditions, race, or religion. Article 38 of Proclamation No. 12/1991 (TCCE amendment proclamation) further attests that foreigners residing in Eritrea are afforded the same civil rights as Eritrean citizens. Therefore, discrimination based on birth or national origin is not tolerated within the legal framework of Eritrea.

15. There is free access to education all the way from the primary level to the tertiary education level. For the enhancement of girls, education, various affirmative measures have been taken, including the establishment of boarding schools for rural girls, building separate sanitation facilities for girls in schools, preparing affordable sanitary towels for girls, free school uniforms and books to economically disadvantaged girls, and awarding bicycles to outstanding girls. Besides, due to the difficult terrain and lifestyle of some parts of the population there are children who can’t access education, and a special program ‘Areaiot’– Complementary Elementary Education (CEE), is established to educate these children.

16. The main strategy adopted to eliminate stereotypes and practices that discriminate against girls, children from minority groups and children with disabilities has been raising awareness among parents and local communities. To this effect, continuous meetings, workshops, seminars & dramas etc. are conducted.

17. The GoSE is taking concrete measures to improve the educational situation of nomadic children. In recent years, 65 schools in nomadic communities were provided and 10 out of these are boarding schools. In 2023, the branch offices of the MoE and MoLSW jointly assisted 3,204 students in three mostly nomadic sub zones in Gash Barka with provision of donkeys, school supplies, school uniform, reference books, 120 desks & 88 armchairs implemented with the aim to ensure education of children

18. 50 Female Headed Households from the nomadic population in sub zoba Selea in Gash Barka were trained on vocational skills-weaving in basketry and beads by the MoLSW. The produce is intended for sale to help them become self-employed and generate incomes and become enabled to send their children to school.

19. The Eritrean National Health Policy obliges the health institutions to work towards the progressive attainment of Universal Health Coverage (UHC) and attain the Sustainable Development Goal 3 (SDG3), through the promotion of Primary Health Care (PHC) and increased coverage of essential services, especially to vulnerable and hard-to-reach populations. Community Based Health Care (CBHC) is envisioned as an integral component of the Primary Health Care system in Eritrea to deliver an integrated and comprehensive package of health services at community level.

20. Outreach health services connect different levels of the health system and strengthen cooperation between them through a better utilization of the health workforce. Accordingly, integrated outreach for child health services is conducted especially in hard-to- reach areas and nomadic populations. Children and mothers are target population for a comprehensive maternal and child healthcare package with special emphasis on immunization services, vitamin A supplements, ANC, PNC PMTCT, and Community Based IMNCI. Thus, screening of children <5 years age for malnutrition status, distribution of supplementary foods for children & pregnant mothers, and other minors in the remote areas are provided.

Reply to paragraph 4 (c) of the list of issues

21. The Ministry of Information (MoI) recognizes the importance of creating a safe and conducive atmosphere for children to share their opinions. To this end, trained moderators are employed and they collaborate with child psychology experts who ensure that consultations are conducted in a manner that prioritizes child protection. This commitment to create a secure environment fosters honest and open expression.

22. Eritrea's media platform offers engagement of children in weekly TV, radio and newspaper programs ranging from 15 to 30 minutes, covering a variety of topics including academic subjects, cultural heritage, science and technology, health, and ethical dilemmas. These programs, broadcast in multiple local languages such as Tigigna, Tigre, Saho, Afar, Kunama, Arabic, and Bilen, are designed to stimulate discussion and encourage participation. Notable programs like Hello Children, Fiorina, and Sunday with Children provide a platform for children to engage with significant issues relevant to their lives.

23. MoI conducts biannual surveys and engages in regular consultations, including gathering opinion polls, focus groups, and child councils, to collect feedback from children of all ages. This structured approach allows continuous adaptation of content and initiatives based on their insights, ensuring that their voices remain central to the mission.

24. The education system of Eritrea adheres to learner centred and interactive pedagogy. This system allows a child to express his/her thoughts freely among his/her peers and with teachers. Frequent seminars and meetings are conducted to raise the awareness of parents on this issue. Besides, the participation of children in various co-curricular activities organized at school, sub-Regional, Regional and National levels help them to enhance their ability to express their views and talents. Such activities include debating, general knowledge contests, drama, music and others.

25. The National Union of Eritrean Women (NUEW) also has family counselling centres in the six regions and family issues including platforms for children to be heard is available. All these institutions have interconnections for the betterment and interest of Eritrea's precious children.

26. The mini media clubs are giving children a voice & helping them to be active participants in their communities. By allowing children to write, discuss and reveal their opinion the mini media promotes the free Exchange of ideas and Encourage children to think critically about the world around them. It fosters creativity and innovation which helps to build their confidence and self-esteem.

27. Red flowers cultural groups that exist in all the sub zobas are wonderful ways for children to express themselves and share ideas with the wider community. This creates a great outlet for their creativity, including helping them to raise their awareness about important issues and promote cultural understanding and application.

28. Workshops organized by the NUEYS benefit children and young students by providing a safe and open space for them to explore their ideas and share their thoughts and experience with others. By encouraging children to actively participate in those discussions and share their ideas, NUEYS is helping to foster a culture of free expression and critical thinking among children.

29. NUEYS has established more than 46 youth centres in six administrative regions of the country. The purpose of the youth centres is to provide different types of services aimed at meeting the diverse and growing needs of the youth in the fields of sport, culture, arts, education, VST gender and health. The scope and mix of the services provided by the youth centres not only provide a place for young people to engage in healthy recreational activities, but also serve as important hubs for personal growth and development.

Reply to paragraph 5 (a) of the list of issues

30. It is clear that a child is born either at home or at health facilities. To achieve the highest coverage of registration, efforts are underway to make linkages between main

stakeholders, such as health facilities and religious institutions to notify the Civil Registration Office (located at the administration offices). That is, at the time a child is born or vaccinated at health facilities or through outreach by the health workers; and when a child is subsequently baptized at church/mosque, a notification form is filled up and collected by the registrar office on regular basis for full registration. Accordingly, a birth certificate is produced and delivered to the family of the born child.

31. This is planned to be facilitated through the strengthening of ICT infrastructure and computerized database which is yet to be put in place.

Reply to paragraph 5 (b) of the list of issues

32. Eritrea does not enjoy broadband connection, roughly below 10% of the population is connected to the internet and the penetration rate is around 1%. Children from preschool up to high school level do not have the privilege of internet access.

33. Considering this background, the Eritrean government had established an “Intranet Platform” that provides educational materials “Offline” to empower children and their educators to make the best possible use of information and communication services and technologies. This strategy is meant to narrow the digital divide that the children could face with the rapid expansion of the internet and technologies in the digital environment.

34. The most popular device for accessing digital materials among children is the mobile phone. Almost all their devices are android based and they employ an application called “Shareit” for distribution of all kinds of materials.

35. To advance children’s rights, and ensure children’s wellbeing, safety, and privacy in the distribution and use of these materials, Ministry of Education had already included contents in its ICT curriculum in Junior and High School levels. Moreover, lessons on “Citizenship” with emphasis on Digital Citizenship such as exposure to harmful content including sexual, pornographic, racist, and bullying, as well as discriminatory or hate speech are covered in the curriculum that will help the children to have the required skills to engage in offline and online communities.

36. A structured public program exists through the collaboration of Education, Information and other stakeholders – to enhance and update children’s exposure to useful/educational IT programmes and tools in order to narrow the digital global divide.

37. In this respect:

- The Ministry of Information (MoI) has a weekly, popular, half-hour TV programme – re-broadcast four times a week called Tech Insight that elucidates on new and innovative and affordable IT programmes in order to broaden the IT knowledge and horizon of the youth including children. Tech Insight also includes appropriate advice on hazards of over-exposure and related issues;
- The MoI also incorporates appropriate advice for children in generic twice-a-week Children’s programmes – Fiorina and Hello Children – on appropriate ethical language and moral standards on communication through all media outlets and technologies;
- The MoI has statutory/regulatory mandate on private entities that produce local videos/audios or sell such imported products to the general public. In granting the permits for the business licenses that are issued by the Ministry of Trade and Industry, such entities are required to abide by the following ground rules:
 - To refrain from producing and/or soliciting for distribution video/audio/printed materials that denigrate any religious faith;
 - To refrain from producing and/or soliciting for distribution video/audio/printed materials that contain hate speech; that foment ethnic/gender discrimination; that stigmatizes or ostracizes citizens with any physical disability; and that denigrate family/community values of social compassion, respect to elders etc.;

- To refrain from producing and/or procuring for public distribution video/audio/printed materials that endorse underage/illicit sexual conduct; lionize violence and that use foul language;
- Business licenses of commercial entities that violate these ground rules are rescinded. They may also be indicted by the relevant judicial bodies when and if necessary, by invoking relevant laws enshrined in the country's Civil and Penal Codes;
- The MoE has similar regulations and monitoring mechanisms for students who may use their cellphones and Ipads (if available) in classrooms. There are similar regulations covering Digital Libraries that may be set up in various schools under the initiative of local authorities.

38. The Policy on ICT in Education (2005) has various provisions for the protection of the rights, privacy and safety of children in using digital materials. New ICT textbooks for grades 8, 9 and 10 have recently been printed and are being taught in schools. Numerous ICT courses have been conducted for teachers and school principals, and efforts have also been made to enhance the awareness of parents on the use of ICT

39. The internet outlets in Eritrea are not allowed to assist in any form access to online sexual exploitation and/or distribute pornographic products by any means including offline downloaded products. Violating these directives has consequences of severe punishment including suspension and/or closure of their licenses. So far, there are no significant pornographic product related issues reported.

Reply to paragraph 6 (a) of the list of issues

40. The working law, that is, the TPCE forbids corporal punishment. Specifically, Articles 166, 548 and 626 provide for the correction and rehabilitation of young offenders via apprenticeship and other related moral mechanisms.

41. The 2015 Penal Code is not yet enforced. Nonetheless, the provisions in Article 32 are intended to differentiate between acceptable forms of discipline and those that may harm or violate children's rights. It is crucial that any disciplinary actions are conducted in a manner consistent with the principles of respect and dignity for the child. However, the laws are committed to ensuring that the rights and well-being of children are prioritized in the new penal code.

42. On the 10th of February 2010, the Ministry of Education issued a guideline prohibiting corporal punishment in Eritrean schools. The guideline asserts that corporal punishment violates human rights, physical integrity and human dignity. It indicates that school discipline is administered in a manner consistent with the protection of dignity of the child and children's rights to the best health care. The main purpose of the guideline is to empower schoolteachers and other staff with relevant knowledge and skills necessary to manage and discipline their classes and school at large refraining from the use of physical violence. The Ministry of Education frequently provides trainings on creating awareness to teachers as well as parents on avoiding corporal punishments in schools and in the community at large.

Reply to paragraph 6 (b) of the list of issues

43. Concerning the Committee's recommendation regarding the harmonization of children's rights provisions, the State party acknowledges that while a comprehensive single legislation specifically addressing all aspects of children's rights has not yet been enacted, adequate provisions are indeed present across various domestic legislations.

44. Violence and sexual offenses against individuals of any age are considered some of the most heinous crimes in Eritrea. Our legal framework includes specific laws that prohibit a range of violent acts against children. For instance, Article 589(2)(a) of the TPCE addresses rape, imposing severe penalties for offenders. Similarly, Articles 594–595, 596, 548, 626, 560–563, 605, 608(2), 609(2)(b), 613 and 621(2) of the TPCE cover sexual outrages on infants or young persons and minors; prohibit seduction of female minors; addresses

maltreatment of a minor in the form of neglect, ill-treatment, overtasking and beating in such a way as to affect or endanger gravely his physical or mental development or health; incriminate the failure to bring up a child by a parent or person exercising paternal authority due to gain or dereliction of duty; address abduction, improper detention and intimidation of a young person; prohibits trafficking of infants and young persons; address public indecency involving minors; bans the distribution of indecent or obscene materials to children; and prohibits incest with a minor. These laws reflect the GoSE's commitment to protecting children from violence, exploitation and abuse.

45. MoJ has significantly intensified its awareness campaigns on the rights and welfare of the child including legal consequences. Notably, the National Legal Awareness Week, held from 6–11 December 2021, and 13–18 March 2023, were open to the public nationwide. During these events, children from various schools participated in sessions covering fundamental legal concepts, including their rights and duties. Additionally, the awareness week provided free legal advice on various issues, including those related to children's rights.

Replies to paragraphs 7 (a) and (b) of the list of issues

46. The MoJ is actively enhancing the capabilities of the prosecution and judiciary to ensure effective protection and judicial intervention of incidents. Through collaborative initiatives, with various stakeholders, including the police, local administrations, and the community it aims to empower the community to recognize and report violence against children. The comprehensive approach acknowledges that creating a safer environment for children necessitates sustained joint efforts

47. Cognizant of the need to address violence in all its forms the GoSE has included in its cooperation framework with UN work plans for different sectors. For example, diversion programs for juveniles in contact with the law intend to keep children away from the formal criminal justice system by resolving conflicts within the community.

48. The cases of violence and rapes reported are declining. For example, results from the Serial Lot Quality Assurance Survey, conducted annually, show that the percentage of women and girls aged 15 to 24 years that experienced either physical or sexual violence, or both, declined slightly from 0.6 percent in 2017 to 0.4 percent in 2022. As well, national-level data compiled by Eritrea's National Police show that there were 195 cases of rape reported of female victims in 2022, as compared to 218 in 2018. (NVR 2024 report).

49. In all six regions 135 underage marriages have been annulled with the cooperation of the committee members.

50. The MoH provides care for children who have been subjected to violence. Immediate response is provided to violence by measures that ensure the safety of health of victims and access to other appropriate services, including safe housing/ shelter and psychosocial rehabilitation.

Reply to paragraph 7 (c) of the list of issues

51. Proclamation No. 158/2007, and child marriage Article 46(5) of the TCCE Proclamation No. 2/1991 criminalize FGM. Both are complemented by continuous public awareness campaigns conducted by all relevant stakeholders at all levels.

Reply to paragraph 8 (a) of the list of issues

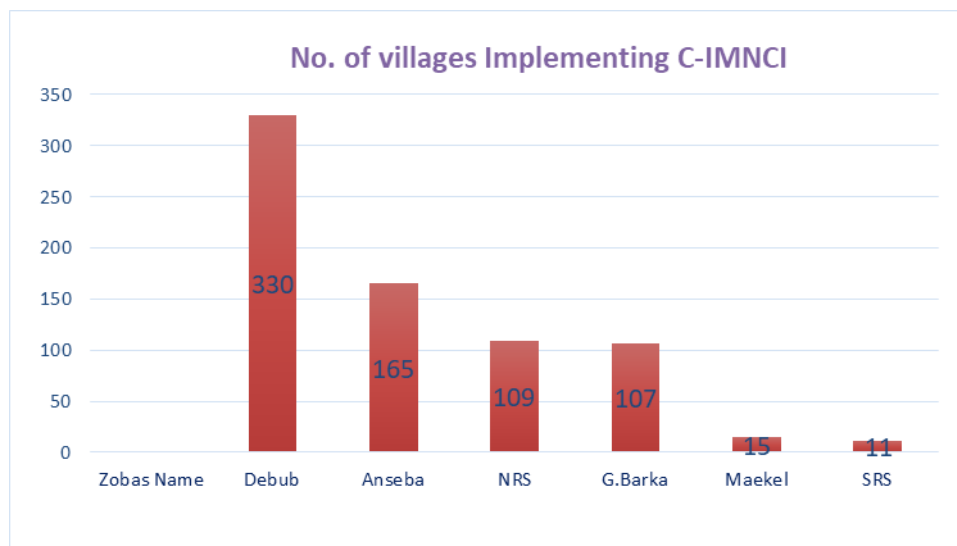
52. The proportion of women attending 1st ANC was sustained at 99% in 2023 while the ANC 4th and 8th visits still remain low at 48% and 10%, respectively (LQAS 2023). The ANC 1st visit is sustained at above 95% in all the six regions of the country because of expanded outreach services to hard-to-reach and remote areas. The MoH has adopted the establishment of Maternity Waiting Homes (MWH) to assist mothers who come from hard-to-reach areas to stay and get the focused ANC and Delivery by a skilled health worker and post-natal care for the mother and her newborn baby.

53. The number of community hospitals and regional hospitals providing EmONC has also increased in the last few years. Capacity building has been on-going for general practitioners in performing caesarean sections and more operation theatres have been made available in the hospitals at the Zoba level. The proportion of mothers who gave birth by caesarean section was 14.1% in 2023.

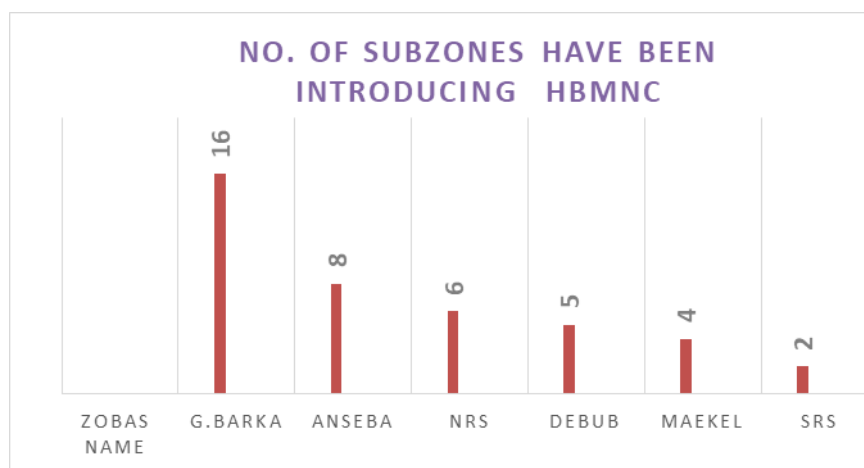
54. Parallel to this, there has been an increased effort to establish neonatal centers in all of the zonal and community hospitals to provide both essential and intensive childcare services. Warm chain, initiation of breastfeeding within half an hour of birth, infection prevention, vaccinations (BCG, OPVO), newborn care, provision of Vitamin K, tetracycline, ARV (as appropriate) and identifying congenital ailments of neonates and initiating treatment are the main packages of this care. Both health facility and community based Integrated Management of Neonatal and Childhood Illness (IMNCI) services are provided by trained health care providers and community agents.

55. A national vaccine delivery system – with nationwide reach, and clear mechanisms for effective vaccine regulation, procurement, distribution, maintaining cold chain and stock that is able to respond to new disease threats has been established. The Expanded Program on Immunization (EPI) delivers immunization services for children and women in reproductive age group to prevent and control vaccine preventable diseases. The 5 years compressive National Immunization Strategic Plan (NISP) is the overarching document guiding implementation of national expanded program of immunization interventions. The multi-year plan is aligned to the WHO Global Vaccine Action Plan (GVAP) and the Health Sector Strategic Plan (HSSP). Several human vaccine preventable diseases are covered in the immunization program. The target coverage rates for first doses of all vaccines are >98% while that for 2nd and 3rd dose is >97%. Vaccination services in Eritrea have good access and equity to each household in rural and urban setting.

56. Since 2007, out of 1073 villages some 737 (68%) have been implementing Community IMNCI.



57. 41 (70%) Subzones out of 58 have introduced Home-Based Maternal and Neonatal Care (HBMNC) starting from 2017.



58. The Integrated Management of Acute Malnutrition (IMAM) package provides services through health facilities, ranging from National referral paediatric hospital, Zonal referral paediatric hospitals, Health Centres, and Health Stations covering 240 sites with Supplementary Feeding Program (SFP), 60 sites of Facility Based Therapeutic Feeding (FBTF) admitting complicated children and 210 sites of Community Based Therapeutic Feeding (CBTF) without complication.

59. As a result of all the above programed interventions under 5 mortality rate is reduced to 37 in 2022; infant mortality rate per 1000 live births reduced to 28 in 2022; and neonatal mortality rate per 1000 live births reduced to 17 in 2022.

Reply to paragraph 8 (b) of the list of issues

60. Currently, approximately 80 per cent of the Eritrean population lives within 10km of a healthcare facility, and 98 per cent of pregnant women have access to routine ante- and post-natal care.

61. The MoH has developed a comprehensive Sexual and Reproductive Health (SRH), Maternal and Newborn Health, Child Health, Adolescent Health and Healthy Ageing (RMNCAH & HA) Strategic Plan 2022–2026. This strategic plan guides the implementation RMNCAH & HA. It delineates the strategic objectives together with national targets and milestones to be attained during the implementation period as a way of achieving UHC in the country.

62. The components of SRH program are Maternal, Reproductive and Newborn Health, Family planning (birth spacing) information and services, including counseling; Adolescent sexual and reproductive health; Prevention and management of Reproductive Tract Infections, Sexually Transmitted Infections (STIs), including HIV/AIDS; Prevention of Harmful Traditional Practices (HTP), and Prevention and Management of Reproductive Organ Cancers.

63. Based on the essential elements of Adolescent and Young People Sexual and Reproductive Friendly Health service, an integrated sexual and reproductive health care package adopted for Eritrea includes:

- (a) Counselling on safe sex, contraception, hygiene;
- (b) Menstrual health and hygiene;
- (c) Promotion of healthy behaviour (nutrition, physical activity, health seeking behavior);
- (d) Provision of Td, Meningitis and HPV vaccines;

- (e) Screening and management of anaemia;
- (f) Counseling on menstrual hygiene, nutrition, safe sex, STI prevention, substance abuse;
- (g) Psychosocial support for mental health issues including intentional and unintentional injury;
- (h) Prevention and management of reproductive tract infections, especially sexually transmitted infections (STIs), including HIV/AIDS;
- (i) Prevention and management of the complication of abortion;
- (j) Active discouragement of harmful traditional practices, such as female genital cutting (FGC), early marriage, domestic and sexual violence against women.

64. Another SRHR service for Adolescents is prevention and control of Cervical Cancer. Quadrivalent HPV vaccine (Gardasil) was introduced in November 2022 with 2 dose schedules using a six months interval between doses. The target population is girls aged 9–14 years and its consumption by the population was 98%.

65. Pilot cervical cancer screening services have been given since 2015 in Maekel region. Linking to treatment is presently a great challenge for those with positive result. Currently, the MOH is increasingly deploying Gynaecologists to various regional hospitals in the country. This is a great opportunity for expansion of SRHR services so that reproductive organ cancer patients, particularly cervical cancer cases presenting to the hospitals with all the basic results can have an access for initiation of definitive treatment.

66. One of the greatest achievements of the country is the decline in the new infection and prevalence of HIV. ANC attendance as an entry point of Elimination of Mother to Child Transmission (EMTCT) is universal in Eritrea. Since 2003, a biennial ANC HIV sentinel surveillance study is carried out, covering the six zobas of the country with samples from both urban and rural ANC sites. The trend analysis from these ANC sentinel sites have revealed that the prevalence of HIV infection has shown a steady decline during the last 19 years since 2003. The prevalence has significantly declined from 2.4% in 2003 to 0.31% in 2022 at an average annual declining rate of 4.58%. The rate of decline was higher for the periods 2017–2019, 2005–2007, 2009–2011, and 2015–2017 with an average annual declining rate of 22.3%, 22.1%, 19.8%, and 11.3%, respectively. The prevalence slightly increased during the period 2011–2013, from 0.79% to 0.85%, and remained almost the same during the period 2013–2015.

67. Based on the existing epidemiological situations of the country, the MOH has conducted a pre-validation assessment for the certification of EMTCT for HIV/AIDS and syphilis. Based on this assessment that indicated the country has achieved many of the impact and process target indicators, the Ministry is planning to apply to WHO for HIV EMTCT full validation.

68. Correct, consistent and appropriate use of condoms remains one of the main methods to reduce the risk of HIV & STI infections in sexually active people. Thus, it is one of the main strategies in every HIV and STI prevention program. In the public health sector, condoms are distributed free of charge through HTS/PMTCT sites, family planning clinics and STI clinics. Privately, condoms are distributed by ESMG (Eritrean Social Marketing Group) with a nominal fee through multiple outlets.

69. Early diagnosis and treatment of sexually transmitted infections is another important strategic intervention for the reduction of HIV transmission and prevention of complications. Among the STIs, due to its effect in pregnant women and unborn children, syphilis is one of the STIs targeted by the program. Therefore, syphilis screening and treatment among pregnant women have been provided in all the ANC sites in order to eliminate the mother to child transmission of syphilis.

70. Concerning abortion, any act that tends to threaten the life of the unborn child is considered as a crime, except under certain cases. Article 534 of the Transitional Penal Code provides that abortion may not be punishable where it was due to physical or mental stress of the pregnant woman, or was performed to save her life or health, or where her pregnancy

was the result of rape or incest. Self-induced abortion is also prohibited. Those who perform an abortion or assist in the commission of the offence are also punishable under the Transitional Penal Code. However, clients presenting with incomplete abortion are managed and provided all the post abortion care services.

Reply to paragraph 8 (c) of the list of issues

71. 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). Similarly, article 510/3/b of TPCE prohibits the sale of drugs.

72. Health promotion interventions are extensively implemented for prevention and control of tobacco, alcohol and drug use, the harmful use of alcohol and unhealthy diets plus screening services for cardiovascular diseases, cancers, chronic respiratory diseases, diabetes and mental health. BCC and SBCC training and awareness-raising activities on Alcohol, Tobacco & Substance use is routinely provided for health workers, and different institutions. These interventions are aimed to prevent and reduce substance use, to prevent experimentation with and regular usage of substance at an early age.

Reply to paragraph 8 (d) of the list of issues

73. The country's mental health hospital, St. Mary's Psychiatric Hospital located in the capital Asmara, provides inpatient care and long stays residential services. It is equipped with several beds and also offers outpatient services. In addition, there are psychiatric units attached to general hospitals in all six administrative zones of the country. These units provide service for those with relatively stable and chronic mental disorders not requiring intensive medical interventions. In these periphery facilities, mental health nurses and psychologists are deployed. Moreover, essential psychotropic medicines are available within many health facilities. Training on MHGAP-IG is given to other health professionals in order to provide basic mental health services. Service on Applied Behavioral Analysis for children with behavioral problems is provided specifically in Hazhaz Hospital located in Maekel administrative zone. Besides, awareness raising orientation regarding to mental health in school is given to teachers, students and communities. It includes on how to manage and counsel students with behavioral, emotional and developmental problems and advice given to avoid corporal punishment and bullying.

Reply to paragraph 9 (a) of the list of issues

74. The GoSE is working to enhance agricultural production and productivity, to significantly improve the standard of living for the population. Various measures focusing on strategies to boost agricultural output and their subsequent positive effects on rural households, particularly children are being implemented. Implementing sustainable farming practices like terracing, contour farming and agroforestry are helping soil and water conservation, and contributing to long-term agricultural productivity and resilience to climate change; providing farmers with high-yielding drought and disease-resistant varieties of seeds; promoting forage production to improve animal nutrition and productivity; promoting organic farming practices and promoting soil health and fertility and investing in agricultural research. In order to ensure access to veterinary care to prevent diseases, improve animal productivity and increase farmers' income the government is providing training to extension staff and farmers with skills to effectively transfer and adopt Climate Smart Agriculture (CSA).

75. As an arid and semi-arid country with erratic rainfall, construction of water infrastructure continues to be one of Eritrea's national priorities. 79% and 95% of the rural and urban population respectively have access to safely managed drinking water. Access to safe and clean water has also progressively risen in schools, offices, and other public spaces. The percentage of schools with access to safe and clean water at the elementary level has increased from 63.3% to 65.1 % while it almost remained the same at middle level at 75% and increased from 83.7% to 85.3% at secondary schools between 2015/16 and 2021/22. Moreover, all health facilities in the country have access to clean and safe water. Access to basic sanitation and hygiene facilities has been steadily expanding in recent years.

76. Eritrean WASH strategy and investment plan 2019–2030 articulated that Child Rights based WASH is an effort to work on from a child rights perspective to improve services and practices for realizing children's rights to survival and development on an equitable basis.

77. The Eritrean Environmental Health (EEH) has the prime objective of making contributions to the achievements of safe, sustainable and health-enhancing human environments, protected from biological, chemical and physical hazards, and tries to secure health from the effects of global and local environmental threats.

78. There are 2,838 villages in the country that are targeted for Community Led Toilet and Sanitation (CLTS). Out of these, a total of 2,770 (98 %) villages have been triggered and 2,572 villages have declared Open Defecation Free (ODF) status. This translates to 90.8% coverage.

Reply to paragraph 9 (b) of the list of issues

79. The relevant sectors, mainly the MoA, MoLWE, Forestry & Wildlife Authority, are the institutions playing the lead role to mitigate the adverse effects of environmental degradation and climate change. Local administrations mobilize people and ascertain their full participation in the process and implementation of developmental issues, mainly in the area of environmental conservation.

80. Furthermore, municipal administrations are engaged constructing and establishing greenery areas and recreation centers and playgrounds in different places which are conducive to children. Cleaning and garbage collection systems are effectively contributing to prevent health hazards. This is done through door-to-door service using waste collection trucks in cities & towns, transfer stations where wastes are collected in trash-bins in different places and then transported to the dump sites. In addition, communities are mobilized in communal environmental sanitation campaigns in towns and semi-town administration areas.

81. Eritrea's contribution to the global GHG emission is negligible amounting to less than 0.01%. Yet, it is among the most vulnerable countries to impacts of climate change. As part of its sustainable development strategy, Eritrea has been exerting efforts to reverse the impacts of climate change, land degradation and biodiversity loss. Obviously, climate change impact is disproportionate across the society where it is severe on elders, disabled people, women, and the poor and sever on children. Some of Eritrea's environmental resources management in general and specifically climate related accomplishments which directly or indirectly address child issues include:

- (a) Development and implementation of environmental policy and related legal frameworks;
- (b) Guidelines and Plans;
- (c) Climate Change Adaptation Intervention.

82. These directly or indirectly contribute to the alleviation of climate induced burden on children (shortage of food and water supply).

83. Eritrea has been undertaking climate Change Mitigation efforts, some of which also directly contribute to child health safety by reducing emission of air pollutant in indoor places where children mostly stay. The measures include:

- (a) Expansion of Installation of Solar PV at large Scale (on a grid and off grid);

(b) Improving Energy efficiency at generation, distribution and consumption, shifting to more energy saving lamps, TVs, refrigerators and air conditioners etc;

(c) Distribution of hundreds of thousands of Energy efficient, less smoke emitting stoves to households;

(d) Substantial shift from biomass to more efficient energy resources.

84. The male and female youths take active part in afforestation and environmental sanitation, including terracing hillsides, constructing dams, planting trees and improving roads in different parts of Eritrea. Establishment and strengthening of mini-media, readers and green clubs, among others, in all secondary schools is often included in school action plans. Youth clubs in schools are established serving as exemplary models for ordinary students. The clubs sensitize students on organizing drama, songs, poems, and general knowledge competition regarding environmental issues. Communal afforestation and environmental sanitation activities are conducted on regular and occasional celebrations.

Reply to paragraph 10 (a) of the list of issues

85. A number of initiatives have recently been taken to improve access and quality education for children with disabilities. The special school for the deaf in Keren has been enabled to expand its capacity to enroll about 160 children, double its previous capacity. This school together with another special school for the deaf in Asmara, has been upgraded to teach deaf children in sign languages up to and including grade 8, which is three grades higher than before. Another small boarding school for the deaf was set up last year in Mai-habar, and plans for its expansion are drawn. Schools in the various zobas have started to establish 2–3 inclusive classrooms each for children with disabilities.

86. To expand access to girls, children in remote communities and nomadic children, there is an ongoing school construction program. There are also plans to construct many more classrooms for the disadvantaged groups of children with support of Global Partnership for Education (GPE).

87. A special comprehensive teacher training program, that served about 4,500 teachers and other MoE employees, started last year and is planned to continue during the current academic year.

Reply to paragraph 10 (b) of the list of issues

88. During the reporting period, the enrolment rate at elementary school showed an increasing trend. The total enrolment rate in 2014/15 was 82 and this increased to 83.8 in 2019/21. The percentages of repetition in 2019/21 was 9.0 and drop out was 6.1. However, the MoE is aware of the decreasing trend on total enrolment rate and increasing trend of dropouts in secondary schools and efforts are ongoing to investigate the causes and come with solutions.

Reply to paragraph 10 (c) of the list of issues

89. In 2019/20, in early childhood education 37.3%, 46.9% and 48.1% of the schools were equipped with trained educators, water and toilet facilities respectively. The Ministry of education is making continuous efforts to increase the overall availability of facilities in this level.

Reply to paragraph 11 (a) of the list of issues

90. There were no migrant and asylum-seeking children during the reporting period.

Reply to paragraph 11 (b) of the list of issues

91. Child work in Eritrea, the young boys and girls (at the age group of 12–14) help families in caring for siblings, fetching water and firewood, family farms, and petty trade/business activities.

92. Child work therefore, implies light work for subsistence. Practically, young persons above the age of 12 years do engage in light family-owned work in their part-time. The Department of Labour of the MoLSW regulates and determines the types of activities at appropriate moment. In line with Article 7(3) of the minimum age Convention, the regulation comprises the number of hours and the conditions under which light work may be undertaken by children from the age of 12 years.

93. The Labour Proclamation limits the minimum age at work at 14, and requires not to contradict with the mental and physical development of the child as well as with compulsory elementary and middle school level education (6–13 ages). These are in compliance with the permissible minimum age convention.

Reply to paragraph 11 (c) of the list of issues

94. The allegation of existence of under-age conscription in Eritrea is totally fallacious. The inference made is to National Service program. In this respect, Proclamation No. 82 of 1995 of the National Service is crystal clear on the issue of age. Article 11 (1) to (3) explicitly specifies that the eligibility age for National Service is from 18 to 40 years.

95. In practice, no under-age children have ever been forced to enter military trainings. Students enroll at the Warsay Ykealo Secondary School in Sawa Education and Training Center to prepare for the National Secondary Leaving Certificate Examination, and after completing high school, they undergo 4–6 months National Service Training. As a duty of citizens to complete their national service obligations, the Government has put in place effective legal and practical measures to prevent underage recruitment. The provisions of the National Service Proclamation No.82/1995 effectively exempt those who are under-age and medically unfit.

Reply to paragraph 11 (d) of the list of issues

96. The act of using, procuring or offering a child for prostitution and for the production of pornography or pornographic performances is a criminal offense which results in serious punishment. The definitions of the crimes in the new Penal Code provide adequate and more protection than the provisions of the Transitional Penal Code.

97. Under Article 314 of the 2015 Penal Code of Eritrea, a person who, for gain, procures, promotes or aids the prostitution of another person is guilty of an offence, punishable as a Class 1 petty offence. The definition of Class 1 Petty Offence relies upon Article 65 of the 2015 penal code of Eritrea, and the Court may accordingly sentence the offender to a definite term of imprisonment of not less than 6 months and not more than 12 months or may impose a fine of 2,501–5,000 Nakfa.

98. Additionally, the use of a child for procuring or offering a child for illicit activities, in particular for the production and trafficking of drugs is also punishable under the penal code. The scope of application of the upcoming new Penal Code with regard to drug offences involving children is envisaged to be broader. The purpose is to impose severe penalties on those who exploit young people for profit in the drug trade.

99. Human trafficking and child pornography in Eritrea is rare, Trafficking is criminalized in Articles 605-07 of the Transitional Penal Code of Eritrea. In addition, Eritrea is a party to the Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children and is a state party to United Nations Convention against Transnational Organized Crime and the trafficking protocol.

100. Since children on the street situation are obviously exposed to risks of prostitution, the GoSE in close collaboration with UNICEF is supporting 4,000–5,000 children from drifting into the street situation by providing educational materials, cash to procure school uniforms, school registration fees and other unforeseen expenses, considering school as a main protective measure for giving safety to children from exposure to prostitution and exploitation. Labor inspection offices have not reported any cases linked with these threats, as well as no case of public prosecution has been made as verified by competent authorities.

Reply to paragraph 12 of the list of issues

101. To ensure a supportive environment for young offenders, the Eritrean legal framework emphasizes non-custodial measures. When a child violates the law, the justice system utilizes various correctional measures rather than imprisonment. These measures include admission to curative institutions, supervised education, home arrest, and other rehabilitative options. Importantly, children are not detained with adults, thus safeguarding their well-being.

102. In line with the Transitional Criminal Procedure Code of Eritrea (“TCrPCE”), children who are victims of crimes are afforded the opportunity to testify in a secure setting, accompanied by their parents or guardians. This approach creates a safe space for children during vulnerable moments in legal proceedings.

103. When a young person is accused of a crime, the court oversees the investigation, ensuring that procedures are tailored to the child’s needs. For serious offenses, such as those punishable by rigorous imprisonment, children are directed to special detention centers designed for their rehabilitation, as stipulated in Article 53 of the TPCE. In most cases, the court opts for non-custodial measures, focusing on supervised education and correction rather than punitive detention.

Replies to paragraphs 13 (a) and (b) of the list of issues

104. The Ministry of Justice designed a comprehensive strategy aiming to improve the quality of justice and at intensifying effective and efficient access to quality justice in Eritrea. The strategy comprises of fundamental components of access to justice including the promotion and institutionalization of out-of-court dispute resolution mechanisms, legal aid, and enhancing the ongoing public awareness-raising efforts.

105. Structural adjustments of the Ministry, courts and the prosecution offices were conducted in 2023. Eritrea introduced Proclamation No. 184/2023, which reformed the court structure, including the prosecution office, to better facilitate access to justice for all. Through its new ‘Access to Justice’ department, the institutional and human resources capacity development efforts the MoJ is continuously undertaking transformative measures in order to provide quality legal services to the public at large.

Reply to paragraph 13 (c) of the list of issues

106. National Social Protection Policy and National Social Protection Strategic Plan for 2022–2026 was developed in 2021. The document is expected to provide a more developmental alternative and articulates the nature of social vulnerability pointing to important socio-political drivers that cause and perpetuate socio-economic insecurity of the most vulnerable groups of the society. It has the overall objective to enhance the national social protection system and render efficient and effective services and maximum benefits to the poor and vulnerable groups in the country. The GoSE and The UN system, especially UNDP and UNICEF, are the main financing institutions for the strategic plan of the social protection program.

107. The Policy for People with Disabilities (PWDs) was revised, updated and printed in 2021 by the MoLSW. The updated English version of 2021 was translated to Tigrigna (local language) in early 2023 in order to guide the general public, the PWDs and the public and private institutions.

108. Eritrean National Strategic Plan 2020–2024 to ensure children and women rights, abandon FGM, UAM and other HTPs was produced jointly by the MOH, MoLSW and NUEW. This program is financed by the GoSE, UNICEF and UNFPA.

109. 2023–2027 Partnership Compact: Pursuing an inclusive and transformative reform agenda for quality learning for all girls and boys produced by the MoE in September 2023 is meant to reinforce the policy of MOE and is funded by Global Partnership for Education.

110. National Health Policy (NHP-2020 and the Third Health Sectoral Strategic Development Plan (HSSP-III 2022-2026 were produced by the MOH.

Reply to paragraph 13 (d) of the list of issues

111. Eritrea has enacted the Proclamation No.184/2023, which repealed all previous proclamations on the hierarchy and jurisdiction of the courts and established a new specialized bench for the sake of speedy trial.

Data, statistics and other information, if available

Reply to paragraph 14 of the list of issues

112. Eritrea's budget allocation to social sectors and disadvantaged regions emanates from its social justice policy. Even under austerity budget situation, every effort is made to allocate adequate budgetary resources to marginalized communities and geographical areas.

Recurrent Budget Allocated from Domestic Sources to Sectors which Impact Children's Wellbeing and Rights (As a % of total budget)

<i>Year</i>	<i>Health</i>	<i>Education</i>	<i>Social Welfare</i>	<i>Information</i>	<i>Sports and culture</i>	<i>Total for these sectors</i>
2023	6.0	10.6	0.9	0.9	0.5	18.9
2024	5.3	11.4	1.0	1.0	0.5	19.2
2025	6.0	10.7	1.2	1.0	0.6	19.5

113. The budget allocated for the main social sectors in the past three years has been about 19% of the domestic resources. Moreover, majority of the funding from partners is geared towards the priority sectors of health and education. There is also significant voluntary community contribution towards education through Parent-Teacher-Associations. Therefore, when the government budget, partner and community contributions are taken into account, the social sectors absorb a significant portion of resources.

Replies to paragraphs 15 (a) and (b) of the list of issues

114. No disaggregated data is available on both cases (a and b).

Reply to paragraph 15 (c) of the list of issues

115. The alternative care in Eritrea is the "Asmara Child Care Center", managed by the MoLSW. This alternative care facility receives abandoned children from every corner of the country and provides with all accommodations, love, care and protection. In the last three years the center received 28 (14 girls) abandoned children. Moreover, there are two community-based group homes outside of the capital city managed by the MoLSW. They host 21 (7 girls) children who receive all care and necessities, including attending schools with their peers in the communities they live.

Reply to paragraph 15 (d) of the list of issues

116. No data available on children living in poverty.

Reply to paragraph 15 (e) of the list of issues

117. Prevention and care of teenage pregnancy is one component of the adolescent and young people friendly health services. Consequently, teenage pregnancy is periodically decreasing. The table below shows percentage of teenage pregnancy in the six administrative zones of Eritrea.

<i>% of Teenage pregnancies (≤ 18 years) by Region (DHIS, 2021–2023)</i>							
<i>Year</i>	<i>Anseba</i>	<i>Debub</i>	<i>Gash-barka</i>	<i>Maekel</i>	<i>N/R/Sea</i>	<i>S/R/Sea</i>	<i>National Average</i>
2021	0.44	0.35	0.58	0.06	0.51	0.66	0.42
2022	0.27	0.15	0.22	0.12	0.2	0.94	0.22
2023	0.11		0.25	0.08	0.19	0.78	0.16

Reply to paragraph 15 (f) of the list of issues

118. No disaggregated data available on substance abuse among children.

Reply to paragraph 15 (g) of the list of issues

119. There are no asylum-seeking, refugee, migrant children and unaccompanied children in detention/ out of detention in the country.

Reply to paragraph 15 (h) of the list of issues

120. There are 4,000–5,000 children who may be at risk of drifting to the streets and are provided with school supplies to prevent them from drifting to the streets and to pursue education.

Reply to paragraph 15 (i) of the list of issues

121. No data is available.

Reply to paragraph 16 (a) of the list of issues

122. No data is available.

Reply to paragraph 16 (b) of the list of issues

123. There are 10 children (4 females) in the Asmara childcare center and 21 in the two community-based group homes situated in Embaderho and Barentu.

Reply to paragraph 16 (c) of the list of issues

124. There were 17 children (9 females) adopted between the years of 2021–2023.

Reply to paragraph 17 (a) of the list of issues

125. Number of children under 18 years by disability status, according to their background characteristics, 2021–2023, is provided in the annex.

Reply to paragraph 17 (b) of the list of issues

126. There are four institutions hosting children with disability, The Abraha Bahta School for the blind hosts 120 children (40 females). The deaf school in Keren hosts 125 children (56 females). The deaf school in Asmara hosts 58 children (25 females). The Intellectual Developmental Disability (IDD) has 594 children (261 females) attending in 23 inclusive schools in the 6 zonal administrations.

Replies to paragraphs 17 (c), (d) and (e) of the list of issues

127. Attending regular primary; regular secondary schools and attending special institutions are also provided in the annex.

Reply to paragraph 17 (f) of the list of issues

128. Data on out-of-school children with disabilities cannot be provided at this moment. However, the percentage of out of school children in elementary school were 16.2, 16.1, 16.2 during 2019/21, 2021/22, and 2022/23 respectively.

Reply to paragraph 17 (g) of the list of issues

129. In the last three years the Asmara Child Care Center received 28 abandoned children (14 girls) from all over the country.

Reply to paragraph 18 of the list of issues

130. There is no disaggregated data on (a, b, c & d) children in conflict with the law who have been either arrested, referred to diversion programs, are in pretrial detention, or serving a sentence in detention.

Reply to paragraph 19 of the list of issues

131. Children's legal rights, freedoms, and protections are set out prioritized in national and sectoral strategic development plans, policies and laws. The National Child Policy Document (2016) together with the Social Protection Policy and Strategic Plan (2021) further safeguard and promotes the rights and general well-being of children. In addition, several policies and measures promote inclusive education and health; strict laws prohibit child labour, trafficking, abuse, exploitation, under-age marriage, and female genital mutilation/cutting (FGM/C). Multi-stakeholders, cross-sectoral initiatives put in place help address their underlying causes. Orphans and vulnerable children in particular receive a broad range of support through the MoLSW and different partners.

132. The National Statistics Office (NSO) and sector ministries in the country collect data related to the protection, health, social wellbeing and early childhood development.

133. Despite the diverse challenges and difficult regional geo-political context, Eritrea has been deeply devoted to promoting the rights of children in the planning, implementation and monitoring of SDGs. The second VNR 2024 process is the genuine expression of Eritrea to remain actively engaged. Below are some achievements in the implementation of the SDGs related to children:

- (a) The Net Enrolment Ratio in elementary school rose from 30% in 1992/93 to 81.2% in 2022/23 and the increase for the junior secondary level of education rose from 10% to 41.4%;
- (b) Parity between boys and girls in primary and junior secondary education have been achieved;
- (c) The percentage of schools with access to safe and clean water at the elementary level has increased from 63.3% to 65.1% during 2015–2023;
- (d) The prevalence of FGM was very low among girls of communities covered by the 2024 FGM community mapping study conducted on 1,086 villages where only 2.3% and 4.4% of girls under 5 and 15 years of age were found to undergo FGM;
- (e) The percentage of women married by age 15 declined from 23% in 1995 to 16% in 2023;
- (f) Neonatal death has declined significantly from 42 per 1000 live births to 18 in 2020. The decline of infant and under five mortality rates dropped from 114 to 30 per 1000 live births and from 190 to 39, respectively;
- (g) DPT3 immunization coverage has significantly jumped from only 19% in 1991 to almost universal in 2020 (98%);
- (h) Percentage of mothers that attended at least one antenatal care services has moved up from only 10% in 1991 to almost universal in 2020 (98%);
- (i) Percentage of pregnant women delivered in health facility increased from only 6% in 1991 to 71% in 2020;
- (j) Social protection measures implemented by the MoLSW, MoE, MoH, and MoA, the initiation of the Saving and Micro-Credit Program and establishment of village banks that have opened up reliable access to financial services have expanded socio-economic opportunities, and reinforced autonomy and independence for tens of thousands of beneficiaries across the country. The vast majority are women.

Annex

(a) Data on Number of children under 18 years by disability status, according to their background characteristics, 2021–2023

		2021			2022			2023		
Characteristics		Not disabled	Disabled	Total	Not disabled	Disabled	Total	Not disabled	Disabled	Total
Region	Debubawi Keih Bahri	25 720	960	26 679	26 405	985	27 390	27 086	1 010	28 097
	Maekel	318 011	17 051	335 062	326 490	17 506	343 996	334 911	17 957	352 868
	Semenawi Keih Bahri	172 737	7 482	180 219	177 342	7 681	185 024	181 916	7 880	189 796
	Anseba	181 569	8 542	190 111	186 410	8 770	195 180	191 218	8 996	200 214
	Gash-Barka	383 802	15 419	399 221	394 035	15 831	409 866	404 198	16 239	420 437
	Debub	340 177	22 018	362 195	349 247	22 605	371 852	358 255	23 188	381 443
	Residence	Urban	498 037	24 491	522 528	509 268	25 043	534 311	520 146	25 578
	Rural	922 882	48 077	970 959	949 531	49 466	998 997	976 272	50 859	1 027 131
Age	0–4 years	424 586	1 814	426 400	430 617	1 840	432 457	436 731	1 866	438 597
	5–9	462 928	4 494	467 422	474 200	4 604	478 803	484 904	4 707	489 611
	10–14	390 454	6 183	396 637	404 826	6 410	411 237	418 914	6 633	425 548
	15–17	196 301	6 728	203 028	203 825	6 986	210 810	211 839	7 260	219 099
Sex	Male	694 706	46 754	741 460	713 353	48 009	761 362	731 889	49 257	781 146
	Female	725 917	26 110	752 027	745 144	26 802	771 945	764 220	27 488	791 708
Total		1 420 623	72 864	1 493 487	1 458 497	74 811	1 533 308	1 496 110	76 745	1 572 855

Source: Estimated using the 2010 Eritrea Population and Health Survey (2010EPHS) NSO 2024.

(b) Number of children under 18 years living with their families

<i>Characteristics</i>	2021	2022	2023
Urban	481 771	492 634	503 158
Rural	908 818	935 061	961 394
DKB	25 399	26 076	26 748
Maekel	312 948	321 292	329 579
SKB	169 045	173 552	178 029
Anseba	175 092	179 760	184 397
GB	377 264	387 323	397 313
Debub	332 133	340 988	349 783
Total	1 391 881	1 428 992	1 465 849

Source: Estimated using the 2010 Eritrea Population and Health Survey (2010EPHS). Source NSO 2024.

(c) Number of schoolchildren by the types of disabilities attending regular primary and secondary schools for the past three years

<i>Types of Disabilities</i>	2019/20		2021/22		2022/23	
	<i>Primary</i>	<i>Secondary</i>	<i>Primary</i>	<i>Secondary</i>	<i>Primary</i>	<i>Secondary</i>
Blind	42	25	38	21	64	19
Deaf	153	10	238	7	200	9

Types of Disabilities	2019/20		2021/22		2022/23	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Hard hearing	145	25	92	35	215	52
Partial hearing	907	301	1006	221	1034	310
Low vision/partially sighted	2 553	981	3 004	964	3 582	1 174
Physical impairment	462	159	485	150	544	222
Speech and communication impairment	661	65	599	68	714	70
Total	4 923	1 566	5 462	1 466	6 353	1 856

Source: MoE statistics.

(d) **Attending special schools (one blind and two deaf schools) in the past three years**

Year	Female	Male	Total
2019/21	74	105	179
2021/22	89	109	198
2022/23	107	145	252

Source: MoE Statistics.

Health facilities providing NICU services by region

