



Convention on the Rights of the Child

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Summary record of the 2851st meeting

Held at the Palais Wilson, Geneva, on Wednesday, 15 January 2025, at 10 a.m.

Chair: Ms. Skelton

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The meeting was called to order at 10.05 a.m.

Consideration of reports of States parties (*continued*)

Combined fifth and sixth periodic reports of Eritrea (continued) (CRC/C/ERI/5-6; CRC/C/ERI/Q/5-6; CRC/C/ERI/RQ/5-6)

1. *At the invitation of the Chair, the delegation of Eritrea joined the meeting.*
2. **A representative of Eritrea**, responding to questions raised at the previous meeting, said that, in 2023 and 2024, a comprehensive study of attitudes towards female genital mutilation and its prevalence had been conducted in three regions. The study, which had covered 53,000 households in 1,000 villages, had revealed a rise in opposition to the practice; almost 96 per cent of respondents had claimed to support its eradication. The proportion of individuals in each subregion who believed that female genital mutilation was a religious requirement ranged from 9.7 to 25 per cent. Respondents were generally of the view that campaigns against female genital mutilation had played a significant role in raising awareness of the harmful effects of the practice; three quarters stated that such campaigns had been organized in their community. Around 95 per cent of respondents had reported that the laws prohibiting female genital mutilation, knowledge of which was strong, were being enforced. Since 2010, according to the study, the prevalence of genital mutilation in populations of younger girls had fallen considerably. A large number of community representatives were now ready to publicly announce their commitment to abandoning the practice.
3. The Government sought to provide the public with affordable and equitable access to healthcare. The country had 347 health facilities, which were required to report to the respective regional authorities on a monthly basis. Around 86 per cent of those facilities were run by the Ministry of Health. The health system operated at three levels; at the primary level, care was provided at community health centres and hospitals by a large number of doctors, nurses, nutrition workers and professionals responsible for treating tuberculosis. Secondary care was delivered at regional and subregional hospitals. Patients requiring tertiary care were treated at national hospitals, which also functioned as specialized training, education and research centres. The Ministry of Health had established health management teams to coordinate all preventive, curative and rehabilitation activities at the regional level and was in the process of strengthening the subregional health management structure.
4. Health services were provided free of charge or at very low cost. Those offered at no charge included maternal and child healthcare and the treatment of chronic illnesses. There had been significant investment in the country's health infrastructure, as a result of which almost 80 per cent of the population now lived within 10 km of a health facility. Community health centres were responsible for diagnosing, treating and, where necessary, referring patients. They played an important role in raising awareness of malaria prevention and issues relating to maternal and child health. Staff at the centres were trained in managing neonatal and child illnesses. Mobile clinics had been established to provide health services to communities in remote areas, including on islands.
5. As a result of improvements in access to healthcare and living standards, life expectancy in years had increased from 52 in 1995 to 67 in 2024. Another factor that had contributed to the increase was the organization of campaigns on hand hygiene, malaria prevention, the harmful impact of certain practices and the importance of healthcare. The provision of integrated health services at primary care facilities had played a role, as had the joint efforts by the health, educational and agricultural authorities and the social services to address the social determinants of health and improve overall well-being. The strengthening of the capacity to prevent, detect and respond to health emergencies, including epidemics and pandemics, had also had a major impact.
6. While the under-5 mortality rate remained above the target of 25 deaths per 1,000 live births, it was estimated to have fallen from 46 deaths per 1,000 live births in 2015 to 38 per 1,000 in 2021. There had also been a significant decline in the infant mortality rate. Such decreases were partly attributable to the increase in immunization coverage; vaccines were administered at health centres and through mobile clinics in order to ensure that every child could be reached. Medical professionals took the opportunity to immunize children during consultations arranged for other purposes. Other contributing factors included the decline in

child deaths from pneumonia, diarrhoea and malaria and the enhanced access of children, pregnant women and breastfeeding mothers to health services. Significant progress had been made in promoting antenatal and postnatal care; almost 98 per cent of women now visited healthcare facilities during their pregnancy. Maternity waiting homes had been established in most parts of the country. The Government would continue making efforts to improve the accessibility of health services and strengthen health infrastructure with a view to achieving the target under-5 mortality rate by 2030.

7. Exclusive breastfeeding was a common practice that was strongly supported in Eritrean culture and encouraged by communities. Around 80 per cent of newborns were breastfed within an hour of birth, exceeding the global target rate of 70 per cent. Nonetheless, work still needed to be done to meet global targets concerning the percentage of infants who continued to be exclusively breastfed at six months old. To that end, the Ministry of Health had developed a supportive breastfeeding policy, which was implemented by health centres across the country. Health workers were trained to provide support to breastfeeding mothers, helping them overcome any challenges and monitoring children's growth. During World Breastfeeding Week, health facilities organized sessions to educate pregnant women about the benefits of breastfeeding and the ways to manage it. Other steps, too, including the organization of campaigns and events, were taken to promote breastfeeding.

8. The Government had adopted a mental health policy and plan of action intended to strengthen the capacity of mental health workers to deliver high-quality care. Such workers were trained on using the intervention guide for mental, neurological and substance use disorders in non-specialized health settings, which had been developed by the World Health Organization as part of its Mental Health Gap Action Programme. Tertiary-level mental healthcare for adults and children was provided at one hospital in Asmara. Elsewhere, mental health services were delivered by psychiatric nurses working in community and regional hospitals. Individuals with mental health issues could also receive support from family members, traditional healers and religious leaders.

9. Sessions to raise awareness of mental health issues were run for teachers and students. Schools in Asmara were participating in a pilot programme as part of which one teacher was trained to act as a mental health focal point and identify students showing signs of troubling behaviour or poor academic performance. The focal points had been provided with a checklist and documents to enable them to refer such students to the relevant mental health services. While efforts were being made to address the stigma surrounding mental health problems, there remained much room for improvement.

10. The Government was working to improve the country's infrastructure so that it could better withstand the impact of the natural disasters, such as flooding, drought and desert locust swarms, by which Eritrea was frequently affected. Steps were being taken to promote the efficient management of water, including, as had been mentioned at the previous meeting, through the construction of dams. Efforts were being made, too, to boost the resilience and sustainability of the agricultural sector by promoting the use of drought-resistant crops and implementing irrigation projects. Content on the country's climate, soil conservation measures and the impact of climate change formed part of the national curriculum. Communities were actively involved in disaster preparedness and response efforts, to which international organizations made a significant contribution.

11. The Ministry of Health sought to take a comprehensive approach, tackling issues such as unwanted pregnancy, HIV/AIDS, substance abuse, early marriage and mental health, to adolescent health. The Government's commitment to improving adolescent health was outlined in the Strategic Plan for the Implementation of Reproductive, Maternal, Newborn, Child and Adolescent Health and Healthy Ageing Programmes. While adolescent health services were limited in number, those that were in place, including counselling, reproductive healthcare and sexual education, were accessible, confidential and tailored to young persons' needs. Training was being provided to healthcare workers in order to build their capacity to address adolescent health issues. Campaigns raising awareness of those issues were organized within communities and in schools with the aim of engaging young people in efforts to improve their health and well-being. Drug use was not a major problem, but strategies were in place to raise awareness of the issue in schools and communities. The

police were working with the educational authorities to prevent smoking and alcohol abuse, which posed a greater problem.

12. Eritrea had made significant strides in monitoring and controlling the HIV epidemic, which was now concentrated in nature. The data collected from health facilities, HIV testing services and sentinel surveillance sites for pregnant women and other high-risk groups had enabled the Government to gain an accurate idea of the trends in HIV prevalence, which were subsequently reported to the international community. HIV prevalence in adults between 15 and 49 years of age had fallen from 2.4 per cent in 2003 to 0.36 per cent in 2020. The rate of prevalence among young people between the ages of 15 and 24 had decreased from 2 per cent in 2003 to 0.2 per cent in 2022. Between 2010 and 2022, there had been a 72 per cent reduction in new HIV infections.

13. To tackle the epidemic, the Ministry of Health had worked with stakeholders including other relevant government ministries, the United Nations and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Its cooperation with women, young people and students had also been key. Focuses included the organization of awareness-raising campaigns, the expansion of HIV testing services, the prompt treatment of sexually transmitted infections, the administration of pre- and post-exposure prophylaxis and the provision of free antiretroviral therapy. Students attended educational sessions on HIV prevention, which focused on abstinence and delaying becoming sexually active rather than promoting condom use. The country had met all targets for the validation of the elimination of mother-to-child transmission. The next step was to submit its national validation report to the Regional Validation Committee on the Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B for certification.

14. **A representative of Eritrea** said that the national education system was designed to produce well-rounded citizens with a strong sense of commitment to their country, its people and social justice. It sought to produce creative and productive individuals who could contribute to a modern, competitive, harmonious and self-reliant Eritrea. Education in Eritrea, which was secular, was regarded as a fundamental human right and a lifelong process.

15. Over the previous 10 years, the Government had implemented a number of education projects for underserved communities in remote areas. It had received funding from the Global Partnership for Education and other partners to implement the education sector programme for the period 2021–2023, which had focused on basic education for children from disadvantaged communities in the Anseba, Gash Barka, Northern Red Sea and Southern Red Sea Regions. The three main objectives under the programme were to increase equitable access to general education by building new pre-primary, primary and special educational school facilities, to improve the quality and relevance of education at all levels by reviewing the school curriculum, providing the necessary teaching and learning materials and training teachers and to strengthen the institutional capacity and management of the education system, including by using information and communication technologies to help the Ministry of Education better monitor and evaluate the delivery of education services and make evidence-based decisions.

16. Pre-primary education was provided to children 4 and 5 years of age in formal kindergartens and informal community care centres or rural community children's centres. The centres were located mainly in remote areas, and the teachers were selected from the local communities. Pre-primary education was also provided in pre-primary schools attached to primary schools, using the same classrooms and teachers. Net enrolment in pre-primary schools, 21 per cent, was very low, so the Government was working with the Global Partnership to provide funding to improve the sector and thus increase enrolment.

17. Funding had also been allocated to increase the enrolment of girls, particularly disadvantaged girls living in remote areas. The Government had, in addition, launched a programme to facilitate access to education and keep girls in school, and to increase the number of female teachers, particularly in rural areas, as they could serve as role models for girls.

18. Girls were not subjected to sexual violence in the education system. Such violence was not a problem in Eritrean schools, as the values, culture and traditions of the people

protected girls from such acts. The Government continued to conduct campaigns against early marriage, which disrupted girls' education, particularly in remote areas. Efforts by relevant ministries and regional authorities had resulted in a gradual reduction in early marriage.

19. The literacy programme run by the Government over the previous three decades had led to an increase in the literacy rate. The majority of the participants in the programme were women. A comprehensive literacy survey was under way, and the exact literacy rate would be provided to the Committee in due course.

20. The 2011 National Education Policy emphasized the importance attached to the provision of free, compulsory basic education, the use of mother-tongue instruction in pre-primary and primary education, complementary elementary education for children who had not enrolled in elementary school at the right age, adult literacy and the expansion of opportunities for secondary and tertiary education. Under the complementary elementary education programme, out-of-school children between the ages of 9 and 14 were taught a condensed three-year curriculum to enable them to catch up with other children.

21. Local communities had traditionally made significant contributions to schools, including by volunteering their time and providing support in cash or in kind. Although parents contributed a small amount of money to education, the amount was minimal. School supplies, such as pens and exercise books, did not cost more than US\$ 5 a year, for example. School uniforms, which were not compulsory in some remote areas and villages, cost less than US\$ 10. Many schools in remote areas also had school meal programmes. The children living in areas that had no middle schools could continue their middle school education at boarding schools opened by the Government.

22. The Government had also developed early childhood development standards to guide the provision of childcare and education services. In 2024, some 3,000 teachers had received in-service training to improve their skills, for which they had been awarded diplomas and certificates. Teacher training was a continuous process intended to ensure that the education provided in the country's schools was of high quality.

23. According to the most recent data, the dropout rate in Eritrea for the 2022/23 academic year was 3.6 per cent, with a rate of 6.6 per cent at the middle school level and 8.8 per cent at the secondary level. A major reason for the increase in the dropout rate as the level of education increased was poor access to schools, especially for girls. Secondary schools were often far from students' communities and difficult to reach. Another reason was families' fear of sending their girls to distant schools. The Government had therefore made efforts to expand access to boarding schools. Every year, it also opened new secondary schools in remote areas. However, it would take time and resources to fully address the problem. There were also ongoing efforts to raise awareness of the issue among local communities. Civic education and human rights education had been introduced into the curriculum at all levels of education.

24. Eritrea provided for inclusive education for children with disabilities, who mixed with and received support from other students. They also participated in school sports and cultural activities and competed in various events. As President of the National Paralympic Committee, he himself was involved in organizing sports activities, including special classes for children with Down syndrome and autism. There was a school for blind students in Asmara, where sporting events and competitions were also organized. There were also two schools for deaf children, and a new one was under construction. The schools had been expanded to include middle-level education. He hoped that the education system for deaf and blind children would be able to extend education to secondary level in the future.

25. **A representative of Eritrea**, noting that the development strategy pursued by the Government, one of the objectives of which was to achieve social justice, had yielded tangible results, said that efforts to ensure that the strategy prioritized the needs of historically marginalized and disadvantaged segments of society had contributed to social harmony and cohesion. Eritrea had managed to preserve peace and stability despite its limited resources and history of challenges as a result of a programme of national service that had been introduced in 1992 and undergone changes in 1995. National service made it possible to ensure national security, promote development, raise human capital, instil key social and

cultural values in participants and foster national cohesion among people of different ethnic backgrounds. Both male and female participants who had turned 18 and completed twelfth grade education were eligible to serve. Until 1998, when war had broken out between his country and Ethiopia, national service had comprised 6 months of military training and 12 months of social service. That it had been necessary until 2018 for the duration of the period of service to remain extended was due in part to the inaction of the international community, which had failed to press Ethiopia to accept the verdict of the Eritrea-Ethiopia Boundary Commission. National service had been mischaracterized as involving conscription and forced labour by actors who wished to deny its status as a critical national institution that, not exclusively military in nature, had contributed significantly to the country's unity and development.

26. The exodus of young Eritreans over the previous 20 years was the result not of national service obligations but, to some extent, of challenges related to development and human rights that the Government acknowledged and had been striving to address; above all, however, it was caused a policy of strategic depopulation that had been put in place by Administrations of the United States and its allies to deprive the national service programme of young Eritreans by systematically granting them asylum. The main instrument of that policy had been the Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from Eritrea issued in 2009 and 2011 by the Office of the United Nations High Commissioner for Refugees, which had allowed its actions to be influenced by the powerful donors on which it was dependent; the Guidelines had been accompanied by campaigns encouraging young Eritreans to emigrate.

27. The extensive misinformation that Western countries had disseminated to vilify Eritrea included the most recent report of the Special Rapporteur on the situation of human rights in Eritrea ([A/HRC/56/24](#)), which a member of the Committee had alluded to. For years, the Government had expressed the view that the Human Rights Council had appointed the Special Rapporteur and renewed his mandate for political reasons.

The meeting was suspended at 11.35 a.m. and resumed at 11.50 a.m.

28. **A representative of Eritrea** said that the duration of secondary education had been extended from three years to four following a comprehensive review of the curriculum by the Ministry of Education in 2003. Under the revised programme, the twelfth and final year of pre-university education was held at Warsay Yikealo Secondary School at Sawa Education and Training Centre. Placing all students at one secondary school for that year helped to create a level playing field and a higher level of competition for the secondary education certificate examination. Students in or entering their twelfth year performed national service for a total of four months, including one month in August, before the start of the year, and three after they had completed the academic year and taken the examination. Warsay Yikealo, which was administered by the Ministry of Education, did not fall under the responsibility of the Sawa National Military Service Centre; the two different activities took place under different administrative bodies, and there was therefore no militarization of education. Students who did especially well on the examination could attend institutions of higher learning, while students who did less well could attend a centre for technical and vocational education at Sawa Education and Training Centre. Those who did not do well enough to attend either type of institution were given the opportunity to study for a year to gain practical skills at a recently established vocational centre before entering the labour market.

29. National service had been introduced for legitimate national defence reasons, including the need to ward off the existential threats that the country had faced alone for some 30 years. Although they could be called up as reserves in the event that war broke out, people who had completed the obligatory 18 months of national service had no other obligations during peacetime.

30. **A representative of Eritrea** said that agriculture and food security were the key priorities of the country's development agenda. Since 2021, the Government, which had initially focused on achieving food security, had prioritized ensuring that all persons enjoyed access to nutritious and safe food. Emphasis was placed, too, on narrowing gaps between rural and urban areas and the centre of the country and its periphery. Under a strategic action plan for the period 2024–2028, farmers were integrating efforts to ensure sustainable

livelihoods and utilize agribusiness support into their work. Her country was committed to creating a technologically advanced, efficient, competitive and sustainable agricultural sector that contributed to food and nutrition security, economic growth and improved livelihoods for Eritrean society and the well-being of children in particular.

31. The Minimum Integrated Household Agricultural Package, a recently introduced initiative, had empowered the rural community and promoted the principle of self-reliance in addition to contributing to the development of the Eritrean economy and household food security. Efforts had been made in 2019 to develop small- and medium-scale trading in surplus food products produced at home, which had improved living standards for children in particular.

32. The National Union of Eritrean Women had been mandated by the Government to organize and empower the community, women in particular, to acquire the knowledge and skills that were needed to help ensure the comprehensive development of the child. Since 2023, training in making a formula for children between 6 and 24 months of age from locally produced grains, oilseeds and beans had been provided throughout the country.

33. Every community had built a dam that had helped to make water sustainably available, while irrigation was making it possible to grow crops not only during the rainy season but also throughout the year. Efforts to conserve soil and water had resulted in a 5 per cent increase in vegetation cover. Fruit production had increased greatly, while vegetable production had increased by 60 per cent; dairy, poultry and honey production had also increased significantly. Agricultural crops now accounted for between 60 and 70 per cent of the food consumed by the population, while animal products accounted for between 30 and 40 per cent. The National Union of Eritrean Women was conducting awareness-raising activities to encourage communities to feed children the fish present in many recently built reservoirs.

34. The Government was also committed to combating poverty by improving the provision of energy, especially in rural areas. The distribution of electricity to many parts of the country had improved; in Asmara, generation capacity had increased significantly. Solar panels, biogas and other sources of energy were being drawn on to remedy energy shortages. In combination with improved access to quality healthcare and education and efforts to ensure the equal participation of women in political, social, cultural and economic life, such efforts were significantly improving the quality of people's lives.

35. **A representative of Eritrea** said that children were protected from participation in hazardous and other forms of child labour under the Labour Proclamation of Eritrea No. 118/2001 and other mechanisms and that no cases of child labour had been reported by labour inspection officials, social workers or the police. While it was traditional in Eritrea and other African countries for children over the age of 10 to take part in the work of their families as a form of contribution and apprenticeship, such activities did not affect children's educational opportunities.

36. In its efforts to help children in street situations, the Government prioritized raising awareness of the issue among families and communities and providing vulnerable children with educational support. Disadvantaged families had been provided with social assistance through the United Nations Children's Fund (UNICEF) and the United Nations Development Programme. Children over the age of 15 were invited to undertake vocational and skills training, the age-appropriateness of which was monitored by the Ministry of Labour and Social Welfare. More than 400 social workers offered guidance and consultation to children who were at risk of finding themselves in street situations. While the number of children in such situations in Eritrea was difficult to calculate, the Government had, with the help of UNICEF, provided assistance to 7,320 vulnerable children and children in street situations in the first half of the 2024/25 academic year.

37. The country's fourth periodic report ([CRC/C/ERI/4](#)), which had been widely distributed, contained a section on the implementation of the Optional Protocol on the involvement of children in armed conflict and the Optional Protocol on the sale of children, child prostitution and child pornography. Any request for a delegation of a United Nations agency to visit Eritrea should be made through the appropriate channels.

38. **Ms. Ayoubi Idrissi** (Country Task Force) said that the delegation had misunderstood her question about the threat of sexual violence faced by girls. She wished to hear about the threat that girls faced on their way to school rather than at school. As many schools were dependent on the support of the surrounding communities, she would be grateful to know how the State party ensured that schools were able to continue operating in the long term. She would be interested to know, too, whether the Sawa Education and Training Centre was a school or a centre for compulsory training, whether children attending the Centre had access to a complaints mechanism and, if so, what action was taken in response to complaints.

39. **Ms. Aho** (Country Task Force) said that she would welcome further information on the staff of the rehabilitation centres for offenders and the minors who attended the centres to receive care. She wished to know what measures were taken to prevent people from defecating in the open air, to ensure access to drinking water and to prevent and treat cholera. It would be interesting to hear about any steps being taken to ensure the widespread use of insecticide-treated mosquito nets. She wondered whether the Government's policy of recommending that young people should abstain from sexual activity was really effective as a means of preventing the spread of HIV/AIDS and whether it might consider encouraging them to use contraception.

40. **Ms. Otani** (Coordinator, Country Task Force) said that she wished to know whether girls who became pregnant were able to continue attending school and whether any support was provided to pregnant girls who dropped out of school. She wondered at what age children began attending boarding school and the Sawa Education and Training Centre and whether any measures were taken to ensure that children did not undertake military service.

41. **Ms. Beloff** said that she wished to know what body of laws was used in dealing with children in conflict with the law, whether children in conflict with the law were deprived of their liberty, whether they were tried alongside adults and what measures, if any, were being taken to ensure differentiated treatment for children in conflict with the law.

42. **A representative of Eritrea** said that articles 48–56 of the Transitional Penal Code addressed the question of criminal responsibility. Article 48 provided that persons were not responsible for their acts under the law when, owing to age, illness, arrested development or impairment of their mental faculties, they were incapable of understanding the nature or consequences of their acts. The age of criminal responsibility established in law was currently 12.

43. Under the Transitional Penal Code, special procedures applied to young offenders between 12 and 15 years of age. Article 53 provided that young persons must not be subject to the ordinary penalties applicable to adults or held in custody with adult offenders. The Transitional Penal Code, which set out a number of alternatives to detention for young offenders, established the circumstances in which they might be fined or incarcerated. Young offenders must not be tried in public proceedings or in absentia.

44. The rehabilitation of young offenders was prioritized over punitive measures in order to facilitate their integration into society. The Transitional Penal Code and the Transitional Criminal Procedure Code outlined specific procedures for handling cases involving minors. Custody was used only as a last resort. Young persons deprived of their liberty had access to educational programmes to promote their development. Article 174 of the Transitional Criminal Procedure Code mandated the appointment of advocates for minors if no parent, guardian or representative was available. The Government covered the fees for engaging such advocates. There were no disaggregated data on cases involving child victims of trafficking in persons. Trafficking in persons was non-existent in Eritrea but was established as an offence in the Transitional Penal Code.

45. **A representative of Eritrea** said that the Government provided bed nets to all persons, free of charge, especially in parts of the country where malaria was endemic. According to a recent survey, 76 per cent of children under 5 had slept under bed nets the night before the survey had been conducted. The use of bed nets and insecticide in homes had reduced the rates of morbidity and mortality caused by malaria. A programme to eliminate open-air defecation was being implemented in rural villages. As a result, over 90 per cent of villages had declared themselves free of that practice. The spread of waterborne diseases was expected to decrease owing to the significant investment in dam construction.

46. Although young people were taught about contraception, greater emphasis was placed on encouraging them to delay the age at which they first had sexual relations, as that approach was in line with the country's traditions and religious practices. The success of the strategy was demonstrated by the fact that, according to a population health survey conducted in 2010, no boys or men aged between 15 and 24 had been HIV-positive. The same results had been obtained in more recent studies.

47. **A representative of Eritrea** said that some parents prevented their daughters from attending school for fear that they might be subjected to sexual violence. As the culture of Eritrea was generally very conservative, girls who entered into early marriages tended to drop out of school. However, efforts were made to ensure that such girls continued their education. Pregnant girls were allowed to remain in school and, in some cases, went on to higher education. The minimum age at which children were allowed to attend boarding school was 14.

48. **A representative of Eritrea** said that the Sawa Education and Training Centre had evolved significantly over the years. Although it might have started out as a military facility, it was now a vocational training camp that included a school.

49. **A representative of Eritrea** said that appropriate measures were taken, including by the courts, to deal with any act of violence committed against persons attending the Sawa Education and Training Centre. Standardized reporting and monitoring mechanisms were in place to protect young persons performing national service, including women. The Committee might consider using the term "national service" rather than the term "conscription", which was a misnomer.

50. **A representative of Eritrea** said that alternative measures were used to deal with young persons who violated the law regulating same-sex relationships. Young persons were not subject to ordinary penalties or held in custody with adult offenders.

51. **Ms. Otani** said that the Committee noted the importance given to the family and the community in Eritrea. As children were raised in families and communities, it was essential to ensure that they were aware of the rights of the child. For that reason, the Committee advocated the mainstreaming of the rights of the child and hoped that the State party's Comprehensive National Policy for Children would continue to be implemented in a manner that promoted such mainstreaming. The Committee had adopted a statement on article 5 of the Convention to highlight the fact that parents played an essential role in caring for children and had a duty to uphold their rights.

52. **A representative of Eritrea**, thanking the Committee for the constructive dialogue, said that the Government would continue to make efforts to protect the rights of the child. He hoped that the Committee had gained an understanding of the major challenges that the authorities faced in implementing the Convention.

The meeting rose at 1 p.m.