



Convention on the Rights of the Child

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Summary record of the 1989th (Chamber A) meeting

Held at the Palais Wilson, Geneva, on Wednesday, 20 May 2015, at 10 a.m.

Chairperson: Ms. Aldoseri (Vice-Chairperson)

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In the absence of Mr. Mezmur (Chairperson), Ms. Aldoseri (Vice-Chairperson) took the Chair.

The meeting was called to order at 10 a.m.

Consideration of reports of States parties (*continued*)

Fourth periodic report of Eritrea (continued) (CRC/C/ERI/4; CRC/C/ERI/Q/4 and Add.1)

1. *At the invitation of the Chairperson, the members of the delegation of Eritrea took places at the Committee table.*

2. **Mr. Fessehaie** (Eritrea), said that, as promised, he had brought with him the national report on Eritrea prepared in 2013 by the Working Group on the Universal Periodic Review (A/HRC/WG.6/18/ERI/1) of the Human Rights Council. In the report, the Working Group discussed the prevalence of female genital mutilation/cutting in Eritrea. A table in it showed that 83 per cent of all women, 33 per cent of all girls under the age of 15 and 13 per cent of all girls under the age of 5 had been subjected to female genital mutilation – indeed, a national crisis. Female genital mutilation had been outlawed, and measures were under way to eradicate it.

3. Turning to the matter of children with disabilities, he said that the approach of the Government was to raise awareness among communities and families of the plight and needs of such children. An important goal was to ensure that all children with disabilities were able to attend school. Most importantly, the children must be able to see themselves as dignified human beings with access to the same opportunities as everyone else. For that, social attitudes in Eritrea needed to change.

4. Many health education programmes were being conducted throughout the country to support children with disabilities. The development partners, notably UNICEF, were training volunteer health workers at the grass-roots level. Orthopaedic appliances, such as crutches and wheelchairs, were available free of charge. Efforts were being made to accommodate all types of impairment, including speech and hearing impediments, in order to enable children to actively engage in all areas of life. Among related programmes of interest was one in which children with disabilities were provided with donkeys to take them to and from school.

5. **Mr. Tesfaselassie** (Eritrea), replying to a question raised about budgetary allocations for children's health, said that funding was needed to provide preventive health, treatment, rehabilitation and health promotion services, as well as equipment and medicine and training for health staff. As a matter of policy and strategy, the Ministry of Health sought to provide comprehensive services to every child. Hospitals offered preventive care services for children on certain days of the week. While the Government of Eritrea contributed to coverage of national health costs, much of the funding came from international organizations.

6. **The Chairperson** asked what portion of the national budget was allocated for health services.

7. **Mr. Tesfaselassie** (Eritrea) said that his delegation did not have that information. When international organizations set up operations in Eritrea, they brought their own infrastructure, equipment and medicines; the Government was not in a position to know how much they had spent on the services they provided. If necessary, that information could be obtained.

8. As for the question raised about infant mortality, he said that the Ministry of Health was developing a programme that focused on safe delivery and prenatal care; adolescent

reproductive health; comprehensive treatment of child and neonatal illnesses; immunizations for children; and the nutritional needs of the child. The Ministry and its partners were working to reduce mortality rates among unborn children, infants, small children and mothers. Considerable progress had already been made, and the Government believed that its targets for 2016 were realistic and attainable.

9. As for polio, there had been no new cases in six years and the vaccine coverage rate had reached 99 per cent. The prevalence rate of HIV/AIDS in Eritrea was less than 1 per 100,000 population, which was better than the target in the Millennium Development Goals. There was a plan to provide antiretroviral prophylaxis to all Eritrean children. A coverage rate of 85 per cent had been attained and it was hoped that a rate of 100 per cent would be reached by 2017.

10. Ensuring access to clean water was an important goal for Eritrea. Progress had been made in rural and urban areas in improving water quality to meet international standards. As for environmental sanitation and personal hygiene, the outdoor “open defecation-free” project launched by UNICEF had had considerable success. Latrines had been introduced into communities and families persuaded to take an interest in the initiative. Certain villagers were now demanding that latrine use by all should become the norm in their communities. Improving food security and food handling practices was another facet of the Government’s national health promotion programme. Awareness-raising campaigns were under way in almost all regions, and the staff of the Ministry of Health provided technical advice on those matters.

11. With a view to reducing maternal and infant mortality, the Ministry of Health had established 45 maternity waiting homes in or near hospitals to house women from isolated areas who were waiting to give birth. Training in emergency obstetric care, including the performance of such procedures as caesarean sections, was being given to midwives and mobile phones were given to health-care staff to support emergency preparedness in the maternal health domain.

12. **Ms. Aho Assouma** (Country Rapporteur) asked if the Government covered the costs of such procedures as caesarean sections, how women reached hospitals, and whether measures were under way to combat noma by reducing the incidence of malnutrition. She said that she would also like to know what was being done to encourage breastfeeding and whether the sale of maternal milk substitutes was punishable by law.

13. **Mr. Tesfaselassie** (Eritrea) said that health care in Eritrea was essentially free of charge, although there were nominal charges for registration in the health system. Caesarean sections and other procedures were completely covered. The maternity waiting homes had been set up to spare pregnant women from travelling long distances to receive the medical care they needed. No cases of noma had been reported recently in Eritrea. It was important to remember that noma was linked not just to malnutrition but also to oral hygiene. The Ministry of Agriculture was spearheading efforts to eliminate malnutrition through enhanced food production and food security; those were top priorities.

14. **Ms. Aho Assouma** asked whether the delegation could provide details about the plan to eliminate malnutrition.

15. **Mr. Tesfaselassie** (Eritrea) said that malnutrition levels had been assessed during a period of drought in 2010. As of 2014, the levels had fallen to some extent. The campaign to eliminate malnutrition included promotion of breastfeeding, therapeutic feeding programmes, the provision of vitamin-enriched foods, and the provision of vitamin A and iron supplements to children.

16. **Ms. Sandberg** (Country Rapporteur) asked if there was still a food shortage in Eritrea, whether food prices had risen, and whether food rationing was in place.

17. **Mr. Fessehaie** (Eritrea) said that there was no food rationing in Eritrea. The Government provided low-cost food at subsidized prices to those living in disadvantaged areas. The food could only be purchased with a coupon and was limited to a certain quantity per coupon-holder. The same food could be purchased at the regular price in any quantity on the open market.

18. **Mr. Tesfelasie** (Eritrea), replying to a question about training of human resources, said that there were many new graduates of the medical school and the nursing school, as well as new pharmacists, laboratory technicians, x-ray technicians, and other health-care personnel. All those persons were employed by the Ministry of Health, not by private employers. Refresher courses were given to health care staff, and specialized postgraduate training opportunities were also made available to them. Many of the country's medical staff came from countries such as Italy, Germany and Switzerland. There was a need for the necessary skills to be transferred to Eritreans.

19. **Mr. Hailemariam** (Eritrea) said that, following action on the part of the Government, the proportion of schools with potable water had passed from 10 per cent to 60 per cent. All new school buildings had separate latrines for boys and girls and action was being taken to build separate latrines in existing schools.

20. **Mr. Fessehaie** (Eritrea) said that all persons living with HIV/AIDS and family members received assistance through the Ministry of Health and the Ministry of Labour and Human Welfare. A long-term strategy was being implemented by the Government, with the support of UNICEF and the Global Fund, to support those persons. The Global Fund also provided monthly cash sums to offer them nutritional support. The Government's approach to the issue was largely based on involvement of the family and community.

21. Street children were considered as part of a broader category of children in difficult circumstances. The Government took the view that the family provided the most appropriate setting for a child's psychological and social development. Families, communities and schoolchildren were sensitized to the dangers of drifting onto the streets by governmental and civil society organizations such as the National Union of Eritrean Women.

22. **Ms. Sandberg** asked whether the requirement to perform military service, in exchange for low wages, was not instrumental in forcing children onto the streets.

23. **Mr. Fessehaie** (Eritrea) said that children in difficult circumstances and who risked drifting onto the street received counselling from social workers trained at UNICEF-funded colleges. They were given money to buy school materials such as textbooks and uniforms. Under a pilot project that had been running for three years, 80 boys and 20 girls who were already on the street had received education, rehabilitation and vocational training. Twelve boys and eight girls had passed their examinations and returned to their communities to continue their education.

24. Military service was a national duty: Eritrea had struggled hard to achieve independence, a large part of its territory remained occupied and the country had to defend its sovereignty. Nonetheless, the Government was looking into ways to reduce the length of national service. It was true that people doing national service received low wages but, for the previous two years, the Government had been subsidizing their families' food.

25. **Mr. Gurán** said that he wished to receive an answer to his question about alternative family care and the placement of children.

26. **Ms. Aho Assouma** asked what medical and psychological care was available for street children who had been subjected to violence. She said that she wondered whether providing counselling rather than financial support might be a more appropriate way to address the mental health issues faced by child victims of sexual exploitation. She wished

to know how the justice system dealt with perpetrators of child abuse, particularly when they were members of the victim's family. She would welcome information about the human and financial resources available for reintegrating street children into schools or for providing them with access to income-generating activities.

27. **Mr. Fessehaie** (Eritrea) said that education and health care were available to everyone, including the most disadvantaged and children in difficult circumstances. Children with psychological issues, including abuse victims, could be referred to mental health professionals. The Ministry of Labour and Human Welfare referred cases of child abuse to the Attorney General's Office. Administrative structures were in place to identify the most disadvantaged groups. However, resources were limited.

28. **Mr. Hailemariam** (Eritrea) said that the authorities did not imprison street children but tried to help them, restore them to their families and give them educational support and vocational training. He was aware that the financial support given to families would not resolve the problems that the children faced, but it was, nonetheless, important, because many of them were forced onto the streets out of sheer poverty. The Government was doing its best but was working with very limited resources. There was no logical link between conscription and the phenomenon of street children. In many families around the world the main breadwinner was in military service but the children did not end up on the streets.

29. **Mr. Nelson** said that, while perpetrators of abuse were dealt with by the justice system, victims could be helped by a specialized entity such as those found in a number of countries around the world. He wished to know whether Eritrea had an agency or NGO that dealt with that matter.

30. **Mr. Fessehaie** (Eritrea) said that children in difficult circumstances received support from the Ministry of Labour and Human Welfare. Experience had shown that psychological and social healing was more effective and sustainable when provided in the community and the extended family.

31. **Mr. Nelson** said that such a system might not be effective if the perpetrator was a family member. He asked whether detailed statistics on sexually abused children were available, as the periodic report simply stated that most of them were juveniles in the 16–18 age bracket.

32. **Mr. Hailemariam** (Eritrea) said that accurate statistics were not available. It was difficult to gather data, especially when abuse took place within families. Social workers in communities provided psychosocial support in the form of counselling.

33. **The Chairperson** asked how counselling services could be effectively organized in the absence of accurate data.

34. **Mr. Hailemariam** (Eritrea) said that that the lack of statistics was not an impediment. It was known that abuse took place, especially in urban areas. When it became apparent that an incident had occurred, the counselling system could be activated.

35. **Ms. Aho Assouma** said that, although it might be difficult to provide statistics on abuse within families, it should be possible to do so for cases which reached the justice system. Such data could be used to identify ways of combating the phenomenon. She asked whether there were campaigns to encourage families to speak out about abuse.

36. **Ms. Sandberg** asked for confirmation that the exculpatory clause referring to "reasonable chastisement" had been removed from the Criminal Code and that corporal punishment had been completely banned in homes, institutions and as a punishment for offences. She asked the delegation to comment on reports that children from unrecognized religious minorities had been denied identity documents and that the practice of recruitment of minors in military service was continuing. The Committee had also received information

about mandatory children's summer camps which seemed to amount to a kind of labour programme and it had heard reports of the children being abducted and smuggled by the military with the help of government officials.

The meeting was suspended at 11.30 a.m. and resumed at 11.55 a.m.

37. **Mr. Fassil** (Eritrea) said that he understood chastisement to mean reprimanding a child verbally rather than physically.

38. **Ms. Sandberg** said that the term "reasonable chastisement", as used in English law, did allow for corporal punishment to be used to discipline children.

39. **Mr. Fassil** (Eritrea) said that corporal punishment had been permissible under earlier legislation but had subsequently been outlawed. All members of Eritrean society had participated in the struggle for liberation and no religious minorities suffered persecution.

40. **Mr. Nelson** said that the Committee had received reports about persecution of Jehovah's Witnesses.

41. **Mr. Fassil** (Eritrea) said that the attitude of Jehovah's Witnesses was rather peculiar. Those persons refused to fulfil their legal and constitutional obligations to defend their country and did not recognize the authority of the State, but they were not unwilling to appeal to the national authorities of other States. While the Government could not overlook such behaviour, it did not penalize child Jehovah's Witnesses in any way.

42. **Ms. Sandberg** said that she took issue with that portrayal of a religious group. In other countries with compulsory conscription, certain religious groups could legitimately refuse to perform military service on the grounds of conscientious objection.

43. **Mr. Fassil** (Eritrea) said that the attitude of Jehovah's Witnesses was difficult to accommodate in Eritrea, which was in a "no-war, no-peace" situation. The country was compelled to defend its sovereignty and territorial integrity with a small army against an external enemy.

44. **Mr. Nelson** asked whether a person could object to performing military service on the basis of religious belief.

45. **Mr. Fassil** (Eritrea) said that, as a point of order, the questions of the Committee should focus on issues concerning children. Children from religious minorities did not suffer persecution.

46. **Ms. Sandberg**, noting reports that children had been recruited into the military, asked what was the minimum age for enlistment in national service.

47. **Mr. Fassil** (Eritrea) said that while persons under 18 may have mistakenly been enlisted in the army, national service began at 18 years of age. Persons under 18 were not recruited to perform national service.

48. **Mr. Nelson** asked what was the age of criminal responsibility.

49. **Mr. Fassil** (Eritrea) said that the age of criminal responsibility had been raised from 9 to 12 years under the recently amended Criminal Procedure Code. Children under the age of 12 who broke the law were immune from prosecution and, therefore, could not be charged with a criminal offence. The courts had the discretionary authority to hand down non-custodial sentences to young offenders over 12 years of age. Sentences could include mandatory participation in a rehabilitation programme or community service. While young offenders could be prosecuted, they could not be sentenced to death or to life in prison. They were not liable to mandatory minimum sentences. The maximum prison sentence for young offenders was 10 years, and young offenders were eligible for release on parole after serving 6 months in a custodial facility.

50. **Mr. Nelson** asked whether there were specialized juvenile courts in Eritrea. He said he also wished to know whether girls and boys were detained in separate institutions and young prisoners kept separate from adults.

51. **Mr. Fassil** (Eritrea) said that there were no specialized courts as such. However, judges were fully qualified to handle juvenile cases.

52. **Ms. Sandberg**, joined by **Ms. Khazova**, asked whether the criminal procedure law mentioned earlier, which would allow for improvements to be made to the juvenile justice system, had already entered into force.

53. **Mr. Fassil** (Eritrea) said that the Criminal Procedure Code had been promulgated on 15 May 2015 and had entered into force on the same date. He added that the legislation that Eritrea had in place when it gained independence — a legacy of its enemies — required a number of amendments. Under the new Code, young offenders had the right to be heard in court. Young prisoners were kept separate from adults. Furthermore, a range of alternatives to prison sentences had been introduced.

54. **Mr. Hailemariam** (Eritrea), responding to a concern raised earlier about mandatory summer work camps for schoolchildren, said that the work done by the children in the summer camps was in no way arduous. The work programme took full account of children's physical capacities and best interests. It mainly involved tasks such as planting trees, cleaning up public places and performing other community services. It could not be construed as child labour that involved forcing children to perform paid work. The work was part of a learning process designed to prepare children to take on further responsibilities as members of the community.

55. **Ms. Sandberg** asked whether the summer camps left the children with time for a holiday and whether participation was mandatory.

56. **Mr. Hailemariam** (Eritrea) said that all children were indeed obliged to participate in the work. It was inaccurate, however, to refer to the programme as being conducted in "summer camps". There were no such camps, and the work was done close to children's homes, where they returned every day for lunch.

57. Turning to the question of elementary school enrolment, he said that while the educational indicator for 2011 — an enrolment rate of 57 per cent — painted a rather bleak picture, the situation was actually far better than had been reported. The Government had been able to collect figures that were more realistic, based on data taken from a census. The enrolment rate was not 57 per cent but nearly 77 per cent for the 2011/12 academic year and currently stood at close to 80 per cent.

58. The Government was making every effort to reduce the disparities in education between rural and urban areas, by taking affirmative action and making additional budget allocations for disadvantaged groups. There were discrepancies in enrolment by region, with primary education net enrolment rates of 98.8 and 82.8 per cent in the central and southern regions of the country, respectively, where there was a large farming population, and a rate of 48.5 per cent in the Southern Red Sea Region, which had a mostly pastoral economy. The Government placed a strong focus on investment in school supplies and facilities in areas with a large nomadic population. Some 100 schools equipped with separate latrines for boys and girls had already been built and another 100 were planned in the coming years.

59. As for there being any hidden costs of education that were preventing children from going to school, education was free of charge in Eritrea, and the Government provided support for children from poor households to help cover the costs of school uniforms and school bags. It was true that teachers had been leaving the country for economic reasons, which had meant that new ones had to be trained. Summer training and further training

courses had been offered to new teachers to help to address the shortage of staff. While Eritrea was a poor country, it did everything possible to provide teachers with the resources that they needed, including housing and access to energy from solar power sources in remote areas where there was no electricity.

60. **Ms. Aho Assouma**, noting that girls as young as 13 entered into marriage under customary law, asked what the Government was doing to ensure that all girls continued their school education.

61. **Mr. Hailemariam** (Eritrea) said that Eritrea was a traditional society and a small minority of families were reluctant even to send girls to school. The Ministry of Education had launched awareness-raising campaigns to make sure that all children received at least eight years of basic education. It was working with women's organizations and local authorities to remove impediments to participation in education, including early marriage. Schools were open to everyone, and married girls were given the opportunity to receive an education either in the formal school system or adult education system.

62. **Mr. Fessehaie** (Eritrea) said that his Government took a community-based approach to dealing with children deprived of parental care. Every effort was made to keep children with their extended families. Priority was given to providing economic support to disadvantaged families who cared for orphan children so that they could provide the children with an education, health care, food and other necessities. Only when there was no family or the family was unable to care for a child, would the child be placed in a care facility. However, children in such facilities attended school alongside other children in the community.

63. With regard to the issue of adoption, Eritrea promoted adoption in the country before other options were explored. Eritrean citizens married to foreign nationals were entitled to apply to adopt a child. Any requests for international adoption were closely scrutinized and were processed through the embassies of Eritrea abroad. While his Government was considering the possibility of acceding to the Convention on Protection of Children and Cooperation in respect of Intercountry Adoption, it was still concerned that international adoption could lead to abuse, including sexual exploitation and the sale of children.

64. **Mr. Fassil**, reverting to the issue of national service and military conscription, said that the country had gone through a terrible ordeal in its hard-won struggle for independence. National service had been introduced to safeguard the country's independence and sovereignty. A large part of the national territory was still under foreign occupation, and when young people fled the country in order to avoid military service, the national security of Eritrea as a whole suffered. The brain drain was another problem and had prompted the Head of State to appeal to the Secretary-General of the United Nations for help in tackling the issue. Some of the people leaving the country were victims of organized criminal networks which had established facilities jointly with medical staff in the Sinai Peninsula for the purpose of harvesting human organs.

65. **Ms. Sandberg** said that she commended the delegation on the detailed dialogue that it had held with the Committee, particularly on matters of health, children with disabilities and education. The delegation had provided the Committee members with a clearer picture of the Government's approach to the rights of the child. Noting the delegation's call for further cooperation at the international level, she said that the State party must show that it in turn was willing to cooperate with the international community.

66. **Mr. Fessehaie** (Eritrea) said that his Government stood ready to cooperate with the international community, as had been demonstrated by its work with the Office of the High Commissioner for Human Rights and United Nations agencies on the ground. The dialogue had indeed been a good opportunity to take stock of the progress that his Government had

made and the challenges ahead in defending the rights of the child. He found it regrettable that concerns had been raised on the basis of unsubstantiated reports and called for the lifting of the unjust international sanctions imposed on Eritrea. Lastly, he expressed his Government's strong commitment to fulfilling its obligations under the Convention.

The meeting rose at 1.05 p.m.