

**RESPONSES TO THE LIST OF ISSUES (CRC/C/Q/ERI/1) IN
CONNECTION WITH THE INITIAL REPORT OF ERITREA
(CRC/C4/ADD.12)**

The State Party wants to make note that some information is not fully submitted due to shortage of time. The report is composed of information from different institutions and, therefore, requires adequate time to get updated information.

PART I

A. Data and statistics

1. The State Party has not conducted a census of its population of the period between 2000-2002. It is, however, indicated in the initial report (See para 29) that out of 3.7 million about 50% of the population of Eritrea are children under the age of 18, of which around 18% are under the age of five years. These figures are based on local village level estimates. The formal census has not been conducted but preparations is undergoing.
2. The following tables indicate the budget allocated for social welfare of the years 2001-2003, total 2001 expenditure for education, and a general budget of allocated for health for the year 2001 and 2002. The government budget for health is a total budget and is not particularly for health care.

Budget allocation for Social welfare 2001-2003 (ERN)

Programme	Budget Description	2001	2002	2003	Total
Social Welfare	Government	14,572,867	19,529,684	24,068,403	58,170,954
	*Other resources	74,881,521	107,581,650	91,906,030	274,369,20
	Total	89,454,388	127,111,334	115,974,433	332,540,155

* Other resources include foreign aid, international NGO's, local NGO's, UN agencies and loan from World Bank.

The budget was calculated by the Eritrean currency - ERN. The exchange rate for the year 2001 was 1USD=9.2 ERN, for the year 2002 1USD=10.2 ERN and for the year 2003 1USD=13.5 ERN.

From each year's budget 40% goes to Child Protection and Family Welfare, 30% to Rehabilitation, 20% to Community Development and 10% to Research and HRD.

Education budget for the 2001 and 2002 (ERN)

2001	Region	Administra tion	Elemetary	Junior	Senior	
	Center	1,638,180	9,645,450	9,193,650	11,979,110	
	South	2,692,790	25,743,740	7,254,990	2,544,790	
	Anseba	844,520	13,828,030	1,111,570	1,520,390	
	Gash- Barka	1,266,630	17,139,170	1,154,070	1,397,710	
	Northern Red Sea	1,341,700	10,621,390	641,880	1,001,950	
	Southern Red Sea	690,260	2,226,030	451,680	394,570	
	Total	8,474,080	104,947,550	19,807,840	18,838,520	152,067,990
2002	Center	1,421,040	18,088,860	6,568,980	9,133,580	
	South	2,996,120	24,522,700	2,760,550	2,719,000	
	Anseba	943,020	9,976,980	697,550	1,276,110	
	Gash- Barka	1,365,250	19,747,360	1,128,200	1,503,840	
	Northern Red Sea	1,368,270	8,907,230	716,810	1,106,950	
	Southern Red Sea	574,190	1,617,360	209,130	452,740	
		Total	8,667,890	82,860,490	12,081,220	16,192,220

Government budget for health for the years 2001 and 2002 (ERN)

Sector	Budget description	2001	2002
Health	Government	102,694,528.55	120,692,567.83
	Donors	24,302,775.32	58,165,279.35
	External assistance received in kind	76,070,570.52	112,546,780.90
	Total	203,067,874.39	291,404,628.08

3. A full national survey on disability is being conducted at the moment. The data collection with regard to disability is completed while the data entry is not finalized. The state is willing to send full information with regard to the survey after the compilation of the study. The information that is given in the initial report could, however, be used for the moment (See para. 192-206). The specific objectives of the national survey are:

- (a) to ascertain the prevalence rate and nature of different kind of disabilities among Eritrean population and present the socio-economic background of persons with disabilities,
 - (b) to unearth the probable causative factors for childhood disabilities and other including incidences of landmine accidents
 - (c) to study the management of disabilities, and access to rehabilitation services, education and employment
 - (d) to analyze current living conditions, discrimination faced, perceptions of disabled condition and problems faced by persons with disabilities, and
 - (e) to assess the community and institutional resources and the intervention services
4. As is indicated in the initial report (See para. 377) child abuse, including sexual abuse is punishable taking into consideration the age of the child. The punishment is severe if the victim is a student of the perpetrator or is under the care of the perpetrator. Performing sexual intercourse by seducing minors between the age of fifteen and eighteen is also punishable. Although the law so strongly condemns sexual abuse of children, it is rare that the perpetrators are taken to court. This, however, does not mean that there are no criminal persecutions on child abuse. Due to shortage of time the data could not be presented. The state is concerned about child abuse and is planning to make a study in line with the midterm strategic plans.
5. The prevalence of Sexually transmitted diseases (STD) in Eritrea is not studied and there is limited reported data. It is underreported since many may be self-treated in drug stores and any other dispensaries. The total morbidity of STD in Eritrea for the year 2000 was 3,280 out of which 20 were children under five years. In 2001, there were 3183 out of which five were under five years, and in the year 2002, 3367 were infected by STD out of which 8 were under five years. The table below shows statistical data of STD infected people in relation to the regions.

Morbidity of STD in Eritrea by Region

Year	Age Group	Anseba	South	Southern Red Sea	Gash-Barka	Center	Northern Red Sea	Total
2000	> 5 years	277	716	118	985	502	662	3260
2000	< 5 years	1	6	1	4		8	20
2001	> 5 years	271	908	100	768	541	590	3178
2001	< 5 years		3		1		1	5
2002	> 5 years	183	967	78	775	870	486	3359
2002	< 5 years		5		1		1	8

With regard to early pregnancy the 2002 Eritrea Demographic and Health Survey (EDHS) indicates that 14% of women aged between 15 and 19 have become mothers or are pregnant with their first child. The following table shows the disaggregated statistical data.

Background characteristic		Mothers	Pregnant with first Child	Percentage who have begun childbearing (total)
Age	15	0.9	1.2	2.1
	16	2.2	0.6	2.8
	17	6.1	1.8	7.9
	18	19.4	4.7	24.0
	19	29.0	7.3	36.3
Region	Southern Red Sea	12.0	1.7	13.7
	Center	4.7	1.6	6.3
	Northern Red Sea	7.1	4.0	11.1
	Anseba	8.3	1.3	9.6
	Gash-Barka	17.5	2.8	20.3
	South	15.9	4.8	20.7
	Total 2002	11.0	3.0	14.0

As is mentioned in the initial report, infant mortality rate and child mortality rate is 48 per 1,000 live births and under five mortality rate is 93 per 1,000 for the year 1998-2002 (See para 148). This means a decline of 24-38 percent from previous EDHS survey of 1995. The table below indicates infant and child mortality rate in relation to gender and region.

Early childhood mortality

Background characteristics		Infant mortality	Child mortality	Under-five mortality
Child's Sex	Male	64	55	116
	Female	50	50	98
Residence	Urban	48	40	86
	Rural	62	59	117
Region	Southern Red Sea	122	74	187
	Center	39	22	60
	Northern Red Sea	78	83	154
	Anseba	37	37	73
	Gash-Barka	66	61	123
	South	58	56	111

As is provided in the initial report, the 2002 EDHS shows that 40% of children under five are underweight (-2SD) and 12% are severely underweight (-3SD) (See para. 149). This

figure increase due to the present draught condition. The table below indicates nutritional status of children under five years.

Nutritional status of children

Background characteristics		Weight-for-age (underweight)	
		Percentage below -3SD	Percentage below -2SD
Residence	Total urban	5.8	29.1
	Asmara	1.4	18.2
	Other towns	8.8	36.7
	Rural	14.3	44.9
Region	Southern Red Sea	12.1	41.1
	Center	3.5	23.4
	Northern Red Sea	18.0	51.2
	Anseba	13.2	46.7
	Gash-Barka	18.6	49.6
	South	8.3	34.6
	Total	11.5	39.6

The sever and prolonged drought has been a major threat to the survival of children in Eritrea. A large proportion of the population is still affected by the border conflict and as a result of this, quite a large number of people are still in IDP camps. In general, the latest surveys carried out by NGOs, UNICEF, and the government estimated that malnutrition levels are as high as 23% in the Northern Red Sea, Southern Red Sea and Central regions.

6. The number of people living with HIV/AIDS is 70,000 out of which 3,000 are children. The infection rate is very low when compared with other African countries, but Eritrea is still working hard to reduce the number. There is an expanded response to HIV/AIDS from non-health sectors including governmental ministries, civil society organization, private sector organization, and bilateral and multi-lateral donors. The main objectives of the multi sector response has been prevention of sexually transmission of HIV and providing psychosocial and economic support for people infected and affected by HIV/AID. The main activities include; advocacy, community sensitization, behavior change communication, condom promotion and distribution, life skills education in the school system, prevention activities targeting military populations, youth, women, commercial sex workers, and interventions at the workplace and mobile workers.

The following table provides disaggregated data of reported HIV/AIDS cases for the year 2000, 2001 and 2002. The total number of reported cases is 582.

Reported HIV/AIDS case of the year 2000.

Age group in years	Male	Female	Total
0-4	72	63	135
5-9	5	14	19
10-14	3	2	5
15-19	8	40	48
Total	88	119	207

Reported HIV/AIDS cases of year 2001

Age group in years	Male	Female	Total
0-4	62	58	120
5-9	4	8	12
10-14	2	1	3
15-19	8	37	45
Total	76	104	180

Reported HIV/AIDS cases of year 2002

Age group in years	Male	Female	Total
0-4	72	69	141
5-14	11	12	23
15-19	9	22	31
Total	92	103	195

By the end of 2002 the number of AIDS orphans registered with and receiving support from the Ministry of Labour and Human Welfare (MLHW) has increased to 719. To date provisions of psychological and economic support to people infected by HIV/AIDS has depended on MLHW, Association of people living with HIV/AIDS in Eritrea, Evangelical Church of Eritrea, Eritrean Catholic Secretariat with the support of Norwegian Church Aid, World Food Programme and the UNICEF. It is estimated that about 1,500 People living with and affected by HIV/AIDS and their families and 719 orphans have accessed support from government and non –government sources

7. There is no full data of crimes committed by minors for the period between 2000-2002. There is, however, statistical data for the year 2000. A total of 831 have been detained for different crimes. Minors who committed minor crimes (including fighting, scalding and disrespect) were sent free by counseling. The number of minor crimes reaches 2518. The table below indicates the number of minors who committed crimes and are detained.

Region	Harming persons		Total	Sexual abuse		Total	Destruction of property		Total	Other crimes		Total	Grand total
	M	F		M	F		M	F		M	F		
South	27	5	32	25	-	25	140	22	162	14	5	19	238
Center	5	-	5	6	-	6	27	3	30	7	2	9	50
Northern Red Sea	18	2	20	21	1	22	136	17	153	17	1	18	215
Southern Red Sea	-	-	-	-	-	-	-	-	-	10	-	10	10
Gash-Barka	1	-	1	1	-	1	1	-	1	40	-	40	43
Anseba	8	1	9	5	-	5	-	-	-	263	-	263	277
Total	59	8	67	58	1	59	304	42	346	351	8	359	831

8. (a) It has been mentioned in the initial report that child pornography and trafficking are not prevalent in Eritrea. There have been no documented or anecdotal evidence regarding child pornography, sale and trafficking of children (See para. 387). With regard to child prostitution, a survey is not conducted for the year 2002-2002 indicating the number of child sex workers. In the year 2001-2002 the MLHW has rehabilitated 93 commercial workers through training such as, car driving, computer operation, small-scale business. The programme is still continuing. The table below shows the number of commercial sex workers that are rehabilitated.

Region	Number of beneficiaries	Sex	Types of training and small scale business
Center	43	F	Hotel hostess
South	14	F	Small scale business
Northern Red Sea	9	F	Driving car and Electricity
Southern Red Sea	9	F	Metal work, wood work and Driving
Anseba	10	F	Driving and Computer operation
Gash –Barka	8	F	Driving
Total	93		

(b) There has been little study done to investigate the economic exploitation of children. Recently a preparation is completed to conduct a national study on child labour with the collaboration of ILO. The following table shows the employment status by sex.

Employment status by sex (EDHS 2002)

Backgro und character istics		Employment status					
		Not Employed, in school	Not employed in last month	Employed in last month	Missing	Total	Number
		Female					
Age	10-14	69.7	24.2	1.3	4.9	100.0	3,185
	15-19	43.2	47.0	9.1	0.7	100.0	2,247
		Male					
Age	10-14	76.6	15.5	3.9	3.9	100.0	3,158
	15-19	63.2	13.4	23.0	0.5	100.0	2,416

B. General Measures of Implementation

1. As is mentioned in the initial report, new laws have been drafted and old codes reviewed and reformed. The legal rights stipulated in the laws and other instruments of the country are by large compatible with the provisions of the CRC. There is, however, no new enacted legislation after the submission of the initial report.
2. The National Plan of Action for Children included programmes for 2002-2006. The Early Childhood Development Programme which consists of child health, maternal health, and Maternal and Child Nutrition are progressing accordingly. Other programmes including Basic Education Programme, Water, Environmental Sanitation and Hygiene Programme, Child Protection Programme, and Communication for Child Rights Programme are undergoing as planned in collaboration with different ministries and sectors.
3. As is mentioned in the initial report (See para 17) the National CRC committee is the body that works for the coordination of intersectional activities and information sharing. It is a committee composed of various sectors and meets at a regular base for follow up of the implementation of the CRC.
4. The National Statistics office is the body responsible in providing statistical information. The office is working on introducing a National Database to inter connect the different sectors and regions. In line with this the UNICEF facilitators conducted training on Eritrea ChildInfo Database in collaboration with UNICEF-Asmara Office. The objective of the training was to lay a foundation to start the process. It has also the objective of creating the opportunity for policy makers and other senior government and UN staff to discuss about a framework to establish a national development database and determine its location and management.

The training was conducted in September 2001 to policy/decision makers from government, UN agencies and other development partners, programme and project managers both in government and its development partners, and the Database focal point from the participating ministries, UN agencies and other partners. Another training was also conducted in Sept 2002 with all National Counterparts in Asmara.

Information and data regarding children are also collected from the CRC committee and other sectors that deal with children. There are also social workers, health workers who transform information from the sub regional level to the national level on issues related to children in difficult situations (including disabled, orphans, commercial sex workers, street children). The social workers work with the community to update those at the national level.

5. Non governmental organization participate in the implementation of policies and programmes for children. The National Union of Eritrean Youth and Students (NUEYS) and the National Union of Eritrean Women (NUEW) have participated in conducting campaign on traditional practices which are harmful for the health of the child. They also have integrated adolescent reproductive and sexual health programmes, have established youth friendly medical clinics, a peer education system and conduct outreach orientation seminars on HIV/AIDS. The NUEYS also have developed a range of programmes which use things such as sport and outdoor activities as a basis to encourage cultural understanding and unity of purpose. Vision Eritrea, a local NGO, and different UN agencies give financial and technical support for the implementation of programmes related with children.
6. The issue of children living in difficult situations (orphans/AIDS orphans, disabled, unaccompanied, displaced, commercial sex workers, those living in extremely poor situation and those affected by the present draught) is one of the issues that requires urgent attention affecting children in Eritrea. The problem affecting displaced, returnees, deported and separated children are also issues that require great attention. Child and maternal nutrition and the quality of providing good education are some of the issues that require urgent attention. Addressing these issues is the first step to reconciliation and peace.

The issue of birth registration is also an issue that needs attention. As is indicated in the initial report, municipalities and some religious institutions play a part in the registration of children. There is a law for birth registration and it is a recognized right. According to article 35-37 of the Transitional Civil Code of Eritrea, a child born shall be registered within three months following his birth. The civil status officer shall ensure that the birth-taking place within his jurisdiction be entered in the register of civil status. The problem is that there is no mechanism or established institution that backs birth registration system and its practice throughout the country. Urban areas register births for administrative purposes only, and do not keep statistical data. Thus they do not know the annual registered and births of their areas.

Understanding the need for establishing a vital birth registration system in Eritrea, there is plan of action proposed for Eritrea which require urgent attention.

PART II

The CRC has been fully translated into six local languages of Eritrea. These are Tigrigna, Arabic, Tigre, Afar, Saho and kunama. There are also summary translations of the Convention in Tigrigna and Arabic languages The texts are in hard form.

Part III

New bills or enacted legislation

The state party has not recently enacted any new legislation that has to deal with children.

New institutions

There is actually no new institution formed to deal with children matters. As indicated in the initial report (See para. 135), the MLHW offers community based group homes for orphan children who can not be reunited with their close relatives or adopted by voluntary adoptive parents. To date, 12 group homes have been built and are providing services for 132 orphan children. Six group homes are also under construction. Eight group-home mothers have been recruited and trained in childcare practices. Besides, a guideline manual for the group home mothers was finalized and put in to practice. These group homes could be considered as small institutions under the MLHW.

Newly implemented policies

The MLHW has the primary responsibility to promote, enforce, implement, monitor, inspect and report the CRC progress status. In collaboration with other ministries and the concerned parities it is responsible in formulation policies, procedures and guidelines for programmes and policies relating to children. To this effect the Ministry of Labor and Human Welfare has developed a policy on Child and Family Welfare, National policy on persons with Disability which includes Children, and National policy on prostitution.

1. The Child and Family Welfare National Policy

It is a draft proposal and aims at keeping the child health and safe. It also aims to strengthen and optimize the potential that exists in every newborn infant. The draft proposal recognizes the role played by family and, therefore, advocates for the strengthening of the family.

Among others the draft considers Early Intervention Programs (EIP), child and family health care, care and protection of vulnerable children and children with disabilities; and education

The EIP generally refers to actions taken before a child reaches school age, even as far back as the prenatal or even during early conception period. The draft policy is also concerned about child and family health. By providing access to healthcare to all children and their families treatable and preventable illness could be reduced. The draft policy deals with care and protection of vulnerable children and children with disabilities. It aims at helping disabled and socially disadvantaged sectors realize their potential, become fully integrated into the society and live a dignified, respected and happy life. The policy also aims at providing good education directed at acquiring higher academic and social achievement. It aims at providing high quality child-care. Such interventions will result in lasting benefits in helping them to succeed in schools and become responsible and productive members in society.

2. National policy of persons with disabilities in Eritrea

Families of disabled, traditional rehabilitation processes, religious institutions, modern rehabilitation services and disabled associations have contributed in providing services to the disabled. The above-mentioned institution could, however, cover a small proportion considering the number of disabled. Besides, due to the existing negative traditional practices and attitudes in Eritrean rural setting and towns, the disabled face enormous problems. It, therefore, becomes imperative to develop a national policy tailored to the country's needs.

The national draft policy includes awareness raising with the objective of eliminating traditional attitudes that hinder the disabled persons from being active in social activities and create self-confidence. It also includes rehabilitation, introducing effective health services, education, participation of persons with disabilities in cultural activities, enabling disabilities to build their physical and mental capacity, employment, enhancing family life and social customs, providing communication, research and information .

3. National policy on prostitution

This is a draft national policy with the objective of identifying and preventing the causes of sexual exploitation of women in general and children in particular. It also calls for efforts to stop prostitution. Allocating sufficient budget, preparing clear plan and monitoring system is part of the strategies.

New implemented programmes and projects

1. The Mahzal Project (orphans reunification programme 2000-2002)

Mahzel Project is a government programme for orphans' care funded by UNICEF and the Italian Cooperation in Gash Barka region. The over all objective of the project is to strengthen traditional safety of child care and protection and to support community based reunification, reintegration and psychosocial recovery processes of children in need of special protection measures living in extremely poor conditions. The project has direct and indirect beneficiaries with focus on those minors who are in extreme conditions of vulnerability (orphans/AIDS orphans, unaccompanied, displaced and deported children).

Some of the main strategies include advocacy for the implementation of the CRC, underlining all efforts to rehabilitate and assist children in need of special protection measure; desk review for the compilation of existing data on disadvantaged children. and strengthening institutional capacities to better assist local communities in managing traditional safety nets of child care and protection. The project's activity includes capacity building a support to decentralization, CRC advocacy and assistance to reunification processes, socio-economic assistance to host families and monitoring and evaluation. The total budget for the activities including technical support costs and indirect programme support costs was \$3,512,324 and the project has been implemented as planned.

2. Eritrean Integrated Early Childhood Development Program (IECD)

IECD is a five year (2001-2005) programme funded by 49 million dollars of which 40 million is funded by the government of Eritrea (a loan from World Bank) 5 million from the Italian government and 4 million, the contribution of the State of Eritrea..The objective of this programme is to improve development context children under age six, expand access to and improve quality of services, provide support to children in specially difficult situation, improve life skills and health of children in primary schools, and promote overall socio-economic well-being through early childhood investment. The programme is multi-sector involving six ministries, NGO'S and the University of Asmara. The MLHW is implementing its activities in this programme on the component of Children in Need of Special Protection Measures. In the year 2001-2002 it has accomplished orphans reunification, provided assistance to host families, built group homes and placed orphans in group homes, provided training for group home mothers, participated in orphans' adoption, prepared guide and training materials, trained staff and held conferences and meetings.

With regard to Early Childhood Education (ECD), the Ministry of Education has completed design for kindergartens and resource centers, recruited kindergarten teacher, a study on the competence of elementary school children has been conducted, kindergarten thematic curriculum have been translated into the different languages; and ECD needs assessment study has been carried out. These are some of the activities carried out.

3. The ‘Say Yes for children’ Campaign

Eritrea is committed to the goals of United Nations General Assembly Special Session for Children (UNGASS). Accordingly, in 2001 it organized a very large campaign with the theme ‘Say Yes for Children to contribute invaluable support to the Global Movement for Children. The campaign focused on ten priority issue of children. The main objective of the campaign was to raise awareness among citizens of all walks of life on children’s right and to better understand the means affecting society and determine ways they can contribute to address the challenges. The result of the votes identified education for every child (62%) as the priority issue for children in Eritrea followed by fighting HIV/AIDS (58%). Caring for every child (43%) was identified as a third issue.

4. School Health Sub Programme

The United Nations Population Fund (UNFPA) is currently supporting the Government of the state of Eritrea to implement a comprehensive Reproductive Health Sub Programme. A key component of the sub programme is the School Health with specific focus on adolescent reproductive health (ARH), which is being implemented by the Ministry of Health in Collaboration with the Ministry of Education and other partners. The School Health – Peer Approach to Counseling and Education (PACE) will address issues on Reproductive Tract Infection (RTI),/STI/HIV infections among adolescents, teenage pregnancy among 14-19 year old adolescents, early marriage and its related complications, female genital mutilation, and access to information and services appropriate adolescents.. Potentially, PACE is planned to reach about 142,000 adolescents and 2738 teachers with adolescent sexual and reproductive health (ASRH) counseling, behavior change messages and appropriate reproductive health RH service between 2003-2006. The ministry has prepared a strategic framework and it will soon start implementation.in few months time.

5. Child Health Progrmme

Eritrea has introduced an Integrated Management of Childhood Illness (IMCI) approach to its health system with the objective to improve the quality of care provided under five years of age at health facility and house hold levels; and to empower communities for improvement of community and family practice to promote child health and development and prevent morbidity and mortality. At the moment Eritrea is in the introduction phase of IMCI implementation. The programme is funded by the State of Eritrea, TASK USAID, UNICEF, WHO, and World Bank.

6. Girl’s Education Project (GEP)

GEP is a project funded by the State of Eritrea and UNICEF. It focuses on reducing gender, geographic disparities, and cultural barriers in primary education though policy development and planning for girls’ education. Its main objective are to increase girl’s enrollment, reduce the drop out rate for girls, narrow the gender gap in performances, and

reduce the percentage of nomads, displaced and drought-affected children out of school. The project extends from 2002-2006.

7. Quality Education Project

This project focuses on enhancing quality and efficient management in 300 schools to achieve appropriate learning and child friendly conditions for all school children. Its main objectives are to reduce the drop out rate of grade one children, improve performance for grade three and five children, enhance teachers and school directors capacity, and training regional officers in facilitating school development. This is funded by the State of Eritrea and the UNICEF. The project extends from 2002-2006.

8. Parents and Community Empowerment for Management and Control of Education

The project focuses on empowering the (Parent Teacher Association) PTA's in the target schools and promoting effective community leadership. The project seeks to create opportunities for PTA's formation to develop community leadership capacity to ensure the rights of all their children to quality basic education are realized. Its main objectives are to train PTA Committees, establish a functional system of community participation and strengthen the educational leadership of local leaders. This is also funded by the State of Eritrea and the UNICEF and extends from 2002-2006.

9. Basic Education Programme

The programme is run by the State of Eritrea getting financial and technical assistance from DANIDA. Its goal is to upgrade the quality of education and increase enrollment of children respecting the right of children to basic education. The programme deals with building infrastructures and support system, capacity building of teachers, administrators, textbook production, and construction of Massawa technical and vocational school. The programme extends from 2000-2005.

10. Programme on Repatriation and Reintegration

The target of the programme is on the Gash-Barka region with the objective of insuring the continuity of education for children repatriated from Sudan. The programme is run in collaboration of Eritrean Relief and Refugee Commission (ERREC) And is funded by the UNHCR and they give financial and technical support in building schools, recruiting and training of teachers, printing of text books and provision of school supplies. The programme begun in 2001 and it is still continuing.

11. School Feeding Programme

The School Feeding Programme has the objective of improving primary school enrollment, retention, and performance and stabilization attendance rate in the target area

particularly for girls. Besides school feeding girls are given dry take home ration, thereby encouraging them to attend school. The programme targets 80,000 school children. Tought in different programmes the Mercy Corps an international NGO and Vision Eritrea, a local NGO, participate in school feeding programmes.

12. Demobilization and Reintegration Project

This is a project between the National Commission for Demobilization and Reintegration and the MLHW. The main objective of the project is to significantly contribute to the enhancement and strengthening of existing facilities and services and the establishment of new services and facilities to enable them to provide information, counseling and medical rehabilitation services nation-wide to demobilized soldiers so they can achieve full social re-integration. By enhancing the counseling skills and knowledge of the staff and training counselors the project will support demonized soldiers, their families and communities at large.

13. The HAMSET control Project

This project is a World Bank financed (42 million dollars) five-year multi sector project launched in 2001 aiming at reducing the economic, social and disease burdened due to HIV/AIDS, Malaria, STDs and TB. It also aims at developing guidelines and training of key staff to establish an epidemic preparedness system for HAMSET diseases, control of transmission of HAMSET diseases, improving access to and quality of primary health care services, identifying community managed HAMSET prevention and mitigation program, and strengthening the capacity of HAMSET health care services

14. Children: Health, Medicine and Safety Project

It is a project of the Eritrean Pharmaceutical Association emphasizing on children. The project has the theme CHILDREN: Health, Medicines and Safety. By pledging “Yes for Children” the association is committing its capabilities and efforts towards enhancing children’s health and promoting appropriate and safe use of medicines I children. It will emphasize the special nature of children and strive t change the World for and with children. The project is soon to be implemented and the duration of the project is April 2003- March 2004.

15. The National Union of Eritrean Youth and Students, a local NGO has also implemented many projects funded by different UN agencies and international NGO’s. Some of the achievements include STDs and FGM training for peer educators; nation wide training, awareness and counseling on FGM/HIV; female reproductive training; improving girls education; developing training of trainers manual; and establishing of youth center.