

# Eritrea



## Country indicators

- **Conflict period and mine/ERW use:** Eritrea is contaminated by mines/ERW as a result of World War II, the 1962-1991 struggle for independence and the 1998-2000 border conflict with Ethiopia. Cluster munitions were also used in Eritrea.<sup>1</sup>

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- **Estimated contamination:** The 2003 Landmine Impact Survey found 481 affected communities, covering approximately 130km<sup>2</sup> and impacting some 655,000 people.<sup>2</sup>

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- **Human development index:** 157<sup>th</sup> of 179 countries, low human development (compared to 156<sup>th</sup> of 177 in 2004).<sup>3</sup>

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- **Gross national income (Atlas method):** US\$300 – 202<sup>nd</sup> of 210 countries/areas (compared to in US\$252 in 2004).<sup>4</sup>

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- **Unemployment rate:** N/A.<sup>5</sup>

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- **External resources for healthcare as percentage of total expenditure:** 26.5% (compared to 33.9% in 2004).<sup>6</sup>

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- **Number of healthcare professionals:** Seven per 10,000 population.<sup>7</sup>

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- **UNCRPD status:** Non-signatory as of 1 August 2009.<sup>8</sup>

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- **Budget spent on disability:** Unknown.

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- **Measures of poverty and development:** Eritrea suffers from overall poverty, of low standards of living and income, and inadequate basic social services. Some two-thirds of the population are poor and just over one-third are extremely poor. About 65% of poor people live in rural areas but poverty is at its worst in small towns, where some 81% of the population is living below the poverty line. Eritrea lives mostly off subsistence farming or herding. The government limits access to and the availability of foreign currency and much of the budget is invested in the military.<sup>9</sup>

## VA country summary

Total mine/ERW casualties to 2009: Unknown – at least 5,198			
Year	Total	Killed	Injured
2004	30	13	17
2005	68	16	52
2006	32	9	23
2007	70	17	53
2008	64	18	46
<b>Grand total</b>	<b>264</b>	<b>73</b>	<b>191</b>

- **Estimated number of mine/ERW survivors:** Unknown; the 2003 Landmine Impact Survey identified 2,498 survivors and other estimates have been as high as 84,000.<sup>10</sup>
- **VA coordinating body/focal point:** The Minister of Labor and Human Welfare (MoLHW), through its Department of Social Affairs, is responsible for persons with disabilities, including mine/ERW survivors.
- **VA plan:** None; although a strategic plan for 2002-2006 existed (Direction to Establish a Model of Victim Support Utilizing Community-Based Rehabilitation); the status of its implementation is unknown.<sup>11</sup>
- **VA profile:** Information about VA/disability activities throughout 2005-2009 was extremely limited due to tight government control, restrictions on non-governmental operators and Eritrea's limited participation in the Mine Ban Treaty. NGO and UN programs and support for VA/disability, which started to lessen already in 2003, decreased constantly between 2005 and 2009. Nearly all key disability partners had left Eritrea by 2009 and others were working in a challenging environment. Eritrea stated that persons with disabilities received assistance regardless of the cause of their disability, but it was reported that few resources were allocated to disability services, particularly services for civilians. The government generally provided better services for soldiers and people injured while fighting in the war of independence and the conflict with Ethiopia. Throughout 2005-2009, healthcare remained limited particularly in rural areas, despite the fact that international organizations reported that Eritrea had made significant efforts to improve medical services for its citizens. Complex medical care could only be carried out in the capital Asmara and the quality of healthcare remained low due to a lack of skilled staff, equipment and materials. Services were spread unequally and out of reach for many because of widespread poverty. Prosthetic and orthotic devices were available in three centers managed by MoLHW, which could not meet the needs of the significant number of persons in need of these services. During the period under review, quality was poor and materials and trained staff lacking.

Basic physical rehabilitation, psychosocial services and economic reintegration were provided through the community-based rehabilitation network, which MoLHW started in 1995 and gradually expanded. By 2008, some 80% of the country, including some of the most mine/ERW-affected areas, was covered by the CBR network and reportedly the network had reached full national coverage by 2009, which was three years earlier than scheduled (2012).<sup>12</sup> Eritrea reported that the CBR network employed some positive discrimination techniques for the economic reintegration of persons with disabilities, and the government was reported to have committed significant resources to the training and support of persons with disabilities which had resulted from war and conflict, but the vast majority of these were soldiers. Due to overall economic difficulties, MoLHW estimated that 90% of persons with disabilities were unemployed. Work on developing specific disability legislation was suspended in 2005 to make it in line with the (then proposed) UNCRRPD. As of 2009, no specific disability legislation existed and relevant parts of the constitution were not implemented. Discrimination, stigmatization and abandonment of persons with disabilities (particularly women) was said to be common. Data collection by the Eritrean Demining Authority (EDA) reportedly improved, but it remained incomplete and did not cover all areas. No efforts were made to integrate or use the data of the National Survey of Persons with Disabilities completed in 2005, which included information on mine/ERW survivors and was said to contain indicators for monitoring ongoing service provision.<sup>13</sup>

## VA progress on the ground

For Eritrea, no respondent surveys had been completed by July 2009, as the country's situation made it impossible for the several civil society organizations approached to assist without jeopardizing activities. The situation of mine survivors in Eritrea is not known and few of their voices have been heard internationally since 2004. The Landmine Impact Survey reported that most recent survivors had received emergency medical care but less than 3% had received physical rehabilitation and none had received vocational training.<sup>14</sup>

There are no known survivor organizations in Eritrea and an international survivor-led NGO was ordered by the government to close its offices in 2003.<sup>15</sup> During 2008, only three government-aligned domestic rights NGOs were permitted to operate, including the Eritrean National War Disabled Veterans Association (ENWDVA), a disabled people's organization providing a variety of services, including counseling and micro-finance projects to its members.<sup>16</sup>

Since 2006, the UN has reported with increasing regularity that NGO activities have been brought under government control in Eritrea and it is also difficult for UN humanitarian agencies to operate. According to UN staff in 2009, due to "movement restrictions, and the curtailing of project activities by key partners, it is difficult to get an accurate picture of the real needs in Eritrea."<sup>17</sup> The number of international NGOs working in the country dropped significantly to five in 2009, down from 37 in early 2005. At the beginning of 2008, nine international humanitarian organizations were operational in Eritrea. Of these, reportedly, the government allowed only the ICRC to operate adequately and even then strictly limited its field of operations.<sup>18</sup> The government requested the UN technical advisors for the mine action program, including one for VA, to leave in mid-2005.<sup>19</sup> In January 2009, the UNDP reported starting a modest program of assistance to MoLHW, including assistance in developing nationwide rehabilitation services for persons with disabilities through the CBR program and existing rehabilitation centers. The UNDP planned to emphasize increasing MoLHW's capacity to plan, coordinate and monitor activities.<sup>20</sup>

In July 2009, a workshop aimed at "strengthening the efficiency of the contribution of development partners and promoting better coordination with implementing ministries" was conducted by the NGO Supervision Department of MoLHW. Participants were asked to "refrain from the repeated mistakes and limitations on their part and to abide by Eritrean laws and regulations..."<sup>21</sup>

## VA process achievements

Year	Form J with VA	ISC VA statement	MSPVA statement	VA expert	Survivor on delegation
2005	NO	NO	NO	NO	NO
2006	NO	NO	NO	NO	NO
2007	NO	NO	NO	NO	NO
2008	NO	YES	NO	NO	NO
2009	NO	NO	N/A	NO	NO

Eritrea declared responsibility for significant numbers of mine survivors and “the greatest responsibility to act, but also the greatest needs and expectations for assistance” at the First Review Conference in Nairobi in 2004. However, throughout 2005-2009, Eritrea has done little or nothing to engage in the VA process initiated to assist these, now 26, countries taking on the responsibility to fulfill the needs of their survivors. Little is known about the actual efforts Eritrea has made to improve the lives of its survivors.

MoLHW is responsible for disability issues in general and no special focal point for mine/ ERW survivors exists. Although it had started work on a disability policy, this was not completed as of August 2009. However, in 2003, MoLHW did endorse the 2002-2006 VA strategic plan entitled *Direction to Establish a Model of Victim Support Utilizing Community Based Rehabilitation in Eritrea*. In 2004, UNDP advisors, then supporting the mine action program, noted that the CBR program could represent “the most comprehensive landmine victim support program in the world.”<sup>22</sup> In the same year, it was reported that VA was a main pillar of mine action in Eritrea.

In a promising first step, Eritrea presented some objectives for the 2005-2009 period as part of its commitment to implement VA under the Nairobi Action Plan in November 2005.<sup>23</sup> These objectives were likely devised by the UN technical advisor for VA prior to leaving the country in 2005. The objectives were not specific, measurable, achievable, relevant, or time-bound, but were never revised. Plans were not developed, no division of responsibilities was assigned and NGOs and local associations were not involved. It is not known if the 2002-2006 strategic plan, which focused on changing community attitudes towards persons with disabilities, addressing their needs through CBR and improving access to relevant services, has been used. As mentioned above, progress has been made in expanding the CBR network, but there is insufficient information to measure the network’s impact on the lives of persons with disabilities and survivors.

In 2004, Eritrea gave presentations on VA at both intersessional Standing Committee meetings and it participated in the Africa regional workshop on advancing VA in mid-2005. Again, this is likely due to the UNDP capacity-building program assisting the mine action authorities. Since then, Eritrea has only made one intervention on VA – at the 2008 intersessional Standing Committee meetings. The statement was not made by MoLHW as the body in charge of disability but by the mine action authority EDA, and it did not directly address Eritrea’s VA/disability objectives or strategies.<sup>24</sup> Eritrea did not request process support from the co-chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration.<sup>25</sup>

## Conclusions

- Isolated and increasingly self-contained, whatever is known of Eritrea's VA/disability effort was linked to the CBR program.
- Despite activities on establishing a VA strategic framework prior to 2005, Eritrea did not make use of the tools put at its disposal by the co-chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration in 2005-2009.
- While the CBR program was expanded significantly and said to have assisted numerous persons with disabilities, its impact on mine/ERW survivors and persons with disabilities was largely unknown.
- Many services for mine/ERW survivors and persons with disabilities, particularly civilians, remained limited, unequally distributed and unaffordable. This was likely further hampered by the decreased ability of NGOs and international organizations to operate.
- A lack of survivor and civil society participation hampered service provision.

## Suggestions for the way forward

- Engage in VA/disability issues and meetings, by transparently presenting the scope of the problem and activities undertaken.
- Improve mine/ERW casualty data collection and incorporate it in the disability data that has been collected.
- Reactivate the disability data collection mechanism so that it becomes a permanent surveillance mechanism that really uses service provision and socio-economic indicators for planning of VA/disability activities.
- Reevaluate VA objectives based on progress made under the CBR program.
- Present a time-bound plan with specific actions for the disability sector, including the needs of mine/ERW survivors (both civilian and military).
- Include survivors and persons with disabilities in all aspects of planning, implementation and monitoring of VA/disability activities.
- Engage civil society in VA/disability planning, implementation and monitoring.



*Female landmine survivor in Eritrea*

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