

Victim Assistance in Eritrea: then and now

Eritrea	1	2	3	4	5	6
According to original study		•				
According to LM 2002						•
According to LM 2003						•

Key Developments (LM 2002):

Eritrea acceded to the Mine Ban Treaty on 27 August 2001, and it entered into force on 1 February 2002. Two NGOs carried out surveys in 2001, and initial preparations for a Landmine Impact Survey began in March 2002. Mine clearance and mine risk education activities increased greatly. The UNMEE MACC reported that from November 2000 through December 2001, over 10 million square meters of land and 989 kilometers of roads were cleared, destroying more than 1,865 mines. More than 400 Eritreans were trained as deminers in 2001. There were 154 new landmine/UXO casualties reported in Eritrea in 2001, nearly half in May-July as refugees and IDPs began returning home.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.

According to original study:

LM 2000 reports that casualty statistics have not been systematically kept in Eritrea, but that casualty rates have increased due to renewed conflict with Ethiopia. LM 1999 reports that government sources have indicated that between May 1991 and May 1993, there were 2,000 incidents involving mines in Eritrea. LM 2000 reports that the Police Department recorded 367 mine-related injuries between 1994 and mid-1999, but that these records are not comprehensive. The LSN database provides information from a Department of Social Welfare 1992 survey of 60,000 disabled persons, of whom 2,657 attributed their cause of disability to landmines (4.5% of Eritrea's disabled population which itself constitutes an estimated 2% of the total population of Eritrea). The greatest proportion of the landmine incidents came from Eritrea's Seraye region that borders Ethiopia, and the Senhit region, found north of the capital Asmara. LSN reports that a national census is due to be completed in 2000 will offer new data on the number and location of disabled Eritreans.

According to LM 2002:

In 2001, 154 new landmine/UXO casualties were reported in Eritrea. Fifty-three people were killed and 101 injured.⁸⁸ Data on casualties is collated by UNMEE who receive formal reports of incidents only from within the TSZ.⁸⁹ UNMEE MACC believes many incidents outside the TSZ are not reported.⁹⁰ A report to the UN Security Council in June 2001 stated that incidents were "currently being reported at the rate of about one per day within the Temporary Security Zone. The real figure, taking into account unreported accidents, may be significantly higher."⁹¹ Of the total casualties, antipersonnel mines accounted for 30 percent, UXO 39 percent, antivehicle mines nine percent, and the device was unknown for 22 percent of casualties.⁹²

The large-scale return of refugees and Internally Displaced Persons was underway by April 2001.⁹³ Despite demining and mine risk education efforts, there was a sudden rise in reported landmine incidents that corresponded with the start of the repatriation efforts. Two casualties were reported in March, 11 in April, 17 in May, 33 in June, 25 in July, and three in August.⁹⁴ Reported incidents decreased throughout the rest of 2001 after July. However, with tens of thousands of refugees and IDPs still waiting to return to their homes in mine-affected areas, the risk of landmine incidents remains high.⁹⁵

In 2001, most of the landmine incidents were reported in the Gash-Barka and Dehub regions.⁹⁶ The UNMEE MACC attributes many of the incidents to deeply buried mines that "worked their way up to the surface due to climatic and geographical conditions."⁹⁷ Many herders use mined areas for grazing, and some mined areas are used as pathways that connect villages or lead to water holes. It is "a fact of life that civilians are forced to use mined areas to carry out their daily activities."⁹⁸ Reports to UNMEE MACC indicate one-third of the known activity conducted by the victims at the time of the incident involved tending animals.⁹⁹

In March 2001, a Canadian peacekeeper was injured after his vehicle set off a landmine.¹⁰⁰ On 18 August, eight Jordanian peacekeepers were injured after their vehicle hit a mine in the western sector.¹⁰¹ On 29 September, an operator was injured, and a mechanical flail demining machine partially destroyed, by an antivehicle mine

during a Danish Demining Group (DDG) demining operation.¹⁰² On 4 October, one Ethiopian soldier was killed and six injured when their vehicle hit a mine in Sector West.¹⁰³

UNMEE MACC told Landmine Monitor that, at present, UXO represent a greater threat to the civilian population than antipersonnel mines.¹⁰⁴

Casualties continue to be reported in 2002. On 22 January, four teenage boys were killed and three others were seriously injured by a mine near Senafe.¹⁰⁵ In February, two Eritrean deminers working for the Eritrean Demining Agency, including the section commander, were killed by a TM 57 antivehicle mine in the Shelalo region of the TSZ during a manual clearance operation.¹⁰⁶ On 22 March, an Eritrean driver for HALO Trust died after his vehicle ran over an antivehicle mine on the Maikokah-Tokmbia road near Barentu.¹⁰⁷

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:

The Ministry of Labour and Human Welfare has responsibility for disability policy and programs in Eritrea. It is unclear if there is any inter-sectoral coordination mechanism.

According to LM 2002:

The Ministry of Health and the Department of Labor and Human Welfare oversee assistance programs for all persons with disabilities, including landmine survivors.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:

LM 2000 that there are few medical and rehabilitation facilities in Eritrea and the capacity for emergency and post-operative care is severely limited, but that rehabilitation costs are entirely covered by the Ministry of Health. LSN database reports few medical facilities outside of the Asmara, that hospitals lack adequate medical supplies and equipment, and that over half of the Eritrean population lives more than twenty kilometers from the nearest health station. The only neuro-psychiatric hospital in the country is located in Asmara and offers psychiatric and psychological services. There are three orthopedic workshops in Eritrea (Asmara, Keren and Asab) with the capacity to produce prosthetics and provide physical therapy. The long-term national program for orthopedic and prosthetic services envisions building six new workshops across the country. LM 2000 reports that the Department of Social Affairs, in cooperation with the World Health Organization, is planning to build a national physical therapy center in Asmara for landmine victims and other persons with disability.

According to LM 2002:

There are few medical and rehabilitation facilities in Eritrea and the capacity for emergency and post-operative care is limited.¹⁰⁸ The Ministry of Health and the Department of Labor and Human Welfare oversee assistance programs for all persons with disabilities, including landmine survivors. The Ministry of Health covers the cost of treatment and rehabilitation, if the mine survivor demonstrates economic hardship. Survivors must obtain a "poverty letter" from their local administrative district to qualify for free services.¹⁰⁹

According to the ICRC, the three Eritrean prosthetic/orthotic workshops are unable to meet the demand in the country.¹¹⁰ The ICRC provides orthopedic assistance in partnership with the Ministry of Labor and Human Development, which includes an ICRC Orthopedic specialist based in Keren, who helps in securing access to prosthetics. The ICRC also sponsors a physiotherapy program for Eritrean health professionals, which includes general war-trauma management programs. As of January 2002, over 20 physiotherapists graduated from the program and are now practicing in all zones across the country; another 18 Eritreans were enrolled in the 18-month program as of March 2002.¹¹¹ In January 2002, the ICRC sponsored a disabilities workshop, with the University of Asmara. More than 4,500 medical professionals, UN and NGO representatives, and government officials attended. The program included segments about mine victims, access to prosthetics, and national disability legislation. The ICRC, in partnership with the Ministry of Health, also sponsored a war surgery seminar in March 2002, for over 130 Eritrean trauma practitioners. Landmine victims were a major focus of the seminar.¹¹² In November 2001, the ICRC and Eritrean authorities signed a Memorandum of Understanding on the establishment of a physical rehabilitation program for the disabled in the country.¹¹³

LSN began an assessment in mid 2001 to determine the greatest needs in these areas.¹¹⁷ As part of this assessment, a regional survey of ten hospitals in the border areas that contain some of the most heavily affected areas in Eritrea was carried out between July and November 2001. Some of the initial findings include:

- Keren, Barentu and Adi-Kieh hospitals reported admitting from three to 10 land mine incident casualties per month.
- Surgical operations are available for amputation cases in Keren, Adi-Kieh, Dekemhare, Mendefera, and Akudet hospitals.
- Teseney hospital provides surgery for amputation cases but lacks wheelchairs and crutches, and reports that most landmine survivors it treats are unable to get any prosthetic services.
- Senafe hospital remains under a tent since the building was destroyed during the 1998-2000 border conflict with Ethiopia.
- Community Based Rehabilitation programs for general disabilities, sponsored by the Ministry for Labor and Human Welfare, are available in Barentu, Teseney, Adi-Kieh, Teseney and Mendefera hospitals but these do not include specific hospital intervention for landmine survivors.

The May Habar Hospital, in the Southern Zone, operates under the Disabled Ex-Fighters Association and provides services to about 500 disabled veterans, including landmine survivors. The hospital serves as a residence/care facility for many disabled veterans.¹¹⁸

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

LSN is establishing an amputee support network in Eritrea. The LSN Rehabilitation Database reports no programs offering direct economic assistance to persons with disabilities, but that the government, through its community-based rehabilitation (CBR) program, encourages families and communities to provide assistance to disabled members of their society by finding employment opportunities or offering financial support in times of need. The government's CBR program offers some limited counseling to persons with disabilities and their families. LM 2000 reports that government provides pensions for persons with disability for living expenses and vocational training.

According to LM 2002:

In 2001, the Landmine Survivors Network continued to provide outreach and ongoing peer support services to mine survivors, which includes home and hospital visits. The program links survivors with services including wheelchairs, crutches, and psychological and rehabilitative support. LSN also translated a pamphlet, "Surviving Limb Loss," into local languages. In 2001, field workers identified and assisted 181 persons with disabilities, including 83 mine survivors, all from the central (Asmara) region.¹¹⁴ In addition, LSN organized seven social events for landmine survivors and other amputees.¹¹⁵ LSN added an additional field outreach worker in 2001, bringing the total of its outreach staff to four - all of whom are landmine survivors.¹¹⁶

In regions outside of Asmara, including the heavily mined Gash-Barka region, landmine survivors rarely receive support beyond emergency medical care after the mine incident. Follow-up care in physical therapy, psychological support or prosthetic care is rare outside of Asmara.

The UNDP Capacity Building project includes the provision of a Victims Support Technical Advisor, including a vehicle and office equipment, to work in the Ministry of Labour and Human Welfare to support the further development and strengthening of the national capacity to provide assistance to victims.¹¹⁹

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:

LM 2000 reports that there is a new draft National Disability Policy of Eritrea that was discussed at a national conference at the end of 1999. Its implementation is expected to occur around the end of 2000. The LSN Rehabilitation Database reports there are no laws mandating access for the disabled to public and/or private buildings.

According to LM 2002:

The long-awaited revised national disability policy has yet to be passed, although a draft has been prepared and is under discussion.¹²⁰ The UNDP national capacity building initiative will include working with the government in reviewing the draft law and will assist in its implementation.¹²¹ The ICRC is providing technical

assistance in formulating and implementing the law.¹²² The aim of the new disability law is to bring Eritrea more in line with internationally accepted disability law standards while keeping in sight what is economically possible.

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:

Eritrea has three national disability associations although none are focused specifically on persons with limb loss or landmine survivors. The Eritrean War Disabled Fighters' Association is only focused on war veterans but has the intent to widen its scope, if resources become available, to reach out to disabled civilians. The other two organizations are the Eritrean National Association for the Blind and the National Eritrean Deaf Association.

According to LM 2002:

No new information.

Endnotes:

⁸⁸ UNMEE MACC IMSMA Database, "Casualty Report, December 2000 to December 2001."

⁸⁹ Interview with Phil Lewis, Program Manager, UNMEE MACC, Asmara, 18 January 2002.

⁹⁰ Ibid.

⁹¹ "Progress report of the Secretary-General on Ethiopia and Eritrea," 19 June 2001.

⁹² UNMEE MACC IMSMA Database, "Casualty Report, December 2000 to December 2001."

⁹³ Danish Demining Group, "Progress Report, Eritrea, April-December 2001."

⁹⁴ UNMEE MACC IMSMA Database, "Casualty Report, December 2000 to December 2001."

⁹⁵ Interview with Rita Mazzocchi, UNDP, Asmara, 18 January 2002; email from Jeffrey Shannon, Director, Eritrea Development Foundation, 10 January 2002; Danish Demining Group, "Progress Report, Eritrea, April-December 2001," p. 8.

⁹⁶ Interview with Phil Lewis, Program Manager, UNMACC, Asmara, 18 January 2002.

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ MACC IMSMA Database, "Casualty Report," December 2000 to December 2001.

¹⁰⁰ Steven Edwards, "Landmine blasts hit Canadians, forces ordered off road after second explosion," *National Post*, 15 March 2001.

¹⁰¹ "Report of the Secretary-General on Ethiopia and Eritrea," New York, 5 September 2001.

¹⁰² Interview with Erik Willadsen, Program Manager, Danish Demining Group, Asmara, 27 March 2002.

¹⁰³ "Report of the Secretary-General on Ethiopia and Eritrea," 13 December 2001.

¹⁰⁴ Interview with Phil Lewis, Program Manager, UNMEE MACC, Asmara, 18 January 2002.

¹⁰⁵ UNMEE Press Briefing, Asmara, 24 January 2002; email from Phil Lewis, Program Manager, UNMEE MACC, 8 February 2002.

¹⁰⁶ Interview with Russom Semere, Director, Eritrean Mine Action Program, Asmara, 26 March 2002.

¹⁰⁷ Interview with Phil Lewis, Program Manager, UNMEE MACC, Asmara, 28 March 2002.

¹⁰⁸ *Landmine Monitor Report 2000*, pp. 208-209.

¹⁰⁹ *Landmine Monitor Report 2001*, p. 254.

¹¹⁰ ICRC, "Eritrea - Overview of ICRC actions - 31 May 2002."

¹¹¹ Interview with Paul Conneally, Communications Delegate, ICRC, Asmara, 27 March 2002.

¹¹² Ibid.

¹¹³ ICRC Special Report, Mine Action 2001, ICRC, Geneva, July 2002, p. 18.

¹¹⁴ Interview with Tedla Gebrehiwot, Program Director, Landmine Survivors Network (LSN) Eritrea, Asmara, response to Landmine Monitor Survivor Assistance Questionnaire, 15 March 2002.

¹¹⁵ Email from Tedla Gebrehiwot, Program Director, LSN Eritrea, Asmara, 22 March 2002.

¹¹⁶ Interview with Tedla Gebrehiwot, Program Director, LSN Eritrea, Asmara, 18 January 2002.

¹¹⁷ Ibid.

¹¹⁸ LSN Eritrea, "Hospital Research Survey Report," January 2002, pp. 2-5.

¹¹⁹ Email to Landmine Monitor (HRW) from Phil Lewis, UNMEE MACC, 1 August 2002.

¹²⁰ Interview with Tedla Gebrehiwot, Program Director, LSN Eritrea, Asmara, 18 January 2002.

¹²¹ Interview with Rita Mazzocchi, National Program Officer, UNDP, Asmara, 18 January 2002.

¹²² Interview with Paul Conneally, Communications Delegate, ICRC, Asmara, 27 March 2002.