Statement

By

Delegation of the State of Eritrea

on

Victim Assistance

24 May 2012

Geneva
Mr. President,

Members of the high table

Distinguished participants

Ladies and Gentlemen

At the outset let me take this opportunity to express my gratitude on behalf of the Eritrean delegation for inviting us to attend this meeting of the standing committees and for providing us with this opportunity.

Mr. President,

As the legacy of war, in Eritrea, land mines and unexploded ordinances of war have maimed thousands of people. Currently there are more than 20,000 disabled persons with various types of degrees of disabilities whose livelihoods have been negatively affected. Based on its principle that people with disabilities are entitled to live a dignified life enjoying equal opportunities, the Government of Eritrea has put in place a comprehensive policy that ensures the rights and dignities of Persons with Disability pertaining, inter-alia, to rehabilitation, health, education, employment, culture and family integration.

If I may speak on the health component, the National Health Policy and the 2012 to 2016- Health Sector Strategic Development Plan of Eritrea recognize Rehabilitative care as one of the four pillars of health care along with promotive, preventive and curative care.

In its health policy and strategic plans, Eritrea has adopted community-based rehabilitation (CBR) as the main strategy to reach People with Disabilities and provide them with the necessary services and care.
One of the main objectives of the health sector strategic development plan is to improve, quality of life, dignity, productively and self reliance of disabled individuals, through promotive, preventive (including secondary and tertiary prevention), curative and rehabilitative health programs for persons with disabilities.

Primary Prevention of all types of injuries before they occur and secondary prevention through rapid, timely and appropriate emergency care once they occur and tertiary prevention at both community and facility levels for managing the long term consequences are the main stay of the health sector policy and strategic plan.

The main measures, that have been taken so far, by different stakeholders mainly the Ministry of Health, the Ministry of labor and Social welfare and the Ministry of education include Community and Institution Based Rehabilitation Programs; physiotherapy, Physical Rehabilitation with Orthopedic Appliances, Socio-Economic Rehabilitation, access to health care and promotion of inclusive education.

The Ministry of Labor and Human Welfare has to date, expanded the CBR program to 51 sub-zobas with 2,654 community volunteers who work with the communities so that the land mine victims as well as the other persons with disabilities get equal opportunities in the accession to community based resources and services. As an outcome of this, 33,000 were able to get land for farming; 19,000 got land for housing and 400 got employment opportunities, and 31,000 got assistance. There are three orthopedic workshops in the country that provide services. In more specific terms, these orthopedic workshops have been producing prostheses, below and above the knee orthesis, wheel chairs, sticks and
crunches with rubber stoppers, which have been distributed to 32,000 persons free of charge. These appliances have enabled victims to interact and play an active role in community affairs.

Some of the victims may be able to continue work in their old profession, while majority would require changing their profession. Taking this into consideration a revolving fund for a loan scheme was introduced and has been expanded to all sub-zobas of the country. Within the last five years, 5,431 families of the land mine victims and other persons with disabilities have benefitted from the revolving fund.

Mr. President,

The Eritrean delegation wishes to conclude its statement by stressing that we will remain fully committed to the objectives we pledge, while fully appreciating your all rounded assistance and technical guidance.

Thank you.