

PRELIMINARY OBSERVATION

ETHIOPIA

STATUS OF IMPLEMENTATION – VICTIM ASSISTANCE

COMMITTEE ON VICTIM ASSISTANCE

(Austria, Burkina Faso (Chair), the Netherlands, and Sri Lanka)
Intersessional Meetings
17-20 June 2025

1. The Committee welcomes the submission by Ethiopia of updated information on its victim assistance activities. Based on the information provided, the Committee presents the following preliminary observations.

VICTIM ASSISTANCE ACTIONS:

Ensure that a relevant government entity in affected States Parties is assigned as the focal point to coordinate victim assistance and oversee and enhance the integration of victim assistance activities into broader national policies, plans, budgets, and legal frameworks (Actions #30, #1 and #2)

2. Ethiopia reported that the Ministry of Women and Social Affairs (MOWSA) is the government's focal point on victim assistance and it works with a national committee which is comprised of various ministries, agencies and organisations of persons with disabilities and other relevant institutions to coordinate, monitor and follow up on activities related to disabilities and the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) including victim assistance.
3. Ethiopia reported that the needs of mine and other explosive ordnance (EO) victims have been incorporated into national policies, including the following frameworks:
 - National Disability Action Plans: These plans, like the Ethiopian Disability Action Plan (2026-2035) and its predecessor (2012-2021) inclusive of all persons with disabilities, including mine and other EO survivors. They address rights and access to services, such as healthcare and education services.
 - National Victim Assistance Strategy (2016-2020): This specific strategy focused on the needs of victims, aiming to integrate victim assistance into broader frameworks.
 - Integration into Sectoral Policies: Efforts to include the needs of mine and other EO victims within health, education, and social welfare policies, ensuring access to relevant services and support.
 - Coordination Mechanisms: The establishment of inter-ministerial committees and coordination bodies aims to ensure that the needs mines and other EO victims are considered across different sectors.
4. The Committee would welcome an update on the National Victim Assistance Strategy (2016-2020), whether it is renewed or incorporated into broader plans, such as the National Disability Action Plans.

Develop a national specific, measurable, realistic, and time-bound disability action plan (Actions #30 and #3)

5. Ethiopia reported that the second ten years Ethiopian Disability Action Plan (2026-2035) was being drafted, and that it will include specific, measurable, realistic, and time-bound objectives, and it will

be inclusive of the rights and needs of mine and other EO survivors. Ethiopian reported that government allocated budget for disability-related initiatives without an earmarked budget for the implementation of the Ethiopian Disability Action Plan or victim assistance aspects of it.

6. The Committee recalls that in 2024, Ethiopia reported on the existence of several national laws and policies related to the rights, needs and wellbeing of persons with disabilities including mine and other EO survivors, such as:

- The Constitution.
- The Proclamation concerning the Rights to Employment for Persons with Disabilities, prohibiting any form of discrimination against persons with disabilities in employment.
- The Federal Civil Servant Proclamation which provides for special preference in the recruitment, promotion and deployment of qualified candidates with disabilities in government offices.
- The Social Protection Policy which aims to reduce poverty, inequality and vulnerability among the population, especially the poor and marginalized groups, such as persons with disabilities.
- A directive that allows persons with disabilities to import duty free vehicles.
- The Psychosocial Rehabilitation Guideline, developed by the MOWSA, which provides guidance on the assessment, and rehabilitation of persons with disabilities with psychosocial needs.

Include mine and other explosive ordnance victims or their representative organisations, in victim assistance planning and implementation at the national and local level (Actions #30, #31 and #39)

7. Ethiopia reported that mine and other EO survivors and their representative organisations are included in relevant efforts, and organisations like the Federation of Ethiopian Associations of Persons with Disability (FEAPD) and the Ethiopian Center for Disability and Development (ECDD) play significant roles in facilitating the involvement of persons with disabilities, including mine and other EO survivors, in the implementation of national plans.

Report on progress and challenges in implementing their national action plans (Action #30)

8. Ethiopia reported developments at policy and practical levels, including the drafting of a new inclusive disability action plan. Ethiopia also reported challenges, such as shortcomings in resources for the focal point to meet its mandates and allocation of earmarked funding for the implementation of the national disability action plan.

Ethiopia reported other challenges hindering victim assistance efforts, such as:

- Access to services including meeting venues and means of transportation is affected due to physical barriers;
- Organisations of mine survivors and persons with disabilities often face significant financial constraints; and
- Access to healthcare and socio-economic services in rural areas is hindered by various challenges and barriers.

Carry out inter-ministerial and multi-sectoral efforts to ensure that the needs and rights of mine and other explosive ordnance victims are effectively addressed (Action #31)

9. Ethiopia reported on having inter-ministerial and multi-sectoral coordination mechanisms in place for victim assistance which involve a national committee with various ministries, agencies, and organizations, as well as inter-agency working groups and coordination within the framework of national action plans like the Ethiopian Disability Action Plan, with the following ministries and

sectors actively collaborating and participating in coordination meetings for victim assistance in Ethiopia:

- MOWSA: Plays a central coordinating role.
- Ministry of Justice (MOJ): Involved in establishing victim compensation programs and anti-trafficking efforts.
- Ministry of Health (MOH): Provides medical and psychosocial support.
- Ministry of Labour and Skill (MOLS): Historically involved in disability and social welfare aspects.
- Regional Bureaus of Labour and Social Affairs (BOLSAs): Coordinate services at the regional level.
- Government Hospitals: Provide medical examinations and treatment.
- Disabled Persons' Organizations (DPOs): Represent the interests of persons with disabilities, including survivors.
- Civil Society Organizations (CSOs) and NGOs: Provide direct services, advocacy, and support.
- International Organizations (e.g., UN agencies): Offer technical and financial assistance and participate in coordination efforts.

10. Ethiopia reported that victim assistance efforts have been aligned with the provisions of the Convention on the Rights of Persons with Disabilities (CRPD).

Identify all mine and other explosive ordnance victims and collect accurate and comprehensive information on their needs, challenges and geographic locations in a manner disaggregated by gender, age, disability, and other considerations (Action #32 and also Action #9)

11. The Committee would welcome an update on new casualties in 2024 and information on all casualties registered so far, disaggregate by gender, age and disability.

Integrate the data on mine and other explosive ordnance victims into a national centralised database, such as disability data systems (Actions #32 and #9)

12. Ethiopia reported that no centralised database has been developed, and that data are managed separately by the MOH and MOWSA as well as by the United Nations Mine Action Service (UNMAS). Ethiopia reported that data sharing occurs in an ad hoc manner.

13. The Committee encourages Ethiopia to consider unifying the data on mine victims into a centralised database, such as national disability database in accordance with Action 32 of SRAAP.

Provide effective and efficient context-specific emergency medical care to new casualties and improve national capacity through training, including on psychosocial first care, specialized training for health professionals and layperson first responder training in affected communities (Action #33)

14. Ethiopia reported that national capacity for casualty response is being improved by the MOH, Ethiopian Red Cross Society, Emergency Medical Technician (EMT) and One Health Rapid Response Team.

15. The Committee would welcome an update on provision of emergency medical care in mine contaminated communities.

Ensure that mine and other explosive ordnance survivors have access to health services including in rural and remote areas (Action #33)

16. The Committee recalls that in 2024, Ethiopia reported improvements in availability of and accessibility to medical care and physical rehabilitation services for victims and capacity of

healthcare facilities, rehabilitation centres, prosthetic and orthotic workshops and mobile outreach teams were being enhanced.

17. Ethiopia also reported that access to healthcare services for mine and other EO victims, especially in rural and remote areas remains limited due to the following challenges:

- geographic barriers: poor infrastructure, long distances to health facilities, and transportation difficulties, especially during rainy seasons, hinders access.
- limited resources: rural areas often have fewer health facilities, limited medical supplies, equipment, and trained healthcare personnel, including specialists for blast injuries and amputations.
- financial constraints: poverty and high out-of-pocket healthcare costs can prevent victims from seeking necessary treatment.
- security issues: ongoing conflicts and the presence of explosive remnants of war can impede access for both victims and healthcare providers in affected regions.
- accessibility for persons with disabilities: physical inaccessibility of facilities and lack of accessible information further restrict access for victims with disabilities.

18. Ethiopia reported that the government's Health Extension Programme aims to improve access to primary healthcare in rural areas and other efforts in this regard includes, activation of a hotline (907), strengthened capacity in ambulance service, training of healthcare workers and improvement in infrastructure.

Ensure that a national/sub-administrative area referral mechanism is in place to facilitate access to services (Action #34)

19. Ethiopia reported that referral mechanism exists within respective ministries or other agencies, such as the MOH and the MOWSA.

Create and disseminate a comprehensive directory of services available, accessible, and inclusive for all mine and other explosive ordnance victims (Action #34)

20. Ethiopia reported that while no national directory of services has been developed, information on services in different forms have been made available and circulated by various organisations including by ECDD, ENDAN and others.

Efforts to increase the availability and accessibility of rehabilitation services (Action #35)

21. Ethiopia reported on availability of assistive technology including wheelchairs, hearing and communication aids and crutches for mine and other EO survivors and persons with disabilities. The Committee recalls that in 2024, Ethiopia reported on availability of physical rehabilitation services provided by 21 rehabilitation centres across the country.

22. Ethiopia reported that provision and delivery of rehabilitation services face significant challenges in terms of affordability, shortages in supply of assistive devices, lack of awareness on services available, and adequate resources for provision as well as distribution and delivery in rural areas.

Ensure to provide assistive technology (Action #35)

23. Ethiopia reported on availability of assistive technology, such as prosthetics, orthotics, and other mobility aids.

Increase resources and national capacity to make assistive technology affordable and accessible (Action #35)

24. The Committee would welcome information in this regard.

Ensure mine victims have access to psychological and psychosocial support services including to mental health (Action #36)

25. Ethiopia reported that mine and other EO victims have access to psychological support that are made available in the following categories:

- trauma-informed counselling: addressing the psychological impact of trauma through individual and group sessions.
- psychosocial support: providing emotional, social, and practical support to enhance well-being and coping mechanisms.
- mental health assessments: identifying mental health needs and linking individuals to appropriate care.

26. Ethiopia also reported that efforts were made to improve national capacity in mental health and psychosocial support (MHPSS).

Efforts to make peer-to-peer support availability including by integrating it into public healthcare and other relevant systems (Action #36)

27. Ethiopia reported on availability of peer-to-peer support, through self-help groups. The Committee would welcome further information in this regard, including on integration of peer-to-peer support into healthcare systems.

Meet the social and economic inclusion needs of mine victims (Action #37)

28. Ethiopia reported that the socio-economic needs of mine and other EO victims are addressed through specific policies and programmes such as the national disability action plan as well as through broader frameworks such as the National Social Protection Policy, and others:

- education: access is available through the general education system and potentially specific programs for persons with disabilities.
- capacity building training: accessible through vocational training and skills development programs aimed at persons with disabilities and livelihood enhancement initiatives.
- employment services: may benefit from general employment services and potentially disability-inclusive employment programs.
- microfinance: access mainstream microfinance initiatives aimed at low-income individuals and small businesses.
- social protection programs: eligible for national social protection programs like the productive safety net programme and other initiatives targeting vulnerable households.

Remove barriers to the social and economic inclusion of mine survivors and affected families (Action #37)

29. Ethiopia reported that several barriers including physical, poverty, stigma and discrimination, lack of information, limited resources and inaccessible communication hinder assistance to mine and other EO survivors. Ethiopia reported that to address these challenges, the following measures have been put in place or efforts have been made to remove barriers:

- increased accessibility: efforts to make government hospitals and health centers physically accessible.
- policy frameworks: development of national plans and strategies aiming for disability inclusion.
- raising awareness: mine risk education programs contribute to preventing new injuries and increasing awareness.
- capacity building: training of professionals and community workers to better address the needs of vulnerable groups.
- community outreach programmes: various community-based activities to address challenges faced by persons with disabilities including mine and other EO survivors.

The number of mine and other explosive ordnance survivors and affected families accessing social and economic services (Action #37)

30. Ethiopia reported that the following assistances to victims were provided in Tigray region central zone in Adwa Rural Woreda and Adwa town:

- 188 victims including 144 women and 44 children were provided with cash assistance for medical services;
- 5 persons were provided with mental health and psychological support;
- 27 persons were provided with functional rehabilitation and physiotherapy; and
- 4 persons were referred for prosthetic and orthotic services and 1 person supported with assistive device.

Ensure the safety and protection of mine survivors in situations of risk (Action #38)

31. Ethiopia reported that steps have been taken to protect mine and other EO survivors and persons with disabilities in emergencies, including inclusive disaster risk management policies, guidelines, coordination mechanisms, and accessibility initiatives. Ethiopia also reported on efforts made to integrate the needs and rights of mine and other EO survivors in plans and policies on humanitarian aid, disaster risk reduction and conflict preparedness.

Increase inclusion of and access by mine victims into programmes for humanitarian assistance, risk reduction, and conflict preparedness and protection (Action #38)

32. Ethiopia reported on growing recognition of the need to include mine and other EO survivors, persons with disabilities and their representative organisations in humanitarian aid, risk reduction, and conflict preparedness in Ethiopia.

Improve accessibility and strive to remove physical, social, cultural, political, attitudinal, and communications barriers (Actions #39 and #37)

33. Ethiopia reported on efforts made at policy and programme levels to address challenges in accessing services, as referred to under paragraph 29.

Include survivors and/or their representative organisations in matters that affect them, including in planning and implementation at the national and community levels (Actions #39, #38 and #30)

34. Ethiopia reported that persons with disabilities including mine and other EO survivors and their representative organisations have been included in relevant events, policies and programmes, including a national committee.

CROSS - CUTTING ACTIONS:

Demonstrate high levels of national ownership, partnership and coordination (Action #1)

35. Ethiopia reported on progress made at policy and programme levels demonstrating national ownerships and efforts to improve coordination and collaboration among relevant ministries and other stakeholders.

Ensure that gender, age, disability considerations, and the diverse needs and experiences of people in mine-affected communities including mine survivors, are considered (Action #5)

36. In 2024, Ethiopia reported efforts to ensure non-discrimination, accessibility, reasonable accommodation and participation and provided some information disaggregated by gender and age. Ethiopia reported on that disaggregated data as one the challenges to be addressed.

Allocating national financial commitments for victim assistance implementation (Action #40)

37. Ethiopia reported that the needs and rights of mine and other EO victims are addressed through budgets allocated to broader frameworks, such as the followings:

- mainstreaming: addressing survivors needs within existing disability, health, education, and social protection programs and their allocated budgets.
- national plans: the national plan of action for persons with disabilities includes objectives and activities relevant to survivors, with implementing agencies expected to incorporate these into their budgets.
- social protection: programmes like the productive safety net programme (PSNP) targets vulnerable populations, potentially including survivors and their families.
- health sector: efforts to integrate mental health and rehabilitation services into the public health system can benefit survivors through existing health budgets.
- education: inclusive education initiatives aim to accommodate the needs of all learners with disabilities, including those injured by mines or EO.

38. Ethiopia reported that government allocated more than 50 million Ethiopian Birr since 2019 to enhance the capacity of the Federation of Associations of Persons with Disabilities and National Associations that are members of the federation.

Having a resource mobilisation plan (for victim assistance) in place (Action #41)

39. The Committee would welcome information in this regard.

The Siem Reap-Angkor Action Plan (SRAP) country reporting tracker
Victim Assistance
Ethiopia

Actions	Indicators	2025	2026	2027	2028	2029	Additional information or clarification requested by the Committee
#30	% of affected States Parties that report on the relevant government entity assigned as the focal point to oversee and enhance the integration of victim assistance into broader national policies, plans, budgets, and legal frameworks to ensure its sustainability, including following Article 5 completion;						
	% of affected States Parties that report having an inclusive national action plan in place considering mine and other explosive ordnance victims, gender, age, disability, and other considerations and containing specific, measurable, achievable, realistic, and time-bound objectives;						The Committee would welcome an update on the National Victim Assistance Strategy (2016-2020), whether it is renewed or incorporated into broader plans, such as the National Disability Action Plans.
	% of affected States Parties that report including mine and other explosive ordnance victims or their representative organisations, in victim assistance planning and implementation at the national and local level;						
	% of affected States Parties that report on progress and challenges in implementing their national action plans.						
#31	% of affected States Parties that report having in place an interministerial and multi-sectoral coordination mechanism to ensure that the needs and rights of mine and other explosive ordnance victims are addressed;						
	% of affected States Parties that report including the needs and rights of mine and other explosive ordnance victims in relevant national policies, legal frameworks, and budgets.						
#32	% of affected States Parties that report on efforts to identify mine and other explosive ordnance victims and disaggregate victim data by gender, age, disability, and other considerations;						The Committee would welcome an update on new casualties in 2024 and information on all casualties registered so far, disaggregate by gender, age and disability.
	% of affected States Parties that report the inclusion of data on mine and other explosive ordnance victims in a national centralised database such as disability data systems and make data available to relevant stakeholders in accordance with data protection regulations/measures.						The Committee encourages Ethiopia to consider unifying the data on mine victims into a centralised database, such as national disability database in accordance with Action 32 of SRAAP.
#33	% of affected States Parties that report having a mechanism in place to ensure an efficient and effective emergency response to new casualties;						The Committee would welcome an update on provision of emergency medical care in mine contaminated communities.
	% of affected States Parties that report on availability and accessibility of health services, including in rural and remote areas.						
#34	% of affected States Parties that report having a national/sub-administrative referral mechanism in place which is available, accessible, and inclusive for all mine victims;						
	% of affected States Parties that report having a comprehensive directory of services available, accessible, and inclusive for all mine victims.						
#35	% of affected States Parties that report on efforts to increase the availability and accessibility of rehabilitation services;						
	% of affected States Parties that report on the provision of assistive technology;						
	% of States Parties that report on efforts to increase resources and national capacity to make assistive technology affordable and accessible.						The Committee would welcome information in this regard.

#36	% of affected States Parties that report on mine and other explosive ordnance survivors and affected families accessing mental health and psychological support disaggregated by gender, age, disability, and other relevant factors;						
	% of affected States Parties that report on the provision of and integrating peer-to-peer support into public healthcare and other relevant systems.						The Committee would welcome further information in this regard, including on integration of peer-to-peer support into healthcare systems.
#37	% of affected States Parties that report on efforts to remove barriers to the social and economic inclusion of mine survivors and affected families;						
	% of affected States Parties that report on programmes for inclusive employment, livelihoods, and other social protection services;						
	% of affected States Parties that report on the number of mine and other explosive ordnance survivors and affected families accessing social and economic services, disaggregated by gender, age, disability, and other relevant factors.						
#38	% of affected States Parties that report integrating the safety and protection of mine survivors in their emergency/humanitarian response and preparedness plans;						
	% of affected States Parties that report on mine victims' inclusion and accessibility to programmes for humanitarian assistance, risk reduction, and conflict preparedness and protection.						
#39	% of affected States Parties that report on progress in removing physical, social, cultural, political, attitudinal, and communication barriers;						
	% of affected States Parties that report including survivors and/or their representative organisations in matters that affect them, including in planning and implementation at the national and community levels.						
CROSS-CUTTING ACTIONS							
#1	% of affected States Parties that report integrating Convention implementation activities into: national development plans and budgets, strategies and budgets including on poverty reduction, humanitarian response, on health and mental health, gender equality inclusion of persons with disabilities, peacebuilding, Human Rights, climate change adaptation plans, environmental protection and improvement, and/or disaster risk reduction						
	% of affected States Parties that report having strengthened partnerships and coordinated Convention implementation activities with relevant humanitarian, peacebuilding, climate, environmental, development, health, disability, and human rights sectors						
#5	% of affected States Parties that report national work plans and strategies integrating gender, age, disability considerations, and the diverse needs and experiences of people in mine-affected communities including mine survivors;						
	% of affected States Parties that report national work plans and strategies developed through inclusive consultation with stakeholders including survivors and representatives of mine-affected communities						
	# of mine victims and survivor organisations participating in Convention meetings						
#40	% of affected States Parties that report making national financial commitments to their implementation of victim assistance.						
	% of States Parties that report on exploring all sources of funding, including conventional and alternative/innovative						
#41	% of affected States Parties that report on progress, challenges in implementation, and requirements for assistance.						
	% of affected States Parties that report having a resource mobilisation plan in place.						The Committee would welcome information in this regard.
	% of affected States Parties that have taken advantage of the Individualised Approach.						The Committee would welcome information in this regard.