INTRODUCTION
Between 2017–2019, 2,799 refugees from Eritrea were resettled in EU-27 countries through the UNHCR resettlement programme, with the largest numbers of people resettling in Sweden, France and Germany. Between January and June 2020, 150 refugees from Eritrea were submitted or departed for resettlement to an EU-27 country.

Need for Resettlement
Eritrea gained independence from Ethiopia in 1991 after a 30-year war and was recognized by the United Nations in 1993. In 1998, Eritrea and Ethiopia engaged in another war over their shared border. Lasting two years, it is estimated to have killed 70,000 people from both countries and displaced over 600,000 people. The land dispute continued until a final peace deal between both states was agreed in 2018.

The actions of the Eritrean government, which has been described by Human Rights Watch as “one of the most repressive governments in Africa,” has also caused individuals to be displaced. Led by President Isaias Afwerki since Eritrea gained its independence, the government conscripts most men and unmarried women into indefinite civilian or military service from the age of 18 onwards, although this can happen earlier if children are caught in roundups. With low pay and no choice as to their role or work location, conscription has been described by some individuals as slavery. Those that attempt to avoid military conscription are often killed.

In its 2019 Freedom in the World data report, which assigns countries an aggregate score for political rights and civil liberties, Freedom House gave Eritrea a score of 2/100. Indeed, Eritreans lack basic freedoms such as the freedom of worship and assembly. Independent media hasn’t been permitted to operate in the country since 2001 and Eritrea consistently ranks in the bottom three countries of the World’s Press Freedom Index. Arrests may be arbitrary, and imprisonment can occur without trial and last for indefinite periods, during which time prisoners may be tortured or kept in containers in remote locations.
Asylum Country Conditions

The majority of Eritrean refugees flee to Ethiopia and Sudan. Some people go to Djibouti, Israel, Kenya, Saudi Arabia, South Africa, South Sudan, Uganda, Yemen, or try to journey to Europe. People who have attempted this journey have most often done so on overloaded boats which depart from Libya. According to the Borgen Project, “Eritreans make up the third largest nationality of people who cross the Mediterranean Sea.”13 For further reading on asylum country conditions, the Migration Policy Institute examines how Eritreans access protection in neighboring countries in this report: https://www.migrationpolicy.org/research/protection-move-eritrean-refugee-flows-through-greater-horn-africa.

Ethiopia

The largest concentration of UNHCR-registered Eritrean refugees (174,000) is located in Ethiopia.14 Most live in four refugee camps in the Tigray region and two camps in the Afar region. The camps are located in dry parts of the country with limited access to water. While refugees may live in Ethiopia for indefinite periods of time, they are unable to acquire Ethiopian citizenship. Limits on movement within the country have been eased and Eritrean refugees can leave the camps after six months if they have the means to support themselves financially or are attending university. It should be noted, though, that the government does not grant refugees work permits and, without these, individuals often end up working in the informal sector15 when they can find it, making self-reliance a difficult goal to achieve.16

Sudan

The second largest concentration of UNHCR-registered Eritrean refugees is located in Sudan. In 2013, 83,499 Eritreans were living in Sudanese camps and 28,784 were living in urban areas.16 Opportunities for local integration are limited, since living in Sudan as a refugee is not recognized by Sudanese authorities as ‘legal residence’, meaning that it is impossible for Eritrean refugees to acquire Sudanese citizenship through formal means.17 Refugees are permitted to work, but do not have freedom of movement, so many individuals remain in the camps where opportunities are limited.18 As a result, there is a heavy reliance on UNHCR and other non-governmental organizations to provide for their basic needs. Children may receive an education, but the education system is not well enough equipped for local children who wish to attend school.19 Eritrean refugees in Sudan are at risk of kidnapping and trafficking.19

Culture

Language

There is no official language in Eritrea, although Arabic, Tigrinya, and English are commonly spoken. In primary school, children receive instruction in the language of their mother tongue—Tigrinya, Kunama, Tigre, Saho, Afar, Nara, Blein, Hidirbi, or Bedawi—and the medium of instruction for students aged 11 to 13 is English.18 As Eritrea is a former Italian colony, some older Eritreans understand Italian.20 A larger number of inhabitants understand Amharic as it was the country’s official language until 1991, although providers have reported that people may be hesitant to speak it.

Religion

Reliable statistics concerning religious affiliation in Eritrea are difficult to find. Indeed, in its 2018 International Religious Freedom Report, the US Department of State noted that different sources provide different estimates: government and international sources have estimated that 49% of the population is Christian and 49% is Sunni Muslim, whilst the Pew Charitable Trust has estimated that Christians comprised approximately 63% of the population and Muslims comprised 37% in 2016. As with other aspects of Eritrean life, religion is regulated by the government. The four religions sanctioned by the Eritrean government are Sunni Islam, the Coptic Orthodox Church of Eritrea, the Roman Catholic Church, and the Evangelical Church of Eritrea. The government appoints the heads of the Sunni Islamic community and Orthodox Church. Individuals of other faiths risk home raids, arrest and torture.21

Food

A staple of the Eritrean diet is injera, a spongy flat bread made of teff flour. It is eaten alongside dishes such as zigni (beef stew), ful (baked beans), zebbi derho (a chicken stew), addes and hamli (lentils), and shiro, which is made from powdered chickpeas.22 Once an Italian colony, Eritreans also consume a fair amount of pasta.23 Coffee is consumed and celebrated through a coffee making ceremony; the coffee is typically prepared using a skillet, mortar, and pestle. Occasionally, ginger root is added.

Naming Convention

Eritreans are typically given names corresponding with their gender; however, some names such as Meron may be given to individuals of any gender. Common Tigrigna names are Tsehay which means ‘sun’; Berhane which means ‘light’; Semere which means ‘accomplished’; and Selassie which means ‘trinity’. Muslim names tend to be taken from the Quran, whilst Christian names tend to be taken from the Bible.

The Calendar

Eritreans use both the Gregorian calendar and the Ge’ez calendar, which serves as the liturgical calendar for the Orthodox Church. The Gregorian calendar is seven to eight years ahead of the Ge’ez calendar. The use of both calendars can sometimes cause confusion regarding birth and marriage dates.
Same-Sex Relations
Eritrean men may show public affection for members of the same gender through the holding of hands. This should not be interpreted to indicate sexual orientation. Same-sex relations are illegal in Eritrea and stigmatized among the general population.

Health Considerations
While now banned by the government of Eritrea, female genital mutilation, defined by UNICEF as “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons”, is still practiced in the country. Other possible health concerns commonly arising in Eritrea can include malnutrition, mental health disorders, reproductive health issues, tuberculosis, dental health issues, STDs & HIV/AIDS, typhoid, trachoma, parasitic diseases, anemia, respiratory infections, and Hepatitis B. Eritrean newcomers may be familiar with medical practices commonly used in the West, but also practice traditional medicine.

Resettlement Considerations

Average Case Size
The majority of refugees from Eritrea who migrated to Europe between 2017 and 2019 were men between the ages of 18 and 59. The second largest group was comprised of women between the ages of 18 and 59. Just under 30% of refugees from Eritrea arriving to Europe were children aged 0–17. Based on feedback provided by European practitioners serving Eritrean communities, case sizes vary and are most typically comprised of single men, childless couples, and families with children. When resettling single individuals, providers should exercise care when making accommodation matches and provide additional orientation regarding the use of shared spaces, management of shared expenses, and general conflict resolution.

Education and Literacy
While education is compulsory until the age of 13, primary school, intended for those aged 6 to 10, had a gross enrolment rate of 68.47% in 2017. The gross enrolment for secondary school dropped to less than 50% in the same year. In an informal survey of European countries receiving Eritrean refugees conducted by IRC, 100% of respondents indicated that the highest level of education among those resettled was primary education. Many young adult newcomers have been noted to be eager to restart their education in addition to finding employment. Few individuals have been noted to arrive with documentation of the education attained while in Eritrea, and obtaining copies of the documentation is rarely achieved. Literacy rates continue to rise among Eritreans and in 2018, these stood at 93.27% for those aged 15–24; 76.57% for those 15 and older; and 29.11% for those 65 and older.

Work Experience and Vocational Training
Nearly 80% of Eritrea’s population is engaged in subsistence farming, while the other 20% is engaged in industry such as mining, light manufacturing, food processing, clothing and textiles and trade. Some Eritreans participate in the service industry, or engage in informal employment such as trading in local markets. Providers have noted that Eritreans may not disclose their work experience as they may not believe it is relevant to the receiving community. This may be overcome by providers focusing on newcomers’ daily activities in Eritrea and their receiving community and to focus on skills rather than formal work experience. Providers can engage newcomer populations in job readiness activities, including role play interviews, soon after arrival. Local job culture can be practiced with newcomer populations, including shaking hands upon arrival and dressing for an interview.

Budgeting
Providers can support newcomers’ desire to send a portion of their earnings back to family members and friends while ensuring that their basic expenses are covered through the development of a personal budget and the provision of financial literacy training.

Documentation
Given the difficulty Eritrean experience in accessing documentation from the Eritrean government, Eritrean newcomers may be eager to obtain documentation from their receiving community. At the same time, the Eritrean government has been known to force individuals to sign documents, including for committing to military service. Newcomers may be wary of signing documents, so providers should take care to translate these into their primary language and give full explanations of what the document is for and who will have access to it in the future.

Caseworkers and Interpretation
Eritreans arriving in Europe may speak Afar, Saho, Kunama, Tigrigna, or other languages. While some older Eritreans will speak Amharic, they may be hesitant to use the language as it was enforced by the Ethiopian government during its rule. Due to the Eritrean government’s use of political operatives, Eritreans may have difficulty trusting those within their own community, as well as public officials. Care should be taken in the vetting of interpreters, translators, and caseworkers, and measures taken should be shared with newcomers.

Physical and Mental Health
While those conducting overseas medical examinations will do their best to capture all physical and mental health issues pertinent to resettlement, their time with each individual is limited. Eritreans may have experienced trauma and/or torture in their home country and/or during their journey to other countries which may not be disclosed to a physician. This could include, but is not limited to, physical and sexual abuse, domestic violence, and sexual exploitation. Since 2007, up to 30,000 Eritreans have been kidnapped from Eritrea, Ethiopia, and Sudan and trafficked to the Sinai Desert where they are raped, tortured, and held for ransom by Bedouin tribes. Kidnapping therefore remains a fear for some Eritreans, even after their resettlement. In addition to post-traumatic stress disorder, Eritreans may experience depression and anxiety associated with adjusting to life in a new culture. Service providers are encouraged to actively normalize physical and mental health support through cultural orientation and conversations with newcomers, and connecting refugees to each other and their new community members.
Other Considerations

More than 75% of the country’s population live in rural areas, where there is limited exposure to modern amenities such as appliances and toilets. This, coupled with lower levels of education in rural areas\(^3\), means that Eritrean newcomers will benefit from ongoing, enhanced cultural orientation including the use of realia and field trips to locations like supermarkets and banks. U.S. providers have reported that many refugees from Eritrea are keen to work. They have been reported to enjoy collaborative relationships with their case workers and support their fellow countrymen throughout the integration process.

Resources

Practitioners should ensure that interpreters are properly trained. EURITA has developed a number of resources to support you in this training, including a Trainer’s Manual and Participant Workbook which you can find at ritaresources.org.

To support U.S. practitioners in working with those affected by conflict, IRC developed the IRC Mental Health and Wellness: U.S. Programs. You can also access this through the RITA website at ritaresources.org.

NOTE:

This backgrounder contains historical, political, and cultural information, as well as resettlement considerations, intended to support practitioners in facilitating the integration of Eritreans to Europe. While generalizations regarding the populations may be reported by practitioners, it is important to remember that every individual is unique and should be treated as such.

References

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