



Convention on the Prohibition of the Use, Stockpiling, Production and Transfer
of Anti-Personnel Mines and on Their Destruction

INTERSESSIONAL PROGRAMME 2002-2003

STANDING COMMITTEE ON VICTIM ASSISTANCE AND SOCIO-ECONOMIC REINTEGRATION

Meeting Report 4 February 2003

I Introduction

Pursuant to the decisions of the Fourth Meeting of the States Parties to the Convention, the meeting of the Standing Committee on Victim Assistance and Socio-Economic Reintegration (SCVA) was convened by its Co-Chairs, Ambassador Chesnel of France and Ms Fulvia Benavides-Cotes of Columbia, with the support of its Co-Rapporteurs, Mr Peter Truswell of Australia and Mr Toma Galli of Croatia. The meeting was held in Geneva with the support of the Geneva International Centre for Humanitarian Demining (GICHD).

The Co-Chairs stressed that efforts to aid mine survivors must continue so long as there are mine victims. In the short term, however, it was important for the Standing Committee to focus on ways it could add value. In this context the 2001-02 Co-Chairs (Canada and Honduras) had set a target for the Standing Committee to attempt to achieve significant progress by the 2004 Review Conference. The current Co-Chairs would continue this approach. Important work on the concepts at the heart of the Committee's work, those of "victims" and "assistance", has taken place, and the priorities identified in 2002 through an UNMAS-facilitated "consultative process" gave a useful framework for states to use to report. It was very important for states with mine victims to report on plans and progress. The Co-Chairs suggested that affected states could report on needs and progress in the following format which draws on the previous discussions:

1. The extent of the challenge
2. Addressing the challenge:
 - Emergency and continuing medical care
 - Physical rehabilitation/Prosthetics
 - Economic reintegration
 - Legislation and national planning
3. Laws and public policies

All relevant States Parties are encouraged to report over the four meetings prior to the Review Conference. Full reporting will enable future Co-Chairs to provide an overview of the situation regarding victims, particularly at the 2004 Review Conference. The Co-Chairs also stressed the need to guarantee sustainable funding. To this end, donor countries are encouraged by the Co-Chairs to share their experiences and concerns on this matter.

II Overview of the Status of Implementation

The Co-Chairs noted that the President's Action Programme had highlighted that approximately 43 States Parties may require assistance in meeting the needs of landmine

survivors within their countries. They also noted that Handicap International had reported that there were 7,728 recorded new victims in 2002, with three-quarters of the countries with new victims being countries with insufficient infrastructure and services to provide for the care and rehabilitation of landmine victims. They stressed that the most affected countries are also the most underdeveloped.

The ICBL highlighted that the recorded number of new mine victims in 2002 does not take into account the victims that are not recorded and that the number of new casualties is believed to be much higher as many mine victims die without receiving any adequate formal medical care. In any event, the ICBL reminded delegates that even if the annual rate of new landmine victims was decreasing, the cumulative number of survivors was still increasing.

III Update on implementation - plans and progress

The Co-Chairs said that the most important part of the agenda was the opportunity for affected States Parties to share national experiences. A total of 12 States Parties provided updates: Afghanistan, Albania, Cambodia, Chad, Colombia, Croatia, El Salvador, Namibia, Nicaragua, Rwanda, Tajikistan, and Zambia. Summaries of the updates are in Annex I.

While not focussing on its domestic victim assistance programs, Thailand, commented on the significant role of NGOS and Thailand's excellent collaboration with them. Events in Thailand had included the National Workshop on Mine Victim Assistance (Bangkok, September 2001), and two recent training courses on mine victim assistance.

IV Update on assistance and cooperation

Sheree Bailey, the Landmine Monitor Victim Assistance Research Coordinator provided her views on resources being made available to assist landmine victims. She suggested that from 1999 to 2002 resources for victim assistance had remained relatively static at around US\$ 28 million to US\$ 29 million, or 11 percent of total mine action funding. Landmine Monitor urged states to earmark a percentage of mine action funding for victim assistance.

Following the presentation by Landmine Monitor, the Co-Chairs encouraged States Parties and organizations to provide updates on their efforts.

- Norway outlined that in 2002 about 22 percent of Norwegian funding went to victim assistance, with the main channels being the ICRC and NGOs including Handicap International. Norway stressed that the problem of assisting victims had to remain the responsibility of mine affected countries, and that socio-economic reintegration was very important.
- Japan reiterated its commitment to victim assistance, noted its appreciation that victim assistance priorities had emerged from a "consultative process". In 2002 Japan contributed US\$ 2 million to a rehabilitation centre in Afghanistan, and Japan was also contributing towards the creation of employment opportunities for Cambodian victims.
- Canada noted that in the first phase of Canadian mine action programming 25 per cent of funds had been allocated to victim assistance. Victim assistance would continue to be a key priority over the next 5 years. Canada also stated that it was crucial for mine affected countries to show leadership.
- Australia reported that the Asia-Pacific region was the focus for its mine funding and that there is no specific allocation for victim assistance funding, but that it can be included in

funding applications for assistance. Currently Australia is providing AUD\$ 2.5 million to support an Australian Red Cross victim assistance program in Cambodia which will last two years. In addition Australia stated that it is vital for programs to be truly sustainable so they keep working after donor funding ceases.

- Hungary noted that it has contributed to victim assistance in Afghanistan.

In response to the Landmine Monitor presentation, Sweden said that it was not in favour of earmarking support specifically to victim assistance, but rather that it supported broader mine action programs. It noted that victim assistance came under broader health programs and that it gave support inter alia to the ICRC, a significant actor in relation to victim assistance.

The European Commission noted that it often includes victim assistance within its broader programming and highlighted that it is important for national and local authorities to be given the appropriate tools to deal with the problem.

UNMAS reported that it had entered all the projects from the ICBL's Working Group on Victim Assistance into the UN's E-Mine database of mine action projects and that it had been asked by the Working Group to take responsibility for the development of the portfolio itself. In addition, UNMAS reported that it had reached an agreement with Japan to allocate resources provided by Japan for victim assistance projects. It noted that it was in the process of finalising two projects in South East Asia.

The ICBL Working Group on Victim Assistance recalled that data collection regarding mine victims is improving and that funding for victim assistance appears to have been static over the past three years. In order to measure, a series of indicators was suggested¹. A full report of this analysis would soon be available.

The GICHD reported that it had undertaken a study on the role of victim assistance in mine action programmes.

V. Regional initiatives

Handicap International (HI) provided an update on its Regional Assistance Project for South East Asia, noting that the project is at the half way mark, that it was conceived to assist local actors to determine their priorities for victim assistance, and that South East Asia was selected because the September 2003 Bangkok Meeting of States Parties would provide a logical opportunity to present the results. HI recalled that in 2001 national workshops were held in Thailand, Laos, Cambodia and Vietnam and that these were followed by a regional conference on victim assistance in Bangkok in November 2001.

HI highlighted some of the results of the regional effort to meet the goal of national collaboration on developing national plans. In Cambodia the Disability Action Council had strengthened its capacity to deal with mine victims through the appointment of a Coordinator for Victim Assistance. A similar position was envisaged for the Lao National Committee for Disabled Persons, and work had been done to strengthen the Lao National Committee, which has produced a five-year plan. It was noted that in February or March 2003 a meeting in

¹ using the following six indicators: 1) the extent to which information on mine demographics and needs is available, 2) the extent to which national coordination mechanisms exist and recognise mine victims, 3) the availability of medical care and rehabilitation services, 4) the availability of social and economic reintegration services, 5) laws and policies, 6) the existence of organisations of persons with disabilities and community advisory networks.

Cambodia will take place (with those that were involved with the Cambodian National Workshop held in 2001) to discuss a victim assistance survey for Cambodia. In addition it was noted that an exercise within Thailand is being discussed to provide integrated victim assistance at sub-district and provincial level.

The International Trust Fund for Demining and Mine Victim Assistance (ITF) reported that the percentage of funds devoted to victim assistance under the ITF has fallen (from 8 to 3.5 percent since 1999). However the Trust Fund has continued to support victim assistance. Rehabilitation of mine victims had taken place at the Institute for Rehabilitation of the Republic of Slovenia, which has provided rehabilitation services to 702 landmine survivors from South Eastern Europe. Also there had been education of professionals at the Institute for Rehabilitation of the Republic of Slovenia, with a total of 278 experts trained in rehabilitation. The ITF also worked on the rehabilitation of landmine survivors in Bosnia. The ITF noted that it will be organising a meeting in April 2003 of Ministries of Health in the region to improve coordination. The conclusions of this meeting and initial findings of the Landmine Monitor study will be presented at the May meeting of the Standing Committee.

VI. Maximizing the Standing Committee as a vehicle for cooperation and assistance

The Co-Chair of the ICBL Working Group on Victim Assistance introduced a paper on increasing cooperation amongst NGOs involved in prosthetic and orthotic services in mine affected countries. These NGOs should develop a strategy for strengthening coordination, collaboration and long-term planning.

UNMAS reported that it was consulting key experts, organizations and other actors to develop a draft victim assistance policy to assist mine action programmes in better defining their role in victim assistance.

VII. Other matters

The South East Asian participants in the “Raising the Voices” initiative, which provides training for victims during Ottawa Convention meetings, were introduced. The survivors made a joint statement urging governments to promote persons with disabilities’ participation in the workforce. They also encouraged assistance to projects run by persons with disabilities, asked for support in establishing self-help groups, and urged policies and laws to ensure the rights of persons with disabilities. In addition, members of the Russian National Amputee Hockey Federation were introduced, some of whom are victims of landmines. It was noted that amputee hockey will be officially demonstrated during the Winter Paralympics in Turin in 2006.

VIII An assessment of needs that remain

The Co-Chairs closed the meeting by further encouraging States Parties, in particular from Africa and Latin America, to make full use of the May meeting of the Standing Committee to share their national situations, plans to address them, progress made and priorities for assistance. These States Parties were urged to begin preparing for the May meeting by making use of the suggested framework for presentations that the Co-Chairs had developed. In addition, donors were encouraged to report on their victim assistance programs at the May meeting.

Annex I: Summary of Updates Provided by Mine Affected States Parties

	Extent of the Challenge	Medical Care	Physical Rehabilitation	Psycho / Social Support	Economic Reintegration	Laws & Public Policies
Afghanistan	<ul style="list-style-type: none"> • Around 100,000 mine victims, 150 to 300 new victims a month. • The Afghan Government will work with the ICBL to sensitise officials and the Afghan public to the needs of survivors through workshops and seminars. • To make sure that the link between victim assistance and mine risk education and clearance is better understood, a working group on survey and surveillance has been established at the Mine Action Centre. 			<ul style="list-style-type: none"> • While medical assistance for survivors needs to continue to be worked at, psychological rehabilitation is also important especially for the heads of households. 		<ul style="list-style-type: none"> • The Ministry of Martyrs and Disabled has formed a coordination body with representatives of survivors groups, NGOs and UN agencies to more effectively respond to the needs of victims.
Albania	<ul style="list-style-type: none"> • Since 1999 at least 27 killed and 359 injured as a result of mine and UXO accidents. • Assisting victims is a priority for Albania, but there are constraints as a result of the terrain in the north of the country where the victims occur. • Aim is to arrive at sustainable Albanian capacity by 2005-2006. • Remaining challenges are treating remaining victims, increasing medical capacity within Albania to treat victims, and the reintegration of victims into society. 	<ul style="list-style-type: none"> • Proper trauma treatment is limited to ARC and demining organisations, surgical facilities in north-east Albania are limited. • Enhanced surgical capability in north-east Albania is being planned, particularly through training 3 doctors in the area in advanced surgery. • In the interim there is an arrangement with KFOR for emergency surgical treatment in Kosovo. 	<ul style="list-style-type: none"> • Only basic orthopaedic facilities in Tirana. However: Tirana Orthopaedic Centre has been upgraded (EU, HI support). Prostheses technicians have been trained (Italian support). 147 mine victims were treated in Albania, and prostheses fitted at Tirana Orthopaedic Centre. 66 victims received advanced treatment at the Slovenian Rehabilitation Institute (ITF Support). • More serious cases will be further treated in Slovenia, treatment of sight impaired individuals is a priority. An advanced orthopedic facility in Tirana is planned. 		<ul style="list-style-type: none"> • There is very little rehabilitation and reintegration of victims due to limited funds. • However, 12 victims have been helped by the ICRC in setting up small business enterprises. • Micro-finance to assist further with reintegration of victims is also planned. 	<ul style="list-style-type: none"> • Several laws now afford disabled people with special privileges. • The monthly state pension has been increased.
Chad	<ul style="list-style-type: none"> • Over 2,000 mine victims 		<ul style="list-style-type: none"> • Local NGOs have 		<ul style="list-style-type: none"> • Chad has worked with 	<ul style="list-style-type: none"> • Chad does not have a

	<p>- most died in the immediate aftermath of being injured, the situation is compounded by a weakness of infrastructure.</p> <ul style="list-style-type: none"> Chad would be interested in organising a seminar in Chad on victims to consider putting together a national assistance plan. 		<p>assisted in providing prostheses for mine victims.</p>		<p>the "Raising the Voices" initiative to give mine victims vocational training.</p>	<p>national mine victim assistance plan.</p>
Colombia	<ul style="list-style-type: none"> As at the end of 2002 there were 1,980 mine victims, the rate of new victims is increasing as a result of the guerilla conflict in the country. The majority of affected are in rural areas. 					
Croatia¹	<ul style="list-style-type: none"> Since 1991 there have been 1842 mine victims, of which 414 were fatalities. In 2002 there were 26 new victims. Steps have been taken to gather accurate data. In 1997 a project of data collection was instituted by a Croatian NGO, the Centre for Disaster Management. A wide ranging needs assessment by the Mine Victims Section of CROMAC has started and is still ongoing. The detailed report on the mine victims, once completed, will be a good tool for decision making related to mine victim rehabilitation and should result in improved quality of life for mine victims. 	<ul style="list-style-type: none"> Emergency medical care is at a high level in Croatia through Croatia's existing medical services. 	<ul style="list-style-type: none"> Croatia has 4 hospitals for treating amputees (Rijeka, Split, Osijek and Zagreb), with 75percent treated at Zagreb. In addition there is a specialised hospital in Varadin for spinal injuries and one in Krapina for neck and head injuries are used. Pre and post prosthetic care is good. There is a shortage of prosthetic engineers however. 	<ul style="list-style-type: none"> Although the Croatian Association of Mine Victims is effective in raising awareness, community based psychological and social support is not adequate. Mine awareness campaigns and community health services need to address this issue more extensively. There is also not enough interaction between hospitals, social welfare services and professional counsellors. In 2001, a project for psycho-social support and rehabilitation of mine victims was begun in a hospital in Rovinj. Later in 2001, the Mine Victims Section performed a needs assessment of young people. 	<ul style="list-style-type: none"> All companies and public institutions in Croatia are legally obliged to employ disabled people, but this is difficult to enforce. However some mine victims with external help in retraining have been able to find new occupations. 	<ul style="list-style-type: none"> Laws covering victims medical needs have been passed, but many victims are not aware of their rights. To address this the Croatian Mine Victim Association has published a brochure listing all rights.

				<ul style="list-style-type: none"> As a result of this survey a project has been initiated to create a permanent centre for the rehabilitation of mine victims for the whole region with a special emphasis on children. 		
El Salvador			<ul style="list-style-type: none"> El Salvador's medical services have provided orthotics and prosthetics. Under a tripartite initiative with Canada over 260 individuals have been provided with prostheses. A rehabilitation centre in Mexico has helped. 		<ul style="list-style-type: none"> Any state or private enterprise that employs disabled persons receives a certain amount of assistance. 	<ul style="list-style-type: none"> El Salvador has enacted a law to protect those injured. The Law of Equality has now been passed.
Namibia	<ul style="list-style-type: none"> During the past three years the UNITA rebel movement has planted anti-personnel landmines in the north-east of Namibia, many people have been injured. 					
Nicaragua			Nicaragua reported on progress since last September with a pilot program established with OAS assistance. It lasted 9 months and was very successful. By December 2002, 25 survivors had been fitted with prostheses and trained in vocational areas. In February 2003 a new group will start a new program.			
Rwanda	<ul style="list-style-type: none"> The problem originated in the turmoil during the 1994 genocide when anti-personnel landmines were laid in 5 out of 12 provinces. As at the end of 2002 the total number of victims recorded was 703. 		<ul style="list-style-type: none"> The Rwandan Government has established centres in Kigali and other provinces. A National Trauma Centre was created in 1994 with the assistance of UNICEF, Medecins du Monde, Swiss 		<ul style="list-style-type: none"> The NGO "Mulindi Japan One Love Project" has been getting help from the Japanese private community and Rwandan Local Government and Social Affairs Department. The Project is trying to decentralise from the 	

	<ul style="list-style-type: none"> Many challenges remain and continuing assistance is needed. 		<p>Development Cooperation.</p> <ul style="list-style-type: none"> The Gatagara Centre for the Handicapped manufactures artificial limbs and educates the disabled in primary and secondary education. 		<p>capital. It aims to train disabled people in vocational and technical instruction so they can reintegrate.</p>	
Tajikistan	<ul style="list-style-type: none"> During the last five or six years over 100 people were killed and 100 injured by landmines. Insufficient funding means that mine victims cannot be properly reintegrated and rehabilitated into society. 		<p>An agreement between the Ministry of Labour and Social Security, National Red Crescent Society and ICRC has been signed for a prosthetic plant and rehabilitation centre for mine victims and other disabled persons. A boarding school for disabled persons offers professional rehabilitation.</p>			<p>Pensions for disabled persons including mine victims is undertaken through a law on the provision of pensions. In addition the rights of disabled persons are protected by the law on social security.</p>
Zambia	<ul style="list-style-type: none"> No data on mine victims, but there are quite a number. A mine action centre established (in 2003) but it has no program yet on victim assistance. Victims are assisted in other ways; through the Cheshire Home, which operates in northern Zambia and Lusaka, the Ministry of Community Development and Services and the Association of the Blind and Handicapped. The Zambian Mine Action Centre hopes to collect data on mine victims soon. 		<ul style="list-style-type: none"> There are orthopaedic centres in the country that offer prostheses – particularly the University Teaching Hospital which offers ICRC type prostheses at a reasonable cost, while the Zambia-Italian Orthopaedic Hospital offers the Atlas type of prosthesis at a high cost. 	<ul style="list-style-type: none"> It is hoped that a plan for psycho-social rehabilitation will be developed through the Zambian Mine Action Centre. 		

ⁱ General results and future priorities: Overall among the impacts of the programs undertaken will be increased economic opportunities, improved coordination – for example between the Croatian health care system and Mine Victim Authority - and enhanced ability for mine victims to undertake representational advocacy. Some future priorities are: the need for continued fund raising; better involvement of medical teams in follow-up for mine victims; greater public awareness of the need to reintegrate mine victims; and the generation of future employment opportunities.