Meeting of Standing committees
Geneva Feb 04

Medico-social situation of landmine affected people in Uganda
Dr. Alice Baingana Nganwa
Ministry of Health

Affected Areas

- 3 districts in the North - Worst affected area
- 2 in the East - only 2 incidences reported end of 2003
- 2 Districts in the West - No reports of injury for 3 years
**Affected areas (Cont)**

- In the North the target is civilian population
- Landmines planted in gardens, near boreholes & other water sources, granaries, foot paths
- Wide spread and not mapped
- Planted by withdrawing rebels

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**War related traumas recorded by Hospital in Gulu District (Jan 2002 - April 2003)**

- Gunshot Wounds
- Rebel Assaults
- Mine and Bomb Blasts
Causes of Disability 1600 Cases
(July 1998 - May 2003)

- MEDICAL CONDITIONS: 21%
- OTHER: 13%
- WAR: 51%
- TRAUMA: 15%

War Trauma in Northern Uganda

- Bomb Blast: 6%
- Gunshot: 6%
- Landmine: 49%
- Rebel Assault: 39%
Rehabilitation

- July 1998 - May 2003
- 1,183 amputees identified
  - 323 due to landmines (27.3%)
  - 629 fitted with prosthesis
  - 221 are landmine victims (35%)

Community Education

- Intersectoral/NGOs/Community leadership
- Sectors: education, health, community devt, defence
- Poster, booklets-adults
  - children sara character
- Community campaigns in IDPs, in schools
**Output of Community Education**

- Teachers                                      1,140
- Political /community leadership
  (IDPs & nonIDPS)                      507
- NGO staff                                      176
- Youth grps 7 students                     112
- Religious leaders                             77
- Others                                               43
- TOTAL                                        2,055

**Outcome of education**

- Increased landmine reporting and recovery
  From 31 in 2001 to 111 in 2002
  ‘According to UPDF, wider community awareness of landmines has been instrumental in alerting the army when there is a potentially dangerous object to be removed’
Challenges

- Continuing conflict
- Comprehensive socio-economic rehabilitation
- Follow up of amputees in the community is weak due to inadequate staff, transport
- Landmine victims in the west of Uganda though few are not reaching services regularly
- Inadequate rehabilitation arrangement for affected soldiers
- Sustainability of services-disability is life long with accumulative burden with each new injury; mechanism to purchase

Way forward

- Disability policy and council implementation
- Advocate for prioritising injury and it’s mgt including rehabilitation with relevant sectors
- Community Based Rehabilitation in affected areas
- Follow up on implementation of Ottawa treaty, Berne manifesto and Kampala declaration
Thankyou

AVSI
UPDF
Invitation