



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

INTERSESSIONAL PROGRAMME 2003-2004

STANDING COMMITTEE ON VICTIM ASSISTANCE AND SOCIO-ECONOMIC REINTEGRATION

Meeting Report 23 June 2004

I. Introduction

Pursuant to the decisions of the Fifth Meeting of the States Parties (5MSP) to the Convention, the meeting of the Standing Committee on Victim Assistance and Socio-Economic Reintegration (SCVA) was convened by its Co-Chairs, Ambassador Mike Smith of Australia and Ms. Dijana Plestina of Croatia, with the support of its Co-Rapporteurs Ms. Maria Pia Hernandez of Nicaragua and Ms. Mariann Murvoll of Norway. The meeting was held in Geneva with the support of the Geneva International Centre for Humanitarian Demining (GICHD).

II. Overview of the Status of Implementation

As Co-Chair, Australia emphasized the importance of receiving updates from mine-affected states, as it was the last opportunity to do so before the Review Conference. The Co-Chair reflected over the progress made in the Committee since its inception, in terms of understanding the problems faced by victims and mine affected countries and identifying areas of future work, in the lead up to the Review Conference and beyond.

The ICBL provided its views on the status of implementation, noting that States Parties' presentations on victim assistance have become more focused and targeted and that this clarity and focus should help the Standing Committee in matching needs with resources. However, the ICBL expressed that detail is often lacking gaps in victim assistance (i.e., information on the extent to which needs are not being met). The ICBL reinforced that victim assistance is a long-term issue and that therefore victim assistance programmes need to be part of long-term national plans that lead to the development of services that are expected to be technically and economically sustainable. The ICBL reminded the Standing Committee that there is still not a clear picture of total funding for mine victim assistance, thus making an assessment of implementation difficult. Finally, the ICBL suggested that States Parties ensure that what happens in Geneva reaches those who could benefit from the information in mine-affected countries by Standing Committee participants disseminating this information in their home countries.

III. Update from relevant States Parties on the status of implementation

Nineteen (19) States Parties provided updates on the problems they face, and their plans, progress and priorities for assistance pertaining to the responsibility to provide for the care, rehabilitation and reintegration of landmine survivors: Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Colombia, Croatia, El Salvador, Eritrea, Guinea-Bissau, Jordan, Nicaragua, Peru, Serbia and Montenegro, Sudan, Thailand, Uganda and Yemen. Summaries of these updates are contained in an annex at the end of this report.

The President-Designate of the First Review Conference, Ambassador Wolfgang Petritsch of Austria, noted that the presentations pointed to the significant task faced by States Parties in providing assistance to victims in the period following the Review Conference. He noted the strategies many States Parties had put in place to overcome the problems and indicated that he would draw on this when drafting the documents for the Review Conference. He encouraged States Parties to examine

and provide views regarding the victim assistance section of the draft documents and thanked Nicaragua for assisting him with the victim assistance section of these documents.

Croatia, as one of the Co-Chairs thanked the Co-Rapporteurs (Norway and Nicaragua) and the countries for presenting comprehensive and useful reports. The Co-Chair expressed satisfaction at the progress made by states in relation to victim assistance and thanked them for their reports. It remained important to discuss and find ways to ensure the successful socio-economic reintegration and physical rehabilitation of the landmine survivors.

IV. Introduction of the participants of *Raising the Voices*

The participants of the *Raising the Voices* initiative, who on this occasion came from the Middle East, were introduced: Marwan Abou Al-Ezz from Lebanon, Adnan Al Aboudy from Jordan, Sulieman Ghnemat from Jordan, Saleh Al-Dahyani from Yemen, Saba´a Al-Jarady from Yemen, Omar Allhebi from Syria, Ali Srouf from Lebanon and Hassam Doughouz from Syria. These participants expressed the need to empower landmine survivors in order to fulfill their rights and to recognize that women have specific and different needs. The empowerment of survivors would need international cooperation.

V. Updates on regional victim assistance efforts

No States Parties or other actor took the floor to express views on this topic.

VI. Updates from those in a position to do so regarding assistance and cooperation

Sweden reported that it had increased its funding of mine action activities by up to 50 percent. It noted that there was a need for more mine action programs given the increasing demands and challenges confronting mine affected states. Sweden considered it important to guarantee international human rights for persons with disabilities and thus was playing an active role in promoting an International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. Swedish reported that its work on victim assistance was managed through Swedish International Development Agency (SIDA). It does not keep track of the exact amount given to landmine victim assistance, but there were indications that this was increasing. Sweden also stressed the importance of mainstreaming mine action into national development plans and strategies.

Japan noted that empowerment of land mine victims was one of the main components of social reintegration. Japan stressed the importance of having a long term and holistic approach for mine action programs, particularly for the treatment of victim assistance. Japan reported that it provided US \$470,000.00 to a project in Yemen and US \$490,000.00 to a project in Lebanon which included planting trees to promote mine action as well as sustainable development.

Germany stated that victim assistance was a long-term task for which no deadline could be specified. It required the willingness on the part of donor countries to support assistance efforts over the long term. The Federal Foreign Office provides victim assistance as part of its humanitarian assistance for emergency aid and through its cooperation with organizations in the area of mine action. The objectives of these projects are to assist the rehabilitation of land mine victims and to reintegrate them into the labor market. In addition, Germany has a systematic approach to integrating victim assistance into development cooperation within the framework of restructuring national plans and poverty reduction processes. Germany reported that in 2003 it allocated €2.98 million for victim assistance projects in Afghanistan, Angola, Iraq and Vietnam and that this was a significant increase compared with 2002 (representing 35 percent more for victim assistance and 15 percent more for mine action in general).

Canada referred to the experience of the *Niagara Foot* project in El Salvador. In 2003, Niagara Prosthetics and Orthotics Corporation, in partnership with a Canadian Rotary Club, Queens University and the Universidad de Don Bosco in San Salvador, conducted a clinical trial in which it

fitted 104 Niagara Feet to amputees in El Salvador. Niagara Foot technology uses an energy return system that produces a superior product at relatively low cost. As a result of these trials Canada is partnering with Rotary Hawkesbury Canada to produce new feet for one thousand people in El Salvador over an 18 month period. A major objective of this project will be to train local technicians and to transfer their knowledge to other technicians in Latin American. The design and operational system of this centre could also be replicated in different post-conflict countries.

Netherlands: In terms of mine action projects, the Netherlands has prioritized mine clearance, which has received €12 million euros in funding in 2003. Its approach aims to prevent rather than cure. Regarding victim assistance, the Netherlands has allocated €350,000 euros a year to the care and rehabilitation of land mine survivors through Handicap International Belgium. This commitment is valid from 2004 to 2008, amounting to a total of €1.4 million. Funds support programmes in Northern Iraq and Angola. The Netherlands believes care and rehabilitation programs should be an integral part of the health sectors in specific countries. Health care is a priority in much of the Netherlands' development cooperation strategy. The Netherlands also gives contributions to the ICRC, UNICEF and the WHO but does not have specific details on this financial aid.

The **World Health Organization (WHO)** informed the Standing Committee that its activities in relation to landmine injuries are part of an integrated approach. The WHO activities and strategies are generally aimed at victims of all types of injuries. However, the WHO has made specific contributions on landmines, such as the creation of the WHO document *Guidance For Surveillance of Injuries due to landmines and unexploded ordnance*. This document was supported by the ICBL and the ICRC and provided the basis for the victim module of the IMSMA database. The WHO has produced several publications such as *Injury Surveillance Guidelines* and *Guidelines for Essential Trauma Care*. These documents provide useful examples for health systems dealing with mine victims on how to prevent, plan, monitor and treat patients. The WHO reported that its Executive Board passed a resolution on disability. This will be submitted for approval to the World Health Assembly in 2005.

South Africa reported that on 31 March 2004 it made approximately CHF 113,400 available to the ICRC for mine action in Angola, bringing South Africa's total contribution to victim assistance in Southern Africa to approximately CHF 1,270,620 since 1997. Of this amount, CHF 239,400 was donated specifically to projects in Angola through different organizations such as the ICRC, the UNHCR or the IOM.

VI. Matters of thematic Nature pertaining to victim assistance

Successful economic reintegration

Dr. Abdul Baseer, Executive Director of the Afghan Amputee Bicyclist for Rehabilitation and Recreation (**AABRAR**) presented on the experience of AABRAR, which was established in August 1992 in Jalalabad. This centre was designed to teach persons with disabilities to ride bicycles as a means to travel independently. In 2002, the program was expanded to Kabul. It has benefited more than 25,000 individuals, the majority of whom are mine survivors. In addition to providing physiotherapy services, health education, mine awareness and literacy training to more than 3,000 people a year, AABRAR'S main activities include the bicycle training program for disabled men and boys to teach them how to ride and repair bicycles. For disabled women and girls, AABRAR offers vocational training programmes in carpet weaving, embroidery, ball making and tailoring to approximately 80 women and girls. Each of these participants receives their own machine at the end of the year to generate income to support their families and become self-reliant.

Suliman Ghnemat, from Jordan, on behalf of the **Raising the Voices** participants, called for the States Parties to observe and strengthen the provisions in Art. 6.3 of the Convention, particularly by: enhancing employment opportunities, including by assuring accessibility in the work place; adopting appropriate policies and plans in close consultation with landmine survivors; forming and reinforcing of associations of landmine survivors in accordance with the Rule 18 of UN Standard Rules; and, improving survivors' living situations through economic cooperation and technological exchange.

Sheree Bailey of the **ICBL** announced the development of a compendium of “great ideas” for the economic integration of landmine survivors and other persons with disabilities, noting that a questionnaire had been developed and distributed to organizations working in the field of economic integration. States Parties were invited to provide information on government-run programs. The compendium will be distributed in Nairobi, subject to securing funding for printing and transportation costs.

Physical rehabilitation

Ms. Becky Jordan, Co-Chair of the **ICBL** Working Group on Victim Assistance, provided an update on ongoing discussions intended to improve coordination between international actors involved in prosthetics and orthopaedics.

The **ICRC** presented on its experience in the field of physical rehabilitation, including prosthetics, orthotics, and physiotherapy. The **ICRC** noted that ensuring persons with disabilities have access to efficient and continuous care is a major challenge, particularly in war-affected and post conflict countries. The **ICRC** reported that it carries out physical rehabilitation in dedicated centres and in hospitals and has more than 25 years of experience in this area. The **ICRC** also promotes the development of national expertise through increased training. It stressed the importance of working in close coordination with local partners in order to ensure the sustainability of the programmes.

Physical Accessibility

Saleh Al-Dahyani, on behalf of **Raising the Voices**, stressed that social and economic reintegration as stated in Art. 6.3 of the Convention could only be achieved if the physical accessibility was guaranteed in the daily lives of persons with disabilities. The importance of accessibility to public places for all disability types was highlighted. This included to hotels, public bathrooms, government buildings, lifts, hospitals, and schools. In addition, accessibility to communication and information (including conference documents) was emphasized as important, such as telephone, computer software, audio cassettes, CDs, Braille, etc. A call was made for the international community to take the issue of accessibility seriously and be supportive with the current discussions of the draft UN Convention on the Rights of Persons with Disabilities, which includes strong provisions on integration, independent living and accessibility. The document *Accessibility checklist while preparing an event or conference* was distributed.

Other matters:

The **Landmine Survivors Network** presented the initial report of its ongoing research on national legal frameworks related to persons with disabilities in States within which there are hundreds, thousands or tens thousands of survivors (Albania, Afghanistan, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Croatia, Colombia, the Democratic Republic of the Congo, Eritrea, Mozambique, Nicaragua, Serbia and Montenegro, The Sudan, Thailand, Uganda, Vietnam and Yemen). Preliminary results of the research focused on constitutional frameworks and disability, and the ways disability has been approached in the countries examined (i.e., anti-discrimination provisions, pertaining either specifically to disability or to general provisions on non-discrimination; provisions that reference and incorporate international or regional human right law into national law; and, protection and assistance provisions like financial assistance, assistance in the provision of rehabilitation services, or simply special care).

Mexico and New Zealand also contributed to the discussion on various other matters.

VII. Towards the first Review Conference

Handicap International presented outcomes of a workshop, which took place in Paris, 25-28 May 2004. These included: the need to strength both technically and financially, physical rehabilitation,

psycho-social support, economic reintegration for landmine victims and to promote better mechanisms of coordination among NGOs, national institutions and donors.

Nicaragua, as friend of the President-Designate responsible for facilitating input on victim assistance for the First Review Conference, explained the structure and content of the sections of Preparatory Meeting documents pertaining to victim assistance. It was highlighted that several written comments from different actors has been received, analyzed and taken into consideration. The review document contained references to the victim assistance obligations of States Parties in relation to victim assistance, the clarification of the concepts of “landmine victims” and “victim assistance”. The action plan document stressed the need for mainstreaming victim assistance into national development plans and poverty reduction strategies and the need for coordinated and coherent policies on the part of all States in providing and supporting physical rehabilitation and social reintegration for landmine victims. Nicaragua made a call to the States Parties, international organizations and NGOs to actively comment on issues related to the action plan, which were needed to reinforce it and make it more operational and concrete.

The **ICRC** also contributed to this discussion, making a number of concrete suggestions regarding how the Standing Committee could enhance its work following the First Review Conference. These suggestions included further involving States Parties’ experts from branches of government most likely to hold responsibilities for improving matters pertaining to the care, rehabilitation and reintegration of landmine victims.

VIII. Co-Chairs’ Summary

Croatia, as one of the Co-Chairs, concluded the meeting, recalling that victim assistance must not be treated in isolation and should be mainstreamed into the broader notion of development. The importance of promoting anti-discrimination laws and assuring equal opportunities and accessibility for all persons with disabilities was emphasised. In this regard, it was noted that all creative programmes aimed at reintegrating landmine victims were welcomed. It was also underlined that rehabilitation and social reintegration was a matter of human rights and not charity, which demands collective efforts and initiatives to build partnerships involving several stakeholders such as land mine survivors, NGOs, private sector, governments and the international community. Appreciation was expressed for all the efforts and progress made in regards to victim assistance, both by affected States Parties and those in a position to assist them.

Annex to the Report of the 23 June 2004 Meeting of the Standing Committee on Victim Assistance and Socio-Economic Reintegration

Summaries of problems, plans, progress and priorities for assistance of affected States Parties

Afghanistan

Problems faced: Landmines and unexploded ordnance killed approximately 370 Afghans last year, equalling more than one death a day, and left more than 1,000 survivors, of whom many are seriously injured. There are more than 100,000 survivors in Afghanistan, with at least one-third under the age of 18 and as many as 10 percent women and girls.

Plans and progress: The Afghan Ministry of Martyrs and Disabled coordinates assistance and empowerment efforts for the disabled, including mine survivors, in the country. This work has been supported by various international donors, UN agencies and local and international organisations. The Afghanistan government's plan is to mainstream the policy for disabled into schools, regular vocation training courses and employment. Another important goal is to fight discrimination against the disabled, through mass media campaigns and related awareness raising activities in schools, the development of disability awareness training materials in national languages and the training of national language trainers, and, advocacy to promote national legislation related to the rights of people with disabilities.

Priorities for assistance: Donors are invited to look at the revised version of the Portfolio of Mine Action Projects 2004, which includes a disability mainstreaming project for Afghanistan.

Albania

Problems faced: Since 1999, 32 people have been killed and 217 injured from mines and UXO. Thirty-nine (39) villages with a population of 25,500 in the northeast of Albania are directly affected. Poverty of the region keeps up pressure to utilise contaminated land. It is difficult to patrol the Albania / Kosovo border because of mines and since the end of the Kosovo crises, 13 police officers have been wounded or killed by mines / UXO.

Plans and progress: Albania is implementing an integrated mine action plan, which includes the physical rehabilitation and socio-economic reintegration of mine victims. The National Trauma Centre, with ICRC support, has provided prosthesis to survivors for free. With ICBL assistance, a broad integrated victim assistance strategy was adopted in Albania. In 2003, 3 prosthesis technicians, 1 physiotherapist and 3 surgeons were trained. Fourteen (14) victims were treated in Albania with ICRC assistance and 22 victims received advanced treatment in Slovenia. A revolving fund for economic rehabilitation of victims has been set up with US State Department funding. By the end of May 2004, 22 victims' families have been provided with cows for generating income.

Angola

Problems faced: A Landmine Impact Survey will be completed in 2004, which will help assess the extent of the problem.

Plans and progress: Support and assistance to mine victims is part of the national framework to support persons with disabilities, directed by the National Programme for Physical and Sensorial Rehabilitation within the Operational Plan 2001-2005 of the Health Ministry. There are 9 orthopaedic centres in Angola. The national NGO, ANDA, in partnership with Fund Lwini is implementing small projects for socio-economic reintegration for disabled people who want to return to their areas of origin. The programme is called "Come with me!" and includes vocational training and microcredit financed by the Angolan Government. LARDEF is implementing small projects for training and socio-economic reintegration for disabled people including mine victims. Handicap International provides technical support to the S.Paulo Social Center for training and social reintegration. German Technical Cooperation GTZ also provides technical support to the S.Paulo Center and capacity building for the Ministry of Social Affairs. The Angolan government is working on indicators for evaluation. The National and Intersectorial Commission for Demining and Humanitarian Assistance (CNIDAH) was established by Presidential decree in September 2001 to plan, co-ordinate and control

the National Mine Action Programme. It has two sub-commissions: one for demining and mine risk education and one for support and social reintegration.

Bosnia and Herzegovina (BiH)

Problems faced: From the beginning of the war till end of 2003, 4,825 persons were injured or killed by mines or UXO. According to the ICRC from 2003, males in the age of 19-39 make up to 40 percent of the victims, while children younger than 18 years make up to 20 percent of all victims. Seasonal differences in potential for injury concur with the population's agricultural activities. In 2003, the number of victims rose slightly among returnees, who probably were not sufficiently informed about the danger of mines. However, the overall trend is reduction in the number of new mine victims, with the 4.5 new victims per month on average. Economic reintegration remains the greatest problem.

Plans and progress: A working group exists to prepare a landmine victim assistance strategy on the basis of Handicap International and UNICEF's analysis of the existing assistance services. There are 7 rehabilitation centres, 7 health resorts and 60 community centres, which deal with physical therapy. There are 3 psychiatric hospitals, established together with the community centres, and 27 orthopaedic-prosthetic workshops. Victim assistance programmes include financial support for the purchase of prosthetic devices, material assistance, rehabilitation, psycho-social support and socio-economic reintegration.

Laws and public policies: Four existing pieces of legislation are relevant: The Social Insurance system, the Social Protection system, the Protection of Civilian Victims of War, and, the War Veterans system. Under law civilians have rights to personal disability allowance, allowance for care and assistance by a third person, orthopaedic allowance, family disability allowance, and, child allowance. Funding for these benefits stems from the Cantonal Governments. Entitlements for civilian victims of war and for disabled veterans are regulated by various laws.

Priorities for assistance: International assistance is still needed to fill the gaps in the provision of assistance to landmine victims.

Burundi

Problems faced: Burundi has a considerable number of victims. The contaminated areas are situated in south-east, east and west. Since the cease-fire agreement was signed on 16 December 2003, three-quarters of the territory is satisfactorily safe and thus the number of new victims is declining. However, new victims are being recorded in the east of the country where conflict continues. Medical emergency services are non-existent, as well as transportation to medical centres. There are five hospitals in Burundi with four of these in the capital. The most difficult cases are treated abroad, mainly in Kenya and South Africa. There are four centres providing physiotherapy and equipment in Burundi. The four centres are not able to meet the needs of the patients. A workshop for orthopaedic equipment called Centre National d'Appareillage et de Rééducation functions well. The two other workshops are dependent on private support. There are four centres for socio-economic reintegration, mostly for war victims.

Plans and progress: Some associations for psychological and social support are being put in place slowly: L'Association Burundaise pour l'Assistance des Handicapés Physiques, and L'Union des Personnes Handicapés. The associations need financial support.

Priorities for assistance: Burundi needs financial support to strengthen the four centres for physiotherapy and equipment, in the areas of rehabilitation of the hospital buildings, new equipment and training of personnel.

Cambodia

Problems faced: During the past four months there have been 462 mine / UXO casualties. One third of the victims were children. The overall estimate is 40,000 survivors in Cambodia since 1979.

Plans and progress: Cambodian Mine Action and Victim Assistance Authority (CMAA) is assisting the Disability Action Council (DAC) in developing a long-term strategic plan for guidance and direction. The plan will include identification of inter-sectorial programmes and resources to support

them. The CMAA is a regulatory authority that has the responsibility for co-ordination and monitoring of mine action. It is both a regulator and the government's focal point for designing policies, plans and programmes and for establishing a necessary legal framework governing mine related issues. Concerning the assistance to mine victims, the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation and a national NGO, the Disability Action Council (DAC), are in charge. Over the next five years, Cambodia's priorities are to: 1) Initiate, enable and if needed, co-ordinate all agencies involved, so that they are capable of delivering integrated and sustainable services for Victims, 2) develop information networks on victim assistance, 3) promote the development of effective and appropriate rehabilitation services and programs, 4) support and promote the inclusion of victims in all development projects / programmes and activities, 5) develop quarterly and annually progress forms for relevant organisations and agencies to send regular reports to the national authority, 6) conduct field monitoring of organisations and agencies to check that all government policies and guidelines on disability rehabilitation, socio-economic integration and anti-discrimination are implemented, and 7) call an annual meeting of victim assistance for all relevant organisations / agencies, key ministries and stakeholders.

Laws and public policies: The Ministry of Social Affairs is finalising the draft law "Rights of People with Disabilities". The law has been submitted to the Council of Ministers' Legal Council for review with the hope that the Royal Government will endorse it and will pass on to the National Assembly in due course. The land mine victims are included within the contents of the bill.

Priorities for assistance:

Victim assistance funding has not yet been secured.

Colombia

Problems faced: Colombia has the fourth highest level of victims in the world with a new victim every 12 hours. Forty (40) percent of victims are civilians with all of these existing below the poverty level. Artificial limbs and other forms of assistance are expensive, and, geographic distance makes it difficult to reach help.

Plans and progress: The state has been active in providing physical and economical rehabilitation for victims. Columbia has taken a systematic approach for reintegration which includes: information on rights; and, physical / economic reintegration. A manual is produced for emergency situations. Personnel are trained for medical assistance.

Priorities for assistance: Priorities include taking the psychological dimension into account and pursuing a holistic approach.

Croatia

Problems faced: According to the Croatian Mine Victims Association (CMVA), 420 people were killed and 1,448 injured in mine incidents during the period 1991 to June 2004. The largest numbers of victims were in Karlovac, Sisak, Osijek and Zadar counties. The majority of landmine victims are adult male farmers, while women make up about 5.26 percent of victims. Of the total number of landmine victims in Croatia, 104 were under the age of 18. Deminers accounted for 6.24 percent of all mine victims.

Plans and progress: The DUGA centre, established in 2001, will host 500-600 mine victims a year. The centre will be open to all mine affected people from South-East Europe as a whole, with 10-15 percent of the places reserved for mine victims from other regions of the world. Since 2001, workshops have been held every summer. All levels of emergency care are highly developed in Croatia. There are four specialised hospitals for treatment of amputees, although 75 percent of the cases are treated in Zagreb. Pre- and post-prosthetic care is available, although the availability of wheelchairs is insufficient.

Laws and public policies: All public institutions and government owned companies in Croatia are obliged by law to employ disabled people when possible, although this is difficult to enforce, especially in times with high rates of unemployment. Laws covering mine victims' medical needs and rights have been passed, but most mine victims are not fully aware of their rights or how to obtain them. The CMVA has published an information brochure on this issue.

Priorities for assistance: The CMVA's goal is to have a representative in each of Croatia's 14 mine-affected counties. With respect to external funding, Croatia puts priority on capacity building. More needs to be done when it comes to education and mine awareness in general, as well as monitoring and enforcing the laws.

EL Salvador:

Plans and progress: A physical rehabilitation and psychological reintegration program is being implemented to benefit civilians and military personnel affected by mines. Another important initiative was the establishment of the Center for Prosthetics and Orthotics, developed with support of the German Technical Cooperation Agency, which organized the first world congress for Prosthetics and Orthotics Centers, held from 26 February to 1 March, 2002.

Laws and public policies: The government continues to make efforts to protect survivors through legal means, such as the "law for the protection of injured and disabled persons as consequence of the armed conflict" and the "law for equal opportunity for disabled people". These laws guarantee health care and productive reintegration of disabled people, as well as equal opportunities in society.

Eritrea

Problems faced: The magnitude of the mine victim problem is not yet fully known, but, at present, data on 100,000 persons with disability are being analysed for a National Survey for People with Disability, which will mature into a socio-economic database to monitor the reintegration process. The Landmine Impact Survey has identified landmine survivors in mine-affected communities and has found that the most affected group is young male herders. Slightly more than 50 percent of landmine victims die. There are 5,385 mine victims in mine affected communities. This number is expected to increase with the return of IDPs, refugees and improved data collection.

Plans and progress: The Mine Action Strategic Planning Process is scheduled for July and August 2004. The completion of the National Survey for People with Disability is scheduled for March 2005. In 2003, the Ministry of Labour and Human Welfare endorsed a strategy plan for 2002-2006 – "Direction to Establish a Model of Victim Support Utilising Community Based Rehabilitation in Eritrea". This provides a plan for victim support in Eritrea and the participatory priority setting process involved over 800 persons, many of whom have their own disability. The victim support programme in Eritrea has three core components: 1) to change attitudes of the communities where landmine survivors and other people with disability live for improved social reintegration, 2) to use community based rehabilitation to realise priorities within the national development plans with regard to people with disability, and 3) to build access to other services such as the orthopaedic workshops, enabling child landmine survivors to attend school and providing seed money loans to set up small businesses for poverty reduction. The Ministry of Labour and Human Welfare is working to develop plans in collaboration with the Ministry of Health and the Ministry of Education. The Ministry has prepared "the emergency care proposal" to train communities to respond to the golden hour of emergency. Continuing medical care is an area where partnership is being built to respond to traumatic injuries, surgery and additional medical care. A project was funded in 2004 to assist landmine survivors and other persons with disability to access the Ministry of Labour and Human Welfare's orthopaedic workshops. Social support and changing attitudes are areas of focus in Eritrea. Community-based rehabilitation committees exist. Concerning economic reintegration, a pilot seed loan money scheme has been extremely successful and the continuation of this project is the top priority within victim support.

Laws and public policies: As the work on the international Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities proceeds, Eritrea will use this information to open a participatory dialogue with respective ministries to develop a framework for victim support that complies with the Convention.

Priorities for assistance: There is a need for capacity building at the orthopaedic workshops and to continue to build good relations with the community to find solutions. There is a need for raw materials, training in management of upper limbs, developing simple aids and equipment production. (Wheelchair manufacturing is anticipated to begin in 2005 or 2006.)

Guinea-Bissau

Problems faced: According to a countrywide survey of mine / UXO casualties launched in 2002, 616 landmine survivors were identified: Almost 35 percent are children, 20 percent are women and 45 percent are men. Only 9 percent of the victims have been treated by the national physical rehabilitation capacity. Landmine survivors are most prevalent in northern region (35 %), in Bissau capital and area (25 %), in the southern part of the country (19 %) and in eastern region (21 %). Treatments available for victims are scarce. The specialised Centre for Surgery and Rehabilitation of Disabled, operating with Dutch funding in the early 90s, was destroyed during the 1998-99 conflict. The cost of treatment is a major hurdle for many victims, even when they have access to a public hospital. The hospital itself frequently suffers from inadequate resources. There are no special service providers in psychological and social support. The main problem is to provide work for the landmine survivors and persons with disabilities.

Plans and progress: The objective is to improve access for persons with physical disabilities through the rehabilitation of the specialised centre for surgery and to increase national capacity in physical rehabilitation. The objective is to offer victims physical rehabilitation, psychological support and assistance to reintegrate into Guinean society. The objective is to promote the reintegration of mine victims and disabled persons into society by promoting sports activities and facilitating relevant income-generating projects.

Laws and public policies: There is a need to reinforce the article 5 of the National Constitution in order to include the landmine / UXO victim assistance concept. A complete and comprehensive national plan is needed, which include awareness campaigns on the needs of persons with disabilities. CAAMI is facing the following challenges: the inclusion of mine / UXO victims in category of “war victims” so they can access the same rights for compensation, the non-discrimination between the victims of the Liberation War and the victims of the 1998-99 conflict, and, the non-discrimination between mine / UXO victims and other disabled or injured people.

Priorities for assistance: Guinea-Bissau requests assistance to further improve the national organisations, care services and workshop activities of the national resources. It requests assistance to develop a first response unit, including training in first aid and follow up activities, and, assistance in other areas.

Jordan

Problems faced: During the period 1996-2003, the total number of registered victims was 529, with 108 fatal cases. In May 2004, 3 children were killed and 2 injured in an UXO accident. The national programme is lacking proper long-term funding for physical and social re-integration. Vocational and technical training opportunities are underdeveloped.

Plans and progress: All victims receive basic medical care through programmes run by Royal Medical Services and the Ministry of Health. The National Committee for Demining and Rehabilitation (NCDR) is planning to bring these institutions under one organisational umbrella by the end of 2004. Construction of a special rehabilitation clinic is to be started in 2005. The clinic will be part of a larger effort to increase support for the disabled. Jordan plans to establish a national register of accidents and incidents based on census survey. Jordan plans to set up a national programme to meet all needs, and to establish a comprehensive skills and vocational training programme. Jordan plans to give long term social assistance.

Laws and public policies: A Law on Disability was passed in 1983 enshrining rights of the disabled.

Priorities for assistance: Priorities include: updating and improving the existing database; the design of a national programme, stipulating roles, responsibilities and inputs, including social and economic reintegration assistance; the construction of the national rehabilitation centre by end of 2005; and, the establishment of a victims trust fund for the period 2005-09.

Nicaragua

Problems faced: Only 20 percent of the victims are registered.

Plans and progress: Through the Victim Assistance Program, 590 survivors have been assisted since the program was established in 1995. Vocational training and psychological assistance is essential with 106 persons have so far trained.

Peru:

Laws and public policies: National victim assistance policies are contained within general policies on disable persons. The legal basis for this policy is in the General Law for Disabled Persons, which guarantees the rights of disabled persons to health and welfare services, access to public housing and equal opportunities for employment. The Government of Peru is promoting the “Plan of Equal Opportunities” in which the state assumes commitments to reduce poverty and promote equal opportunities, as well as prioritizing assistance to vulnerable groups and those in extreme poverty.

Serbia and Montenegro (SB)

Problems faced: The greatest numbers of victims are among persons more recently displaced from Kosovo and Metohija, and refugees from earlier hostilities in Bosnia and Herzegovina. The widespread use of AP mines in civilian areas was non-existent in former Yugoslavia. No organised response to injuries was therefore in place at the outcome of hostilities, and injuries were dealt with as best as possible locally, within the existing civilian health care system. Consequently, consolidating data remains a great challenge. The best approximations for the period of 1992-2000: The total numbers of landmine victims are 1,500, of which 50 were killed. In the field of psychological and social support, no comprehensive database has been compiled. There is no targeted education of health professionals concerning post-traumatic stress disorder (PTSD) among landmine victims. There is no relevant data available on economic status of landmine victims and no relevant data available on work capabilities, qualifications and skills, not to mention an inadequate overview of potential job opportunities.

Plans and progress: Serbia and Montenegro plans to support government health care reforms., streamlining resource management and work methods, and, improving existing educational and training programs for health professionals in the treatment of landmine victims. Serbia and Montenegro plans: to collect data at the national level; educate staff in all institutions dealing with landmine victim treatment and rehabilitation, through study-visits and exchange programmes; to identify psychological and psychiatric aspects of landmine trauma through the collection and analysis of data from institutions where landmine victims were treated since 1991, identifying the most frequent disorders and establishing treatment facilities and staff for this target group at the community level. In addition, it plans to create mobile professional teams for home visits and improve the quality of life through employment and social reintegration. In the field of economic reintegration, the plan is to assess work qualifications and skills, find matching employment opportunities, and seek local resources to fund and support the creation of jobs in cottage industries, small businesses, etc.

Priorities of assistance: Serbia and Montenegro seeks both domestic and outside financial assistance and support for: relevant databases; up to 5 regional support/counselling centres; the creation of mobile teams of professionals for field work; job placement and social reintegration programs; and, education and training for professional staff, the public, and landmine victims and families.

Sudan

Problems faced: The mine / UXO problem has yet to be ascertained. There is a need for greater co-ordination between the actors. The infrastructure for providing medical, psycho-social and socio-economic reintegration services to victims is poor and there is a lack of funding. It is estimated that there are 10,000 victims in Sudan, with 1,090 victims registered at the National Mine Action Office (NMAO): Fifty (50) percent are male, one out of four is a child, 90 percent have injuries attributed to mines and ten percent attributed to UXO, 30 percent of the registered injuries lead to death with 71 percent of these deaths occurring in the incident area and 29 percent occurring on the way to the health facilities or upon arrival. In Kassala, 84 percent of the registered victims were transported more than 50 km to reach the nearest health facility and 14 percent were carried on foot. Survivors are vulnerable and one of the most neglected groups. Health services are inadequately equipped to deal

with injuries. Most victims are transported on animals, carts, bicycles or home-made stretchers. The Preliminary Health Care Units / Centres are unable to deal with internal injuries caused by fragmentation.

Plans and progress: The Ministry of Welfare and Social Development is the focal point for persons with disabilities. A National Orthopaedic Centre in Khartoum, and satellite centres in six states, is managed by the National Authority for Prostheses and Orthopaedics (NAPO), supported by the Government of Sudan and the ICRC. The Sudan Landmine Information and Response Initiative (SLIRI) has been implementing needs assessment surveys. SLIRI data is currently sensitive because most of the victims are combatants and were injured during conflict. SLIRI data indicates that the pattern of mine / UXO incidents in South Sudan parallels that of the North. The WHO has training programmes in first aid. The majority of Sudanese Red Crescent volunteers are well-trained in first aid, however, hospitals are not sufficiently prepared or equipped. There are plans for a MCDI prosthetics centre in Rumbek (South Sudan), with smaller operations in other counties of Bahr el Ghazal. ABRAR has peer to peer programs for mine / UXO victims, and has organised two preparatory camps, through sports and psychological programmes. The National Vocational Training Institute in Khartoum has the capacity to train 40 to 200 people in a variety of skills. Ten landmine victims graduated in computer maintenance from the Elamam Elmahadi University. The University of Sudan agreed to provide five mine/UXO victims per year access to free courses.

Laws and public policies: Laws have established that organisations reserve 5 percent of their occupational positions for applicants with disabilities. Aside from this, there are no other laws that relate specifically to assisting mine / UXO victims in Sudan.

Priorities for assistance: Priorities include: victim assistance capacity development in NMAO in order to effectively implement and coordinate victim assistance throughout Sudan; support for a country-wide survey to determine the actual extent of mine / UXO victims' problems and needs; the development of psycho-social counselling services; the strengthening of decentralised PHCU/CSs to be able to deal with trauma injuries; support for and expanded physical rehabilitation centres; and, support for socio-economic reintegration programmes linked to peace-building, poverty reduction and repatriation of IDPs / refugees.

Thailand:

Plans and progress: The Thai Government has an initiative to develop national programmes on victim assistance, particularly regarding physical rehabilitation and economic reintegration in mine affected areas along the Thai-Cambodia border. Victim assistance has been integrated into the work of the various government departments. The Ministry of Public Health is responsible for providing emergency medical care, the Ministry of the Interior for rehabilitation activities, Ministry of Labour for vocational training and job opportunities, and the Ministry of Education for providing proper education. The Thai Government also works in close cooperation with organizations and agencies in the private sector at the local and international level. At the regional level, Thailand will host a Regional Workshop on "Development Challenges of Mine Clearance and Victim Assistance" from 30 August-1 September 2004 in Bangkok.

Uganda (Acholi province in northern Uganda)

Problems faced: The Acholi area suffers from insecurity, increasing congestion in IDP camps and an unsafe road network. Land mines are laid to kill civilians and create instability. Armed conflict has been a constant in Acholi-land for nearly 18 years. Consequently, social, relief, development, and health services have been severely disrupted. There are not enough ambulances. Victims are mostly transported by military vehicles. Hospitals exist, but are long distances from affected areas. Three-hundred-eighty-five (385) landmine victims amputees in Acholi were recorded during the period 1999-2004. The most affected group is men between 18-40 years old. Other problems (HIV, AIDS) overshadow the problems of the mine victims.

Plans and progress: A mine awareness campaign has taken place which has led to a much higher degree of reporting of mines and UXOs. Latrines in schools have been designed, because of high degrees of disabilities. The Ministry of Health is currently leading and guiding the co-ordination of MAP activities.

Priorities for assistance: Priorities include placing surgeons in the hospitals in Acholi, physiotherapy / prosthetics services.

Yemen

Plans and progress: Further to its February update, Yemen is continuing its victim assistance programme with a second survey underway. Yemen Mine Association Disabilities (YMAD), which is run by survivors, is in the process of reintegrating 100 survivors (20 women, 80 men). The goal is to open a file for each victim, thereafter to transfer the victims to specialists around Yemen and finally to provide equipment for the victims. There is need for some victims to undergo further surgery. The most difficult cases are sent to Italy for medical help.