



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

**STANDING COMMITTEE ON VICTIM ASSISTANCE AND SOCIO-ECONOMIC
REINTEGRATION**

**Progress and challenges in meeting the needs of landmine survivors:
A compilation of information provided by the States Parties¹**

23 June 2004

¹ This document was prepared by the Implementation Support Unit of the GICHD as a means to assist the Standing Committee in its work.

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Introduction

The work of the Standing Committee has led to an acceptance that all States Parties have a responsibility to support mine victims – regardless of the number of landmine victims within a particular State Party. In addition, the Standing Committee has highlighted that this responsibility is most pertinent for – and hence the challenges faced in fulfilling it most profound in – approximately 20 States Parties in which these States Parties themselves have indicated there likely are hundreds or thousands of landmine survivors. At the 10 February 2004 meeting of the Standing Committee, it was noted there may be value in placing an emphasis on the fulfilment of the responsibilities to landmine survivors by these States Parties – while not forgetting the challenges faced by other mine-affected States Parties in their responsibilities to landmine survivors wherever they may be. This document contains a compilation of information provided by these States Parties themselves regarding the extent of their challenges and the means taken to overcome these challenges.

Afghanistan²

The Extent of the Challenge

Due to years of conflict, Afghanistan has one of the world's highest numbers of landmine victims. Although there are no exact numbers available, it is certain that there have been more than 100,000 casualties. It is estimated that each month there are 100 new casualties. It is not known how many of the total number of landmine victims are survivors and how many die as a result of their injuries.

Addressing the Challenge

Current Situation

Afghanistan's poor health infrastructure, coupled with its vast mountainous geography, makes it difficult for landmine victims to reach hospitals or local clinics. Therefore, many do not receive sufficient medical and rehabilitative treatment. Although reform is ongoing in order to better meet the needs of landmine victims, the process is slow and will require extensive effort and resources.

Emergency and Continuing Medical Care

In Afghanistan, emergency and continuing medical care are facilitated by the Afghanistan Hospital Network, the ICRC, and Emergency, an Italian NGO.

Physical Rehabilitation / Prosthetics

Organizations involved in providing rehabilitation and prosthetics for landmine survivors include the Afghan Amputee Bicyclists for Rehabilitation and Recreation (AABRAR), Handicap International—France, Handicap International—Belgium, The ICRC, the International Assistance Mission, and Sandy Gall.

Psychological and Social Support

Programs of psychological and social support are run by AABRAR, Handicap International—Belgium, the ICRC, International Assistance Mission, Physiotherapy and Rehabilitation Support for Afghanistan, and SERVE.

Economic Reintegration

Programs for economic reintegration are administered by AABRAR, the ICRC, and Physiotherapy and Rehabilitation Support for Afghanistan.

Desired Situation

Afghanistan would like to strengthen its medical clinics, psychological rehabilitation programs, and economic reintegration programs. This includes establishing a comprehensive disabled assistance program and a vocational training program that provides job opportunities to landmine survivors.

Plan to Achieve the Desired Results

Through the Ministry of Martyrs and Disabled, Afghanistan has formed a coordination body which includes representatives of survivors groups, NGOs, and UN agencies. Additionally, the Government of Afghanistan is

² Sources: Afghanistan's statements to the SCVA on 4 February 2003, 13 May 2003, and 10 February 2004.

working with the Afghan Campaign to Ban Landmines to sensitize government officials and the public to the needs of survivors through workshops and information campaigns. The national mine action centre is exploring ways of linking landmine survivors and mine clearance programs.

Priorities for Outside Assistance

Afghanistan needs financial and technical support for its Ministry of Martyrs and Disabled as well as other related ministries. Additionally, funding is needed to establish Afghanistan's comprehensive national assistance framework. Finally, Afghanistan requires funding for economic reintegration programs that include vocational training and job placement.

Laws and Public Policies

The Ministry of Martyrs and Disabled acts as the lead ministry on issues involving landmine survivors. Support from the UN-led Comprehensive Disabled Assistance Program (CDAP) and other national and international implementing organizations have been given to the Government for its capacity building and in order to develop public policies as well as expand its capacities.

Albania³

The Extent of the Challenge

Approximately 400 people have been injured by explosive remnants of war countrywide since 1997. Since 1999, 27 people were killed and 220 injured by mines and UXO in northeast Albania. About one third of those killed or injured were economically active at the time of the incident. Approximately half of the victims were farming, grazing cattle, or going to school when the incident occurred. 39 percent were children.

Addressing the Challenge

Current Situation

Constraints to victim assistance in Albania include rugged terrain in the north, which complicates medical evacuation, lack of proper trauma treatment, a shortage of surgical facilities in northeast Albania, limited access to orthopedic facilities, a lack of treatment for the visually impaired, and a general lack of funds.

In Albania, all victim assistance is coordinated by UNDP and AMAE while economic rehabilitation is implemented by Victims of Mines and Weapons Association (VMA), a local NGO.

Emergency and Continuing Medical Care

In its 2004 Article 7 report, Albania announced that three surgeons had been trained with support of the ITF and the Slovenian Rehabilitation Institute. Currently, a modern orthopedic surgical center is being established at the Kukes Hospital with funding from the U.S. State Department through the ITF. The donation of the State Department included USD 100,000 worth of surgical equipment.

Physical Rehabilitation / Prosthetics

In its 2004 Article 7 report, Albania indicated that 1 physiotherapist and 3 prosthetic technicians had been trained with funding from the U.S. State Department through the ITF. In February 2003, Albania reported that the Tirana Orthopedic Centre had been upgraded with assistance from the European Commission and Handicap International. Seven prosthetic technicians had been trained with Italian assistance. 147 victims were treated in Albania and fitted with prosthesis at the Tirana Orthopedic Centre with support of the ICRC. Additionally, 66 victims received advanced treatment and prosthetic fitting at the Slovenian Rehabilitation Institute with assistance of the ITF.

In February 2004, Albania reported that three prosthetic technicians and one physiotherapist were trained with funding from the ITF and the Slovenian Rehabilitation Institute. With the support of the ICRC, fourteen survivors were treated and fitted with prostheses. Twenty survivors have received advanced prosthetic fitting at the Slovenian Rehabilitation Institute with ITF assistance, bringing the total to 82 since 2001.

Economic Reintegration

In February 2003, Albania announced that 12 landmine survivors had participated in a program established by the ICRC to assist survivors in setting-up small enterprises.

³ Sources: Albania's statement to the Fifth Meeting of States Parties on 18 September 2003, statements to the SCVA on 4 February 2003 and 10 February 2004, and 2004 Article 7 report.

In February 2004, Albania stated that a revolving fund had been established for the development of household economies among families of landmine victims in northeast Albania. The program is funded by the United States through the ITF. 40 families have benefited from the program.

Desired Situation

Albania's objective for 2004 is to build a sustainable Albanian Mine Action capability by 2005.

With regard to emergency and continuing medical care, Albania would like to build capacity in northeast Albania to surgically treat trauma and amputee victims as well as function as a level three medical facility for victims of demining accidents. Recognizing its lack of medical capabilities, Albania would like to develop capacity to treat the majority of cases within the country and continue sending its most serious cases to Slovenia for treatment. Additionally, Albania hopes to make arrangements for visually impaired landmine survivors to receive rehabilitation abroad.

In the area of physical rehabilitation, Albania would like to establish capacity to fit lower limb prostheses within the country and upper limb prostheses in neighboring countries. Albania hopes to develop programs that would provide sufficient psychological counseling to landmine survivors. In reference to economic reintegration for landmine survivors, Albania would like to have vocational training programs and a micro-credit lending structure available to landmine survivors, as well as a program for social and educational reintegration for child survivors.

Plan to Achieve the Desired Results

Albania currently has a budget of USD 320,000 for victim assistance programs. More than 90 percent of this money comes from the U.S. State Department through the ITF. Albania hopes to receive continued support from the "Night of a Thousand Dinners". In December 2003, this event generated USD 23,000 for programs benefiting child victims. Albania, with assistance from the ICBL, has designed a strategy for broad, integrated assistance for landmine survivors.

Priorities for Outside Assistance

Albania's budget for victim assistance leaves a shortfall of USD 170,000. Albania's main priorities for outside assistance include provision of materials for the Tirana Orthopedic Center, assistance in improving surgical facilities in northeast Albania, training of more prosthetic technicians, and assistance in enlarging its micro-finance program for landmine survivors.

Laws and Public Policies

Several laws are in place in Albania that provide special privileges and monthly pensions to landmine survivors and other persons with disabilities.

Angola⁴

The Extent of the Challenge

Angola is one of the world's most mine affected countries. The number of victims has increased considerably in recent years due to the movement of internally displaced persons.

Despite the efforts of the government and its partners, it has so far proved impossible to determine the number of landmine survivors living in the country. The government and its partners are preparing to execute an exhaustive study on mine victims. This study will focus on the socio-economic context in which victims find themselves.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

Medical assistance and the availability of medicines are inadequate in Angola.

⁴ Source: Angola's statement to the SCVA on 10 February 2004 and 2004 Article 7 Report.

Physical Rehabilitation / Prosthetics

There are 10 physical rehabilitation centers in Angola. During 2002, 147 tibia prostheses, 23 femoral prostheses, 738 crutches, and 2 orthotics were produced. Additionally, 32 prostheses, 20 crutches, and seven wheelchairs were repaired.

Although rehabilitation centers, orthopedic centers, and national standards for prosthesis manufacturing exist in Angola, there is insufficient information available to landmine survivors regarding existing opportunities.

Psychological and Social Support

Psychological and social support programs are limited.

Economic Reintegration

Angola has developed a program that provides landmine survivors access to professional training centers. After survivors have completed their training, they receive toolkits appropriate for their new professions, which include shoemaking and electrical work. Angola's agricultural and poultry project that assists landmine victims and their families. Additionally, the government has constructed economical residences for landmine survivors. Still, Landmine survivors often encounter problems finding adequate housing and gaining access to educational and professional training. Pensions and other social welfare programs are inadequate.

Desired Situation

With regard to physical rehabilitation and prosthetics, Angola would like to have more orthopedic centers and an increased national capacity in prosthesis making. In the area of psychological and social support, Angola would like to develop a multi-sector coordination group that is focused on problems faced by persons with disabilities. Additionally, Angola would like to have schools that offer specialized and integrated education programs for persons with disabilities.

Plan to Achieve the Desired Results

Angola's program for victim assistance, rehabilitation and socio-economic reintegration of mine victims is coordinated by the National Inter-sectoral Commission for Demining and Humanitarian Assistance (CNIDAH) and is implemented by the government and its humanitarian and governmental partners. This program is divided into three main areas, which include: assistance to mine victims, physical rehabilitation, and socio-economic reintegration.

Priorities for Outside Assistance

The Government of Angola has stated that international support is crucial to solving the problem of socio-professional and economic reintegration of landmine survivors. Angola would also like to have more international organizations working in the country to provide physical rehabilitation. Finally, Angola has as a priority the completion of a social and economic impact survey to be conducted by the Survey Action Center.

Laws and Public Policies

The constitutional law stipulates that there be equal rights for all citizens without racial, religious, or social discrimination. The government has created a national program for the integration for persons with physical disabilities including landmine victims. There is no differentiation between landmine victims and other persons with disabilities. Still, reformulation of national legislation regarding persons with disabilities is a priority.

Bosnia and Herzegovina⁵

The Extent of the Challenge

Bosnia and Herzegovina has not established its own centralized database on mine victims. Data collected by the ICRC and the Red Cross Society of Bosnia and Herzegovina indicates that between 1992 and the end of 2003, there have been more than 4,800 landmine and UXO victims in the country. In her study of landmine victim assistance in Southeast Europe, Sheree Bailey indicates that 3,873 of these victims are landmine survivors.⁶

⁵ Source: Bosnia and Herzegovina's statement to the SCVA on 10 February 2004.

⁶ Bailey, S. (September 2003), *Landmine Victim Assistance in South East Europe*, Handicap International—Belgium, p. 18.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

Currently there are 13 public and 14 private organizations in Bosnia and Herzegovina that provide free assistance to veterans and victims of war. Bosnia and Herzegovina has four clinical centers, a network of general hospitals, and a public health center in every municipality. Hope 87 conducts programs that support medical services in BiH.

Physical Rehabilitation / Prosthetics

During 2003, physical rehabilitation was provided for 66 landmine survivors from BiH by the Slovenian Institute for Rehabilitation. Funding for the treatment was provided by the ITF. Additional physical rehabilitation services are provided by LSN, JRS, and Queen's University and are supported by the Japanese International Cooperation Agency and the Republic of Austria.

Psychological and Social Support

During 2003, LSN visited more than 6,100 victims, made initial contact with 221 survivors, and made 257 visits to regional hospitals. Additionally, the organization secured direct assistance for 312 survivors, distributed 2,000 pieces of educational material, and organized an art exhibition and several sporting events.

Economic Reintegration

State-run welfare centers exist in every municipality and help landmine survivors on a local level. Hope 87 is conducting programs that include employment assistance and educational opportunities. LSN has organized a training course on small business creation.

Desired Situation

Bosnia and Herzegovina would like to have a comprehensive database of landmine victims.

Plan to Achieve the Desired Results

During 2004, Handicap International, in cooperation with UNICEF, has implemented a project called, "Research of Mine Victim Assistance." The aim of the project is to collect all information necessary to plan activities in the field of victim assistance. Based on this project, BiH MAC hopes to develop a long-term strategy for victim assistance.

Bosnia and Herzegovina is assessing the possibility of establishing a centralized data-base of landmine victims.

Priorities for Outside Assistance

Bosnia and Herzegovina's top priority is to establish a national database of landmine victims.

Laws and Public Policies

Existing laws outline the rights of civilian victims and disabled veterans, but they are insufficient to provide assistance to landmine victims.

Adopt-A-Minefield, Landmine Survivors Network (LSN), JRS, Queen's University, Hope 87, the International Rescue Committee, and GENESIS are working on programs to raise public awareness of problems faced by persons with disabilities.

Burundi⁷

The Extent of the Challenge

According to a study completed by UNICEF, during 2001 and 2002 there were an estimated 230 victims of AP mines. Of the total number of victims, 44 were killed and 186 were wounded. Landmines are spread throughout four of Burundi's 17 provinces. These zones correspond with the zones of combat during Burundi's recent conflict.

⁷ Source: Burundi's statement to SCVA on 10 February 2004.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

In Burundi there are three hospitals that are capable of assisting landmine victims. Two of these are civil hospitals and one is a military hospital.

Physical Rehabilitation / Prosthetics

Burundi has nine centers for physical rehabilitation. Assistance is provided by Handicap International—Belgium.

Psychological and Social Support

Organizations that help with social and psychological reintegration of mine victims include: The Association for the Support of Victims of War, The Burundian Association for Assistance to the Physically Handicapped, and the Union of Handicapped Persons.

Economic Reintegration

There are four centers for socio-professional reintegration in Burundi. The Armed Forces offers professional training for victims of war, including mine victims.

Priorities for Outside Assistance

Burundi requires assistance in providing adequate care and services to victims of landmines and has called on the international community to assist in its efforts to provide victim assistance.

Cambodia⁸

The Extent of the Challenge

Since 1979, approximately 45,826⁹ people have become victims of landmines in Cambodia. The Cambodian Red Cross and Handicap International indicate that currently there are approximately 36,000 landmine survivors living in the country. The large number of people in need of assistance, along with a trend of decreased donor funding, puts tremendous strain on the government with its limited resources.

Addressing the Challenge

Current Situation

Due to a lack of financial and human resources, health, social, and educational services are inadequate to meet the needs of landmine victims and other persons with disabilities.

There are a number of governmental, international, and nongovernmental organizations that provide rehabilitation services for people with a variety of disabilities. While these efforts have been valuable for those in need of rehabilitative services, they are appropriate as emergency relief rather than long-term development. The geographical coverage as well as the types of disabilities addressed remains limited.

The Ministry of Health and the Ministry of Social Affairs, Labor, Vocational Training, and Youth Rehabilitation, in partnership with many NGOs, international organizations, and UN agencies, have acted to assist mine victims. The Royal Government has established the Cambodian Mine Action and Victim Assistance Authority (CMAA). The CMAA has prepared a Victim Assistance Framework and developed priorities for Mine Victim Assistance for inclusion in the Five Year Mine Action Plan.

The Disability Action Council (DAC), which is currently being restructured, consists of committees and working groups that include representatives of NGOs, international organizations, and government ministries. It acts as a semi-autonomous coordinating body for all actors involved in disability issues including mine victims. The main activities of the DAC are to initiate, secure, and coordinate the services necessary to landmine victims and other persons with disabilities. This is done using the participatory approach with the goal of enabling them

⁸ Sources: Cambodia's statements to the Fifth Meeting of the States Parties on 18 September 2003 and to the SCVA on 4 February and 13 May 2003, and 10 February 2004.

⁹ This figure includes the 42,840 estimated victims between 1979 and 2000 reported to the SCVA by Cambodia in May 2003 and the yearly estimates for 2001-2003 outlined in the February 2004 report of the Cambodia Mine/UXO Victim Information System, produced by the Cambodian Red Cross and Handicap International.

to enjoy the same rights, obligations, opportunities and quality of life as other citizens of Cambodia. The DAC also tries to avoid duplication of services and overlapping of geographical coverage of services, to maximize the use of resources, and strengthen collaboration between relevant Government institutions and IOs and NGOs working the disability sector. The DAC has also provided an appropriate forum where debate can take place, consensus can be reached and resources can be mobilized to effectively address the needs of landmine victims and other persons with disabilities.

The DAC constitutes the ideal structure to guide the establishment of the Strategic Direction on Disability and Rehabilitation Sector in Cambodia (SDDR). The SDDR offers an opportunity to gain an overview of the issue and to guide investment for the whole sector. The participatory nature of the development process ensures that the goals and objectives of each organization are part of the overall SDDR.

Plan to Achieve the Desired Results

In February 2003, Cambodia listed its eight priority areas as: legislation, physical rehabilitation, training and employment, education, information on disabled women, social rehabilitation, and accessibility. Specific steps to be taken in Cambodia include: integrating the Victim Assistance Strategic Plan into the Five Year Mine Action Plan, strengthening the NGO network to deliver services to mine victims, developing a pilot project on socio-economic development of mine affected villages, strengthening of the CMAA database, and developing a reporting framework to inform the Government and other relevant actors of victim assistance activities.

Specific action is being taken to improve victim assistance programs in collaboration with the Regional Coordinator for Victim Assistance. Following the National Workshop on Victim Assistance in Phnom Penh in September 2001 and the Regional Conference on Victim Assistance in November of the same year, the DAC began preparations for the second phase of the regional initiative on victim assistance. In accordance with the recommendations of the Regional Conference, HI appointed a Regional Coordinator for Victim Assistance in 2002. The Regional Coordinator will act in close cooperation with CMAA to coordinate mine victim data and policy in Cambodia.

Priorities for Outside Assistance

The DAC has coordinated and facilitated the development of a document called ‘Action for Victim Assistance in Cambodia.’ The document presents the current state of assistance and future needs for landmine victim assistance in Cambodia. It provides useful information and an overview for donors and service providers in an effort to raise funds for victim assistance and avoid overlapping of services. Cambodia hopes that donors and national and international organizations will use this document in a concerted effort to promote the well being of mine victims in the country.

The DAC’s new strategic objective will be to secure the legislation in favor of persons with disabilities in 2004.

Laws and Public Policies

In February 2003, Cambodia announced that a draft law on disability was under review by the Ministry Social Affairs, Labor, Vocational Training, and Youth Rehabilitation and would soon be presented for approval.

Chad¹⁰

The Extent of the Challenge

In May 2001, Chad reported that 1,688 people had been injured or killed in mine incidents in the country. 339 of these had occurred during the previous two years.

Addressing the Challenge

Current Situation

Victim Assistance in Chad consists primarily of providing prosthetics to registered victims. Further rehabilitation is limited. According to the National Demining Center’s 2002 annual report of activities, in 2002, 90 victims received prostheses. Due to a lack of resources, the Center for Catholic Aid and Development, which provides prostheses to landmine survivors, cannot satisfy all the requests it receives.

¹⁰ Sources: Chad National High Commission for Demining, “National Strategic Mine/UXO Plan 2002-2015” and “Annual Report of Activities, 2002”

Desired Situation

Chad's goals are to have a victim assistance plan ready to be implemented during 2004 and to develop a data collection system recording information about landmine casualties and incidents.

Plan to Achieve the Desired Results

Chad's 2004 working plan includes drafting a plan for victim assistance, mobilizing resources to implement the plan, implementing the plan, and setting up a casualty information collection system.

Colombia¹¹

The Extent of the Challenge

The Antipersonnel Mine Observatory of Colombia estimates that between January 1990 and April 2003, there have been approximately 1,920 new landmine victims in Colombia. 480 of these victims were killed and 1440 were injured. 75 percent of the victims were male. 40 percent were civilians and 15 percent (50 percent of the civilians) were children. The information available indicates an increase in the number of new victims. Victim assistance, as with all other aspects of mine action, is greatly complicated by the ongoing conflict in the country.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

There is a general lack of emergency and continuing medical care in the rural areas where the majority of mine accidents occur.

Physical Rehabilitation / Prosthetics

Prosthetics are very expensive and it is difficult for many Colombian mine victims to obtain adequate assistance in this area.

Desired Situation

Colombia would like to have a more adequate infrastructure to provide immediate emergency care for victims in rural areas where the majority of accidents occur. It is important to have qualified people who can offer continual medical service. Colombia would like to have professionals such as therapists and psychologists in rural areas. Colombia would like to develop a program to enhance socio-economic reintegration of landmine victims and their families.

Plan to Achieve the Desired Results

The government, feeling that attention to Colombian landmine victims is fundamental, allocates resources and has developed programs to rehabilitate victims physically, psychologically, and socially through bodies such as the Fund for Solidarity and Security, FISALUD, the Social Solidarity Network, and SENA.

The National Mine Observatory, which is run by the Vice-Presidency of the Republic, is searching for ways to enhance services, subsidies, and humanitarian aid to mine victims.

One potential method of acquiring sufficient funding for action for victim assistance would be to develop a lottery that would facilitate the creation of a fund for mine. A good example of this is the lottery of the ONCE Foundation in Spain. With the earnings of this lottery, attention could be given to Colombia's landmine survivors and their families. Additionally, such a lottery would provide work for victims and their families.

Priorities for Outside Assistance

Colombia needs help in developing medical and rehabilitation programs in its rural regions. Additionally, Colombia needs help placing qualified medical and rehabilitation professionals in these areas.

Laws and Public Policies

The National Mine Observatory is looking into ways of providing greater representation to mine victims as well as developing policies that protect them. Landmine survivors should not be treated as passive invalids who can do nothing for themselves. Instead, they should be treated as proactive people who are capable of interacting with the government and maintaining control of their lives.

¹¹ Sources: Colombia's statements to the SCVA on 13 May 2003 and 10 February 2004.

Congo (DRC)¹²

The Extent of the Challenge

As there is no systematic data collection system in DR Congo, it is impossible to know exactly how many people have been killed and injured by landmines. Providing victim assistance in DR Congo is difficult due to the results of six years of conflict in the country.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

Much of DR Congo's medical infrastructure was destroyed during its conflict. Medical and paramedical staff are limited and there is a general shortage of medical equipment and medicine in the country. Some hospitals of 200+ beds, for example, are limited to only one doctor.

Physical Rehabilitation / Prosthetics

Physical rehabilitation in DR Congo is insufficient. The few rehabilitation centers that exist are have limited technical staff and are located only in the capital. There is a concern that landmine survivors coming to the capital from the rural areas might overwhelm the existing facilities.

Economic Reintegration

DR Congo has two structures for integration of mine survivors. These are the National Institute for the Blind, and the National Center for Professional Training of Persons with Disabilities.

Desired Situation

DR Congo hopes to ensure that all landmine survivors are acknowledged and provided medical treatment and follow-up care.

Plan to Achieve the Desired Results

DR Congo has developed an action plan for looking after landmine survivors. The plan includes four principles:

1. Landmine victims should be provided with permanent medical care.
2. Physical rehabilitation of victims should be affordable and available locally,
3. Psychological/social assistance should be provided within the survivor's community.
4. Rehabilitation should take place in the survivor's own environment.

Priorities for Outside Assistance

DR Congo needs financial support in order to create structures for social and economic reintegration of landmine survivors throughout the country.

Laws and Public Policies

DR Congo includes the development of national legislation on victim assistance as a point of its mine action policy.

Croatia¹³

The Extent of the Challenge

According to the database of the Croatian Mine Victim Association (CMVA), between 1991 and June 2004, 420 people have been killed and 1,448 have been injured in mine incidents. The largest numbers of victims are in Karlovac and Sisak Counties, followed by Osijek County in the east of the country and Zadar County in southern Croatia. Other counties with high numbers of victims include Vukovar County and Požega County in the western part of the Slavonian region. The majority of landmine victims are adult male farmers, while women make up about 5.26 %. Of the total number of landmine victims in Croatia, 104 were under the age of 18 at their time of injury and 31 are still under the age of 18. Deminers accounted for 6.24 percent of all mine victims.

¹² Source: DR Congo's statement to the SCVA on 10 February 2004.

¹³ Source: Croatia's statement to the SCVA on 13 February 2003 and at the Reay Group Meeting 3 February 2004.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

All levels of emergency medical care are highly developed in Croatia, from the infrastructure, emergency posts, stand-by teams of surgeons and anesthesiologists, to helipads and heliports. Surgical treatment of mine victims is also of high quality and continuous upgrading in training and education to implement the latest and most modern techniques and equipment is available through specialist exchange programs abroad.

Physical Rehabilitation / Prosthetics

Croatia has four specialized hospitals for treatment of amputees, (in Rijeka, Split and Osijek) although 75 percent of cases are treated in Zagreb. All the spas have trained specialists who conduct regular physical and psychological rehabilitation. A specialized hospital and spa facility in Varaždin is used for treating spinal injuries, while the one in Krapina specializes in treating neck and head injuries. Standards of physiotherapy are at the highest level and the equipment is regularly replaced and upgraded through the National Health Insurance Plan.

Pre and post-prosthetic care is comprehensive with every patient examined by a team of doctors and technicians and the patient himself/herself considered to be part of the team. Although wheelchairs are provided and maintenance is available, they are frequently of insufficient quality for the patients needs due to the lack of funds provided by the Ministry of Health.

Even though there are more than enough facilities in Croatia that could offer rehabilitation for mine victims, such as health spas, mine victims underuse these services. Neither does the Croatian Ministry of Health have sufficient funds to pay for all these services nor are mine victims fully aware of these opportunities or of their rights to use them. One of the activities of the CMVA consists of educating and training regional coordinators (mine victims themselves) who will then educate mine victims of the available facilities, of their rights and on how to realize them.

Psychological and Social Support

Community based psychological and social support, though available, is not adequate to meet the needs of mine victims (and of war victims more broadly).

At the community level this issue needs to be addressed more coherently. One key problem area lies in the insufficient interaction between the hospitals, social welfare centers and professional counselors/psychiatrists regarding mine victims and their needs. As result, the status of victims is not consistently monitored from the time of injury through the re-socialization and reintegration phase.

There is one main association dealing with the problems of all mine victims which is the Croatian Association of Mine victims. The CMVA, in cooperation with the adviser for mine action in the Ministry of Foreign Affairs as well as other public institutions (hospitals, the Croatian Red Cross, Croatian Mine Action Center) and NGOs, organizes workshops and seminars on rights of survivors and medical facilities for mine victims and helps directly in solving their concrete problems. These range from medical assistance, prosthetic, accessibility, tuition fees for schools and/or job retraining, job placement, psychosocial support, emergency financial support after an accident, to peer support groups, sports, and other activities to help victims raise their self-esteem as a first step to reintegration.

In the summer of 2001 the first series of workshops geared to children and young people landmine survivors were held in a health center in Rovinj, Croatia. The positive effect on the children inspired a number of people to fund a permanent, year round regional center for psychosocial rehabilitation of mine victims. The center *DUGA* (Rainbow), funded by the Croatian Mine Victim Association, the Center for Disaster Management and Dijana Pleština, will host some 500-600 mine victims a year. The goal is that the program of education and recreation will lead to spontaneous psychosocial rehabilitation, a necessary precondition to long range reintegration into society. The center will be open to all mine affected people, both those physically injured and those suffering due to trauma caused by landmines, from the entire South-East Europe, with some 10-15% of places reserved for mine victims from other regions of the world. The *DUGA* Center is the result of good will and participation of a large number of actors from private and government sectors, both in Croatia and in more than some dozen countries around the world, who have recognized the positive effect of providing psychosocial rehabilitation in a non-traditional way.

Economic Reintegration

All public institutions and government owned companies in Croatia are obliged by law to employ disabled people when possible, but this is very difficult to enforce. Furthermore, it is very difficult to gain a measure of understanding for the special treatment of mine victims while the general unemployment rate remains high. However, some mine victims, with support and professional retraining for new occupations, have been able to enter the job market or open small businesses.

Plan to Achieve the Desired Results

The Croatian Mine Victim Association will continue in its work as described above. The goal is to have a representative in each of Croatia's 14 mine-affected counties. This is critical for establishing a full register of mine victims as well as for developing greater coordination between the government and NGOs. Currently, a guidebook for landmine victims is being prepared to inform them of their rights and to provide contact information for assistance services.

In order to achieve the goal of strengthening the coordination between the various actors involved in mine action (public and private, governmental and non-governmental) and to continue capacity building at regional and local levels, the CMVA and other actors involved in mine action will continue their work on raising public awareness of the necessity to reintegrate mine victims, and generate employment for them, as well as lobbying for and monitoring the existence of laws and their applicability.

Priorities for Outside Assistance

Croatia's priorities for outside assistance include the recognition and support of sound projects aimed at capacity building so that Croatia can solve its mine related problems and, in turn, help other mine affected countries to solve theirs.

Laws and Public Policies

Laws covering mine victims' medical needs and rights have been passed, but most mine victims are not fully aware of their rights or of how to obtain them. The CMVA has published a brochure listing the laws pertaining to those rights, as well as of implementing institutions and a directory of responsible officials and has distributed it to registered mine victims. However, more needs to be done both in education and consciousness raising of mine victims but also of the public in general, as well as in monitoring and enforcing the laws.

Eritrea¹⁴

The Extent of the Challenge

No survey has been conducted to assess the needs of landmine victims in Eritrea.

Addressing the Challenge

Current Situation

Eritrea has a small school for the blind and deaf. The UN mission conducts mine-related activities. UNDP has strengthened its Mine Action Program in the country. Donors for programs in Eritrea include Norway, Canada, and the European Commission.

Priorities for Outside Assistance

Eritrea is in need of modern equipment and training.

Mozambique¹⁵

The Extent of the Challenge

Since mine action began in 1992, approximately 2,300 mine victims have been registered. However, there are likely far more landmine victims in Mozambique as there is very little information available about past mine incidents. Currently, there is insufficient support for victim assistance programs in Mozambique. Although there has been a reduction in the number of accidents and incidents in the country, there still remain a large number of survivors in need of long-term support. Current support does not meet the need.

¹⁴ Source: Eritrea's statement to the SCVA 10 February 2004.

¹⁵ Sources: Mozambique's statements at the Fifth Meeting of the States Parties on 18 September 2003 and to the SCVA on 10 February 2004.

Addressing the Challenge

Current Situation

Landmine Survivors Network is the prominent organization working with mine survivors in Mozambique. 321 landmine survivors have benefited from their services. However, LSN works in only one of 10 provinces. Assistance includes physical rehabilitation, vocational training, provision of tools for vocational activities, and building moral support.

Currently, Mozambique has 60 physiotherapy services, 10 orthopedic centers, and 10 transit centers which provide landmine survivors a place to stay while they are undergoing treatment.

Desired Situation

Mozambique would like to see victim assistance programs, such as those conducted by LSN, extended to all 10 of its provinces.

Plan to Achieve Desired Results

Mozambique has developed a plan to revitalize nine of its orthopedic centers, of which four will be regional and five will be provincial. This will include providing better staffing, technical training, and procurement of equipment.

In discussion with LSN, Mozambique has expressed the need for expansion of LSN activities to other provinces. LSN is currently working toward that end. Additionally, several local NGOs, including the Association of the Disabled, are willing to implement projects.

Priorities for Outside Assistance

Mozambique requests the assistance of the donor community in addressing the needs of landmine survivors in the country. Such assistance would be especially geared toward programs for socio-economic reintegration and physical rehabilitation/prosthetics.

Nicaragua¹⁶

The Extent of the Challenge

Nicaragua has approximately 700 landmine survivors, 596 of which have been verified by the OAS. Of the survivors, 90 percent are male heads of families between 20 and 40 years of age. The majority of injuries occurred while the victims were engaged in agricultural activities.

Addressing the Challenge

Current Situation

The "Component for Assistance to Victims of Mines and Explosive Remnants of War" has helped over 500 survivors of landmines since it was established in 1997 with the help of the Government of Sweden. Since it began, the program has assisted survivors by providing transportation from their communities to the rehabilitation center. They have also received lodging, food, prostheses, therapeutic services, and medicines. The program maintains registries of victims, which include information regarding identity, hometown, type of injury, type of prosthesis, brief description of the accident, and photographs of the victim. In 2002, the program provided physical and psychological rehabilitation to 161 survivors. Additionally, the program provides limited immediate medical care using medical personnel and resources assigned to each of the demining units in Nicaragua.

In September 2002, the National Commission of Demining, along with the OAS and the National Institute of Technology (INATEC), launched a program designed to provide capacity building training to victims of landmines. In December of that year, 24 landmine survivors graduated from the program with different specializations such as auto mechanics, electricity, woodworking, welding, and computer skills. In February 2003, a new group of 38 landmine survivors began their training. Once the students' training was completed, they were provided with basic tools to practice their trades. Additionally, a revolving fund was created to allow graduates to set up businesses. An inter-institutional monitoring group coordinated by the National Demining commission visits program participants periodically to evaluate the program and identify problems that hinder

¹⁶ Sources: Statement of the OAS to the SCVA on 13 May 2003, Nicaragua's statements to the SCVA on 4 February 2003 and 13 May 2003, and to the Fifth Meeting of the States Parties on 18 September 2003.

effective social reintegration. In September 2003, Nicaragua announced that an additional 49 landmine survivors had begun training in the program.

Plan to Achieve Desired Results

The National Demining Commission plans to continue its programs of rehabilitation and socio-economic reintegration for survivors of landmine accidents. These programs will continue to function in coordination with the OAS and INATEC.

Additionally, a project called the “Regional Integral Program for Education, Medical Care, Rehabilitation, and Socio-economic Reintegration of Survivors of Landmines and Other Unexploded Ordinance in Central America” has been presented to the Central American Commission of Security. Once it is approved on the regional level, it will be submitted for the consideration of the donor community.

Priorities for Outside Assistance

Nicaragua requires financial assistance from the donor community in order to further implement its program of economic reintegration.

Laws and Public Policies

Laws exist that establish equality of rights and labor opportunities for persons with disabilities. However, a high rate of unemployment in the country hinders full implementation of the laws.

Senegal¹⁷

The Extent of the Challenge

Senegal has been exposed to landmines since its conflict began in the 1990's. During this time, there have been approximately 643 landmine victims in Senegal.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

Most mine victims receive treatment at the regional hospital in Ziguinchor, which is the most capable hospital but still lacks resources to properly treat mine victims. A professor of orthopedic surgery from the University of Dakar visits the hospital regularly.

Physical Rehabilitation / Prosthetics

Psychiatric support is available at various centers. There is specific follow-up for disabled school children.

Economic Reintegration

Economic reintegration of landmine survivors is consistent with efforts to revitalize the economy in the mine-affected area. Handicap International supports vocational training courses which allow landmine survivors to return to gainful activities. 11 landmine survivors have been given capital to start micro-enterprises.

Desired Situation

Senegal would like to have a functioning mine action center.

Priorities for Outside Assistance

Senegal requires outside funding in order to develop a national mine action center.

Serbia and Montenegro¹⁸

The Extent of the Challenge

Although it is difficult to accurately establish how many landmine victims there are in Serbia and Montenegro, it is estimated that between 1992 and 2000 there were 1360 landmine victims. 1336 were injured and 24 were killed.

¹⁷ Source: Senegal's statement to the SCVA on 10 February 2004.

¹⁸ Source: Serbia and Montenegro's statement to the SCVA on 10 February 2004.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

The local medical centers at Vranje, Leskovac, Prokuplje, Kursumlija, and in the other border areas have been integral in providing emergency medical treatment to landmine victims. The civil hospitals in Nis and Belgrade and the Military Medical Hospital in Belgrade have treated the most serious injuries. Since the disintegration of the Federal Republic of Yugoslavia and the imposition of the United Nations sanctions, adequate medical service has become more limited.

Physical Rehabilitation / Prosthetics

The Institute for Prosthetics and Orthopedics of the Republic of Serbia is the relevant institution which coordinates rehabilitation and psycho-social support. The program includes: pre-prosthetic preparation, kinesitherapy, walk-again school with the use of temporary and permanent prostheses, and testing and harmonization of bio-mechanical movements and prosthetic components.

Psychological and Social Support

Psychological and social support figure prominently in the post-rehabilitation treatment, aimed at eliminating the negative consequences of post-traumatic stress disorder. A team of experts works with patients and their families to ensure that they are provided comprehensive support.

Economic Reintegration

During rehabilitation treatment at the Institute, patients are included in the initial phase of vocational training. Their work skills are assessed and job-placement possibilities are analyzed.

The Ministry of Labour and Employment is the responsible institution for job placement and vocational training of landmine victims. The ministry, as well as other relevant institutions, seeks to solve the problems and meet the needs of disabled persons, including the victims of anti-personnel mines, in accordance with relevant international standards and the positive legal practices in developed countries.

The National Employment Service develops programs of vocational training and job placement for civilian victims of war, military personnel disabled in war, and military personnel disabled in peace-time. The National Service for Upholding the Principle of Positive Discrimination is responsible for vocational training and job placement of disabled persons.

Employers are given incentives to employ disabled persons through employment project programmes which stimulate the creation of new jobs and the adjustment of the already existing jobs to the work skills of disabled persons. The National Employment Service participates in the payment of wages and salaries to disabled persons up to 80 percent of the 12-month wage average in the Republic. Tax breaks are also provided for the employment of disabled persons.

Desired Situation

There is not a consolidated database of medical protection beneficiaries indicating those disabled in war and by landmines.

Special employment programs for disabled persons provide specific training of these persons, technologically adapted to them, adding practical vocational training to the already acquired theoretical knowledge. Due to financial strictures, these programs are not being implemented.

Internal Rules and Regulations on separate treatment of persons with disability in medical institutions, public transport and traffic are also being drawn up.

Plan to Achieve the Desired Results

Within the system of health institutions of the Republic of Serbia, a procedure has been initiated to collect all data on landmine victims and to set up consolidated records.

Priorities for Outside Assistance

There is great need for expert and technical assistance, equipment and the training of medical staff, as well as for medical supplies and treatment aids. This is one of the priorities of a broad government action to reform the health service, including the emergency aid system, especially in underdeveloped and more affected areas.

Donor countries and other member States of the Convention are expected to find a way to make a contribution through the existing cooperation mechanisms and help solve this important problem.

In its work, the Institute [of Prosthetics and Orthopedics] is hampered by the lack of foreign prosthesis and orthopedic aid components, including modular systems, thermal plastics, artificial feet, knee units and wheelchairs. Over 4,000 various artificial limbs were manufactured in the Institute, but the production has stalled lately due to the lack of resources. It is expected that donations will help remove this nagging problem.

Fresh funds are needed to implement the Law that defines all segments of the protection of disabled persons, not covered by separate regulations. Prospective donors are expected to provide expert and monetary assistance.

Laws and Public Policies

The law outlining health insurance does not specifically recognize landmine victims, but they are covered as persons with disabilities. They are entitled to rehabilitation, orthopedic aids and material benefits.

In force in the Republic of Serbia is the Law on the Rights of Civilian Persons Disabled in War from 1996, defining the beneficiaries of those rights, the persons who sustained at least 50 percent bodily harm as a result of wounds or injuries, as well as certain categories of persons, including the category of persons injured by UXOs.

In the first instance, the rights of these persons are decided by local government on the basis of the findings of medical boards and then by the Ministry of Social Affairs, Department for War Veterans; Affairs and the Protection of Disabled Persons.

The rights of civilians disabled in war include personal disability benefits, care and assistance supplement, orthopedic aids supplement, health protection and monetary compensation, subsidized and assisted public transportation, compensation of fares for out-of-place-of-residence trips to appropriate institutions, monthly payments and the compensation of funeral costs.

Due to limited resources, benefits are limited. They vary based on level of disability between 25 Euro and 400 Euro.

The rights of disabled persons have been regulated in the same way in the Republic of Montenegro, the legislation of which also provides for ensuring basic sustenance and health and pension insurance. Rather than consolidated records of landmine victims, only the records of all war casualties have been completed in Montenegro.

To provide a more effective treatment to persons with disability, a Law on Training and Job Placement of Disabled Persons, expected to enter to force in 2004, is to be adopted in Montenegro.

Sudan¹⁹

The Extent of the Challenge

The government of Sudan estimates that there have been almost 70,000 victims of landmines in the country. Approximately half of them are survivors who require assistance. The ongoing peace process has improved the level of information available about mine victims and accidents.

Addressing the Challenge

Current Situation

Several institutions are involved in providing support for landmine survivors. These include the Armed Forces, which has established a limb manufacturing factory, the ICRC, and several NGOs.

There are currently five government operated centers supported by the ICRC, the National Red Cross, and the United Kingdom. These centers provide physical rehabilitation, prosthetics, and vocational training. They work in Neyala, Kadugli, Kassala, Juba, and Khartoum. Military hospitals provide treatment to mine victims.

Desired Situation

¹⁹ Sources: Sudan's statement to the Fifth Meeting of the States Parties on 18 September 2003 and to the SCVA on 10 February 2004.

Sudan would like to facilitate rehabilitation and reintegration of survivors, especially through continuing medical care, as well as psychological, social, and economic support. Additionally, Sudan would like to prepare communities to accept landmine survivors and enable them to live normal and productive lives.

Sudan would like to overcome the challenges of rehabilitation and reintegration of survivors, especially through continuing medical care, psychological and socio-economic support, as well as to prepare communities to reintegrate victims and enable them to live normal and productive lives.

Plan to Achieve the Desired Results

The National Mine Action Center has appointed an expert on victim assistance to help build local capacities.

Priorities for Outside Assistance

Sudan requires outside assistance in order to develop national capacity to treat landmine victims, establish medical evacuation facilities, and create a national database of landmine survivors.

Laws and Public Policies

The Ministry of Social Welfare has decreed the exemption of mine victims from cost sharing of their physical rehabilitation.

Tajikistan²⁰

The Extent of the Challenge

During the past five to six years, more than 100 persons have been killed and about 100 have been injured by landmines in Tajikistan.

Addressing the Challenge

Current Situation

Emergency and Continuing Medical Care

Mine Victims are offered medical care and rehabilitation.

Physical Rehabilitation / Prosthetics

A trilateral agreement between the Ministry of Labor of Tajikistan, the National Red Crescent Society, and the ICRC is in place and includes the framework for a prosthetic plant and a rehabilitation center. In 2002, USD 54,000 were funded for rehabilitation of disabled persons, including landmine victims.

Psychological and Social Support

Appropriate measures are undertaken by the Government of Tajikistan in the field of social reintegration and rehabilitation of mine victims.

Economic Reintegration

The government ministry that deals with social affairs contributes to socio-economic reintegration of landmine survivors. The government policy is to support people with disabilities including mine victims. They are integrated into the general program to assist all citizens with disabilities.

Priorities for Outside Assistance

Insufficient funding prohibits mine victims from receiving proper rehabilitation and reintegration into society.

Laws and Public Policies

Provision of pensions for disabled persons and landmine survivors is mandated under the law "On Provision of Pensions for Citizens of the Republic of Tajikistan." The rights of disabled persons, including landmine survivors, are protected by laws titled "On Social Security of Disabled Persons in the Republic of Tajikistan" and "On Provision of Pensions of Military Personnel."

²⁰ Source: Tajikistan's statement to the SCVA on 4 February 2003.

Thailand²¹

The Extent of the Challenge

Thailand recognizes that there are still landmine survivors in the country who do not benefit from victim assistance due to inadequacy and unavailability of services.

Addressing the Challenge

Current Situation

In Thailand, cooperation between the local government agencies and the NGOs has been well established. Joint projects aimed at assisting mine victims are functioning.

In September 2001, the National Workshop on Mine Victim Assistance was held in Bangkok. The workshop brought together representatives from all concerned sectors. Participants took this opportunity to exchange information and share their views. This was considered a step forward in improving victim assistance in Thailand.

Recently, the Thailand Mine Action Center conducted two training courses on victim assistance and mine awareness in Sri Sa Ket and Buriram provinces in the northeastern part of Thailand. They provide opportunities for new participants to learn valuable lessons that can be applied to their day-to-day living.

Desired Situation

Thailand hopes to forge a partnership with civil society organizations, the private sector, landmine victims and their families, and mine affected communities in order to create a strong synergy in meeting the needs of landmine victims. Additionally, Thailand would like to develop a complete, accurate, specific, and systematic database of landmine victims and their families.

Landmine survivors should not only be given medical and prosthetic assistance, but should also receive physical and psychological rehabilitation. It is also important that new and alternative employment opportunities as well as vocational training, be introduced with a view to alleviating poverty among them.

Uganda²²

The Extent of the Challenge

In Uganda, the most heavily mine-affected areas are three districts in the north. In these areas civilians are the primary target. Landmines are planted in gardens, near boreholes and other water sources, granaries, and footpaths. Additionally, two eastern and two western districts are landmine-affected. In the east, only two incidents have been reported at the end of 2003. There have been no reports of landmine-related injury for three years in the west.

As with other aspects of mine action, the ability of the government to administer assistance to landmine victims is hindered by ongoing conflict.

Between July 1998 and May 2003, 323 landmine-related amputees have been identified.

Addressing the Challenge

Current Situation

Of the 323 amputees identified, 221 have been fitted with prostheses.

Desired Situation

Uganda would like to develop a comprehensive socio-economic rehabilitation program for landmine survivors. Additionally, the government would like offer better follow-up care for landmine survivors. This will require more adequate staff and transportation. Uganda would like to provide more accessible services for survivors in western Uganda. Ultimately, Uganda would like to have sustainable long-term services.

²¹ Sources: Thailand's statement to the SCVA on 4 February 2003 and to the Fifth Meeting of the States Parties on 18 September 2003.

²² Source: Uganda's statement to the SCVA on 10 February 2004

Plan to Achieve the Desired Results

Uganda plans to provide better rehabilitation services by developing Community Based Rehabilitation programs.

Yemen²³

The Extent of the Challenge

During the survey of mine-affected areas in Yemen, researchers found 392 recent victims (between May 2000 and December 2003). As poverty is widespread, it is difficult for landmine victims to move to areas with greater resources to help them. Therefore, it is necessary to develop programs to help mine victims in the various mine-affected communities.

Mine Victims Account

Period	Communities Involved	Victims		
		Killed	Injured	All
Recent Victims	82	67	136	203
Victims of Less Recent Date	478	2,513	2,359	4,872
All Victims	492	2,580	2,495	5,075
Had no Victims	104	-	-	-

Addressing the Challenge

Current Situation

Yemen's victim assistance program is divided into three phases. The first phase includes a survey of all mine affected areas within the country in order to locate survivors and complete medical history forms. The second phase involves conducting a medical examination of the mine victims in order to determine treatment needs. The third phase includes activities to provide support to the victims while they undergo medical care and rehabilitation. Additionally, a future forth phase will aim to fully reintegrate survivors into society.

Emergency and Continuing Medical Care

The National Mine Action Program provides field evacuation whenever possible, pays all medical costs for the victim, and follows-up on cases to determine assistance needs. Through an agreement with the Tuscan region of Italy, the most severe cases are sent to Italian hospitals to undergo treatment.

Physical Rehabilitation / Prosthetics

The National Mine Action Program provides artificial limbs and other necessary items.

Psychological and Social Support

Information about landmine survivors is sent to the Ministry of Social Affairs for inclusion in psychological and social support programs.

Economic Reintegration

Although economic reintegration of landmine survivors is under-developed, programs are being organized to provide vocational training and help survivors open small businesses.

Desired Situation

Yemen would like to see greater implementation of its economic reintegration programs.

Priorities for Outside Assistance

Yemen's priorities for outside assistance include training in proper procedures for trauma care and surgery. Additionally, Yemen would like further establish evacuation of mine victims to other countries with more established medical facilities. Finally, Yemen needs updated physical therapy equipment.

²³ Source: Yemen's statement to the SCVA on 10 February 2004.