

## **ZIMBABWE'S INTERVENTION DURING THE STANDING COMMITTEE ON VICTIM ASSISTANCE AND SOCIO-ECONOMIC REINTEGRATION MEETING – 10 FEBRUARY 2004**

### **The extent of the challenge**

Thank you Mr Co-Chair for affording me the opportunity to share the challenges we face and our expectations. In Zimbabwe, like in most mine affected countries, the most affected communities are those living in remote areas along the border where access is very poor. Those who are affected need to be fitted with artificial limbs after recuperation in hospital, but following up these people thereafter becomes very difficult. We normally have a mechanism to receive information on new mine victims, mostly from National Demining Database Teams, the press and other reports received from the police. At times reports reach the authorities very late, and at other times when the victim will have died.

### **Addressing the challenge**

Generally, Zimbabwe has good medical facilities but access to these centres by victims tend to take too long, resulting in some people dying on the way to hospital and some of the medical centers are not well equipped for mine injuries. Also, although emergency medical care and initial artificial limbs are provided free by government, continued or follow up medical care and replacement of these is normally a nightmare for a poor peasant who will end up abandoning the attempt due to lack of information, money and resources. Government only provides the initial basic prostheses and crutches, thereafter it is at the victim's expense to replace them.

Currently Zimbabwe does not have a landmine survivor network or database that brings together survivors and provide information readily. The country has a National Association of Societies for the Care of the Handicapped (NASCOH). This is an umbrella body for organisations concerned with the care and rehabilitation of people with disabilities in Zimbabwe. Unfortunately, all other organisations that bring together people with various disabilities have established associations under NASCOH except land mine survivors.

Our desire as the Mine Action Centre is to see our landmine survivors come together and form an association or network that represents their interests and raises their own voices. This can be followed by the establishment of a Landmine Survivors database where one can obtain information about all known survivors, their location, problems and expectations. Provision of continual medical care, prostheses, vocational training and creation of income generating projects and job placements will become easy. Such a network and database will also greatly assist potential donors to get all the information they need from one source thereby enhancing their planning. Such a plan is already in place, but we lack funding to implement it. I therefore appeal to the donor community to come to the assistance of our victims in whatever way possible.

### **Laws and Public Policies**

Although, Zimbabwe has laws and policies that govern and promote the effective treatment, care and protection of all disabled citizens like access to public buildings and other rights, there are no separate or additional laws and policies that apply specifically to land mine survivors. Our intention as both the MAC and Government in the area of mine survivor advocacy is to empower the victims themselves to advance further their economic, social and physical interests by coming together and sharing information and experiences. For this to be possible, some form of assistance is required from those of us with the resources. Currently no outside assistance is being provided for our victims.

I Thank You