Annex V

Victim assistance objectives of the States Parties that have reported the responsibility for significant numbers of landmine survivors

Afghanistan

Part 1: Understanding the extent of the challenge faced		
Goal:	**Status:**	**Objectives:**
Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Afghanistan is one of the most mine-affected countries in the world, with an estimated number of over 100,000 people killed or injured by mines since 1979. The current number of approximately 1,100 new mine/UXO casualties per year (or 92 per month) is a significant decrease from 1993 (600 to 720 monthly), 1997 (300 to 360 monthly) and 2000 (150 to 300 monthly). According to the Afghanistan Landmine Impact Survey (ALIS), 17 percent of landmine/UXO casualties are children between 5 and 14 years of age; 50 percent are under the age of 18. About 90 percent of casualties are male. Mine/UXO casualty data collection began in 1998 and is an ongoing process on a national level in all impacted areas. Agencies collecting this data utilize a standardized format. Strengthening of the Ministry of Public Health (MoPH) information management systems to include injury surveillance is in the development stages. Data on mine casualties is collected primarily by the International Committee of the Red Cross (ICRC) which provides the UN Mine	▪ Maintain and keep up-to-date information in the the Afghanistan Landmine Impact Survey database through a "sentinel surveillance system." ▪ Analyze the results of the National Disability Survey in early 2006 to assess if it will be useful in programme planning and setting national priorities for delivery or expansion of health care, rehabilitation and reintegration services. ▪ Include disability in the national statistical survey and census. ▪ Collect information about persons with disabilities and create a database on all disability services available in Afghanistan.

	Action Program with 90 - 95 percent of its information on casualties. Mine casualty data is provided by 490 health facilities supported by several agencies and organizations, including the MoPH, Afghan Red Crescent Society, International Federation of Red Cross and Red Crescent Societies, ICRC Orthopedic Centers and more than a dozen NGOs and organizations. The available data is used by many of the organizations working with mine/UXO survivors and reporting mechanisms are being strengthened to provide data to relevant end users. No comprehensive nation-wide survey has been done of persons with disabilities through the Ministry of Martyrs and Disabled (MMD). In 2003 and early 2004, the MMD conducted a survey and collected data on 86,354 persons with disabilities in 33 of the 34 provinces. As of February 2004, approximately 18 percent of persons with disabilities recorded by the MMD were mine survivors. Handicap International completed fieldwork in early 2005 for a National Disability Survey based on a random national cluster methodology. Results of this survey should be finalized by December 2005 or January 2006 and will be shared and consulted with the MMD and the National Programme for Action on Disability (NPAD) prior to publication in 2006. Currently there is insufficient data available for policy making on the socio-economic conditions of persons with disabilities. The national census does not have statistics regarding persons with disabilities, their occupations, socio-economic status, education, etc. The next national census is planned for 2007 and efforts are being made to include questions on disability in the census.	▪ Establish and begin to implement an injury surveillance system in which landmine survivors and other persons with disabilities are tracked through the national health system, from 2005.

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Part 2: Emergency and continuing medical care		
Goal:	**Status:**	**Objectives:**
Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	The Ministry of Public Health (MoPH) delivers health services through the implementation of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services. Some of the problems of the current health care services include lack of trained manpower, lack of standard equipment, lack of adequate accommodation in the hospitals, and insufficient primary health care in the rural areas. The Landmine Impact Survey found that only ten percent of mine-impacted communities had healthcare facilities of any kind. Basic first aid services are available through district clinics. Trauma care specialists are not widely available. Serum is available in most places and considered very safe. Blood transfusions are limited to only a few hospitals and considered safe. Very few ambulances are available. Local transport by taxi or donkey is available to most. Travel to hospitals / clinics can take between one hour to 3 days depending on location of the incident, road and weather condition and accessibility of transport. Amputation / trauma surgery is available though the quality is questionable in some cases. There is lack of equipment and supplies in health facilities and quality of services is lacking and varies by location. Access to pain medication is relatively easy and often unregulated. Training or refresher courses are required for most surgeons. No formal training in the care of traumatic injuries is currently available in-country. Access to corrective surgery and post-amputation revisions is available only in major hospitals. Eye and auditory medical care is very limited, except in big cities. All amputees are referred to	▪ Assess the services in heavily mine/UXO-impacted rural areas in relation to emergency first aid and medical transportation needs and develop plans to address the needs in areas where assistence is insufficient or non-existent in order to reduce the mortality rates of mine/UXO casualties. ▪ Improve coordination among relevant actors at the national, regional and local levels. ▪ Ensure that disability remains one of the top priorities in the current policy and strategy of the Ministry of Public Health for 2005-2009. ▪ Develop a trained work force in the Ministry of Public Health in terms of disability to take the lead and responsibility in the field of rehabilitation activities. ▪ Design a package of disability services for the country.

	rehabilitation services, which are available in 20 out of 34 provinces. Mine casualties will not be turned away or denied services; however long term care is more difficult due to costs of health care, transportation and lodging. Women may be denied care either by family or refusing treatment themselves from male practitioners. Services are available equally to all; however cultural barriers are known to restrict women and girls from services as female doctors and practitioners may not be available. National coordination mechanisms involving all relevant actors are not currently in place. In the existing BPHS, disability is the 6th component of the package and includes the following services: Information / Education / Communication, awareness, care seeking; Home-based services for paraplegic cases; Outpatient physiotherapy (screening and treatment); Inpatient physiotherapy; Orthopedic services (diagnosis); production of orthoses, fitting and training; and, production of prostheses, fitting and training. In the National Health Policy for 2005-2009, disability issues have been moved from the second tier to the first tier in the BPHS.	▪ **Ensure adequate attention is paid to women with disabilities in health care.** ▪ Equip the hospitals with trained human resources and with the required equipment. ▪ Develop the primary health care system in rural areas using the provisions in the basic package of health care services. ▪ Ensure that all institutions for training of medical and paramedical health functionaries and pre-school educators, include programs of training in disability prevention, early detection and timely interventions through medical and social rehabilitation. ▪ Develop support services such as special education, clinical psychology, physiotherapy, occupational therapy, audiology, speech pathology, vocational counselling and ensure that trained human resources are available.
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional	**Status:** Rehabilitation services for all persons with disabilities, regardless of the cause, are a part of a broader welfare policy and a combination of	**Objectives:** ▪ Increase access of mine/UXO survivors to services to 80 percent, and increase output

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ability for landmine survivors, including the provision of appropriate assistive devices.	medical and social services. About 20 to 40 percent of mine/UXO survivors have access to rehabilitation services. With the exception of services provided by international organizations, for example the ICRC and international NGOs, rehabilitation services are very minimal and limited to only urban areas. There is not an extensive Community Based Rehabilitation (CBR) network or programme in Afghanistan, except that provided by some international NGOs. The rehabilitation needs of mine/UXO survivors and other persons with disabilities are not being met. Disability services exist in 20 of the 34 provinces, physiotherapy services in 19 provinces, orthopaedic workshops in 10 provinces, economic reintegration activities in 13 provinces, and community-based rehabilitation in 12 provinces. The ICRC is the principal provider of services to mine/UXO survivors with activities at its orthopaedic centres in Kabul, Mazar-i-Sharif, Herat, Jalalabad, Gulbahar and Faizabad. The centres fit upper and lower limb prostheses and orthoses, provide free medical care, physical rehabilitation, psychosocial support, vocational training, micro-credits for small business, and public awareness services related to government rules and programs. All services are free of charge. Rehabilitation services are also provided by several NGOs including the Swedish Committee for Afghanistan, Sandy Gall's Afghanistan Appeal, Handicap International, the Kabul Orthopaedic Organization, the Afghan Amputee Bicyclists for Rehabilitation and Recreation (AABRAR) and other national and international NGOs. Access to rehabilitative care is available free of charge. Distance and related costs (transport, accommodation, escort for women) can be	of prosthetic and orthotic workshops by 30 percent. ▪ Improve accessibility by opening rehabilitation centers in every province on the basis of need and accessibility, and with trained personnel and equipment. ▪ Establish physical therapy clinics in the district, provincial and regional hospitals as well as extending services to health centers to reach 70 percent coverage and to be more community based. ▪ Increase the number of trained female workers for the rehabilitation of female mine/UXO survivors. ▪ Develop rehabilitation programmes, including follow-up, taking into account the medical and social rehabilitation of persons with disabilities. ▪ Extend functional community based rehabilitation (CBR) services to rural areas, examining and adopting international best practices with necessary adjustments to the Afghanistan context.

	problematic in areas where services are not available. Waiting periods for treatment range from immediate care to 30-45 days. Currently there are approximately 200 physiotherapists, 126 orthopaedic technicians and 105 artisans providing services in 20 of the 34 provinces. However, physical rehabilitation facilities need to be located in each large city or main town in at least 30 of the 34 provinces. All prosthetic and orthotic aids are produced locally, with raw materials often being imported due to lack of availability of quality materials on the local market, by numerous rehabilitation agencies, including ICRC, local and international NGOs. Coordination is good among disability stakeholders (IOs and NGOs, UN, DPOs, etc) but inter-Ministerial coordination and the technical capacity of the relevant Ministries (MMD, MoPH, MOLSA and MoE) is weak. The MMD recently established an NGO coordination unit, which will help in the coordination of all relevant actors.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a	**Status:** There are few pyschosocial support activities in Afghanistan and very limited information is available. No counselling is available on the national level. Some initiatives exist through the ICRC and NGOs directed at specific needs or one-off projects. There is also limited peer support through service providers who employ large numbers of persons with disabilities. There is no coordination of all relevant actors on a national level. The majority of persons with disabilities are illiterate or semi-literate	**Objectives:** ▪ Bring together relevant line Ministries and actors to address the large gap in psychosocial support services in the country. ▪ Include the issue of Women with Disabilities in the process of National Census, data collection, and polices of training, education, and employment.

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healthy and positive outlook on life.	and the participation of children with disabilities in education is very poor. Though mine/UXO survivors are encouraged to complete their education, this is limited to what is available in the communities. Additionally, many people never attended school prior to becoming disabled in a mine/UXO incident so do not have basic skills to build upon. Integration of children with disabilities does occur. However, there is little to no training available to teachers on the particular needs of disabled children. The Ministry of Education has no separate programmes of inclusive or exclusive education for children with disabilities. The Ministry suffers from a lack of school buildings, infrastructure, trained teachers and sufficient budget provisions. NGOs are doing some work, but without supervision or direction; the programs are not well coordinated. Even though primary education has been made compulsory in the Constitution, its implementation is far from satisfactory. There are no well-designed incentives for parents to send their children to schools. The draft National Disability Plan includes seven specific objectives relating to the education of children with disabilities.	▪ Conduct awareness programs throughout the country to inform the people of the rights of women with disabilities and advocate for avoidance of domestic violence against women with disabilities. ▪ Adopt and implement the objectives of the National Disability Strategy in relation to the education of children with disabilities.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find	**Status:** According to the Afghanistan Human Development Report 2004, approximately 53 percent of Afghans live below the poverty line and the average person spends approximately 80 percent of their income on food. It also noted that "a survey conducted by the Ministry of Labour and Social Affairs and the International Rescue Committee (IRC)	**Objectives:** ▪ Develop a combination of different programmes that address a continuous supply of income to vulnerable groups and effective delivery systems restructured on the basis of need and best

suitable employment.	found high unemployment among disabled people, estimated at 84 %. The lack of legislation to protect the rights of the disabled has also led to institutional discrimination." The Ministry of Martyrs and Disabled (MMD) is playing a key role in mainstreaming persons with disabilities in coordination with the Ministry of Labour and Social Affairs (MoLSA), the Ministry of Public Health (MoPH), and the Ministry of Education (MoE). As of April 2005, eight vocational training schools had been established. Persons with disabilities, registered by the MMD, receive welfare payments at the rate of 300 Afghanis per month (about $6). Persons with less than 50 percent disability receive 150 Afghanis per month. The Ministry of Finance releases the budget on the basis of requests from the MMD directly to the provinces who pay the benefit once every quarter. There are no contribution-based schemes in the country. The Afghanistan Landmine Impact Survey (ALIS) data on recent casualties indicated that unemployment among mine survivors increased by 38 percent after the incident. There were notable decreases in the percentage of survivors who continued to be farmers, herders, military personnel, deminers, and labourers – all occupations requiring mobility over difficult terrain (a challenge for amputees) – and increases in the numbers of survivors doing household work and being unemployed. MoLSA has adopted disability as a critical component of its efforts in vocational skills training and employment-related services. MoLSA wants to increase awareness and improve institutional capacity to ensure that it can provide disability-related vocational skills training	practices in order to address the issue of mainstreaming. ▪ Develop a package of programmes including employment, vocational training, self-employment and other assistance, including an increase in the welfare payments, to bring disabled people above the poverty line. ▪ Put in place systems and strengthen field offices of relevant ministries for better benefit delivery and increase the capacity of personnel involved in service delivery. ▪ Increase vocational training facilities, equipped with adequate human resources for vocational training, counselling and assistance on employment generation issues. ▪ Develop courses in vocational training for persons with disabilities with due importance to their functional ability and the market needs. ▪ Design and implement income-generation programmes after training with the support of the Government, NGOs and the Private Sector.

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	and employment-related services nation-wide. MoLSA is in the process of developing its capacity to implement programs focused on the disabled including vocational training and employment, technical assistance, staff development and training, policy development, curriculum development/training materials, development/resource materials development, and monitoring and evaluation. The UNDP's National Program for Action on Disability is providing national and international technical advice on vocational training and employment-related issues to MoLSA. In addition, many NGOs, Japan's International Cooperation and Assistance (JICA), Afghan Korea VT Training Centre, World Bank and GTZ are extending support to MoLSA to develop and deliver vocational training programs for persons with disabilities. MoLSA has a presence in 32 of the 34 provinces with vocational training programs. Results to date have not been particularly good due to lack of adequate funding, lack of infrastructure and lack of employment opportunities after the training is completed.	▪ Enforce affirmative action in employment for persons with disabilities. ▪ Collect and maintain statistics on persons with disabilities in employment and self-employment.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** Afghanistan currently has no law guaranteeing the rights of persons with disabilities or developing a barrier free and accessible society. The Constitution of Afghanistan provides some basic rights to disabled people and enables the government to enact a separate law for people with disabilities. Articles 22, 53 and 84 include some enabling provisions for mainstreaming persons with disabilities. The Ministry of Martyrs and Disabled (MMD) is the focal point for all	**Objectives:** ▪ Finalize the National Disability Policy (NDP) for Afghanistan in December 2005 or early 2006, and disseminate to all stakeholders including government ministries, international organizations, NGOs, Disabled Persons Organizations, and provincial and local authorities.

	issues relating to persons with disabilities, including mine survivors. Objectives of the MMD include: collecting data on persons with disabilities from all provinces to facilitate access to monthly pensions; advocating for the rights of persons with disabilities; development of new legislation to protect the rights of persons with disabilities; and facilitating access to vocational training courses. Other line Ministries involved in services for persons with disabilities include the Ministry of Public Health (MoPH), the Ministry of Labour and Social Affairs (MoLSA) and the Ministry of Education (MoE). Afghanistan developed a Comprehensive Disability Policy in 2003 through extensive consultations with relevant actors and line Ministries. The process of final approval by the Government was not completed. In May 2005, the MMD began a consultative process to develop a new National Disability Policy (2006-2008) for Afghanistan, which should be finalized by December 2005 or early 2006. The MMD is the lead Ministry in developing the policy, which is being done in close consultation with relevant line Ministries (MoPH, MoE and MoLSA), with technical support from UNDP through the National Programme for Action on Disability (NPAD). NPAD is a three-year programme, which UNDP began implementing on 1 April 2005. UNDP has also signed a Memorandum of Understanding with the Government of Afghanistan to provide technical support to build capacity of the Government and to help put in place systems for mainstreaming the lives of the persons with disabilities. The International Labour Organization is also active in Afghanistan. Afghanistan is currently undergoing an extensive inter-ministerial process to develop the Afghanistan National Development Strategy	▪ Conduct a nation-wide awareness raising campaign on the new National Disability Policy beginning in 2006, with the MMD leading the process with other relevant line Ministries. ▪ Extract relevant sections on disability issues from the Afghanistan National Development Strategy for 2005 – 2009 (ANDS) and include this information in nation-wide awareness raising on the new National Disability Policy. ▪ Build institutions for the specific needs of the disabled between 2006 and 2008. ▪ Draft and adopt a comprehensive law for persons with disabilities guaranteeing their rights and creating an accessible and barrier free society, with due importance to the rights of women with disabilities and issues of discrimination. ▪ Register all NGOs working in the sector and develop a directory clearly indicating their place of work, functions, funding sources, and priority areas. ▪ Coordinate the work of NGOs in the country to avoid duplication in the

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	(ANDS) for 2005-2009. It will include mine action and disability issues, though, at this point, it is not known how extensively. ANDS will by finalized by January 2006. Afghanistan has developed a National Health Policy for 2005 – 2009. In the Basis Package of Health Services (BPHS), disability and mental health have been moved from the second tier to first tier, therefore it will be a higher priority for the coming five years. Presently all disability services are provided by national and international NGOs. The government's role in service delivery to persons with disability is minimal. The Government of Afghanistan therefore recognizes that policy implementation should be done in partnership with the NGOs working at the grass roots level. The disability movement in Afghanistan is still in its infancy. Massive illiteracy and extreme poverty, limited exposure and inadequate skills in institutional development are some of the problems faced by the movement. As a result the voice of persons with disabilities and their capacity to negotiate on behalf of their own interests in planning and decision-making is lacking. Afghanistan is a signatory to the Declaration on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region, and a signatory to the Biwako Millennium Framework for action towards an inclusive, barrier free and rights based society for persons with disability. Afghanistan also recognizes the World Programme of Action and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, and is participating in the negotiations on the UN Convention on the Protection and Promotion of the Rights and	delivery of disability care and services. ▪ Support the development and strengthening of national Disabled Person's Organizations through capacity enhancing programs to improve their skills in self-representation and advocacy. ▪ Develop training programmes for public servants in order to enhance the provision of disability friendly services. ▪ Provide financial support, training and exposure to local and national representatives of disabled persons within the means available. ▪ Develop strategies for effective mechanisms and efficient participation of disabled people in planning and decision making. ▪ Establish a Disability Desk in the Office of the President and at all levels of government. ▪ Promote and encourage the development of party policies and manifestos, within all political parties, relating to equalization of opportunities for persons with disabilities.

	Dignity of Persons with Disabilities.	

Albania

Part 1: Understanding the extent of the challenge faced		
Goal:	**Status:**	**Objectives:**
Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	A total of 238 landmine survivors have been recorded in the Kukes region, with 92.5 percent males and 7.5 percent female. A total of 27 percent were children at the time of their accident, 70 percent were in the economically active group, and 3 percent were elderly. Most survivors still live in their mine-affected villages on the border between Albania and the Province of Kosovo although some have migrated to urban centres or other European countries. The Institute of Statistics of Albania (INSTAT) is the State entity responsible for collecting data for the government. The extent of injury surveillance nationwide differs according to region and is low in Kukes region. Data collection to date has not taken into account landmine/UXO injuries. Information on landmine survivors is obtained through collecting data using IMSMA incident reports starting with those provided in 1999 by the ICRC, Albanian Red Cross and CARE International. Data collection takes place on an ongoing basis in the Kukes region. The Albanian Mine Action Executive (AMAE), a local non-governmental organization (NGO), VMA-Kukesi, and the NGO DanChurch Aid collect mine casualty data in a standardized manner with regular coordination. Summaries of data is shared with all relevant actors,	▪ Update the current database of mine casualties outlining the rehabilitation of mine survivors who have remained in the Kukes region, by October 2005. ▪ Identify survivors in other parts of Albania and conduct a priority needs assessment by the middle of 2006. ▪ Analyse results of needs assessment surveys through the database by mid 2005. ▪ Evaluate the needs of survivors throughout Albania based on the needs assessment and identify the means to address these needs by the end of 2006. ▪ Share the Albanian Mine Action Programme's (AMAP) data with INSTAT, the Ministry of Health (MoH), the Ministry of Labour and Social Affairs (MoLSA), and all other relevant stakeholders by October 2005.

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	including donors, NGOs, hospitals and relevant government ministries.	▪ Ensure that MoLSA and INSTAT include data on mine/UXO survivors when addressing people with disabilities in Albania (i.e., in the National Strategy on Disability). ▪ Encourage INSTAT or MoLSA to collect future data on mine/UXO casualties, expanding data collection to include victims of UXO throughout Albania.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** A total of 30 nurses residing in the mine-affected villages of Kukes received training in emergency first aid in November 2004 and September 2005. Persons injured by landmines/UXO receive emergency first aid by the village nurses in the field and are then transported (by public transport) immediately to Bajram Curri, Krume (Has), or Kukes Hospital. Difficult cases are flown by helicopter to the National Trauma Centre at the Military Hospital in Tirana. The average time period between injury and arrival at hospital is 1.5 to 2.0 hours. Emergency first aid is given by nurses in the village within 10 to 15 minutes. Trauma surgery is only available at Kukes Regional Hospital or the National Trauma Centre in Tirana. The typical time period between injury and surgery is 3-4 hours. Kukes regional hospital has surgical capabilities although these are	**Objectives:** ▪ Upgrade Kukes Regional Hospital to Albanian Regional Hospital standards through provision of surgical equipment and improving the intensive care department by the end of 2006. ▪ Assess the surgical capabilities of Bajram Curri Hospital in Tropoja by October 2005. Build surgical capacity at Bajram Curri Hospital (dependent on the availability of an anaesthetist to work in Tropoja). If potential for building surgical capacity exists, organise refresher training for surgeon by the end of 2006. ▪ Improve transport from the mine-affected

	very basic. There are two trauma surgeons (including one orthopaedic surgeon) and one anaesthetist at Kukes Hospital. These specialists received refresher training in 2003 and new surgical equipment was delivered to the hospital. Kukes Hospital employs 26 doctors and 90 nurses. Kukes Hospital installed a private power line in 2004 and is now able to have electricity full time from 08:00 to 14:00 while the rest of the town is without. Infrastructure is adequate but the hospital is very cold in the winter due to poor heating. Bajram Curri Hospital (Tropoja) has very limited surgical capabilities as there is currently no anaesthetist working at the hospital. The hospital employs 7 doctors, including one surgeon. Bajram Curri is 3.5 hours by car from Kukes on poor quality roads. Gjakova Hospital in the Province of Kosovo is 40 minutes by car from the mine-affected areas of Tropoja District. The intensive care rooms are in very poor condition. Difficult surgical cases are sent to the National Trauma Centre in Tirana. Krume Hospital employs 6 doctors and 20 nurses. Krume and Bajram Curri hospitals both have poor heating and often experience power outages. Medical supplies and equipment are low level and outdated. For example, Krume Hospital is using x-ray equipment dating to the 1950s. Bajram Curri Hospital does not have x-ray equipment. There are about 50 nurses working in the 39 mine-affected villages. Nurses in mine-affected areas are in need of basic medical supplies including medicines and intravenous solution. There is nearly always blood available for emergency cases at the blood bank in every regional hospital (Kukes, National Trauma Centre	villages to the District Hospitals by the end of 2006 through the provision of ambulances. ▪ Continue to advocate for equipment and medical supplies for the district hospitals and for nurses in the mine-affected areas. ▪ Set up an emergency assistance fund to help new mine casualties cover their medical costs. ▪ Review the victim assistance strategy with all partners in October 2005. ▪ Train the optometrist at Kukes Hospital at IGLI Russian private eye clinic in Tirana by December 2005. ▪ Procure basic new equipment for the optometrist at Kukes Hospital by June 2006. ▪ Procure assistive devices for the district hospitals by the end of 2006. ▪ Improve cooperation/referral between the National Prosthetic Centre and physiotherapy department at the Tirana Military Hospital by end of 2005.

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	Tirana, etc). A blood testing kit is being used at the blood bank to test blood/serum samples for safety before each donation is taken. Surgeons are trained at the Faculty of Medicine at Tirana University. The training is satisfactory. Refresher training was available to medical doctors under the Communist regime but since communism ended, surgeons can no longer receive refresher training on new techniques. In addition, many qualified doctors are leaving the Kukes region for Tirana or other major cities in Albania as they can make more money in private clinics. Corrective surgery is only available in Tirana at the Mother Theresa Hospital. This is sufficient for the time being for the needs of the population. Rigid dressing materials are available but supplies are often inadequate to cover the needs of the population, especially for the Regional Hospital. Eye and ear care is of poor quality in Albania, equipment is outdated and training is of a low level. There are 17 sight impaired mine survivors who were not able to receive adequate treatment at public hospitals Basic assistive devices are not very common in Albania, especially in the mountainous, mined north-eastern region. It is very rare for mine survivors to be referred to rehabilitative services as they are basically nonexistent in Albania. With the establishment of the community based rehabilitation network in north	▪ Advocate with the Director of the Military Hospital for mine survivors to have the right to use their equipment when required.

	eastern Albania, survivors are being referred to both medical and rehabilitation services when needed. Healthcare costs are officially covered by the government but many people have to pay additional hidden costs to obtain the health services they require. Medical services are provided on an equal basis with respect to age, gender, et cetera. Survivors are rarely denied services due to costs, although it does sometimes occur as certain equipment (e.g., CAT scan) is expensive and scarce.	

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Part 3: Physical rehabilitation

Goal:	**Status:**	**Objectives:**
To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	There is only one prosthetic centre in Albania, the National Prosthetic Centre (NPC) in Tirana, a 6 hour commute from the Kukes region. The NPC does not have the technical capacity to make all types of prostheses; difficult cases are sent to the Slovenian Institute of Rehabilitation for prosthetic assistance. (Since 2001, 99 mine amputees have received treatment in Slovenia.) Prostheses are produced at the NPC with ICRC support using polypropylene technology. Mine survivors generally wait a couple of years before they can receive rehabilitative care in the form of new prostheses. In 2005 a Prosthetic Repair Centre was established at Kukes Hospital, with one short-trained prosthetic technician, where mine survivors can receive minor repairs to their prostheses. Repair of assistive devices is also available at the NPC and the Slovenian Institute. Mine survivors receive training on methods for self-care and maintenance of prostheses. Physiotherapy is not very common in Albania. Nurses residing in the mine-affected villages received intensive 6-day training in community based rehabilitation in November 2004 and 5-day training in September 2005, of which physiotherapy was a large component. There is one physiotherapist based at Kukes Hospital who is providing physiotherapy to mine survivors when needed, as a part of the community based rehabilitation network which was established in	▪ Establish a prosthetic/physical rehabilitation centre in Kukes town, by the end of 2006. ▪ Treat all mine amputees within Albania, by the end of 2006. ▪ Involve the physiotherapy section of the Military Hospital more with the NPC, by July 2005. ▪ Provide refresher training for the physiotherapist at Kukes Hospital, by October 2005. ▪ Organize and provide further training for all prosthetic technicians at the NPC to International Society for Prosthetics and Orthotics (ISPO) category I, II, or III standards, by the end of 2008.

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	January 2005. The physiotherapist at Kukes Hospital received one year of training in physiotherapy following her training as a medical doctor. At a minimum 2 more physiotherapists are needed: one for Has Hospital and one for Krume Hospital. There is a need to establish a rehabilitation/prosthetic centre in Kukes for prostheses and physiotherapy and a need to involve the physiotherapy section of the Military Hospital with the NPC more than is the current situation. There are currently no prosthetic technicians (of the 7 working at NPC) in Albania trained to international standards. However, most technicians have received some training outside of Albania and technicians who have received further training assist those who have not received as much. There is no official and affordable training for physical therapy or prosthetics within Albania. An Italian University started a programme in physiotherapy in September 2004 based in Tirana. It is not likely that the programme will help improve rehabilitation conditions in Albania as trained physiotherapists will likely emigrate elsewhere in Europe following completion of their studies. Additionally, the programme is taught in the Italian language by Italian specialists and costs €5,000 per year for 3 years. Wheelchairs are being produced by the Albanian Disability Rights Foundation (ADRF) in Tirana but not many people in the mountainous Kukes region use wheelchairs. A few double mine amputees use wheelchairs while in their house. Landmine survivors and sometimes their families are fairly regularly included in the planning of rehabilitation interventions. Many older	

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	landmine survivors initially do not understand the aim of rehabilitation whereas younger mine survivors readily accept and appreciate it. Mine survivors are not denied services or assistive devices due to cost or other reasons. Services or devices are nearly always available equally to meet the particular needs of all genders and age groups. Regular countrywide coordination involving all relevant actors is facilitated through AMAC and AMAE monthly coordination meetings.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	**Status:** Counselling is not regularly available in Albania and has only recently become available for mine survivors. In addition, counselling is a very new service in Albania and is not widely accepted by the public. In November 2004 and September 2005, 30 nurses from mine-affected villages received an intense training in matters that included counselling and they are now providing counselling to mine survivors in their villages when needed. The Ministry of Health has plans to insert social workers into hospital structures in the near future. Hospitals currently have no trained social workers. There is one neurologist working at Kukes Hospital who is visiting mine victims as a part of the community based rehabilitation project to provide some basic counselling. Social services were decentralized in 2002 and there are now social workers in some of the mine-affected villages but it is unknown whether or not they are providing counselling services to mine victims.	**Objectives:** ▪ Raise awareness amongst mine victims about the aims of counselling and where it is available, by October 2005. ▪ Train social workers in the mine-affected region in counselling, by the end of 2005. ▪ Train social workers in the mine-affected areas in the specific problems that mine survivors may face and how they can assist in these areas, by the end of 2005. ▪ Advocate for the Director of Kukes Regional Hospital and the Director of Social Services to include social workers in the structure of the District Hospitals. ▪ Train mine survivors on their rights, by

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<td>It is foreseen that there will be training of social services personnel on the rights of persons with disabilities although to date no training has been received.

Under the community based rehabilitation project, landmine survivors are being provided with awareness materials on coping strategies and the problems that may arise as a result of their injuries.

A mine survivor is working with the NGO VMA and is visiting mine victims on a regular basis in the field to encourage them and offer advice. Peer support is also provided while mine casualties are in hospital. Other than this, there is no peer support programme for landmine survivors. As most mine survivors are from the same small villages, they provide unorganized peer support to one another.

Most people in the mine-affected region are employed in the grey sector in farming or agriculture. Adult mine survivors are encouraged to complete educational programmes if interested but to date no vocational training/support has been given. Most children disabled by landmines discontinued their studies after the accident. However, almost all the children have now resumed their studies with support (transportation, private tutors, etc.) from donors. Very few teachers have received training on the problems of children with disabilities

Individuals are not denied services due to cost or other reasons and the few services that are available, are available equally to women, men, boys, girls, and elderly although it is more likely for women to take advantage of them.

Regular countrywide coordination involving all relevant actors is</td>
<td>the end of 2005.

▪ Increase peer support in the field through establishing a peer support network by end of 2005.

▪ Follow up with Landmine Survivors Network about expanding its peer support programme, by December 2005.</td>
</tr>
</table>

	facilitated through AMAC and AMAE monthly coordination meetings.	
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:** There is currently one project for the socio-economic reintegration of landmine survivors in establishing home-based economies through vocational training and a revolving loan fund. The home based economies are in animal husbandry, as agriculture and livestock breeding are the main economic activities of the Kukes region. The local NGO VMA is implementing this programme. To date, 44 survivors and their families have received assistance in establishing home based economies under this programme. Mine survivors who are interested in benefiting from the project are required to make a plan before they receive their loan. Vocational advice is provided by VMA but is specific to animal husbandry activities. The vocational training programme is affordable for mine survivors and is physically accessible. However, mine survivors who do not make loan repayments or who do not provide the small amount needed for a down-payment on their livestock will not be selected to benefit from the project. This programme takes into account the economic realities of the Kukes region. In addition, services are designed to equally meet the needs of women, men and children. Existing job and recruiting services rarely ensure access for people with disabilities, partly due to very high unemployment throughout Albania, especially in the Kukes region, but also due to attitudes. By law, one out of every 25 employees hired should be a person with a disability. However, this law is poorly implemented. Few employers	**Objectives:** ▪ Assist another 30 mine/UXO survivors by the end of 2005 through the provision of a loan and training to establish home-based economies. ▪ Establish a revolving loan fund by the end of 2006. ▪ Advocate for equal opportunities in employment for persons with disabilities and aim to achieve effective implementation of legislation by 2007. ▪ Start a vocational training programme in Kukes in business training, computers, high tech applications, and tourism and hospitality by the middle of 2006. ▪ Advocate, on an ongoing basis, for the employment of persons with disabilities in the workplace. ▪ Support, on an ongoing basis, the National Strategy on Disability, specifically in the Kukes Region.

	are sensitized to ensure that landmine survivors are not denied opportunities because of discrimination. Most mine casualties were not officially employed at the time of their accident. They worked in the grey economy in which the majority continue to work following their accident, mainly in livestock breeding. For the few who were officially employed as border control policemen, none have returned to their original job. The new National Strategy on Disability (2005), endorsed by MoLSA aims to promote adequate employment opportunities for people with disabilities, yet implementation in achieving these ambitious goals is yet to be seen. Regular country wide coordination involving all relevant actors is facilitated through AMAC meetings and ADRF.	
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** There is a lawyer employed and working at ADRF who has received training in human rights for people with disabilities. She is available to assist any mine survivors in need of legal support. ADRF has published a book titled 'Rights of People with Disabilities' specific for Albania. Laws are in place for equal opportunities, care, access to services, education, vocational and employment opportunities, etc but are not often respected. Laws passed for accessibility include Law 8308, "On Road Transport" (18/03/1998), which entitles persons with disabilities to free urban transport and reduced prices for inter-urban transport.	**Objectives:** ▪ Advocate for the rights of persons with disabilities and support the National Strategy on Disability in all work from 2005-2009. ▪ Raise awareness amongst persons with disabilities and the general public about the rights of persons with disabilities from 2005-2009. ▪ Inform mine survivors of their rights.

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	Approval of town planning and architectural rules and norms to abolish the barriers to accessibility for persons with disabilities made it legally binding that all building activities take into account accessibility for people with disabilities. However, these laws are usually not enforced. Persons with disabilities including mine survivors have little access to a formal statutory complaint mechanism to protect their rights, although mine survivors can approach the lawyer working at ADRF for support with formal complaints. However few persons with disabilities are aware of their rights. To date the government has raised very little awareness on the rights and needs of persons with disabilities and countering stigmatisation. There is little support from the government to local organizations to advocate on behalf of and provide services to persons with disabilities. There is also little government support for self-help groups or associations of people with disabilities. Laws and public policies against discrimination take into account the particular needs of children, the elderly and gender.	▪ Raise awareness amongst mine survivors of their rights in relation to accessibility by June 2006. ▪ Raise awareness in the courts on discrimination of people with disabilities (ongoing from 2005). ▪ Prepare and distribute information on persons with disabilities at the national, regional, and local level. ▪ Raise awareness in mine-affected communities on the rights of people with disabilities through pamphlets and trainings (by end of 2005). ▪ Provide support for education programmes for persons with disabilities (ongoing from 2005).

Angola

Part 1: Understanding the extent of the challenge faced		
Goal:	**Status:**	**Objectives:**
Define the scale of the challenge, identify	The number of mine casualties or the available services in the country is not exactly known although it is estimated that there are 70,000 to	▪ Conduct a nation-wide survey on mine casualties.

needs, monitor the responses to needs and evaluate the responses	80,000 mine survivors in the country, of which 85 percent are young people of working age and around 70 percent are illiterate. There is no nation-wide injury surveillance mechanism. Due to the war, the population's access to health care and social assistance has been considerably reduced, thus impairing the collection of data regarding mine survivors and their specific disabilities. Mine survivors are registered by the Ministry of Assistance and Social Reintegration, Ex-Combatants and War Veterans, the Ministry of Health, national and international NGOs, social solidarity institutions, etc. Almost two-thirds of mine survivors are concentrated in Luanda, followed by the more mine contaminated provinces (Bié, Huambo, Malange and Moxico).	▪ Identify government and private institutions/ organizations involved in collecting mine casualty data. ▪ Implement the use of IMSMA forms for registering mine casualties by all actors involved in mine victim assistance. ▪ Improve communication among relevant actors in mine victim assistance. ▪ Establish a Joint Commission to conduct accident surveillance at national and provincial levels.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** Health care services to address the needs of mine casualties are covered by the National Health System (SNS). Due to the protracted war, more than 70 percent of primary health care units have been totally or partially destroyed, and there has been an exodus of qualified health workers seeking safer areas. Due to the war, the social assistance budget, which includes health care represented less than 4 percent of the Overall State Budget, and its implementation rate is less than 70 percent.	**Objectives:** ▪ Achieve broader coverage of basic health care throughout the country. ▪ Improve accessibility to existing hospitals. ▪ Support transportation to and from hospitals, especially to and from orthopaedic centres. ▪ Increase the number and qualifications of health workers involved in mine victim

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	The number of Angolan orthopaedic surgeons is still very limited.	assistance and social reintegration. ▪ Increase the budget allocated to social assistance including health care. ▪ Establish first aid teams, especially in medium and high mine impact risk areas.
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** The Ministry of Health (MINSA), through the National Physical Rehabilitation Programme, runs 11 orthopaedic centres with activities oriented towards physical rehabilitation, production and fitting of prostheses, orthoses, crutches, prosthetic feet, and assembly and repair of wheelchairs for persons with disabilities including mine survivors. Production capacity does not meet existing needs. In 2004, 1,962 mine survivors accessed the orthopaedic centres. Most orthopaedic centres are located in urban areas, far away from the mine-affected communities and beneficiaries. Insufficient financial resources limit access to the centres. In some orthopaedic centres, national and international NGOs have conducted awareness-raising campaigns to facilitate the access of mine survivors to physical rehabilitation centres. Some air and road transportation services have been implemented by national and international organizations to facilitate the access of persons with disabilities from remote areas to the centres. People who live in more remote areas are likely to have no access to centres and are more vulnerable, live in harsher conditions, are	**Objectives:** ▪ Improve the capacities of existing orthopaedic centres, including through the training of national technical personnel. ▪ Increase the scope of community-based rehabilitation projects. ▪ Ensure that mine victims have access to assistance and social and economic reintegration as close as possible to their area of residence, i.e. at province level. ▪ Establish a multipurpose centre for mine survivors and other persons with disabilities oriented towards providing health care, physical rehabilitation and psychological support, vocational training, legal advice and socio-economic reintegration.

	mobility impaired, and poor. Personnel providing rehabilitative care in the orthopaedic workshops include 85-90 technicians trained to a basic level; 26 are located in Luanda.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	**Status:** In Angola, amputation and the associated physical and psychosocial trauma is a public health concern, as is socio-economic reintegration. Because it affects a young population, and the possible number of mine survivors, it will remain a problem for some years. The majority of persons with disabilities live in difficult situations due to existing physical and social barriers that hinder their full participation in the various spheres of life, making them more vulnerable and prone to social exclusion. The loss of status as the main provider for the family sometimes leads to personality disorders such as aggressiveness, over-defensiveness, complexes, depression, impulsiveness, etc. Some individual or group psychological support actions have been developed at the community level to promote self-esteem through education sessions.	**Objectives:** ▪ Raise awareness within public and private organizations, and civil society in general, of existing physical and social barriers that hinder the full participation of persons with disabilities in the social, political and economic life of the country. ▪ Adopt appropriate measures in order to promote the integration of persons with disabilities in all spheres of the country's socio-economic life. ▪ Establish counselling and psychological support systems at the community level. ▪ Remove barriers and reinforce self-esteem and dignity.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either	**Status:** The economic reintegration of mine survivors is an integrated action of the Ministries of Labour and Social Affairs, although there is no	**Objectives:** ▪ Enhance community awareness of the benefits of integrating persons with

return to their pre-injury occupation, or prepare for and find suitable employment.	national strategy. The number of economically integrated mine survivors with an acceptable livelihood is still limited compared to the wider population. Obstacles include: the high incidence of working age persons with disabilities; the high concentration of mine survivors in urban areas; high levels of unemployment nationally; high illiteracy levels among people from rural areas displaced to urban areas; low levels of vocational training or the need to change occupation due to the disability; and, rapid marginalisation and social exclusion of mine survivors and other people with disability. The general state of the economy and the macroeconomic context is defined by the following factors: irregular economic growth; dependency on the oil sector and the capital intensive nature of the oil sector; limited investment in industry and other sectors; important diminution of the agriculture and fisheries sectors; insignificant private investment; and, political stability. Persons with disabilities are often denied employment or are given subordinate and lower paid jobs. In times of crisis, persons with disabilities including mine survivors are often the first to be dismissed and the last to be hired.	disabilities into the social and economic life of the country, in government and private institutions. ▪ Press for the adoption and implementation of the first employment bill, establishing directions and priorities for the specific disability programmes, in order to allow young persons with disabilities to access employment and become socially and professionally integrated. ▪ Ensure that the economic reintegration of mine survivors is included in the fight against poverty. ▪ Promote training opportunities for mine survivors, according to their needs. ▪ Consider the needs of mine survivors in literacy training, in both rural and urban areas. ▪ Devise and implement a strategy to promote the recruitment of mine survivors by public and private employers.
Part 6: Laws and public policies		
Goal: To establish,	**Status:** The Ministry of Health (MINSA) under law n°21-B/92 and the 1992	**Objectives:** ▪ Ensure legal protection in accordance with

implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	national health policy document, defines persons with disabilities, including mine survivors, as one of the particularly vulnerable groups towards which efforts must be directed as a priority.	the needs of mine victims. ▪ Reduce discrimination and social exclusion. ▪ Restore the dignity of mine survivors.

Bosnia and Herzegovina

Part 1: Understanding the extent of the challenge faced		
Goal:	**Status:**	**Objectives:**
Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	As of July 2005, there were 3,919 landmine survivors registered in Bosnia and Herzegovina. The number of survivors has been extracted from the existing ICRC and BH MAC mine casualty databases. The databases contain information on the location of the accident with grid references, the gender and age of the mine casualty, the hospital which assisted the casualty, and the injuries suffered. The Mine Action Centre, Civilian Protection, BH Red Cross and the police collect data on injuries, including mine injuries. There is a unique form for reporting on mine and UXO accidents. The Mine Action Centre completes a report form for each new mine accident or incident. The report is then forwarded and entered into the database. Mine casualty data collection in Bosnia and Herzegovina began in 1996. The ICRC and Mine Action Centre are responsible for data	▪ Creation and standardization of an information system for mine victim assistance in Bosnia and Herzegovina. ▪ Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009. ▪ Develop a mechanism to improve reliability, monitoring and complexity of information in overlapping activities.

	collection. An agreement has been made between ICRC, BH MAC, BH Red Cross Society, HOPE 87, and JRS for establishing a unique mine casualty database. Coordination is realised through a nation-wide coordination group on mine victim assistance, which meets on a quarterly basis. The Mine Action Centre provides data to all relevant actors through regular reports or upon request. Additional data is also distributed at routine meetings. Landmine survivors are involved in data collection through non-government organizations, which provide assistance to mine victims.	
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** There is a well-established health care system in Bosnia and Herzegovina, which has proved to be sustainable at a considerably good level. There are 24 general hospitals and 5 clinical centres with the capacity for physical medicine and rehabilitation. Persons injured by landmines have ready access to trained first aid and other health practitioners from the primary level to the tertiary level of health support. Trauma specialists are available as well as all other profiles of medical personnel, who are qualified in the care, treatment and rehabilitation of the injured. Transportation and expeditious evacuation is guaranteed for every person following a call to the nearest first aid facility. Transportation is in an ambulance, or in unreachable areas helicopters can be engaged for transportation. There is always a doctor included in the	**Objectives:** ▪ Increase efficiency by 2009 in relation to medical interventions to assist the injured by cutting down the intervention time in order to increase the chances of survival and minimize the severity of physical disability. ▪ Develop a mechanism to improve coordination between those providing emergency and continuing medical care.

	transportation personnel, as well as specialised orderlies. During the planning of clearance activities, a medical service is always provided in case of accidents, which intervene immediately. The time period between injury and arrival at the hospital/clinic depends on the location of the accident and the accessibility of the site. The period from acceptance into the hospital to the provision of surgical care is short, as there are specialist teams on duty ready to provide treatment. Health teams are trained and the number of health workers in Bosnia and Herzegovina is sufficient to meet existing needs. Health facilities have both equipment and infrastructure to meet existing needs; though the renewal of equipment may be an issue due to continuous use and obsolescence. There are adequately trained surgeons, as well as trauma specialists and plastic surgeons. Training is available, although more international education would be beneficial. There is access to corrective and reconstructive surgery. The non-government volunteer sector in Bosnia and Herzegovina has limited capacities and there are only a few organizations with the capacity to provide specialised care. Blood supplies are available in Bosnia and Herzegovina. All casualties in need of transfusions will receive blood. Existing blood reserves are kept and used in accordance with EU standards. Rigid dressing materials are available, as well as all other necessary materials. There	

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	is absolute access to pain relief. Access to eye care, auditory medical care and other specialised surgical and medical services is available at hospitals, clinics and other non-hospital facilities for eye, auditory and other specialist care. Each clinic has basic orthopaedic devices, assistive devices, crutches, etc. It is possible to provide crutches upon leaving the hospital. All mine survivors are referred to rehabilitation services after surgical treatment. Many start rehabilitation while in the hospital, immediately after surgery and continue in one of 38 CBR (community based rehabilitation) centres or other rehabilitation centres. Mine casualties are not denied services due to cost as there is no charge. Medical treatment for people in life threatening situations and those with medical insurance is free of charge (they are all insured on a certain basis). Services are equally available to everyone, regardless of sex, age, religion, nation or race. Coordination is realised through a nation-wide coordination group on mine victim assistance, which meets on a quarterly basis.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of	**Status:** All services are available free of charge. Rehabilitation services are provided in hospitals immediately after surgical treatment, until they are released from hospital. Further rehabilitation services are available through rehabilitation centres and CBR centres. These centres were intentionally built for the support and basic rehabilitation of all war	**Objectives:** ▪ Every mine survivor will be provided with quality prosthetics, if needed, and rehabilitation to facilitate their reintegration into society, and thereby reduce the social costs to the community.

appropriate assistive devices.	victims, including mine survivors as indirect war victims. Prosthetic and orthopaedic assistance is set by the law. People with disability have the right for their devices to be maintained and repaired. During the first fitting of the assistive device they are introduced to methods of maintenance. There is a local production capacity for prosthetics in Bosnia and Herzegovina, though small in number and limited. The main components are mostly imported. All mine survivors are instructed on rehabilitation and exercises they can do alone, after the first session at the CBR centre. There are 27 orthopaedic workshops in Bosnia and Herzegovina. This represents a sufficient number of centres in the community, as well as sufficient numbers of trained personnel, capable of meeting the needs of survivors. The centres were established to cover a specific target area (approximately 50,000 to 80,000 inhabitants per area). There are currently 2,280 mine survivors who suffered amputation of limbs in mine/UXO accidents. There are no cases of denied services as all are provided free of charge. Services and devices are available to all ages and sex equally. Coordination is realised through a nation-wide coordination group on mine victim assistance, which meets on a quarterly basis.	
Part 4: Psychological support and social reintegration		
Goal:	**Status:**	**Objectives:**

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To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	There is a network of mental health facilities within communities that have been developed along with the CBR centres for physical rehabilitation; 60 CBR centres have been established for rehabilitation and mental health. All mine survivors have access to mental health facilities that deal with post-traumatic stress issues. Psychological counselling exists at the level of primary medical care and within mental health facilities, which are available for those in need of such treatment. These facilities can provide significant help in adjusting to a new situation. Hospitals have staff trained to meet the psychological needs of mine casualties. Peer support and volunteer organizations do not provide assistance within medical facilities but their programmes assist survivors after leaving the hospital, and facilitate the integration of disabled persons back into the society. Landmine Survivors Network implements a peer support programme to assist mine survivors overcome the physical and psychological trauma caused by a mine injury. All child mine survivors are included in education programmes within their communities. Teachers are mostly trained in issues relating to support for children with disabilities. Cost is not an obstacle as assistance is provided through the health care system. All services are available and designed to meet the needs of all in need of help, including men, women and children.	▪ Every mine survivor will have access to psychological support services, if needed, by 2009. ▪ Develop a strategy to increase cooperation within the local community on the promotion of mental health, with the aim of integrating persons with disabilities into the daily life of the community. ▪ Enable access to regular education and the schooling system for children with disabilities.
Part 5: Economic reintegration		
Goal:	**Status:**	**Objectives:**

To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Mine survivors and other persons with disabilities have the right to employment in the job market under general and specific conditions. For example, under specific conditions persons with at least 40 percent disability and persons with at least 70 percent disability have the right to employment. Employment departments have resources allocated for training and employment of disabled persons, which are to be realised through agencies covering the entire territory of Bosnia and Herzegovina. In accordance with the employment law, resources for employment are provided by organizations, agencies and other physical and legal enterprises where a person was employed prior to his / her disablement. In accordance with the Law employers are obliged to return the person with disability to their previous position, or to offer some other option where that person can work. The Government is working through employment agencies on the Entity levels to promote adequate employment for mine survivors and other persons with disabilities. The agencies can also provide significant help in adjusting to the new situation of being disabled. Persons with disabilities are sometimes self-employed or employed in a family business. The Poverty Reduction Strategy Paper (PRSP) presents a good opportunity for improved cooperation between government and non-government sectors, in order to mobilise resources in the fight against	▪ Enact and implement improved laws, training and regulations to facilitate the economic reintegration of persons with disabilities. ▪ Facilitate vocational training and economic reintegration opportunities for mine survivors.

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	poverty, as well as to produce reforms which would improve efficiency of social services and health care. There is a discrepancy between rights and benefits within the laws at the state level in Bosnia and Herzegovina. Services are available equally to both men and women. Coordination is realised through a nation-wide coordination group on mine victim assistance, which meets on a quarterly basis.	

Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** There are laws and regulations relating to the legal protection of disabled former soldiers, civilian victims of the war, disabled military personnel and the families of those killed in action during defensive wars. The existing laws protect the rights of people with disabilities and the families of those killed in mine accidents, as well as those disabled by other causes. The laws are fully implemented. The Government has produced a comprehensive strategy aimed at meeting the needs of mine victims by 2009. One of the main goals is the reintegration of mine survivors back into civil society. The government supports the non-government sector involved in mine victim assistance programmes, which function as a supplement to existing services, trying to fill the gaps that exist in the support system in Bosnia and Herzegovina. The government also supports self-help groups and associations of disabled persons through regular coordination meetings of the key actors in mine victim assistance.	**Objectives:** ▪ Enable the full reintegration of mine survivors into society through a wide range of assistance programmes, which include integrated social, medical and other specialist services. ▪ Raise the level of consciousness about the needs of mine survivors and other persons with disabilities, which would lead to changes in community attitudes related to this issue. ▪ Enact and implement improved laws and regulations related to rights and benefits for disabled persons, all within the implementation of the poverty reduction strategy, as well as the EU process of stabilisation and integration.

Cambodia

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the	**Status:** Since 1994, the Cambodia Mine/UXO Victim Information System (CMVIS) has maintained a system for data collection, storage and dissemination of information relating to mine/UXO casualties nation-	**Objectives:** ▪ Continue to maintain and coordinate a sustainable information-gathering and referral network on mine/UXO casualties

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responses to needs and evaluate the responses	wide and has issued reports on a monthly basis to all relevant stakeholders. This process covers all provinces in Cambodia and utilises 18 full-time data gatherers and 3 half time data gatherers in 17 provinces / municipalities and volunteer data gatherers in the remaining 7 provinces / municipalities. Based on the information available, Cambodia is on of the worst mine-affected countries in the world. Each year over 800 new mine/UXO casualties are recorded, which add to a total of 45,000 survivors in the country in 2005.	in Cambodia. ▪ Continue to analyse and disseminate mine/UXO casualty information nationally and internationally to assist in the planning and monitoring of mine action and victim assistance programmes. ▪ Support the capacity and development of the Cambodian Red Cross in undertaking data collection and information management with a view to ensuring maximum autonomy. ▪ Establish a user-friendly decentralized system to follow-up on assistance received by survivors in two mine-affected provinces by the end of 2006.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** The health care system in Cambodia is structured on health centres (coverage 10,000 people), referral hospitals (coverage 100,000 people or more), and national level hospitals. The referral hospital is the point where a landmine casualty can receive appropriate medical care. Transportation to reach medical facilities is often inadequate and in some areas in Cambodia it may take a day or more for a mine casualty to access an appropriate health facility. Many landmine casualties die before reaching a hospital due to excessive bleeding, lack of transport	**Objectives:** ▪ Assess and analyse the state of medical rehabilitation in Cambodia in order to develop guidelines and strategies to develop the sector. ▪ Assist the Ministry of Health, allied government ministries, WHO and other relevant bodies, on policy and planning relating to medical rehabilitation.

	or availability of first aid, blood transfusion, etc. There is a lack of training of health care workers in Cambodia. Some programmes include the training of community based Village Health Volunteers to respond to the emergency medical needs of landmine and other traumatic injuries. Volunteers also disseminate relevant information about available health facilities and agencies that can assist. In Cambodia, medical care is often more of a luxury than a right, and some payment is usually required. Furthermore, the long-term medical and rehabilitation cost of treating landmine injuries adequately continues to be prohibitive.	▪ Share information and knowledge among stakeholders about landmines and what government and non-government services are available to address emergency and continuing medical care. ▪ Develop a plan in 2006, with the approval of the Prime Minister, to provide free hospital care for mine casualties, and monitor implementation.
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** At the end of 2004, there were 12 physical rehabilitation centres providing services to mine survivors and other people with physical disabilities. Five agencies are directly involved into the operation of the centres: Cambodia Trust (CT), Handicap International-Belgium (HIB), Handicap International-France (HIF), International Committee of the Red Cross (ICRC), and Veterans International (VI). Services available through the physical rehabilitation centres include the production/supply of prosthetics, orthotics, wheelchairs, walking aids, physical therapy, and psychosocial care. In addition, supporting services such as accommodation, meals, and transportation allowances are provided.	**Objectives:** ▪ Promote improved standards and quality of services provided by rehabilitation centres according to the long term plan for the sector. ▪ Ensure maximum equitable distribution of quality physical rehabilitation services to all physically disabled persons in Cambodian society, taking into account their expressed needs and priorities with regard to their social, cultural and economic development.
Part 4: Psychological support and social reintegration		
Goal:	**Status:**	**Objectives:**

To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	There is only one psychological support centre in the country to provide training to health centre staff and at the referral level on basic psychological support and care after the mine casualty recovers from surgery. There are a few non government organizations (NGOs) providing psychological support to mine victims. NGO activities have included: raising community awareness on psychosocial and mental health in general; training community resource persons and care givers on identifying signs and symptoms of stress, anxiety, and depression; providing information on and encouraging community use of existing resources (e.g., monks, traditional healers, respected persons in community, village health volunteers, etc.) to effectively help survivors and their families to overcome psychological distress, and to restore their hope and self-esteem; and, providing training in basic counselling skills to community workers and volunteers who regularly visit and provide support to landmine victims.	▪ Develop plans and guidelines for best practice to address the psychosocial needs of mine survivors and their families.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:** Persons with disabilities in general have lower education levels than the rest of the population with only 10 to 15 percent reaching a reasonable standard. Landmine survivors usually come from the military or farming communities and have traditionally only received basic education. In general, the outlook for mine survivors in rural communities is said to be poor, unless they have access to life education and health care services. What rural poor need more than anything else is access to	**Objectives:** ▪ Capacity building of people with disabilities and their families through the development of self help groups and promoting capacities and full participation of people with disabilities in mainstream development activities. ▪ Create opportunities for income generation for persons with disabilities

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<td>fertile land to enable them to produce their own food. People in the villages need basic farming skills or advanced techniques to improve animal raising, rice or other crop productions.

Some success has been achieved through the efforts of the National Centre for Disabled Persons (NCDP), which has set up a disabled workers database. The database is primarily for urban disabled seeking work. However, out of the 1,500 registered persons with disabilities, only 125 are placed per year. NCDP in collaboration with the Business Advisory Council (BAC) has been successful in lobbying major companies in Phnom Penh to consider employing workers with disabilities.

Follow-up on people who have used vocational training and rehabilitation services provided by NGOs found that there are high success rates in increasing their knowledge base, but a very low success rate in employment placements. Discrimination may play a role because even if a disabled person possesses the appropriate skills they are often ignored.

The children of mine casualties often cannot access education because their families cannot afford the related costs, such as paying the teachers or buying school uniforms. An estimated 400,000 children cannot go to school for one reason or another, usually because of cost or excessive distances to schools.

Promotion of inclusive education opportunities for disabled children started with technical support from the Disability Action Council (DAC) in 1999. The Special Education Bureau was set up to oversee and manage all educational programs for vulnerable children including</td>
<td>through skilled employment and self employment activities.

▪ Identify new skills and services to meet market demand and create opportunities for income generation for persons with disabilities.

▪ Assist children with disabilities to reach their full potential and have the same opportunities as all other children to active and valued participation in their home and community life.

▪ Develop and implement integrated, comprehensive community programs/projects that will allow the maximum number of children with disabilities to remain in the community while providing essential care for more severely disabled children in specialised centres.</td>
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	minority children, children with disabilities, etc. The current program is looking at three areas: disability awareness raising among teachers and school children; production and dissemination of teaching materials for use by teachers who have children with disabilities in their classes; and assisting the Ministry of Education in the development of policy on inclusive education.	
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** The Constitution of the Kingdom of Cambodia (article 31) states that "every Khmer citizen shall be equal before the law, enjoying the same rights, freedom and fulfil the same obligations regardless of race, colour, sex, ..." Cambodia is a signatory to the UN Decade of Disabled Persons and the Asia and Pacific Decade of Disabled Persons (1993-2002). Cambodia does not currently have a separate disability law, but disability issues have been addressed in some existing Cambodian Laws and Regulations. Draft legislation on the rights of persons with disabilities has been being finalised and submitted for approval. The legislation was developed with the aim of promoting the integration of persons with disabilities into mainstream development programs/activities to ensure the protection and promotion of their rights and prohibition of abuse, neglect and discrimination.	**Objectives:** ▪ The adoption and implementation of the draft legislation to protect the rights of all people with disabilities, including women and children, regardless of the cause of disability. ▪ Review other existing laws with a view to identifying discrimination against persons with disabilities. ▪ Raise awareness in the community of the rights and needs of persons with disabilities. ▪ The Cambodian Mine Action and Victim Assistance Authority (CMAA) in collaboration with the MoSVY, to convene a Victim Assistance Forum in 2006 bringing together mine survivors, relevant ministries, NGOs, and DAC, to develop a plan of action to meet the aims

		of the Nairobi Action Plan.

Colombia

Part 1: Understanding the extent of the challenge faced		
Goal:	**Status:**	**Objectives:**
Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	The number of known mine survivors in the country is based on a data collection system using IMSMA. The system is administered and coordinated by the Anti-personnel Mines Observatory (AMO) of the Vice-Presidency of the Republic, under article 13 of law 759 of 2002 which states that "the observatory, as the basis of an information system for action against antipersonnel mines, will be in charge to compile, to systematise, to centralise and to update all the information on the subject, as well as to facilitate the decision making in prevention, marking, elaboration of maps, removal of mines and attention to victims." The nation-wide information management system was implemented in 2002. The database is continuously being updated as information on new mine/UXO and casualties from earlier incidents are recorded. It includes information on the location of the accident, the age and sex of the casualty, the activity at the time of the accident, the health facility where the casualty received assistance, and other relevant information. The AMO receives information from primary sources in the regions such as local agents, departmental and municipal authorities, the Army, the Police, the Administration Department of Social Protection	▪ Consolidate the information management system at different levels in the country (i.e. local, municipal, departmental etc) ▪ Decentralize the information management system at the different levels in the country.

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	(DAS), the media, and others. FISALUD, in partnership with the Ministry of Social Protection, has also established a process of gathering information on mine and UXO casualties who are classified as victims of the conflict. The AMO cooperates with associations of mine survivors at the municipal, departmental, and national level on the collection of information on issues relating to mine survivors and other persons with disabilities. Information is shared with all relevant actors and is available on the AMO website.	
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** First aid is available through the Colombian Red Cross, Civil Defence, and Firemen. The Ministry of Interior coordinates the Committee of Prevention and Assistance of Disasters which are located in municipal centres, usually several hours from where mine/UXO accidents happen. The Ministry of Social Protection network includes information on first aid brigades. There are difficulties in accessing first aid services due to the location of mine accidents and there is a need to establish community-based first aid capacities. Level II, III and IV hospitals have access to properly regulated blood supplies that comply with the norms established by the Ministry of Social Protection. If a mine accident occurs in an area with a network of emergency health facilities the means for expeditious evacuation of the casualty to an equipped health facility are available. However, in zones with the presence of armed non-state actors, providing emergency assistance is	**Objectives:** ▪ Reduce the number of casualties and provide effective health care to survivors. ▪ Design a national strategic plan for the integrated care of mine/UXO survivors.

	difficult. An ambulance network exists in the country, and in Antioquia there is an air ambulance. When the ambulance network is not available casualties are transferred to hospital by other available means. The time taken to reach the hospital depends on the location of the accident, and accessibility of the site. Level III and IV hospitals have the capacity to provide surgical assistance for landmine-related injuries. The time between injury and emergency surgery depends on the degree of the injury and accessibility to services. Level III and IV health facilities also have the capacity to provide corrective surgery including cleaning of projectiles, debridements, preparations, remodelling of stumps, etc. The Ministry is strengthening the capacities of qualified health personnel in rural areas, and providing medical equipment and ambulance services. In addition, level III and IV hospitals have implemented plans to deal with emergency situations. Health facilities in mine-affected areas have the infrastructure, equipment and supplies to satisfy existing needs. In the health system there is a program of rotation of qualified personnel and of continued education to ensure that there are sufficient numbers of experienced personnel to handle traumatic injuries. This is a system of referrals to direct survivors to appropriate rehabilitation services. However, in some cases the rehabilitation needs are not always met. All the hospitals in the country must provide free and immediate	

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	assistance, including hospitalisation, surgery, medicines, bandages, and assistive devices, to meet the needs of casualties. The Ministry of Social Protection, through FOSYGA (Social Solidarity and Guarantee Fund) and FISALUD, assumes the cost of services. The military is covered by a special regime. Services are available equally to men, women, and children. The monitoring of quality services is the responsibility of the National Supervision of Health situated in the Ministry of Social Protection in Bogota. Activities are coordinated by the Vice-Presidency of the Republic, in cooperation with the Ministry of Social Protection and others including associations of persons with disabilities. Survivors participate occasionally.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** Colombia has legislation that covers physical rehabilitation during the first 6 months after the accident and for another 6 months if required. Services are free. Nevertheless it appears that there are difficulties in accessing services due to ignorance of available services and problems with documentation and following the procedures. The Ministry of Social Protection, through FOSYGA and FISALUD, assumes the costs of assistance. Of the 32 departments in Colombia, there are rehabilitation centres in 6 cities: Bogota, Medellin, Cali, Cartagena, Neiva, and Cucuta. The Ministry of Social Protection, through FOSYGA and FISALUD,	**Objectives:** ▪

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	covers the cost of the first prosthesis or orthosis. It is sometimes possible in special circumstances for the municipalities to cover the cost of replacement devices, but there is no fixed allocation of resources to cover the costs. Training is available for rehabilitation medicine, physical therapy and occupational therapy. The monitoring of quality services is the responsibility of the National Supervision of Health located in the Ministry of Social Protection in Bogota. Coordination at the central level is implemented by the technical subcommittee on mine victim assistance.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	**Status:** Legislation provides for psychological support for one year after the accident. Survivors occasionally receive psychological support to assist in adjusting to their new situation. There are some pilot programs which provide psychological support, but these are not yet implemented on a continuous basis. The 2003 Ministry of Education resolution no. 2565 deals with the inclusion of people with disabilities within the Colombian education system, and includes the provision to train teachers on the special needs of disabled children. There are few classrooms that are accessible to children with disabilities.	**Objectives:** ▪
Part 5: Economic reintegration		
Goal:	**Status:**	**Objectives:**

UNOFFICIAL VERSION

To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Mine survivors and other people with disabilities have the right to free vocational training through the National Learning Institute (Servicio Nacional de Aprendizaje, SEINA), located in urban centres. Agreements are in place with specialized organizations to provide employment qualifications and placement for people with disabilities. The courses are adapted to the interests and capacities of persons with disabilities. Until 2002, the Ministry of Communications and Culture conducted a sensitization campaign on the issue of disability and employment. The 2004 Decrees no. 2340 and 2344 created subsidies for unemployment for a period of 6 months and prioritization of vulnerable groups for food, health, qualifications, recreation and work through the equalization funds. Micro-financing is available to persons with disabilities for the implementation of income generating projects. FISALUD, like the Social Solidarity Network (Red de Solidaridad Social) and FOSYGA pay compensation to survivors or the families of those killed in mine/UXO accidents. Coordination at the central level is implemented by the technical subcommittee on mine victim assistance.	▪
Part 6: Laws and public policies		
Goal: To establish, implement and	**Status:** Colombia has adopted legislation to protect the rights of people with disabilities. However, the effectiveness of implementation is less than	**Objectives:** ▪

enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	50 percent. Law 361 of 1997 addresses issues of rehabilitation, economic integration, social welfare, housing and accessibility. Law 762 of 2002 approved the "Inter-American Convention for the Elimination of all Forms of Discrimination against People with Disabilities." The 1991 Colombian Political Letter established two legal mechanisms for the defence and protection of human rights, including for persons with disabilities: the Right of Petition and the Action of Trusteeship. These mechanisms are under the direction and institutional endorsement of the municipal ombudsmen. The Ministries of Communications and Culture, Education, and Social Protection conduct activities to raise awareness of the rights and needs of persons with disabilities. Organizations like the Ministry of Social Protection, Presidency of the Republic, the Network of Social Solidarity, and organizations assigned to the Ministry of Education, provide financial support and capacity building for associations and networks of persons with disabilities.	

Croatia

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the	**Status:** The Croatian Mine Action Centre (CROMAC) database has recorded	**Objectives:** ▪ Completely update the CROMAC

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challenge, identify needs, monitor the responses to needs and evaluate the responses	1,756 mine and UXO casualties from 1991 to 2005, including 1,323 survivors, in mine-suspected areas. In addition, 355 UXO/ERW casualties, including 286 survivors, were recorded outside of mine-suspected areas. Data collection began in 1992 when UN forces were deployed in Croatia. This data was handed over to CROMAC in 1999. The database is regularly updated and verified as new data are inserted and duplicated records are deleted. Sources of information include hospitals, police, army, media, and sometimes mine survivors. The database has information on age, gender, type of injury, and location; however, only 50 percent of registered casualties have complete information. Emergency services, including the police, throughout the country are obliged by law to register every injury, especially traumatic injuries, but the cause of injury is not always noted, or in the case of explosions it is not clear what type of device caused the incident. The Ministry of Family, Veteran's Affairs and Intergenerational Solidarity maintains a database on those killed and injured in the war, including casualties due to landmines. The ministry also maintains data on military deminers killed or injured during clearance operations. In order to improve information on mine casualties, and to assist in the development of a National Strategy for Mine Victim Assistance, the Croatian Institute for Health Insurance (CIHI) and hospitals could use the World Health Organization's International Classification of Illness and similar health problems (10th Revision), category Y368 "War operations after the ceasefire" when registering patients to identify those injuries caused by mines and better understand the services that mine survivors are accessing.	database, incorporating information from other databases as required by the end of 2006, and include children (up to 18 at the time of b incident) whose parents were killed by mines/UXO. ▪ Expand existing injury surveillance mechanisms to include the category of "mine explosion" as a cause of injury by the end of 2006. ▪ Establish/restart a national coordination body for mine victim assistance by the end of 2006, and restart regional mine action coordination bodies by the end of 2005. ▪ Include mine survivors in the work of national and regional coordination bodies. ▪ Develop a strategy for better and stronger cooperation between all interested parties in mine victim assistance. ▪ Establish a network to coordinate the activities of surveillance, monitoring and sharing of information.

	CROMAC shares information on mine casualties with other interested parties, including the Croatian Mine Victims Association (CMVA) and donors. CMVA has interviewed 500 mine survivors, or the families of those killed, to assess their needs.	

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Part 2: Emergency and continuing medical care		
Goal:	**Status:**	**Objectives:**
Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	In large regional centres (Split and Osijek) there are independent emergency facilities, while in other towns, most medical centres have 24-hour emergency services, including ambulance transportation. There are 180 emergency response teams in mine-contaminated counties with 338 ambulances, 168 medical doctors and 11 specialists. Existing resources are adequate to meet the needs in mine-suspected areas, but increasing the number of emergency response teams in the tourist season could be beneficial. Every county general and general hospital located in mine suspected areas has capacity to administer blood transfusions to mine casualties. Medications to relieve pain are available, with the costs covered by the CIHI. The speed of evacuation after a mine explosion depends on accessibility of the site, and road and weather conditions. It is planned to establish an emergency helicopter service that would provide the fastest and most expeditious transport. Until it is established, the resources of Ministry of Defence and Ministry of Interior are used. In inaccessible areas, units of the Mountain Rescue Service assist injured persons. Within the Ministry of Interior, the State Administration for Protection and Rescue, an umbrella organization, has recently been established to develop Standard Operational Procedures relating to expeditious evacuation of injured persons and improving existing procedures.	▪ Develop Standard Operational Procedures, by 2008, for the evacuation of mine casualties from mined areas. ▪ Establish an emergency helicopter service. ▪ Develop a strategy to ensure the regular upgrading of ambulances and medical equipment in health institutions. ▪ Introduce a system of continuous education for practitioners in the emergency treatment of landmine casualties. ▪ Train the population in emergency first aid for injured persons.

	All types of surgical interventions are available in larger regional centres in Rijeka, Split, Osijek and Zagreb. Surgery is also performed in all county general hospitals and general hospitals in mine-suspected areas. Education on the care of traumatic injuries starts during undergraduate education at medical colleges, and continues during specialist surgical education. All trainee surgeons gain experience in county general hospitals and hospitals that have specialised units for trauma management. Health institutions in the mine-suspected areas are mainly well equipped for the management of landmine injuries. However, in the future, it is necessary to upgrade ambulances and surgical equipment in general and county hospitals. Every county general hospital has well developed specialist services. There are 4,900 medical doctors, including 783 physical medicine and rehabilitation doctors, 197 general surgeons, 115 anaesthetists, 33 orthopaedic surgeons, 18 neurosurgeons, and 11 maxilla-facial surgeons, and 11,624 nurses in 27 hospitals (5,242-bed capacity) in mine-suspected counties. In addition, there are 2,402 doctors working in the 4 main clinical teaching hospital centres in Zagreb, Split, Rijeka and Osijek (comprising of 14 hospitals) with a capacity of 8,520 beds. Survivors are referred to rehabilitation services on the recommendation of a specialist. CIHI approves treatment and pays the costs. All citizens have equal access to emergency and ongoing medical care.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional	**Status:** All four regional medical centres (Zagreb, Split, Rijeka and Osijek) and one general hospital provide physical medicine and rehabilitation	**Objectives:** ▪ Revise the Book of Rules on orthopaedic and other assistive devices to take into

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ability for landmine survivors, including the provision of appropriate assistive devices.	services. In addition, there are 14 specialised hospitals for physical rehabilitation, one Institute for Rehabilitation and Orthopaedic Devices, and numerous private prosthetic workshops. None of the centres fitting prostheses have workshops for the production of orthopaedic devices. Croatia has 400 registered contract companies for the supply of orthopaedic and assistive devices. Medical secondary schools offer a 4-year training course for physiotherapists. There are 783 physiotherapists working in mine-suspected areas. Prosthetic technicians are trained abroad, but there are plans to provide on-the-job training for medical high school students interested in this field. All Croatians covered by the Croatian Institute for Health Insurance (CIHI) are entitled to physical rehabilitation and orthopaedic devices in accordance with their needs. CIHI has developed the Book of Rules that is regulated by Law NN 64/01. Medical and physical rehabilitation for mine survivors and other persons with disabilities is conducted in accordance with the provisions of the Book of Rules on conditions and access to hospital treatment and physical therapy at home (NN 26/96, 79/97, 31/99, 51/99, 73/99), orthopaedic and other assistive devices (NN 25/05, 41/05, 88/05), and medicines (NN 5/05, 19/05, 51/05, 116/05).	account technical and medical advances as well as the experiences of persons with disabilities.
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the	**Status:** There is a network of 80 Centres for Social Services in Croatia equipped with social workers, psychologists, special-education teachers (therapists), lawyers, and education and career counsellors, who assist persons in need.	**Objectives:** ▪ Continue developing programmes for psychological support to landmine survivors.

community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	The Government has recognized the importance of sports for the disabled and supports programs implemented by the Croatian Sport Association of Persons with Disabilities, an umbrella organization for disabled sportspersons in Croatia. These sporting activities also raise public awareness on potentials and capacities of persons with disabilities. Sporting activities include national and international competitions, such as the European and World Championships, and the Paralympic Games. The NGO, Croatian Mine Victims Association (CMVA) provides psychological support and social reintegration activities for mine survivors, including through an annual summer camp programme. The Ministry of Foreign Affairs and European Integration, through its advisor for mine action, supports the work of CMVA mostly by organising and ensuring adequate funds and office space for the organization to exist and to function. The Croatian Red Cross (CRC) cooperates with and advises the CMVA, assisting and supporting through seminars, and local branches of the CRC organise campaigns to raise funds for mine survivors. Reconstruction of the “DUGA” regional centre for the psychosocial rehabilitation of child mine victims in Rovinj began in July 2005 and is due to become operational in July 2006. The centre will function year-round and have the capacity to host around 600 children and adults each year, providing psychosocial support and rehabilitation through positive activities and interesting/useful workshops geared to increasing knowledge, experience and self-confidence. By Law, children with disabilities have the right to education	▪ Complete reconstruction of the DUGA centre by mid 2006, and start offering programmes for children and adults from the entire South East Europe region and other mine-affected countries.

UNOFFICIAL VERSION

	programmes that are adequate to meet their needs and abilities either in the regular education system, or in special facilities. Special assistance provided by psychologists, teachers, or the school doctor, is available to deal with stress. However, teachers are not adequately trained on the special needs of children with disabilities. Professional upgrade training is available to teachers and counsellors through the Institute for Education.	
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:** Adult mine survivors, and other persons with disabilities, are entitled to a complete education programme adapted to their needs and abilities, through the system of adult education, depending on certain criteria and tests. Programmes are approved by the Ministry of Science, Education and Sports based on rules regulating adult education. Associations of persons with disabilities have partnered with the Ministry to advocate for the passing of laws and by-laws for the programmes through various symposiums, seminars, expert working groups, and committees. The Ministry of Family, Veteran's Affairs and Intergenerational Solidarity has a Program of Vocational Training and Employment of Homeland War Defenders to assist unemployed veterans and the children of those killed, imprisoned or missing find suitable employment. Disabled veterans and injured deminers are also eligible for the programme. The programme has 6 components: the Ministry co-finances 90 percent of vocational training costs for an employer hiring a veteran; up to 7,000 kuna (about 1,000 euro) is available for an unemployed veteran to undertake vocational training; promoting self-employment; a 2 percent subsidy on interest rates for the grant	**Objectives:** ▪

	programme offered by the Ministry of Economy, Labour and Entrepreneurship to start new businesses or expand existing businesses; promoting the development of cooperatives; and supporting individual business projects that are creating new employment. If suitably qualified, disabled war veterans and injured deminers are given priority in employment within public institutions, authorities and companies. The first beneficiary of the "Ritz International School of Hotel Management" has successfully completed her first year of study. For the academic year 2005/2006, the school is offering half-stipends for two mine survivors. Three mine survivors are being trained at the orthopaedic firm "Bauerfeind." Four young mine survivors are currently employed on a six month basis with CROMAC.	
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** There are several laws that relate to persons with disabilities, including mine survivors: Law on Rights of Homeland War Defenders and Their Family Members; Law on Medical Protection; Law on Social Care; Law on Protection of Military and Civilian Victims of War; and various Rules and Regulations on methods of establishing degrees of disability for military and civilian victims of war. Legislation is implemented by the relevant ministries. In 2003, the National Strategy of Unique Policy for the Disabled 2003-2006 was passed by the Croatian Parliament (NN 13/03), with the goal of raising awareness on rights and needs of persons with disability and	**Objectives:** ▪ Fully implement the National Strategy of Unique Policy for the Disabled 2003-2006, and develop a new strategy for the period after 2006.

	their full and equal participation in community life. The Strategy also includes provision to improve accessibility to buildings and public transport. There is a Governmental Council for assistance to persons with disabilities that holds regular meetings in order to improve the status of persons in need; several members are disabled. One Member of Parliament is a person with a disability, and also a member of the Board for Protection of Human Rights.	

Democratic Republic of the Congo (DRC)

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** Based on information collected from an ongoing survey, 1,002 people have fallen victim to anti-personnel mines and unexploded explosive ordnance (UXOs) to date with at least 60 percent men and 30 percent women. Sixty (60) percent are aged between 16 and 45. Partial results of the nation-wide survey indicate casualties in the following provinces: Equateur Province (343); Sud-Kivu (317); Province Orientale (134); Nord-Kivu (115); Katanga (103); Maniema (97); Kasaï Orientale (82); Kasaï Occidentale (14); Bas-Congo (6); Bandundu (5); and Kinshasa (4).	**Objectives:** ▪ Establish a data collection and community-based monitoring system to enable the rapid gathering of information on landmine- and UXO-related accidents.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical	**Status:** The DRC's health care system includes more than 400 hospitals and 6,000 health centres, dispensaries, maternity clinics, polyclinics and	**Objectives:** ▪ Reduce landmine accident and mortality rates by providing suitable medical care

conditions and minimizing physical impairments in emergency settings that could result from injury	rehabilitation centres for the disabled to provide health care for the population. Overall, the infrastructure is in need of renovation. Each health zone has a central bureau to ensure coordination, planning and implementation of health programmes, one general referral hospital to provide complementary health care, and a host of health centres and other units, including those designed for rehabilitation. Insecurity reigns in some health zones in the eastern part of the country, hindering quality work in those zones. The zones are at varying stages of crisis and not all have the infrastructure or technical staff capable of dealing with persons with disabilities. Owing to the deterioration of the economy and the social and health infrastructure, the population no longer has access to care. Problems include the lack of financial resources, long distances to be covered in order to reach health services, and the lack of basic medicines and specific inputs. Orthopaedic surgery units, physical rehabilitation and prosthetic-orthotic centres and services are virtually nonexistent and if available at all, are not reinforced. Swift evacuation to a health care structure depends on the site of the accident. Mines are often emplaced in agricultural areas where means of quick transportation are lacking. Health centres are the nearest structures to communities requiring emergency health care. Serious cases are referred to a hospital. However, this causes many problems because of a lack of swift means of evacuation, of medicines for post-accident care in health structures providing the first point of contact, surgery inputs, anaesthesia and skilled staff to deal with traumatic injuries.	and raising awareness of the dangers of handling anti-personnel mines and UXO. ▪ Provide health centres located in mine-affected areas with surgical, rehabilitation and orthopaedic fitting equipment. ▪ Provide health structures with logistical means for quick evacuation of the wounded to referral hospitals that are better equipped to provide more elaborate care. ▪ Train health care staff in mine-affected areas to provide emergency and continuing medical care for mine/UXO casualties and other accidents.

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	There are less than ten trauma surgeons in the DRC, and they work in three major hospitals in the capital. The army also has a few surgeons who are trained in amputation procedures. Further, tertiary hospitals have surgeons who can perform corrective surgery and provide care for landmine and UXO survivors, but there is often a dearth of equipment, material and surgical inputs, making it difficult to provide effective care for stumps. The injured are often evacuated on men’s backs, bicycles, canoes or on stretchers. It generally takes more than 12 hours to reach a hospital or health centre, and up to 24 hours before a casualty can be seen by a health care professional. Accident cases requiring amputation or emergency surgery are only admitted in general referral hospitals where a doctor is on duty. In most cases it takes at least 48 hours for such a procedure to take place. These procedures, often performed quickly by a health care professional with little experience in trauma surgery, later require corrective surgery to prepare the stump for an orthopaedic device. There are no specialised schools in the DRC that offer trauma surgery training. The few survivors who succeed in receiving care later find themselves in a situation in which they are unable to continue post-operative treatments up to rehabilitation and fitting of prostheses if needed, owing to financial problems, the distances involved in reaching specialised services, poor guidance from care providers and ignorance or beliefs. There are, however, two physical rehabilitation centres in Kinshasa and Goma that are adequately equipped with physiotherapy and provide corrective surgery and practical training for physiotherapists and nurses to deal with those suffering from various	

	types of motor disabilities. The national health policy outlines the principles upon which are based all health initiatives in the DRC. Among others, it covers the quality of care and services, intra- and inter-sectoral coordination of services provided by health units, community participation and the incorporation of specialised services in primary health care. Health establishments in urban areas are very heterogeneous. Private and para-state centres have mushroomed, posing problems of coordination and follow-up with regard to the quality of health care services.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** In 2003, framework documents were drawn up relating to the establishment of rehabilitation centres in health zones. There are two physical rehabilitation centres in Kinshasa and Goma that are adequately equipped with physiotherapy and prosthetic-orthotic units. The centres also provide practical training for physiotherapists and nurses to deal with those suffering from various types of motor disabilities.	**Objectives:** ▪ Set up physical rehabilitation centres and prosthetic-orthotic centres in mine-affected areas affected to provide care, support and guidance for the disabled with a view to giving them a fresh start. ▪ Strengthen capacity of national community based rehabilitation programme.
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume	**Status:** There are no directives assigning responsibility for the provision of psychosocial support for mine victims. In addition, there is a lack of clearly defined standards to assist health personnel in providing	**Objectives:** ▪ Support social reintegration of mine survivors through psychosocial support and guidance.

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<table>
<tr><td>their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</td><td>psychological support to assist mine survivors to adapt to their new situations.

There are some pilot programmes in the country to provide psychosocial support for people with sight impairments and motor disabilities.

There is no exclusion of people with disabilities from education. Certain facilities provide reductions by half in the payment of school expenses. Physical disability does not pose problem for attending school if the school is near the place of dwelling. However, for auditory or visual disabilities it is more difficult. Teachers in schools with an integrated CBR programme receive special training to assist with the special needs of children with disabilities.

National coordination is provided by the CBR task force.</td><td>▪ Build capacity of social workers and psychologists working in mine-affected areas.</td></tr>
<tr><td colspan="3">Part 5: Economic reintegration</td></tr>
<tr><td>Goal:

To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</td><td>Status:

There are some public and private training centres for the reintegration of persons with disabilities. These centres provide training in areas such as joinery and tailoring. They exist only in some urban centres and their capacity is very limited.

Psychosocial support sessions provided during medical care, evaluate the possibilities for future income generating activities.

In the public service, it is possible for mine survivors to return to their previous occupation, but in the private sector, where the employer aims at high productivity, it is difficult for a person with a physical</td><td>Objectives:

▪ Support the economic reintegration of mine survivors through training, micro-credit, employment and education.

▪ Set up vocational training centres in mine-affected areas to provide care, support and guidance for the disabled with a view to giving them a fresh start.

▪ Develop income-generating activities to assist the economic reintegration of mine</td></tr>
</table>

	disability to return to his or her job. The economic situation does not make it possible for the government to support the creation of employment for mine survivors and other people with disabilities. There are no particular facilities available for persons with disabilities to access micro-credits or develop small businesses. An economic survey is necessary to identify market needs and opportunities for income generating activities for persons with disabilities.	survivors.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** A 1975 law guarantees free health care, legal protection, social benefits, free public transport, and equal opportunities in employment for persons with disabilities. However the law is not fully implemented or applied. There are no legal provisions to facilitate access to public buildings or public transport for people with disabilities. Generally, persons with disabilities are organized in officially recognized associations, through which they can present complaints and raise other issues. Certain associations of the disabled and centres for people with disabilities receive support from the State budget. On 3 December every year, the country organises a national day for people with disabilities during which the population is sensitized.	**Objectives:** ▪ Improve the quality of life of the disabled through the same opportunities as the rest of the population.

El Salvador

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Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** The Fund for Protection of the Disabled and Wounded as a Result of the Armed Conflict (*Fondo de Protección de Lisiados y Discapacitados a Consecuencia del Conflicto Armado* – Fund for Protection) has registered 2,874 landmine survivors, including at least 165 women through national censuses and periodic updates. The majority of survivors are aged between 31-40 years (about 56 percent).	**Objectives:** ▪ Coordinate inter-institutional efforts to update and verify statistics on mine survivors before 2009. ▪ Coordinate and carry out assistance programmes that will improve the quality of life of mine survivors and other persons with disabilities.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** The healthcare system in El Salvador is divided into 3 levels. At the first level, health units are located throughout the country offering primary healthcare as part of the Basic Services for Integral Health (SIBASIS) programme. At the second level, there is a hospital in each of the 14 departments, but these do not all have specialized personnel and suitable instruments for emergency surgery and amputations. At the third level are specialist hospitals in the capital, San Salvador, with the medical and technological capacity to treat any surgical emergency. In addition, the Salvadoran Institute of Social Insurance (ISSS) has a network of facilities with the capacity to provide emergency care. In urban areas, access to fast and effective first aid is usually available from qualified paramedics. However, in the countryside difficulties of access and limited personnel make prompt emergency assistance difficult. For people with serious injuries from any cause emergency rescue teams, ambulances, police vehicles, or other vehicles, are	**Objectives:** ▪ Develop and implement a programme to conduct periodic visits to at least 700 landmine survivors annually to assess their state of health. ▪ Conduct at least two training seminars per year for medical and paramedical personnel working in the SIBASIS programme in emergency treatment of traumatic injuries causing amputations.

	available to provide transport to health facilities. In remote and difficult to access areas, helicopters of the Salvadoran Air Force are sometimes used for emergency evacuations. Transfer times and the provision of emergency/surgical assistance vary from less than 30 minutes to two hours or more, depending on the distance from the nearest hospital and the accessibility of the place where the accident happened. In hospitals within the national network of the Ministry of Health and the ISSS, qualified trauma/surgical specialists are available to respond to emergencies. In rural areas specialized assistance is very limited, and casualties must be transferred to a suitably equipped hospital to receive attention. Blood transfusions are usually available for those suffering from traumatic injuries, including mine casualties. However, access depends to a great extent on the reserves of blood supplies at hospitals and the Red Cross, which supports emergency needs. All blood donations are laboratory tested to ensure safe transfusion. Basic medicines including pain relief are available in all health facilities. Healthcare for persons with disabilities is coordinated through the work of SIBASIS and CONAIPD. The Law for the Fund for Protection of the Disabled and Wounded as a Result of the Armed Conflict ensures free access to health services and basic assistive devices for those disabled as a result of the conflict, including mine survivors.	
Part 3: Physical rehabilitation		
Goal: To restore maximum	**Status:** Physical rehabilitation services are coordinated and provided by the	**Objectives:** ▪ Develop and implement a strategy from

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physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Ministry of Health, the Fund for Protection, the Salvadoran Institute for the Rehabilitation of the Disabled (ISRI), and ISSS. However, there is a shortage of materials and orthopaedic components to meet the demand for prostheses and other assistive devices. A programme for integrated rehabilitation has been developed that establishes coordination between all rehabilitation providers in the country. It is in the process of being approved by the President. The programme includes a strategy for community based rehabilitation (CBR) which aims to offer support to persons with disabilities and their families to maximise access to opportunities and services, and to promote and protect the rights of persons with disabilities through positive changes in the community. In 2005, a pilot project for community based rehabilitation was planned for 15 municipalities. ISRI provides specialised rehabilitation services at a centre in the capital and two regional centres, at hospitals in the main cities, and in some rural municipalities through the CBR programme. The Fund for Protection contracts private companies to provide rehabilitation services. Costs for services are defined by a socioeconomic study. The Fund provides all physical rehabilitation services including travel allowances and mobility aids, according to the Law of the Fund for Protection, for persons who are between 60 and 100 percent disabled. Other organizations providing physical rehabilitation, including prosthetics and other assistive devices, include the Centre for Professional Rehabilitation of the Armed Forces (CERPROFA), the prosthetic/orthotic workshop at the Don Bosco University, and	2005 to 2009 to improve the process of rehabilitation for mine survivors and other persons with disabilities through coordination and the provision of prostheses, orthoses, assistive devices and medicines. ▪ Extend the network of services through the SIBASIS CBR strategy, in 15 municipalities suffering from high to extreme levels of poverty in 2005-2006.

	Foundation Telethon Pro-Rehabilitation (FUNTER). The Project for the Strengthening of Integral Rehabilitation through Technical Orthopaedics in the Central American Region (*Proyecto de Fortalecimiento de la Rehabilitación Integral a través de la Ortopedia Técnica en la Región Centroaméricana)* provides a range of technical programs for training orthopaedic technicians to ISPO standards from El Salvador and the world, through the Don Bosco University in San Salvador. A university degree in physiotherapy is also available in the capital and the western region of the country.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	**Status:** Psychological support and social reintegration services for persons with disabilities are facilitated through the Fund for Protection's program of mental health and economic reintegration in areas with a high concentration of war disabled. The programme assists beneficiaries in coping with post traumatic stress. It is conducted in coordination with various actors at the local level (schools, hospitals, health units, churches, local authorities, associations of disabled military personnel, and others), and includes group or individual counselling, literacy training, schooling, vocational training, recreation, and cultural activities. The Fund provides equipment and hires specialised personnel to conduct activities. CONAIPD is raising awareness on the rights and needs of persons with disabilities within the general community, with health and rehabilitation personnel, and civil servants to encourage understanding, acceptance, social inclusion, and an improved quality of life for disabled people. CONAIPD also assists associations of disabled	**Objectives:** ▪ Continue the work of the Fund for Protection to provide psychological support and economic reintegration to mine survivors, family members and the community, through technical support, counselling, and recreational activities. ▪ Promote sporting and cultural activities for persons with disabilities, including within the National Institute of Sport and other sporting organizations. ▪ Contribute to psychosocial reintegration through implementation of the CBR programme in targeted communities. ▪ Coordinate and strengthen efforts of the

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	persons to undertake activities including sport, painting, and outdoor activities. CONAIPD, in collaboration with Landmine Survivors Network, provided training for 60 people from a network of hospitals in psychological support for amputees and their families. Other organizations providing psychosocial support within their rehabilitation programs include ISRI, FUNTER, and ISSS. The Ministry of Education is focusing attention on the special needs of children with disabilities. CONAIPD's Commission of Education, in coordination with the Ministry of Education, is developing a plan of action to promote the inclusion of disabled students in the regular education system. In 2004, CONAIPD collaborated with the 30 universities in El Salvador to hold eight workshops on integrating persons with disabilities into the higher education system, resulting in two universities signing agreements with CONAIPD. The coordinated work of the Ministry of Education, associations of people with disabilities, and CONAIPD has contributed to raising awareness and opening up opportunities for disabled children to gain an education, but much work still needs to be done to change attitudes of teachers towards disabled students. The Fund for Protection also facilitates access to education programs for beneficiaries and their families.	Ministry of Education and other organizations to promote inclusive education for people with disabilities through development of the plan of action of the Unit for Attention to Special Education. ▪ Develop and implement a strategy in 2006 and 2007 to promote a change in attitudes of society in general towards disabled persons, through raising awareness on the rights of persons with disabilities.
Part 5: Economic reintegration		
Goal: To assist landmine	**Status:** The Fund for Protection provides economic benefits including a single	**Objectives:** ▪ Coordinate and implement financial

survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	compensation payment, travel allowances, economic reintegration activities (vocational training and job placements) and funeral costs. The Salvadoran Institute of Professional Formation (INSAFORP), in coordination with CONAIPD, provides training for people with disabilities taking into consideration their needs, and the demands of the labour market. Three adapted courses have been developed: computer studies for sight-impaired people in San Salvador, computer studies for hearing-impaired people in the west of the country; and massage therapy in San Salvador. Other organizations providing vocational training and employment support include ISRI, CERPROFA, and FUNTER. The Law of Equal Opportunities for People with Disabilities includes provisions relating to employment and vocation training.	compensation and pension programmes for mine survivors by 2009, through the work of the Fund for Protection, and other related organizations. ▪ Develop and implement alternative micro-enterprise projects for 50 mine survivors during the second semester of 2006, including rotating funds adapted to the needs of mine survivors. ▪ Develop and implement a coordinated strategy with the Ministry of Labour and Social Security from 2005 to 2009 to ensure that companies fulfil their obligations under the Law of Equal Opportunities for People with Disabilities to employ persons with disabilities, and sensitize employers to the capacities of disabled persons. ▪ Develop free vocational training courses adapted to the special needs of people with disabilities in coordination with INSAFORP, starting in 2005.
Part 6: Laws and public policies		
Goal: To establish, implement and	**Status:** CONAIPD was created by decree No. 111 of 6 December 1993, and is the coordinating body for various actors working with and for persons	**Objectives:** ▪ Protect the rights of mine survivors and other persons with disabilities.

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enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	with disabilities, including mine survivors. CONAIPD also offers financial support for activities undertaken by organizations and associations of persons with disabilities, and conducts mass media campaigns on the rights of people with disabilities. The 1996 Law for the Fund for Protection of the Disabled and Wounded as a Result of the Armed Conflict provides a variety of benefits for military and civilian victims of the conflict including medical and rehabilitation services, pensions, subsidies and economic benefits, and vocational training and economic reintegration programs. The Law of Equal Opportunities for People with Disabilities, Decree No. 888 of 24 May 2000, includes provisions relating to health, education, employment, vocational training, and accessibility to the physical environment, transport and communications. The Law has begun to be implemented in some aspects, such as in education, where the Ministry of Education has established a priority for attention to the special needs of students with disabilities. Other regulations and policies protecting the rights of persons with disabilities include: ▪ National Policy of Equal Opportunities for People with Disabilities (April 2000). ▪ Plan of Action of the National Policy of Equal Opportunities for People with Disabilities, 2002. ▪ Regulation of Law of Equal Opportunities for People with Disabilities, Decree No. 99 of 1 December 2000. ▪ City-planning, Practical Architectural Standards of Accessibility, Transport and Communications, Decree No. 31 of 17 February 2003.	▪ Design and implement a strategy to coordinate public organizations working with and for persons with disabilities to ensure the full implementation of the provisions of the Law of Equal Opportunities for People with Disabilities. ▪ Design and implement a mass media campaign to raise awareness, including within the media itself, on the rights and capacities of people with disabilities during 2006 and 2007.

	▪ Practical Standards of Rehabilitation in Health of People with Disabilities, 2004 ▪ Instructions for the Employment of People with Disabilities, October 2001. ▪ Plan of Government: "Safe Country" (2004-2009).	

Eritrea

Part 1: Understanding the extent of the challenge faced		
Goal:	**Status:**	**Objectives:**
Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	The Landmine Impact Survey (LIS) identified 4,749 landmine survivors. However, based on the National Survey on People with Disability there are an estimated 100,000 people with a disability, including 40,000 landmine survivors. IMSMA has been installed at the Eritrean Demining Authority (EDA). An interactive database is under development to monitor the reintegration process of landmine survivors.	▪ Develop a nationwide surveillance and reporting system for landmine/UXO casualties. ▪ Develop indicators to capture data that is measurable and relevant. ▪ Initiate data-based decision making at the Ministry of Labour and Human Welfare (MLHW) regarding the expansion of services for mine survivors and other persons with disabilities. ▪ Monitor and update data yearly on indicators for all persons with disabilities. ▪ Download victim support data to EDA according to Proclamation 123 on landmine survivors.

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Part 2: Emergency and continuing medical care		
Goal:	**Status:**	**Objectives:**
Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Deaths from landmine accidents are reported at about 50 percent. The distance between mine-affected areas and health facilities is a huge issue. Follow-up and ongoing care is an issue due to poverty. Many types of medication are not available.	▪ Reduce death and complications by providing training to high and medium impact mine-affected communities in emergency care. ▪ Train and support surgeons in saving limbs, flap closure and other aspects of amputation surgery. ▪ Develop infrastructure, provide training and emergency equipment and supplies in health centres in or near highly mine-affected communities.
Part 3: Physical rehabilitation		
Goal:	**Status:**	**Objectives:**
To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	There is a referral system being implemented to facilitate access to physical rehabilitation. Mobile units provide services to rural areas. Safe accommodation is available at one workshop. This will expand in future to all 3 workshops. No raw materials for the manufacturing of prostheses are available. Often people travelling long distances to workshops cannot get what they need due to shortages.	▪ Strengthen the referral system and provide accommodation at all workshops for persons with disability. ▪ Procure sufficient raw materials for production of lower and upper limb prostheses, orthoses, and splints. ▪ Link the mobile unit and assessment clinics with community based rehabilitation (CBR) and mine risk

	According to the LIS, only 2 percent of recent casualties have had access to workshops. There is a waiting list of 40,000 for rehabilitation services.	education programmes to impact landmine survivors in highly affected communities. ▪ Provide assessment and rehabilitation services for 80 percent of known recent landmine survivors. ▪ Provide landmine survivors with mobility aids that are designed to meet their particular needs and environment ▪ Make information available on basic care and repair of equipment in all Eritrean languages. ▪ Develop direct linkages between physiotherapy services and orthopaedic workshops to benefit landmine survivors and other persons with disability.
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and	**Status:** Community based rehabilitation (CBR) is available in 40 percent of the sub-regions but not in all mine-affected communities. As of May 2005, 500 people had been trained in basic counselling skills, and 1,120 volunteer local supervisors in basic skills in referral, counselling, mobility, physiotherapy etc. Mine-affected communities openly discuss the psychological pressure	**Objectives:** ▪ Develop and expand the integrated model of community based mine action into most highly affected sub-regions. ▪ Decentralize mental health and counselling services in 50 percent of the sub-regions.

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<table>
<tr><td>assisting them to regain and maintain a healthy and positive outlook on life.</td><td>of living with landmine and the fear of an accident.

Discrimination against people with disability is extreme and addressing this problem is an area of focus in the CBR programme.

Peer to peer support training is being encouraged.</td><td>▪ Establish a database and community structures to monitor the process of psychological support and social reintegration.

▪ Advocate for inclusive education for children with disabilities through the Ministry of Education.

▪ Adapt the teacher training curriculum to accommodate the needs of children with disabilities.</td></tr>
<tr><td colspan="3">Part 5: Economic reintegration</td></tr>
<tr><td>Goal:

To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</td><td>Status:

Mine-affected areas are mostly rural with agriculture-based economies.

Vocational training programmes are currently overwhelmed with the number of demobilised soldiers, limiting the opportunities for persons with disabilities to access services.

Through affirmative action, in areas with the CBR programme, what limited employment may be available is often given to a person with disability rather than their able-bodied peer.

It is proposed to use indicators in the database to monitor employment and poverty amongst the disabled population.

Some micro-enterprise programmes consider persons with disabilities as risks and therefore these individuals cannot access loans to start</td><td>Objectives:

▪ Provide seed money loans to 1,800 persons with disabilities and monitor the economic reintegration process.

▪ Monitor landmine survivors and other persons with disabilities and their return to original occupation and develop affirmative action for placement and recruitment.

▪ Develop awareness within vocational training programmes and have affirmative action schemes for students with disabilities especially survivors.</td></tr>
</table>

	income generating activities. A seed money loan pilot project has been completed and was successful. A donor has been identified to expand the seed money loans programs for landmine survivors.	▪ Advocate for the university to offer classes and facilities for students with disability and loans/scholarships to cover living costs.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** Many top level decision makers at the national and regional level are persons with disabilities, including war disabled and landmine survivors. The government is raising awareness on the rights of persons with disability and working on discrimination through the CBR programme. The government is encouraging expansion of organizations of persons with disabilities. The terrain is very difficult for persons with disabilities. In the cities most buildings are not accessible to persons with disabilities, including government offices. The disability policy is at a stalemate in the government mainly within the Ministries of Health and Education.	**Objectives:** ▪ Formulate and implement national disability legislation that is in line with the draft international convention on persons with disabilities ▪ Reduce the stigma against persons with disability at the community level. ▪ Ensure that new schools and buildings in recovery projects are accessible to persons with disabilities.

Ethiopia

Part 1: Understanding the extent of the challenge faced		
Goal:	**Status:**	**Objectives:**

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Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Although verification and update is required, the Ethiopia Landmine Impact Survey (ELIS) recorded 1,295 recent mine/UXO casualties and 15,321 less recent casualties. The information will be enhanced in the future through the implementation of a surveillance system. Casualties of all age groups and sex are distributed throughout the country. Afar, Somalia and Tigray are the top three mine-affected regions, with the highest proportion of casualties. Most casualties are herders and farmers. Limited mine casualty data is being collected by different health organizations and associations (Ministry of Health, Landmine Survivors Network (LSN), RaDO, social rehabilitation organization, etc). The government has given EMAO the mandate and responsibility to collect and analyse mine casualty data. EMAO uses IMSMA to record casualty and other mine action data. EMAO has prioritized data collection in the two most mine-affected regions of Afar and Tigray. The implementation of the surveillance system is in its infancy and requires capacity building. There is limited sharing of data between stakeholders, including the Ministry of Economic Development & Finance, the World Bank, UN agencies, RaDO, LSN, etc.	▪ Conduct a needs assessment of mine survivors and set up a continuous surveillance system for accurate mine casualty data collection.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical	**Status:**	**Objectives:** ▪ Make medical treatment and emergency support available on time by providing

conditions and minimizing physical impairments in emergency settings that could result from injury		proper awareness to the affected communities and local medical centres.
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:**	**Objectives:** ▪ Create opportunities to improve access to physical rehabilitation for landmine/UXO survivors. ▪ Establish victim assistance clinics and strength the existing war victim support centres.
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a	**Status:**	**Objectives:** ▪ Create opportunities to improve access to psychosocial counselling for landmine/UXO survivors.

UNOFFICIAL VERSION

healthy and positive outlook on life.		
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:**	**Objectives:** ▪ Create opportunities to improve access to economic assistance, formal education and vocation training for landmine/UXO survivors. ▪ Establish and strengthen vocational training centres for mine survivors and other persons with disabilities.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** The constitution of the Federal Democratic Republic of Ethiopia has granted the rights of the disabled in a manner compatible with the rights of other citizens. The principal disability law that relates to landmine survivors is proclamation No. 101/1994, the rights of persons with disabilities for fair employment. This rule secures the right of disabled civil servants to receive a pension and other benefits and services. Legal protection for persons with disabilities against any discrimination is fully addressed by the legislation. The social welfare policy gives a priority to people with disabilities and recognizes the rights and dignity of people with disabilities.	**Objectives:** ▪ Protect and promote the rights of landmine survivors and other people with disabilities. ▪ Update and enforce existing laws and regulations in favour of mine survivors and other people with disabilities. ▪ Develop new rules and regulations insuring better access to education, health services, job opportunities, buildings, residential areas, transportation services, and media services for mine survivors and other persons with disabilities.

	Directives and circulars are distributed to alert employers and civil service institutes to react positively to disabled job seekers and professionals. Messages that develop the self reliance of survivors and that create behavioural change in the attitudes of the public are continuously disseminated in the public media including for those with hearing problems.	▪ Protect the disabled against any discrimination and stigmatisation. ▪ Develop a strategic plan for mine victim assistance with interagency/organizational cooperation.

Guinea-Bissau

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** According to the 2005 national survey of colonial and civil war casualties conducted by the National Mine Action Centre (CAAMI) through local NGOs, 667 mine/UXO casualties were recorded: 612 people were injured and 55 were killed; 104 were children, 124 were women, and 439 were men. Casualties were recorded in Northern province (35 percent), Bissau (25 percent), Eastern province (21 percent), and Southern province (19 percent).	**Objectives:** ▪ Develop, maintain and coordinate a surveillance and reporting system for landmine/UXO casualties that is integrated into a nation-wide injury surveillance reporting mechanism by 2009.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings	**Status:** There are only 2 working hospitals and few clinics, all with a lack of qualified doctors and other medical personnel, and poor transport and other infrastructure for accessing medical facilities. The cost of treatment is a major hurdle for many mine casualties, and even when they do have access to a public hospital, the hospital itself frequently suffers from inadequate resources.	**Objectives:** ▪ Develop a strategy to enhance first-response support to mine casualties and their families by 2007. ▪ Develop a strategy to strengthen the capacity of the National Hospital and

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that could result from injury		community based organizations that deal with the rehabilitation of landmine/UXO survivors by 2007.
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** There is only one functioning rehabilitation centre in Guinea-Bissau. Other programmes and facilities which operated previous to the civil war were closed at the onset of the conflict. The only functioning centre provides rehabilitation care and prostheses and orthotic devices for survivors and other persons with disabilities. The centre has the capacity to produce 16 prosthetic devices per month, and to provide physiotherapy services for 26 people.	**Objectives:** ▪ Develop a strategy to improve access for physically disabled persons and increase the national capacity in health services mainly in physiotherapy and orthopaedics by 2009.
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	**Status:** There are no special service providers in psychological and social support. In the past there was a department with the National Hospital, but this was destroyed during the most recent conflict. The population as a whole faces significant challenges in ensuring that their children have access to education and social opportunities.	**Objectives:** ▪ Create a capacity within the hospital for psychosocial assistance by 2008. ▪ Continue to support sporting activities for survivors in the period 2006-2009.
Part 5: Economic reintegration		
Goal:	**Status:**	**Objectives:**

To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	With the economic situation in Guinea-Bissau, reintegrating mine/UXO survivors is a significant challenge. Landmine survivors must compete in a depressed economy for scarce jobs.	▪ Develop a strategy to reduce discrimination faced by survivors in the work place, by 2007. ▪ Provide opportunities for 50 percent of known mine/UXO survivors aged between 18 and 50 to create sustainable livelihoods and integrate into the economy through training, micro-credits and education.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** Legal and institutional structures are weak and there is a poor level of education about disability issues. There are limited communication structures for the dissemination of appropriate messages on disability issues, and limited organizational structures for survivors. Currently, mine victims are not explicitly included in the category of "war victims" in Guinea-Bissau. As a result, there is not as much legal and socio-economic support for mine/UXO survivors as for other war victims.	**Objectives:** ▪ Enact legislation to reinforce Article 5 of the National Constitution by 2009, in order to include landmine/UXO victims in the category of "war victims" so that they can access the same rights for compensation, and ensure non-discrimination between the victims of the Liberation war and the victims of the 1998-99 conflict. ▪ Develop a complete and comprehensive national plan which includes awareness campaigns on the needs of people with disabilities by 2007. ▪ Develop a strategy to ensure legal and social recognition of the rights of the

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		disabled within society in Guinea-Bissau in 2006.

Mozambique

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:**	**Objectives:** ▪
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:**	**Objectives:** ▪
Part 3: Physical rehabilitation		
Goal: To restore maximum	**Status:** Landmine survivors have access to rehabilitation services in hospital	**Objectives:** ▪ Expand rehabilitation services to all

physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	wards, where they are provided with physical therapy and to mobility devices at orthopaedic centres afterwards. These services are provided by the Ministry of Health. Physical rehabilitation starts immediately after the acute stage and orthopaedic assistance begins after healing of the stump. However, many survivors do not go through these stages due to a lack of available means. Landmine survivors and other persons with disabilities face many barriers in transportation to and from orthopaedic/physiotherapy centres, in accommodation and, occasionally, in getting referrals, making it very difficult for them to know about the existence of rehabilitation services. Rehabilitation services are available at all central, general, provincial and rural hospitals and health centres (clinics) with surgical facilities. However, some still lack orthotic services. There are 9 orthopaedic centres and 60 physiotherapy centres. All provincial capitals, except Manica and Gaza, have orthopaedic centres. Landmine survivors have access to repair, replacement and fitting through the orthopaedic centres. Technical aids and other devices are supplied under the State's General Budget. They are made by national technicians at the orthopaedic centres. When mobility devices are imported there are customs and excise barriers. Rehabilitation professionals (physiotherapists and prosthetic technicians) are found in hospitals and health centres (clinics). Currently, there are 19 prosthetic/orthotic technicians, including 4	provinces of Mozambique. ▪ Build capacity of rehabilitation centres through training of personnel and improved infrastructure and supplies. ▪ Improve information and referral systems to enable all known survivors to receive rehabilitation services by 2009. ▪ Develop a transportation system for access to rehabilitation centres. ▪ Improve coordination between all actors in mine victim assistance.

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	first-year Technical College technicians (ISPO I) and 15 second-year Technical College technicians (ISPO II), and 30 assistants. There are 140 physiotherapists, including 2 chief physiotherapists, 73 medium-trained physiotherapists and 63 assistants. Physiotherapy and orthopaedic training is provided at medical colleges. This is administered by more qualified, more experienced technicians. Technicians of ISPO I, II and III standards (1st, 2nd and 3rd year at Technical College) have provided assistance to less qualified technicians in retraining and capacity building sessions as well as on-the-job training. Landmine survivors and their families have not been included in the planning of rehabilitation actions. Rehabilitation services for war-wounded and landmine survivors are free, and are available for all on an equal basis, addressing the specific needs of everyone. There is limited coordination at the national level between the Ministry of Health, the Ministry of Women and Social Action, and the National Demining Institute.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope	**Status:** In all Day Care/Transit Centres where survivors stay during rehabilitation treatment, there are Social Welfare (Action) technicians who provide psychosocial support. No specific training has been provided to technicians, although some technicians also have a disability.	**Objectives:** ▪ Improve counselling services for persons with disabilities to help them adapt to their situations. ▪ Strengthen organizations of persons with disabilities.

with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	In the majority of the districts, there are some activists who assist persons with disabilities, as well as their families, with ways of dealing with disability. Their activities include preparing and implementing activities that take into account the local reality. Peer support projects are carried out by the Association of Persons with Disabilities where mine survivors and others can share their experiences with each other. There is inclusive education for children with disabilities. However, there is a shortage of trained teachers capable of dealing with children with special needs.	▪ Ensure the mobility of children with physical disabilities and stimulate inclusive education.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:** Income generating projects are offered in order to teach persons with disabilities to provide their own subsistence.	**Objectives:** ▪ Identify economic opportunities for persons with disabilities, including income generating activities and micro-credits.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** The government has a ministry responsible for issues relating to persons with disabilities. A National Action Plan for Disability is in the process of being developed.	**Objectives:** ▪ Create a National Coordination Group for Disability.

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Nicaragua

<table>
<tr><td colspan="3">Part 1: Understanding the extent of the challenge faced</td></tr>
<tr><td>Goal:

Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</td><td>Status:

As of 7 November 2005, 832 mine survivors have been registered in 9 Regions of Nicaragua. The sources of information include: hospitals, the National Demining Commission (CND), NGOs, the Organization of American States (OAS) Victim Assistance programme, mine risk education (MRE) activities, local communities, and the Army of Nicaragua, among others. Of the known survivors, 90 percent are male and predominantly from rural communities, and were engaged in agricultural work at the time of the accident.

Data collected includes the type of injury sustained, and the process of socioeconomic reintegration. Data collection began in 1996, but since 2000 has been systematised through the use of IMSMA. Since then, the data collection process is permanent, standardized, organized and quality assured.

Monthly reports based on the results of information management are sent to the CND, and posted on the website of the CND/OAS programme. Information is also provided in response to specific requests.

There are NGOs of persons with disabilities involved with CND, and some MRE programmes that include disabled persons, that participate in the process of gathering mine casualty data.</td><td>Objectives:

▪ Develop a strategy to guarantee the management of mine casualty data beyond 2006.

▪ Develop a strategy to strengthen the collection of data using national institutions that cover the whole territory.

▪ Work closely in support to the efforts by the Ministry of Health (MINSA) on the certification of people with disabilities using the mechanisms already established for gathering information on mine survivors.

▪ Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009.</td></tr>
<tr><td colspan="3">Part 2: Emergency and continuing medical care</td></tr>
</table>

Goal:	Status:	Objectives:
Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	The network of hospitals in urban areas has an acceptable surgical capacity to provide emergency care. However, in mine-affected areas access to adequate care is difficult. The average time to evacuate mine casualties is 9 hours. Within the framework of the mine clearance programme, an air evacuation system has been established which has reduced the evacuation time to reach a hospital unit to 2 hours. There is a need to strengthen land evacuation capacities. Surgical facilities have blood supplies for emergency cases. However, additional supplies are needed to respond to the traumatic injuries caused by landmines to ensure surgical success. Some health facilities in mine-affected areas lack supplies of basic stocks and medicines. Training has been provided to increase the quality of emergency care. In 2004, CND with OAS support, provided training in emergency care for doctors and paramedics from the national health system working in mine-affected communities and for those working with mine clearance teams. Postgraduate training for doctors is available at the Nicaragua Autonomous National University. Four trauma specialists and 4 rehabilitation specialists have been trained internationally by the Ministry of Health. The supply of surgical services through the National Health System includes procedures for emergency assistance to mine casualties. Operating theatres are well equipped with materials.	▪ Continue to strengthen national capacities to address the emergency and ongoing medical needs of mine/UXO survivors through the Integrated Assistance Programme. ▪ Develop a strategy to ensure the availability of continuing medical care for mine survivors beyond 2006.

	There is access to specialised services (eyes, ears, other specialised services). However, as most mine survivors live in rural communities and the services are based in urban areas, accessibility is facilitated through the support of the OAS. The provision of assistive devices is insufficient in rural areas. However, the OAS programme provides assistance to mine survivors in the pre-prosthetic fitting period, including the supply of basic devices. The system of referrals provides an institutional responsibility to refer people to other services including physical rehabilitation as needed. Access to medical care is free, universal and is a constitutional right in Nicaragua.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** All mine survivors have access to rehabilitation assistance mainly at the Centro Nacional de Ayudas Tecnicas y Elementos Ortoprotésico (CENAPRORTO). There are also 23 rehabilitation units in departmental hospitals and 38 physiotherapy units in health centres. The OAS supports the physical rehabilitation of mine survivors. The principal provider of prostheses and orthoses is CENAPRORTO. Two NGOs also have small production facilities. The Ministry of Health is the main supplier of rehabilitation services and has 16 rehabilitation doctors, 166 physical therapists, one rehabilitation nurse, and 6 prosthetists. Training is available for physical therapists and prosthetics at the Nicaragua Autonomous	**Objectives:** ▪ Continue to strengthen national capacities for the provision of physical rehabilitation for mine/UXO survivors through the Integrated Assistance Programme. ▪ Develop a strategy to ensure the physical rehabilitation of mine survivors beyond 2006.

	National University. All the users of MoH physical therapy services receive pertinent directions to complement the rehabilitation process. The issue of costs and accessibility is a problem for mine survivors in Nicaragua as many come from rural communities and are very poor. Many cannot afford the cost of the prostheses, and for transport and lodging during the treatment period. CND, with support from the OAS, provides free assistance to mine survivors and access to the fitting, repair, and replacement of prosthetic devices. In Nicaragua, the rehabilitation services are available and are designed in all cases to satisfy the particular needs of women, men, and children. Coordination at national level is through the CND, which has a Sub-Commission on Medical Assistance and Rehabilitation, which includes relevant actors, NGOs, and associations of mine survivors.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to	**Status:** Psychological support is available through specialised institutions associated with the CND and is a part of the Integrated Assistance Programme for mine survivors. In the main urban areas there are specialised education centres. However, the number of children disabled by mines is extremely low. In the capital, various services for psychological support and social reintegration are available, but the economic situation does not allow	**Objectives:** ▪ Continue to strengthen the national capacities to provide psychological support and social reintegration for mine/UXO survivors through the Integrated Assistance Programme. ▪ Develop a strategy to ensure psychological support, if needed, for mine survivors beyond 2006.

regain and maintain a healthy and positive outlook on life.	for services in the rest of the country.	
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:** The CND-coordinated Integrated Assistance Programme has the capacity to support activities for the economic reintegration of mine survivors at the national level until at least 2006. From 2003, the Program of Socio-Economic Reintegration for mine/UXO survivors included components for the diagnosis of needs, capacities, abilities, possibilities for income generating activities in the local communities where survivors live, and training. The program is implemented at no cost to survivors. Five phases of the program have been implemented. The results obtained so far register 95 percent completion of programs leading to technical qualifications. The program is designed so that graduates are able to start their own small businesses with micro-credits and are not dependent on an employer. Follow-up is provided after the business is set up.	**Objectives:** ▪ Continue to strengthen the national capacities to provide economic reintegration opportunities for mine/UXO survivors through the Integrated Assistance Programme. ▪ Develop a strategy to ensure the continuation of opportunities for the economic reintegration of mine survivors beyond 2006.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of	**Status:** Executive Decree No.50-1997 established the legal framework for improving the quality of life and assuring the full integration of persons with disabilities into society.	**Objectives:** ▪

landmine survivors and other persons with disabilities		

Peru

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** There are believed to be about 302 mine survivors in Peru. This number does not include survivors of UXO accidents. Information was obtained through collaboration with different organizations including the ICRC, National Police, Peruvian Army, local authorities, Association of Victims and Survivors of Landmines (AVISCAM), and others. Information from the different organizations is cross-checked to avoid duplication. In some cases the age is not known. The aim is to verify the database and to qualitatively consolidate the information so that the needs, location, and present situation of mine survivors is known. Nation-wide information gathering began in 2002 and is a permanent and continuous process. Organizations of civilian mine survivors, such as AVISCAM, actively participate in the process of gathering of information. The main problem identified is the standardization of the process, and the time lapsed since the accident and distances. The oldest registered accident dates from 1991. Once verified, the information will be shared with all organization involved in mine victim assistance.	**Objectives:** ▪ Verify the information on mine survivors in the database, including through information provided by the OAS AICMA programme by the end of 2006. ▪ Develop a strategy to provide direct and appropriate assistance for all registered mine survivors by 2009. ▪ Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009.
Part 2: Emergency and continuing medical care		

Goal:	Status:	Objectives:
Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	According to law, the national hospital infrastructure is obliged to provide assistance to emergency cases and to make greater efforts to save the lives of the injured. The time taken to receive attention varies, depending on where an accident happens with some accidents occurring in remote areas far from medical centres. There are also sometimes difficulties in transferring casualties for immediate attention. Public medical centres have qualified medical personnel, although the availability of medicines and equipment for the emergency care of traumatic injuries is sometimes limited. Surgeons have vast experience in amputation surgery and the care of traumatic injuries. Reconstructive and corrective surgery is also available. There is also national capacity for the treatment of eye and auditory problems.	▪ Elaboration of a directory of health facilities near mine-affected areas to facilitate access to emergency care in the shortest possible time by the end of 2006. ▪ Create a database of doctors specialized in traumatic and reconstructive surgery, as well as eye and ear specialists by the end of 2006.
Part 3: Physical rehabilitation		
Goal:	**Status:**	**Objectives:**
To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	The National Institute of Rehabilitation (INR) provides an integrated program of assistance for mine survivors and other persons with disabilities including the fitting of prostheses, physical and psychological rehabilitation, and economic reintegration activities. Experts in the production of prostheses and orthoses are available. The fundamental limitation is that the production of prostheses and orthoses can only be done in the capital, meaning access and costs are issues.	▪ Create a directory of institutions involved in the production and fitting of prostheses and orthoses by the end of 2006.
Part 4: Psychological support and social reintegration		

Goal:	Status:	Objectives:
To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	The INR provides psychological support. However, the program is not free. There is no financial support available to assist civilian mine survivors to face issues of post traumatic stress. In the case of the FFAA and police officers, assistance is available for psychological support and social reintegration, although integral cover is not guaranteed.	▪ Work with representatives of survivor groups, like AVISCAM, to facilitate accessibility to services offering psychosocial support, if requested, for all registered mine survivors by 2006.
Part 5: Economic reintegration		
Goal:	**Status:**	**Objectives:**
To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	The INR provides economic reintegration activities. Other initiatives directed towards training and employment support for people with disabilities also exist. The verification and analyse of information on the needs of mine survivors registered in the database will assist in identifying the activities and support required for economic reintegration.	▪ Develop a strategy to link all registered mine survivors with existing programs to facilitate their economic reintegration though training, employment and the establishment of small businesses, by 2006.
Part 6: Laws and public policies		
Goal:	**Status:**	**Objectives:**
To establish, implement and enforce laws and	The 1993 Constitution of the Republic of Peru outlines the rights and equality of all, including persons with disabilities.	▪ Develop a strategy to facilitate the joint participation of civil society and all organizations/agencies involved in mine

public policies that guarantee the rights of landmine survivors and other persons with disabilities	The Law of People with Disabilities establishes a normative framework on accessibility to the physical infrastructure and other benefits relating to the care and rehabilitation of persons with disabilities. It also created the National Council of Persons with Disabilities – CONADIS. The Plan of Equal of Opportunities of the PCM 2003-2007, addresses issues of equality of people with disabilities.	victim assistance to execute activities that will benefit mine survivors by 2006.

Senegal

Part 1: Understanding the extent of the challenge faced		
Goal:	**Status:**	**Objectives:**
Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	A total of 679 mine/ERW casualties (including 532 landmine survivors) have been recorded in the areas of Ziguinchor and Kolda since 1997. The information management system, includes details of mine and UXO casualties, their location, injuries and social and economic reintegration. The database was installed by Handicap International in 1999, and is continuously updated with information for all mine-affected zones. Although effective the system could be improved as it is probable that not all casualties, particularly those killed, are registered. Data relating to mines and UXO injuries is usually provided by the hospital. The information sheet is used by various programmes throughout the world. There is no coordination at the national level, only in mine-affected areas.	▪ Increase the effectiveness of the information management system to ensure that all casualties are recorded. ▪ Improve the presentation and analysis of existing information for dissemination to relevant actors involved in victim assistance. ▪ Amalgamate the casualty databases of Handicap International Handicap and the Army, and transfer the monitoring system to ASVM.

	The data is shared by all actors including development organizations and official structures. Mine survivors take part in mine risk education (MRE) programmes, including members of the Senegalese Association of Victims of Mines (ASVM). ASVM collects data on mine casualties during the MRE meetings.	
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** Casualties are usually evacuated by the National Army to the Regional Hospital complex in Ziguinchor (CHRZ). There is also a Regional Hospital complex in Kolda (CHRK). Evacuation times on average are more than 8 hours, with extremes of 20 minutes to 36 hours. It is possible to perform surgical procedures quickly if the accident takes place near road junctions or military camps, or if suitable means of transport are available. The CRHZ has qualified personnel including two surgeons, an anaesthetist, 2 physiotherapists, and 2 orthotic/prosthetic technicians, who are reinforced by the military surgical facility which includes a surgeon, a high-level anaesthesia technician and a male nurse. In 2004 and 2005, surgeons undertook upgrade skills training both in France and in Senegal. The CRHK has a surgeon who is also reinforced by a military surgical facility of the same composition. The number of personnel is appropriate to meet the needs. In all cases, mine survivors have access to corrective surgery and other diagnostic services.	**Objectives:** ▪ Reduce the times taken to reach emergency medical care. ▪ Improve the technical capabilities of emergency and continuing care providers. ▪ Improve the supply of medicines and consumables to hospitals in the mine-affected areas.

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	The supply of uncontaminated blood or serum is available but remains insufficient. Access to the rigid bandages is available all the time. The CHRZ has the necessary equipment to provide care and there are no problems with the supply of analgesics. However, the situation is not the same for the CHRK. Access is available for ophthalmic care but there is no care available for auditory injuries. The CHRZ surgeons cover the majority of the interventions. Mobility aids are available and all mine survivors are directed towards rehabilitation services as required. No mine casualties are denied treatment which is available through the hospital and the HI programme, and provided equally to men, women and children. Since 2001, Handicap International (HI) has been reinforcing the capacities of the CHRZ in orthopaedics/traumatology (surgery, physiotherapy, equipment).	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** Mine survivors have access at all times to acute rehabilitative care both pre- and post-fitting of prostheses. The Centre of Orthopaedic Appliances (CRAO) is in Ziguinchor, and is well located, near the mine-affected areas. Mine survivors have access at all times to the adjustment of their assistive devices, including at satellite centres in Bignona and Oussouye. However, they seldom have access to the replacement of their prostheses. Survivors are taught to become	**Objectives:** ▪ Improve the operation of existing rehabilitation centres. ▪ Reinforce the capacity of the centres through updated equipment, training and supplies.

	independent. Mine survivors and their families often take part in the planning of their rehabilitation programme. Assistive devices are always locally manufactured by the technicians at the CRAO. There are 2 level II-trained orthotic/prosthetic technicians and 2 physiotherapists in the team at Ziguinchor. Personnel are periodically rotated with staff from the National Centre of Orthopaedic Appliances. Mine survivors are seldom denied assistance which is provided without discrimination. Coordination between all the services seldom takes place. In 2004, HI organised an orthopaedic medicine symposium in Ziguinchor. HI built the CRAO and equipped and trained personnel at the centres in Oussouye and Bignona.	▪ Develop a strategy to improve coordination of national structures working in the field of rehabilitation.
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a	**Status:** The provision of psychological support is lacking in all the area of Casamance. HI formed a network of advisers (42 people including personnel of the CHRZ and mine survivors) capable of providing direct support to mine victims and others. UNICEF also has a network of 14 cells providing support through the area. But the absence of a permanent psychologist and psychiatrist in Ziguinchor prevents the long term follow-up of people in need. Family support and group-based psychotherapy has given some good results. A psychiatrist from Dakar comes to Ziguinchor for one week every 2-3	**Objectives:** ▪ Develop 2 public cells for psychological support (1 in Kolda and 1 in Ziguinchor). ▪ Restart the psychological support capacity at the hospital complex in Ziguinchor (Kénia). ▪ Reinforce the capacities to provide social services of the CPRS and the welfare officer at CHRZ.

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healthy and positive outlook on life.	months. Qualified social assistance services do not have the resources necessary to assist mine survivors. HI reinforces the activities of the CPRS (Centre of Social Action) by making available 4 people to provide support in the area of Ziguinchor. Some CHRZ personnel have been trained in psychological support and the management of the stress. HI supported groups of mine survivors to provide psychological support and visit new casualties in the hospital. Mine survivors are also encouraged by the members of ASVM and other groups including the Federation of Associations of Persons with disabilities of Ziguinchor, CPRS, and HI. Children disabled by mines are taken into account, as well as adults. They can receive financial support to go to school, as do other disabled children. Teachers are not trained in inclusive education but are supported by HI who facilitates the integration of disabled children in classes. No coordination exists at the national level for the psychological support of mine survivors.	▪ Train teachers in the special needs of students with disabilities. ▪ Ensure the accessibility of community schools and other buildings.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-	**Status:** Senegal has a Programme for the Revival of Social and Economic Activities (PRAESC) in Casamance. The National Agency for the Revival of Activities in Casamance (ANRAC) is in charge of	**Objectives:** ▪ Restart economic activities in Casamance to facilitate opportunities for the employment of disabled people.

injury occupation, or prepare for and find suitable employment.	implementing and coordinating economic reintegration through PRAESC. The reintegration of vulnerable groups is an element of the Strategic Document of Reduction of Poverty (DSRP) implemented through national development plans. In the chapter on the Improvement of Living Conditions of Vulnerable Groups, the needs of children, women, and persons with disabilities are addressed. The strategic objectives to improve the living conditions of the persons with disabilities include: to improve the medical state and mobility of persons with disabilities; to promote the education and training of persons with disabilities; to improve the economic and social situation of persons with disabilities; and, to fight against unfavourable prejudices against persons with disabilities. The government encourages and supports vulnerable groups to be involved in income generating activities. Moreover, the Senegalese State has announced that 15 percent of those recruited in public offices will be persons with disabilities. Mine survivors and other persons with disabilities are often refused access to credit by the banks because of a lack of guarantees. There is no measurable distinction between access to credit structures for men and women. There are special financing programmes for young people and women. There are two programmes of access to micro-credits which makes it possible to finance activities after training in project management, entrepreneurship, and accountancy. In 2004, about 50 persons with	▪ Reinforce the national poverty reduction programme to support persons with disabilities through access to credit and training in project management. ▪ Ensure that 15 percent of the activities of PRAESC are devoted to the benefit of disabled people, including mine survivors and other victims of the conflict.

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	disabilities benefited from the programme, including mine survivors. Training courses exist in Ziguinchor but are seldom accessible because of cost. Mine survivors rarely resume their former employment after the accident. The sensitization of employers to employ mine survivors and other persons with disabilities only began recently and it is too early to judge the success of this initiative. The National Agency of Revival of Activities in Casamance is responsible for the coordination of all actors involved in economic reintegration activities. The national army's economic reintegration activities include: (a) maintenance of employment and the allocation of disability pensions for all casualties; (b) creation of the Foundation of Invalids and Mutilated Military Personnel for long term physical and psychological assistance; and (c) setting-up of an agency for the social rehabilitation of soldiers.	
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons	**Status:** In the 7 January 2001 Constitution, article 17 states that "the State and the public bodies have the social duty to take care of the physical and moral health of the family, and in particular of handicapped people and old people." A representative of the Senegalese Federation of Associations of Persons with Disabilities is one of the advisers to the President of the	**Objectives:** ▪ Respect and implement commitments made in official laws. ▪ Ensure that new buildings and infrastructure in Casamance are accessible to persons with disabilities.

with disabilities	Republic. The bill for social orientation for the equalization of opportunities should guarantee person with disabilities the same rights and obligations as their fellow citizens. This law, which should contribute to the improvement of the situation of persons with disabilities deals with medical care, economic activities, and other forms of social protection, is still in the administrative channels pending approval.	▪ Ensure the development and strengthening of social and economic activities for persons with disabilities.

Serbia and Montenegro

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** The exact number of landmine survivors in Serbia and Montenegro is not known.	**Objectives:** ▪ Create a database that would contain names of persons injured by landmines, date of injury, diagnosis, method of treatment and rehabilitation, type of prosthesis, functional level, professional and social status, and recruit an expert team analyse the database.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings	**Status:** Landmine casualties are treated in health centres, hospitals, and departments for physical therapy and rehabilitation within general hospitals	**Objectives:** ▪ Establish ongoing medical care and rehabilitation for landmine survivors.

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that could result from injury		

Part 3: Physical rehabilitation		
Goal:	**Status:**	**Objectives:**
To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Landmine survivors are treated in specialized institutions for prosthetic and orthotic rehabilitation: the Institute for Prosthetics in Belgrade, rehabilitation clinics, health centres, departments for physical therapy and rehabilitation within general hospitals, workshops for fabrication of prosthetic aids, etc. Specialized institutions for rehabilitation are located in Belgrade, Novi Sad, Nis, and Kragujevac. Protocols on a team approach in prosthetic and orthotic rehabilitation are only implemented at the Institute for Prosthetics in Belgrade. It is necessary to have referential rehabilitation centres in big towns and workshops in smaller ones, as well as mobile teams that would conduct evaluation and control of aids and services in the field. All persons who are covered by health insurance are entitled to standard aids. The Health Insurance Office maintains data on number of prostheses produced. Prosthetic aids are designed at a standard level, and are not adapted to the individual needs or functional level of prosthesis users. Landmine amputees with prostheses are provided with instructions in prosthetic maintenance and gait training, if they are rehabilitated in a specialized centre. It is necessary to print manuals for a certain type of prosthesis and its maintenance.	▪ Determine the need for prosthetic aids among landmine survivors. ▪ Develop a plan for the adequate education of members of the prosthetic/orthotic team. ▪ Develop a plan for the implementation of community based rehabilitation and training of members of CBR teams on the basis of needs identified by the database.

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	There is no data about the exact number of personnel in the prosthetic-orthotic teams. Prosthetic/orthotic technicians are not classified according to ISPO standards. There is no longer a regular school for prosthetists-orthotists. There are some who have had two-year after-secondary school training and those who are trained on-the-job and through seminars. Training is provided by experts from the Institute for Prosthetics in Belgrade and others are trained by the manufacturers of orthopaedic aids. There is secondary and after-secondary school training for therapists. The involvement of survivors and their families in the planning of rehabilitation activities is low. It is necessary to increase general social awareness on the implementation of community based rehabilitation and UN Standard rules for implementation of rights of disabled persons. Coordination among rehabilitation providers is low. It is necessary to form expert teams for certain areas of rehabilitation and manufacture, as well as a superior coordination team that would control and coordinate the rehabilitation activities for landmine survivors. A new statute is being drafted on the supply of orthopaedic, hearing, optical and other aids.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the	**Status:** The needs of landmine survivors are usually provided by able-bodied adults.	**Objectives:** ▪

community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.		
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:**	**Objectives:** ▪ Develop a plan for professional rehabilitation of mine survivors. ▪ Initiate an income generating project on the basis of the plan for professional rehabilitation.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:**	**Objectives:** ▪ Develop a national strategy for improving the quality of life of disabled persons and their families on the basis of needs identified by the database and UN Standard rules for implementation of rights of persons with disabilities.

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Sudan

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** There are 1,751 mine/UXO casualties registered in IMSMA. Information has been collected by individual reports/incidents, community based surveys in select areas, and the ICRC's patient management system in National Authority for Prosthetics and Orthotics (NAPO) centres. Estimates from the Ministry of Welfare and Social Development (MWSD) and NAPO indicate that there have been 10,000 mine/UXO casualties. Data is collected by UNMAS and NGOs. Mine casualty data is analysed by the UN Mine Action Office (UNMAO) and shared with all mine action partners. Aggregated reports entered into and generated by IMSMA indicate that 83 percent of mine casualties in 5 highly affected states are male, and 17 percent are female. Additional demographics indicate that 18 percent of mine/UXO casualties are children; 11 percent are above 45 years of age. Currently, there is no nation-wide injury surveillance system, and data collection rarely delineates between mine/UXO casualties and injuries sustained through other causes (i.e. gunshot, snake bite, polio, etc). Data collection systems need to be strengthened and implemented consistently throughout the most mine-affected areas of the country. Data collection takes place on an ad hoc basis, due to a lack of resources and the geographic size of Sudan. Data collection takes place in the states of Khartoum, Upper Nile, Blue Nile, Bahr El Jebel, Kassala, and Nuba Mountains.	**Objectives:** ▪ Conduct comprehensive and coordinated nation-wide victim assistance surveys and community-based needs assessments in highly affected areas. ▪ Establish a comprehensive national injury surveillance, monitoring, reporting and referral system.

Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** In the north of Sudan, communities participate in the evacuation of mine/UXO casualties to the nearest medical care unit and/or facility. According to IMSMA, 55 percent of landmine casualties receive first medical aid within 2 hours or less, whereas 20 percent receive first aid after 5 hours. The National Authority for Prosthetics and Orthotics (NAPO), headquartered in Khartoum and with sub-offices in Kassala, Demazyn, Juba, Kadugli and Dongula, provides first aid services. In Darfur, there is a lack of access to first aid as a result of the on-going conflict. In the south, the health system has been seriously damaged, although a three-level structure for health administration has been created: (a) Peripheral health services that are fixed and Mobile Health Care Units (PHCUs) that serve populations of 4,000 to 5,000; (b) Primary health services that are Primary Health Centres (PHCCs) serving populations of 15,000 to 20,000; and, (c) Secondary health services that are district hospitals serving populations of 75,000 to 100,000. The PHCUs and PHCCs have the capacity to provide first aid, cleaning of wounds and intravenous therapy. However, these medical facilities are often unable to provide appropriate relief and surgical care to mine/UXO casualties. Currently there are 19 hospitals with surgical capabilities operating in SPLM areas in South Sudan and some 510 PHCUs and 94 PHCCs. Under the supervision of the SPLM Secretariat of Health (SOH), all medical facilities operate with support from local and international NGOs, church groups, ICRC and UN agencies.	**Objectives:** ▪ Develop and provide medical transportation and evacuation systems, and supplies, to remote mine/UXO-affected areas. ▪ Develop the capacity of emergency medical care facilities and service providers in remote mine/UXO-affected areas.

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	The capacity for persons injured by landmines to receive blood transfusions and safe blood / serum supplies on a national or regional scale is largely unknown. There is limited access to supplies of pain relieving medication. In the North, transportation and expeditious evacuation of persons injured by landmines to hospitals/clinics is available, but is inconsistent in accessibility and/or availability. Casualties are transported by land, via buses, trucks, trains and other land vehicles. The ICRC transports casualties from Malakal, Bantiue, and Wau to NAPO in Khartoum. In the South, there is a lack of ambulances and other transport services. Many casualties are transported by their community on animals, carts, bicycles or homemade stretchers to the nearest medical facility. The only medivac service available is provided by the ICRC and Operation Lifeline Sudan (OLS) whereby war casualties are transported to the ICRC-run Lopiding Hospital in Lokichokio, Kenya. All the hospitals in southern Sudan have some form of surgical capacity. However, this capacity differs widely in terms of skill and equipment. The exact number of trained health care workers in mine-affected areas in the north of Sudan is largely unknown. Kassala, Juba, Kadugli, Dernayzn, and Nyala (Darfur) have hospitals with trained health workers, who treat casualties prior to referring them to regional NAPO centres. There are currently only 19 trained Sudanese doctors in the South Sudan. Due to the limited information regarding the number and needs of mine/UXO casualties, there are no accurate estimates available of the needs in terms of numbers of trained health personnel in the mine-	

	affected areas. Emergency medical aid and services are free in Sudan. However, the limited availability of ambulances and other transportation has resulted in many mine casualties dying on the way to the nearest medical facility.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** NAPO provides limited access to rehabilitative care, including prosthetics, orthotics and physical therapy in Khartoum and at 6 sub-offices in Kassala, Dermazyn, Dongula, Kadugli, Juba, and Nyala (Darfur). NAPO produces aids and equipment locally within all its centres. Individuals must wait for approximately 4 months to receive rehabilitative care. NAPO centres are also needed in El Fasher, Geniena, Malakal, Port Sudan, and El Gaderef, including mobile workshops for remote towns linked by service roads. Free artificial limbs have been available for landmine survivors since July 2003. All NAPO centres provide landmine survivors with free access to repair, replacement and adjustment services to maintain assistive devices. However, landmine survivors are not trained in methods of self-care and maintenance. On-the-job training in physical therapy is provided to all NAPO staff that assist survivors. Currently there are no ISPO trained technicians available to train technicians with lower-level skills. NAPO and ICRC provide in-country training in physical therapy and prosthetics. NAPO has a total of 16 trained rehabilitation workers in the mine-affected areas: Kadugli (3), Juba (7), Nyala (2), Demazyn (2), and Kassala (2).	**Objectives:** ▪ Develop the national, institutional and operational capacity of NAPO for the delivery of physical rehabilitation products and services within highly affected communities.

	NAPO requires a total of 90 trained rehabilitation workers to meet the existing needs in these areas. There is little or no planning of rehabilitation interventions that include landmine survivors or their families. Physical rehabilitation services and/or devices are not denied to landmine survivors by NAPO because of cost as services are free-of-charge. Physical rehabilitation services and products provided by NAPO are available equally and are specifically designed to meet the particular needs of men, women, children and older persons. Medical Care Development International (MCDI) has established an orthopaedic workshop and rehabilitation centre in Rumbek.	
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	**Status:** In the north, NAPO social workers provide psychological support to landmine survivors and other people with disabilities to assist them in coping with their injuries. In co-operation with NAPO, ABRAR provides support in terms of social and physical rehabilitation of survivors. ABRAR implemented a trauma training programme in which 75 social workers, psychologists, and NGO staff were trained in trauma counselling and developing a trauma curriculum for all Sudan with 50 individuals trained as trainers on the curriculum. While NAPO, ABRAR and Rofida Health Foundation provide counselling to landmine survivors and other people with disabilities,	**Objectives:** ▪ Develop and implement psychosocial support and community reintegration programmes for landmine survivors and other persons with disabilities in highly affected communities.

<table>
<tr><td></td><td>services are limited and vary in degrees of quality and quantity, and are rarely suited to the needs of different individuals and community situations.

There is limited to no staff training in hospitals/clinics in the psychological adjustment process and practical issues including discrimination in communities. Landmine survivors and other persons with disabilities are rarely included and/or absent in rural areas but the situation in urban areas has improved.</td><td></td></tr>
<tr><td colspan="3">Part 5: Economic reintegration</td></tr>
<tr><td>Goal:

To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</td><td>Status:

Forty-five (45) percent of landmine survivors lose their jobs, as the majority of civilian survivors are engaged in subsistence level agriculture and animal husbandry.

There are no vocational training programmes available to landmine survivors and other people with disabilities in the affected areas. Landmine survivors and other people with disabilities have no access to vocational counselling services to assist them in establishing a vocational rehabilitation plan that is practical and realistic.

Job placement and recruiting services do not ensure access of mine survivors and other persons with disabilities to employment opportunities. In addition, there is no sensitization of employers to ensure that landmine survivors and other persons with disabilities are not denied opportunities because of discrimination and stereotypical thinking. However, the Ministry of Industry has encouraged all industries to ensure that 5 percent of their workforce is made up of people with disabilities, by providing them with tax exemptions if they</td><td>Objectives:

▪ Develop and implement education, vocational training and socio-economic reintegration programmes in highly mine/UXO-affected areas by 2008.</td></tr>
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	meet this quota. The Women’s Development Centre for landmine survivors and their families was established in camps for internally displaced persons in the south of Sudan. There are also some small projects for income generating activities for landmine survivors. Twenty landmine survivors graduated from ABRAR’s computer centre.	

Part 6: Laws and public policies		
Goal:	**Status:**	**Objectives:**
To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	The 2002 Act of The Authority of Prosthetics and Orthotics for Handicapped Persons and the 1984 Sudan Law for Disability provided persons with disabilities legal protection against discrimination and guaranteed equal opportunity, including acceptable level of care, access to services, education, vocational and employment opportunities. There are no laws or policies that ensure access by persons with disabilities to buildings and public spaces. Although the transportation system in Sudan is privatised, all persons with disabilities receive free transportation by road and pay only 50 percent of the cost of travel by air. Education for persons with disabilities in Sudan is free. In the North, landmine survivors and other persons with disabilities have access to the Ministry of Welfare and Social Development, as it has a formal statutory complaints mechanism to address their concerns and protect their rights. The victim assistance working group raises awareness for all persons with disabilities through the media, unions, religious institutions, and the academic community. Ten workshops have been conducted to raise awareness and advocate for the international convention on the rights and dignity of people with disabilities and also for activating the Sudan law for people with disabilities.	▪ Develop and implement a national victim assistance support structure, strategy and work plan. ▪ Develop and implement comprehensive national legislation on the rights of mine survivors and other persons with disabilities. ▪ Build and strengthen the Ministry of Welfare and Social Development's capacity to monitor and enforce the nation-wide implementation of public policies that guarantee the rights of landmine survivors and other persons with disabilities.

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	Landmine survivors represented Sudan in human rights and skills empowerment workshops.	

Tajikistan

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** As of 28 April 2005, the Tajikistan Mine Action Cell's IMSMA database contained records on 234 mine survivors since 1992. Information on the number of survivors has been obtained from local authorities, Ministries, the Red Crescent Society of Tajikistan (RCST), ICRC, and from the results of a general mine action assessment. RCST volunteer survey teams collect information on mine survivors with the data subsequently transferred into the Tajikistan Mine Action Cell's database. Nation-wide data collection has not yet been fully achieved. Information, including gender, age, and occupation before the incident, is shared with all relevant actors upon request.	**Objectives:** ▪ Gather accurate information to establish the number of mine survivors in Tajikistan by December 2006. ▪ Develop a country-wide injury surveillance, data collection and information management system by December 2006.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings	**Status:** All persons injured by landmines have access to expeditious evacuation to hospitals / clinics and medical services. Evacuation to the nearest hospital / clinic is available both by ambulances and other types of vehicles. Ambulances are not always available due to various reasons. The typical time period between injury and arrival at a hospital / clinic varies from 30 minutes to 3 hours depending on	**Objectives:** ▪ Develop a strategy to improve emergency response capabilities through improved transportation, the supply of medicines to Central District Hospitals, and the training of intensive care, trauma and surgical staff.

that could result from injury	different situations, such as location or time of accident. Health facilities have adequate infrastructure, equipment and supplies to meet existing needs, but some are very old or out of order. There is access to medication to relieve pain but in insufficient quantities. There is a capacity for persons injured by landmines to receive blood transfusions with safe blood / serum supplies. Persons injured by landmines have ready access to medical services provided by trauma specialists in most areas of the country. The nearest health care facility for the injured is the Central District Hospital (CDH) which has surgical/trauma departments as well as an intensive care unit with trained and qualified staff. However, local specialists are not always aware of the latest medical advances and techniques. Trained health care workers (e.g. trauma surgeons, doctors, nurses) are working in hospitals and clinics across the country. In every CDH there are 5-6 general surgeons, 3-4 trauma specialists, and 4-5 intensive care doctors. Specialists trained to assist with traumatic injuries are available. Within the mine action programme, seven medics have been trained in first aid techniques although it is considered that 50 such trained health care workers are needed. There are no Ministry of Health personnel trained in first aid and emergency response techniques in the mine-affected areas. Amputation / other trauma surgery is available all over the country, but training is lacking. There is access to corrective surgery in 40 percent	▪ Provide each Central District Hospital with basic medical equipment in accordance with the Ministry of Health strategy for emergency care.

	of the districts in the country. The districts, where this service is not available, send their patients to the regional hospitals or to the capital. Mine survivors have the right to free medical services all over the country and services are provided equally to men, women, boys and girls. However, due to insufficient availability of medical equipment and lack of trained medical personnel, available services do not always fully meet the need or expectations. In addition, some survivors face administrative or bureaucratic and other problems in accessing medical services (e.g. passport problems, transit visas, etc). Basic assistive devices are available, but many are very old and some are not in working order. Survivors are referred to rehabilitation services, usually in the capital Dushanbe. There is little possibility of receiving advanced treatment in many districts due to the lack of modern equipment.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** Most landmine survivors have full access to prosthetic, orthotic and post-prosthetic physiotherapy care at the National Ortho Centre (NOC) in the capital, Dushanbe. The centre is run by the Ministry of Labour and Social Protection (MLSP), with financial and technical assistance provided by the ICRC. There is no waiting list for the fitting of prostheses or orthoses. In addition, there are three satellite workshops but these are in poor condition. There is a necessity to strengthen the potential of the NOC, as well the regional and district satellite workshops.	**Objectives:** ▪ Develop a strategy to strengthen the capacity of the National Ortho Centre and the district satellite workshops, including through training and the recruitment of specialists. ▪ Develop a strategy to ensure the provision of quality services to amputees and other disabled on the basis of long-term independent and stable operation of the

	Since 2005, the UNDP (with Italian funding) has covered part of the expenses for transport and accommodation during treatment at the NOC. Training is also provided on methods of self-care and maintenance. The NOC manufactures prostheses with equipment and materials provided by the ICRC. Elbow crutches are produced by MLSP with equipment donated by the ICRC. Wheelchairs are produced at an MLSP factory in Konybodom, approximately 300 kilometres northwest of Dushanbe. Training in prosthetics is not available in the country. The ICRC provides on-the-job training for technicians. Four prosthetic technicians were trained in Yerevan, Armenia to ISPO Category II standard using Otto Bock technology. The ICRC also provides on-the-job training in physiotherapy at the NOC. No one is denied services due to cost, as it is free of charge.	centre. ▪ Establish a self-financing system of operation at the National Ortho Centre.

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Part 4: Psychological support and social reintegration		
Goal:	**Status:**	**Objectives:**
To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	There are no specialists providing psychological support in hospitals / clinics treating landmine survivors. There are no peer support programmes. The children disabled by landmines have access to educational opportunities in their communities on a general basis. However, teachers are not trained to teach children with disabilities.	▪ Develop and support psychosocial and peer support programmes in Tajikistan by 2007.
Part 5: Economic reintegration		
Goal:	**Status:**	**Objectives:**
To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	It is very difficult for landmine survivors to find employment as there is a high level of unemployment in the country. In 2005 the RCST began an income generation project supported by UNDP. The project targets 3 districts in the north and 3 in the central area that are affected by mines. The project will purchase and provide two sheep or goats to landmine survivors for their future use and benefit. Implementation of the project will significantly improve the economic condition of landmine survivors.	▪ Assess the status of employment of mine survivors by the end 2006. ▪ Develop and implement a strategy to support projects that improve the economic condition of 50 percent of registered mine survivors by end 2006.
Part 6: Laws and public policies		
Goal:	**Status:**	**Objectives:**

To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	In accordance with the Constitution and other legislation of the Republic of Tajikistan, the basic rights and freedoms of persons with disabilities, as with all citizens, are equally guaranteed. In order to strengthen the social and legal protection of persons with disabilities, the Government of Tajikistan adopted the "Law on social protection of persons with disabilities" on 24 December 1991. Landmine survivors and other persons with disabilities have access to a formal statutory complaint mechanism to address their concerns and protect their rights in accordance with the legislation "On complaints of citizens of the Republic of Tajikistan." In accordance with Tajik law, the Government allots money to the central and local authorities for support and services to landmine survivors.	▪ Assess the experience of organizations and agencies assisting mine survivors by the end 2006 to identify the support needed.

Thailand

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** Since its establishment in 1999, the Thailand Mine Action Centre (TMAC) has become the central organization in implementing and coordinating mine action activities including data collection. There are 27 provinces along the borders which are identified as high-risk mine-affected areas. Humanitarian Mine Action Units (HMAUs) collect data on landmine casualties, including their current location and demographics, and report to TMAC in standard formats.	**Objectives:** ▪ Increase the registration rate of persons with disabilities by 80 percent with information on the causes of disability so that landmine survivors can be identified ▪ Establish a separate data set on landmine survivors in the high-risk mine-affected areas.

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	Data is shared with all relevant authorities such as ministries, national and domestic institutions, NGOs, associations of landmine survivors, donors, and through the TMAC website. Thailand started a programme of data collection on persons with disabilities in November 1994. As of 30 July 2005, 446,416 persons with disabilities were registered in Thailand; 48 percent are physically disabled. Data on the current location and the demographics (e.g., gender, age and type of disability) of persons registered are maintained by the Ministry of Social Development and Human Security (MoSDHS) and can be traced back to the village level of each province. The MoSDHS has provincial-level offices in the country and must cooperate with other local agencies in the mine-affected areas in data collection.	
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** The health system is divided into 2 levels: at the community level; and at the district and central level. At the community level, the Ministry of Public Health supports village health volunteers and communities to establish community health units comprising of community health posts and health centres with a system for expeditious evacuation of persons injured by landmines to hospitals or clinics by ambulances, rescue team vehicles, or helicopters. For a landmine casualty, if he/she is immediately located, they would be taken from the community health units to the nearest hospital within one hour.	**Objectives:** ▪ Establish coordination offices in the mine-affected areas. ▪ Organize a workshop on emergency and medical care for mine casualties. ▪ Increase the number of skilled health personnel and staff at every level.

	At the district and central level, the Bureau of Health Policy and planning are responsible for health manpower development. It constitutes the tertiary health care facilities, such as general or regional hospitals, university hospitals and large private hospitals. Health care at this level is provided by medical and health personnel with various degrees of specialization, such as trauma surgeons. There is a lack of medical and health personnel at the community level. However, at the general or regional hospitals in the mine-affected areas, the infrastructures, equipment and supplies are sufficient to meet the needs. For emergency care, no individual is denied treatment or services. Services are available equally to, and designed to meet the particular needs of, men, women, boys, and girls and the aged. There are public surgical and rehabilitation facilities for landmine casualties in Thailand. The government covers the full cost of hospital treatment, provision of orthopaedic devices, and transport to hospital.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** It normally takes at least 6 months for survivors to access post-acute rehabilitative care, including prosthetics, orthotics and physical therapy, depending on their physical condition. Rehabilitation services are generally provided by military hospitals and public health centres. Replacement and adjustment services for assistive devices and self-care training is provided by public institutions and related private organizations. However, some landmine survivors do not access	**Objectives:** ▪ Train survivors and their families in self-help physical therapy. ▪ Achieve comprehensive coordination between all concerned organizations.

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<tr><td></td><td>follow-up services due to travel costs.

Aids and equipment are regularly produced by the Prosthetics Foundation and the Chatichai Choonhavan Foundation.

Only general training is available for prosthetic technicians. None have been trained by ISPO trained technicians. Training for physical therapy and prosthetics is provided by the Prosthetics Foundation.

No government rehabilitation personnel are working in the affected areas, only at military hospitals and public health centres. A greater number of workers in this field are needed.

At present, landmine survivors and their families are not involved in the planning of rehabilitation interventions.

Services and devices are available equally to all survivors. However, a small number of individuals cannot access services or devices due to cost or other reasons.

There is regular country-wide coordination involving all relevant actors.</td><td></td></tr>
<tr><td colspan="3">Part 4: Psychological support and social reintegration</td></tr>
<tr><td>Goal:

To assist landmine survivors, including children, to resume their role in the community by</td><td>Status:

Public health centres, military hospitals and psychiatric hospitals provide counselling to help survivors deal with post-traumatic stress and to adjust to their new situation. To some degree, hospitals / clinics treating landmine survivors have staff trained in the psychological adjustment process and practical issues including discrimination.</td><td>Objectives:

▪ Build up a network among all concerned agencies.

▪ Coordination of services at the national level.</td></tr>
</table>

helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Peer support programmes offering assistance in hospitals / clinics after surgery and after discharge are available, depending on the conditions at each medical institute. Children disabled by landmines have access to educational opportunities in their communities. Teachers have some training on issues relating to children with disabilities. An appropriate level of services is available to, and designed to meet the particular needs of, men, women, boys and girls and older persons. Some individuals are denied services due to cost or other reasons. There is regular country-wide coordination involving all relevant actors.	
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:** The Ministry of Human Security and Development is the implementing agency for rehabilitation programmes for persons with disabilities. The rehabilitation plan consists of: ▪ 9 vocational rehabilitation training centres for persons with disabilities in various provinces (Samut Prakarn, Nonthaburi, Lopburi, Chiangmai, Khonkhaen, Ubol Rajthani, Nongkhai, and Nakhon Srithammarat) with training provided to all persons with disabilities according to their interest and physical condition; ▪ Providing vocational training for all persons with disabilities, including landmine survivors, without any specification of the cause of disability; ▪ Introducing the concept of Community Based Rehabilitation	**Objectives:** ▪ Comprehensively provide vocational training for every community with persons with disabilities in the target areas, based on the interests of the person and the needs of the job market. ▪ Greater access for landmine survivors to the Rehabilitation Fund for persons with disabilities, to facilitate self employment opportunities.

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(CBR) to persons with disabilities, depending on their condition and interests.

Not many mine survivors return to their previous occupations.

With respect to the sensitization of employers to ensure that landmines survivors and other persons with disabilities are not denied opportunities because of discrimination or stereotypical thinking, Thailand enacted the Rehabilitation for Persons with Disabilities Act BE. 2534 (1991). The Act ensures the employment of persons with disabilities by private enterprises (enterprises with more than 200 employees must employ one disabled person for every 200 employees). There is no information available on the number of landmine survivors being employed in private enterprises in Thailand.

There are tax incentives to encourage private companies to employ persons with disabilities (salaries paid for persons with disabilities can be deducted from tax payments).

Micro-enterprise or other economic development efforts are available to some extent. For example, the Rehabilitation Fund for persons with disabilities has provided no-interest loans of up to 40,000 Baht (about $975) for persons with disabilities who establish their own income generating activity.

The government provides a monthly subsistence allowance of 500 Baht (about $12) for each person with severe disabilities during their lifetime. The government also covers the cost of vocational training.

Individuals are not denied services due to cost or other reasons. There

	is an equal and appropriate extent of services available equally to, and designed to meet the particular needs of men and women. There is regular country-wide coordination involving all relevant actors, but coordination with the Association of Landmine Disabled Persons is limited.	
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** The Rehabilitation for Persons with Disabilities Act BE. 2534 (1991) aims to increase the opportunities and rights of persons with disabilities to access medical treatment, education, vocational training, and employment services as well as social welfare allowances, investment loans, and accommodation for the homeless. The Act also includes measures and tax incentives for concerned agencies to increase and provide facilities and housing for persons with disabilities. Transport facilities have also been improved slightly. The Plan to Develop the Quality of Life of Persons with Disabilities for 2002-2006 is currently being implemented. Persons with disabilities and their families participated fully in the formulation process of the plan. The implementation of the plan consists of 8 strategic areas: 1) Promote awareness and constructive attitudes 2) Rights and duties 3) Capacity development 4) Research and development 5) Access to information, service, technology, and the environment 6) Strengthen the capacity of organizations related to persons with disabilities	**Objectives:** ▪ Increase the number of laws which aim to promote and develop the quality of life of persons with disabilities. ▪ Set up action plans which authorise local authorities to provide comprehensive services for persons with disabilities in their own communities. ▪ Improve the laws related to persons with disabilities, particularly on the right of assurance and protection. ▪ Stimulate the public and private sectors to implement the laws which aim to facilitate the capacity building process for persons with disabilities. ▪ Increase the role of local authorities in the tasks related to persons with disabilities.

	7) Promote the participation of persons with disabilities, families and the community 8) Promote management integration Local authorities have also been empowered, through decentralisation, to take care and develop the quality of life of persons with disabilities. For example, in 2004, management of the welfare and allowances for more than 25,000 persons with disabilities was transferred to local authorities.	

Uganda

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** The exact number of landmine survivors is not known. However, there are over 900 known survivors in northern Uganda and 200 in western Uganda. There is no nation-wide surveillance system on mine casualties. Data is collected by some NGOs and government departments but is not standardized. The Ministry of Health has a health management information system; however, it is not possible to identify landmine injuries from this database. The Injury Control Centre Uganda (ICCU) has an injury surveillance system in Northern and Western Uganda. The surveillance tool takes into account injuries caused by landmine and UXO. Data collected by NGOs is shared in technical committee meetings.	**Objectives:** ▪ Establish a functional efficient and comprehensive nation-wide landmine casualty surveillance system that contains information on mine/UXO casualties, their injuries, assistance received, and their health and economic status by 2007. ▪ Create a directory of actors engaged in assistance to mine survivors and other persons with disabilities by 2006. ▪ Integrate mine casualty data collection into a nation-wide information system by 2006.

Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** Trauma is currently a significant cause of ill health and premature death in Uganda. The majority of the existing health units lack the capacity to effectively handle trauma when it occurs. Uganda has few if any first aid practitioners to address immediate and life-threatening situations. Transport to hospitals in the most affected area – the north – is by army trucks, traders' lorries and pick-up trucks. The average time between injury and arrival at a health facility is 9 hours. Uganda has 245 health facilities; 67 percent are private. Although plans for each level of health care have been designed, none have been implemented. Public hospitals improvise sections of their outpatient departments to act like casualty units. Most lower-level health units can provide dressings and tetanus injections. However, the health units sometimes lack intravenous fluids. Except for NGO-run facilities, casualty departments in major hospitals are weak. Safe blood is available in all hospitals all the time. Surgeons are available at the regional hospitals in the affected areas; however, amputations in district hospitals are performed by non specialized doctors. Corrective surgery and pre-prosthetic remodelling of stumps is available in regional hospitals. Both mine-affected regions have visiting orthopaedic surgeons. Medical personnel in regional hospitals in affected districts have received trauma training and equipment for casualty units; however, staff attrition has depleted the levels of trained staff.	**Objectives:** ▪ Develop and implement a strategy to increase community level capacities to respond to landmine emergencies in the affected communities by 2006. ▪ Develop the emergency care services in all the health units in mine-affected areas to reduce pre-hospital mortality from landmine/UXO injuries by half by 2009. ▪ Establish functional referral systems in affected areas by 2007.

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	Post emergency care is weak in Government hospitals. Basic assistive devices are available especially crutches which are also available at district hospitals. Survivors in the North are referred to rehabilitation services. In the West a survey in 1999 revealed that some survivors did not know where the rehabilitation centre was located. Services are available to men, women, boys, girls and older persons equally. Costs reduce accessibility to more organised services that are provided by NGO hospitals. Minimal coordination exists through the Office of the Prime Minister.	
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	**Status:** The government of Uganda is committed to uplifting the standard of living for persons with disabilities by strengthening Community Based Rehabilitation (CBR) services in line with the decentralisation policy. The Ministry of Health (MOH) has established a Rehabilitation and Disability Section whose main mission is to address the medical rehabilitation needs of disabled people. Rehabilitation services are being decentralised; health workers oriented to CBR; and the rehabilitation curricula is being integrated into the basic and in-service training for health workers. CBR services (home care visits) have been offered to persons with disabilities in 13 districts through the National Union of Persons with Disability of Uganda and the Ministry of Labour, Gender and Social Development.	**Objectives:** ▪ Provide all registered landmine survivors with rehabilitation services by 2009. ▪ Promote awareness on the effects of landmines and provide information on how to manage disabilities arising from landmines, by 2007.

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	The 2 mine-affected regions both have orthopaedic workshops that provide prosthetics and orthotics. The workshop in the north is supported by an NGO and provides better services. The one in the west needs strengthening. Both centres have orthopaedic technicians though only one in the north has ISPO recognized qualifications. Currently, in the north most new survivors are fitted with prostheses as soon as the stump is ready to receive it. However, in the west and to a lesser extent in the north there are a number of survivors who have spent years without a device. Follow-up services for survivors are weak. Physiotherapists (one in the west and 3 in the north) are available at regional hospitals and train survivors in physical therapy techniques. Occupational therapists are available at the rehabilitation centre in the North to train in activities for daily living. There is a large gap in the number of rehabilitation personnel compared to the burden in both regions. There is a need for a total of 5 orthopaedic technologists, 6 technicians, 5 physiotherapists and 4 occupational therapists. Mobility Appliances by Disabled Women Entrepreneurs (MADE) builds locally appropriate wheelchairs. Landmine survivors and their families play a vital role in the rehabilitation process. An information booklet has been developed to provide information on disability and rehabilitation of people with disability so that all Ugandans including disabled persons' participate	

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	in the goal of "health for all". The cost of transport and upkeep in hospital reduces accessibility to rehabilitation services especially in western Uganda. Gender and age discrimination to access services has not been noticed but due to the abandonment of female survivors by their husbands, this could be a possibility and needs to be studied further. Coordination of services is currently under the Office of the Prime Minister but is still minimal.	

Part 4: Psychological support and social reintegration		
Goal:	**Status:**	**Objectives:**
To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Psychological support is the weakest area in the service provision chain and yet is crucial for reintegration. Little psychosocial support is provided at the rehabilitation centre in the north. Some is provided at community level through NGOs. The provision is patchy and project oriented. The regional hospital in the north has a psychiatrist and social workers. The National Union of Women with Disabilities of Uganda (NUWODU) develops strategies for the empowerment of women with disabilities. The Ministry of Education and Sports is in charge of disability issues relating to education, in collaboration with the Uganda Institute of Special Education (UNISE), and is responsible for providing a disability-friendly environment as well as service provision for children with special needs undergoing schooling or any kind of training at its various institutions. Child mine survivors are also supported by NGOs to return to school. The universal primary education policy in response to the Millennium Development Goals (MDG) has ensured physical accessibility of school facilities to children with disabilities. New structures are therefore accessible though sanitation facilities need to be improved. Secondary schools are not accessible. Coordination of psychosocial support is at the regional level in the north and through Office of the Prime Minister.	▪ Provide regular psychosocial support to 25 percent of registered landmine survivors and their families at the rehabilitation centres and in the community, by 2009. ▪ Establish cost-effective community based psychosocial support networks in mine-affected areas by 2007. ▪ Develop and implement a strategy to increase community awareness on the needs and to support mine survivors and their families, by 2007. ▪ Make 10 secondary schools accessible to children with disabilities.

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Part 5: Economic reintegration		
Goal:	**Status:**	**Objectives:**
To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Construction of four of the planned 22 technical training institutions is ongoing. Fourteen sites have also been established for the first phase of Community Polytechnics (CP). The Government CP target is one-per sub-country totalling 932. A total of 15 existing technical schools and institutes are being rejuvenated and expanded. In addition, the Government has extended financial support to 26 private providers of technical and vocational education. Vocational centres are available in the north and provide training in tailoring, shoemaking, carpentry and leather works. Training is open to all and is supported by the government, although individuals pay fees. It is not known to what extent landmine survivors use these services. Vocational training is limited by a lack of sponsorship. The Employment Exchange Service within the Ministry of Gender, Labour, and Social Development (MoGLSD) facilitates the placement of disabled persons in employment, and provides vocational rehabilitation and resettlement services. One mobile unit exists for the vocational rehabilitation of women with disabilities, providing training around the country. The MoGLSD's CBR programme encourages local employers to facilitate resettlement and selective employment of people with disabilities, in consultation with the National Union of Disabled Persons of Uganda (NUDIPU). The National Union of Women with Disabilities of Uganda	▪ Develop and implement a strategy by 2007 to improve the economic status of the disabled population in mine-affected communities through education, economic development of community infrastructure and creation of employment opportunities. ▪ Develop and implement a strategy by 2007 to provide increased opportunities for income-generation and small-enterprise projects, and to promote and encourage literacy and vocational training, apprenticeships and job referrals by 2009. ▪ Provide 60 landmine/UXO survivors with vocational training by 2009. ▪ Mainstream 60 landmine/UXO survivors into micro-finance schemes by 2006. ▪ Develop and implement a strategy to assist in the capacity building of micro-finance institutions (MFIs), especially in rural areas, including through demand-driven training of MFI staff and clientele, product development and promotion of agricultural financing, increased access to

	(NUWODU) focuses on economic development projects. The Disabled Women's Network and Resource Organization (DWNRO) advocates the economic empowerment of women with disabilities and their inclusion in micro-credit programmes. The Uganda Disabled Women's Association operates a revolving loan scheme with the goal of initiating small businesses. Micro-financing schemes for poverty eradication do reach persons with disabilities in the north; however, the participation of landmine survivors as a group is not known. In the west, survivors have formed a corporative group that farms and sells vegetables and fruits.	rural financial services, and building business culture amongst rural borrowers.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** Persons with disabilities including landmine and UXO survivors are represented at village, parish, sub-county, county, district level and in the Parliament. Uganda's 1995 constitution has anti-discrimination and other provisions which explicitly cover disabled people, and a provision which requires that a number of national members of Parliament (MPs) have disabilities. Disabled persons are represented by five MPs. The Minister for Disability and Elderly is a disabled person. Priorities include improving the quality of housing, transportation, healthcare, education, employment, and social services for disabled people. Several laws have been passed to guarantee the rights of persons with	**Objectives:** ▪ Lobby for the continuous implementation of the law on affirmative action for persons with disabilities. ▪ Strengthen the role of local councillors representing persons with disabilities in the mine-affected northern and western regions by 2006. ▪ Campaign for the participation of landmine and UXO survivors in the representation of persons with disabilities. ▪ Formulate and implement national policies

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	disabilities. These include: ▪ The disability council law, which ensures disability representation at all levels and follow up on implementation of policies. ▪ The traffic act protects disabled road users. ▪ The policy on inclusive education ensures the education of children with disabilities. ▪ The local government act ensures representation of persons with disabilities. ▪ The child rights statute has an article on children with disabilities. ▪ The up-coming employment act will ensure equal employment opportunities. ▪ The workers compensation act. ▪ The up-coming equal opportunities act. However, implementation is weak particularly in rural regions of the country. There are no apparent mechanisms in place to ensure enforcement of existing legislation. There is a Minister of State for Disabled Persons, and a Department for Disabled Persons under the Ministry of Gender, Labour, and Social Development. The Ministry is in the process of designing a National Policy on Vocational Rehabilitation and Employment of Disabled Persons aimed at offering training in appropriate skills to facilitate either paid employment or viable self-employment. A National Council on Disability will be established to coordinate and monitor the implementation of the policy. The Ministry has also formulated a five-year “National Community-Based Rehabilitation (CBR) Strategic Plan 2002-2007” aimed at fully integrating people with disabilities into the community and to equalize	and legislative frameworks for the full and equal participation of landmine survivors and other persons with disabilities by 2007. ▪ Establish mechanisms for the full implementation of existing legislation to protect the rights of persons with disabilities. ▪ Formulate and implement national policies and legislative frameworks for the full and equal participation of landmine survivors and other persons with disabilities by 2007.

	opportunities. The Plan has been formulated with reference to the Poverty Eradication Plan and the Social Development Sector Strategic Investment Plan.	

Yemen

Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	**Status:** In 2000, a Landmine Impact Survey (LIS) was carried out in Yemen. Although the total number of mine/UXO casualties is not precisely known, the LIS reported the number of survivors to be as high as 2,344. A large number of casualties are believed to be women and children as farming and grazing are the main activities affected by landmines. In addition, the Yemen Executive Mine Action Centre (YEMAC) has recorded at least 47 persons injured in various incidents between 2001 and July 2005. Landmine casualties are nearly always reported on a regular basis from various sources such as local clinics/hospitals, the Ministry of Public Health and Population (MoPHP), Ministry of Local Administration (MLA), and security personnel, though there is no formal nation-wide surveillance system in place. YEMAC maintains a comprehensive database of landmine/ERW survivors at the national level. The data is shared with all relevant ministries through the National Mine Action Committee (NMAC) and it appears on YEMAC monthly reports to various actors in the country. The draft strategic plan 2002-2012 of the Ministry of Social Affairs	**Objectives:** ▪ Develop a nation-wide landmine surveillance system in 2006. ▪ Visit, interview and register all survivors in the affected communities.

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	and Labour (MoSAL) indicates that in 1999 the total number of disabled persons in Yemen was 655,145; 58 percent were male and 42 percent female. Of the total, 68 percent of disabilities were as a result of wars and unsafe working conditions.	
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	**Status:** There is nearly always a first aid clinic with trained first aid practitioners available in all the affected communities or in the neighbouring community. In all cases there is a major governorate hospital with trauma specialists available. Seldom do health facilities in mine-affected areas have adequate infrastructure, equipment and supplies. Nearly always, there is access to medication to relieve pain. In all cases, the person injured by a landmine has access to safe blood transfusions from their relatives at the governorate hospital. Mine casualties are nearly always evacuated by personnel or a vehicle (when possible) to a first aid clinic. An average time to evacuate injured persons to a first aid clinic is 30 minutes. In all cases, vehicle transportation is available to evacuate injured persons to the nearest major hospital, which takes between one to two hours from the time of the accident. Trauma surgeons and specialist doctors are only available in major hospitals. In all cases, amputation and other trauma surgery is available in major governorate hospitals. Typically, it takes up to one hour to get the injured person ready for surgery. MoPHP, with its international	**Objectives:** ▪ Provide and cover the cost of emergency medical services to all landmine casualties in the country and provide ongoing medical care to approximately 2,000 survivors by 2009, serving 500 survivors per year. ▪ Provide assistive devices such as crutches, wheelchairs, prosthetics, eye glasses, hearing aids, medical shoes, et cetera. ▪ MoPHP to evaluate, in 2006, the health infrastructure, equipment and supplies in health facilities to determine if they are adequately supplied. ▪ MoPHP to identify ways and means to improve the health infrastructure, equipment and supplies in health facilities found to be inadequately supplied. ▪ Improve coordination and cooperation in the field with survivors, clinics, hospitals,

	counterparts, is conducting training in the care of traumatic injuries and other related issues on a regular basis. Access to corrective surgery, including cleaning of projectiles, debridement, pre-prosthetics re-modelling of stumps and report of damage to organs is nearly always available in all major hospitals and major cities. There is fairly regular access to rigid materials to prepare negative moulds of stumps following surgery. There is nearly always access to eye care, auditory medical care and other specialized surgical and medical services in major hospitals in major cities. All basic assistive devices (wheelchair, crutches, orthopaedic shoes, hearing aids and eye glasses) are made available at the medical services. YEMAC provides these from its victim assistance budget. Survivors are nearly always referred to rehabilitation services by the medical services. No individuals are denied the right to services due to cost. YEMAC reimburses the cost of emergency medical care for mine casualties. This is well known by the people and major hospitals in Yemen. In all cases, services are available to men, women, boys and girls. There is some country-wide coordination involving all relevant actors including YEMAC, landmine survivors, hospitals and prosthetic centres through the MoPHP, as well as donors.	and other relevant actors.
Part 3: Physical rehabilitation		
Goal:	**Status:**	**Objectives:**

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To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Landmine survivors nearly always have access to post acute rehabilitative care, including prosthetics, orthotics and physical therapy. These are provided by the major hospitals and the MoPHP prosthetic centres in major cities such as Sana'a, Aden, Taiz, Hodaida and Mukalla. These centres cover most of the country. The cost of services is paid for by YEMEC. Landmine survivors nearly always have access to replacement and adjustment services for assistive devices. Nearly all are trained in methods of self care and maintenance. Those assisting survivors are trained in physical therapy and the training is available in the country, provided by Handicap International Belgium and the MoPHP. Rehabilitation workers are not available in mine-affected areas. However, it is felt that there is not a need for such expertise on a community level as centres in major cities provide sufficient assistance. Nearly always survivors and their families are involved in the planning of rehabilitation interventions. In all cases, services are available to men, women, boys and girls. There is some country-wide coordination, particularly among NMAC, YEMAC and the hospitals and MoPHP rehabilitation centres.	▪ Provide physical rehabilitation support to 500 landmine survivors per year and to 2,000 mine survivors by 2009. ▪ MoPHP to undertake an assessment (starting in 2006), with assistance from YEMAC, to determine if the rehabilitation needs of mine survivors are being met.
Part 4: Psychological support and social reintegration		
Goal:	**Status:**	**Objectives:**

To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	There are counselling clinics available in Sana'a and Aden. However, landmine survivors are not provided counselling service in the hospitals. Support is provided by the family. The draft strategic plan 2002-2012 of MoSAL indicates that "most disabilities lead to psychological problems such as feeling unsafe, depression, scariness and instability." However, currently no government bodies or ministries provide counselling services to survivors. YEMAC has not dealt with issues relating to psychological support for mine survivors nor does it have the budget to cover the cost of counselling services. Children disabled by landmines nearly always have access to integrated education in their communities.	▪ Determine what counselling services are needed and how these services could be realistically and appropriately established.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	**Status:** YEMAC established the Yemen Association for Landmine/ERW Survivors (YALS) in 2004. This association is run and managed by landmine survivors with technical assistance provided by YEMAC and financial support provided by the Government of Japan. This association has started to provide 100 survivors (men and women) with training in stitching, handicrafts, management of a telecommunications centre and propane gas selling. Once the training is completed the association will assist survivors to establish small enterprises in their communities in order to reintegrate them into society. Once this group is reintegrated another group will be trained.	**Objectives:** ▪ Economically reintegrate 500 survivors by 2009, by providing training and establishing small enterprises. ▪ Establish six vocational training centres for the disabled, as part of Yemen's 2nd Socio-Economic Plan, bringing the total number of centres to 15.

	There are vocational training centres across the country (in major cities) run by MoSAL where all persons with disabilities, including landmine survivors, have access to counselling services to assist them in establishing a vocational rehabilitation plan that is practical and realistic. The Government of Yemen has passed a law to allocate 5 percent of total jobs to persons with disabilities in all sectors of government employment. Mine survivors nearly always return to their prior occupation if that is their wish and if they can do so. Yemen's poverty reduction strategy (PRSP) includes rehabilitation of the disabled and the establishment of training centres for the disabled, and making available the necessary equipment to enable them to integrate in society and undertake economic activities.	
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	**Status:** The Government of Yemen has comprehensive legal protection for persons with disabilities which is enforced and monitored by the national committee for disabled persons. Article 24 and Article 55 of the Constitution of the Republic of Yemen affirms the rights of equality and equal opportunities and the right to social security. Article 5 of the 1999 Act 61 on the care and rehabilitation of the	**Objectives:** ▪ Implement the MoSAL five year strategic plan for persons with disabilities once it has been approved by the office of the Prime Minister. ▪ Raise awareness among persons with disabilities on their rights.

	disabled states that according to individual needs, persons with disabilities are entitled to benefits including welfare, special equipment, education, rehabilitation or training and suitable employment, tax exemption, concession rates on public transport, exemptions from customs duty on any product needing to be imported to assist with their disability and access to mobility in public places. Article 11 outlines the right to all levels of education, and article 21 ensures the right employment in accordance with disability. On 23 January 2002, Presidential Law Number 2 establishing a care and rehabilitation fund for the disabled came into effect. The fund intends to cover the costs of immediate medical care in hospital. The government has mandated that persons with disability are exempt from paying tuition in universities, and schools are required to be more accessible to persons with disabilities. However, it is unclear to what extent these laws have been implemented. There are several associations for persons with disabilities that have been legally established and are supported by the government of Yemen, including the association for deaf and blind and the association for landmine survivors. All the associations for persons with disabilities operate under MoSAL which has provincial offices in all governorates in Yemen. The government of Yemen through MoSAL supports associations for disabled persons by providing legal authority and limited financial assistance. There is a national committee for persons with disabilities chaired by the Prime Minister of Yemen with members from various associations and ministries including the Minister for Social Affairs and Labour.	

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	This committee meets every quarter to discuss issues of interest. A law to ensure access by persons with disability to buildings, public spaces and transportation is under consideration. Landmine survivors and other people with disability can formally lodge complaints through their respective legal associations to MoSAL and to the Prime Minister of Yemen.	