



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

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**INTERSESSIONAL PROGRAMME 2003-2004**

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

**Meeting Report 10 February 2004**

**I. Introduction**

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

**II. Overview of the Status of Implementation**

The Co-Chairs stated that the main aim of the meeting was to give more time for States Parties with mine victims to report on victim assistance in their countries. They noted that it would be useful to know the challenges the mine-affected States Parties face regarding victim assistance and how they are addressing these challenges, including through the establishment and implementation of relevant laws and public policies. In addition, the Co-Chairs noted that it will be useful to hear from donor States and relevant organizations regarding their support for victim assistance, including through regional approaches and specific economic reintegration efforts.

**III. National updates on implementation**

Twenty-one (21) mine-affected States Parties provided updates on the problems they face, and their plans, progress and priorities for assistance pertaining to the responsibility to provide for the care, rehabilitation and reintegration of landmine survivors: Afghanistan, Yemen, Algeria, Colombia, Burundi, Bosnia and Herzegovina, Senegal, Zimbabwe, Uganda, Rwanda, Namibia, Belarus, Peru, Cambodia, Serbia and Montenegro, Albania, Angola, Mozambique, El Salvador, Sudan and Eritrea. These updates are contained in an Annex at the end of this report.

The Co-Chairs noted that these States Parties had indeed raised the issue of victim assistance from different angles. They noted that some countries are still in a conflict situation and have to cope with different types of problems. Some countries have small numbers of victims while others have hundreds or thousands. The level of services also differs enormously, since the state of national development varies. The Co-Chairs further noted positive developments including that many of the presenting countries had conducted surveys and thereby understood more about the nature and extent of their problems. They also noted that most countries had some kind of social and physical assistance for survivors.

For its part, the ICBL noted that the overwhelming participation in the meeting by mine-affected States Parties demonstrated increased interest in the issue of victim assistance. It also noted the constructive approach taken by many States Parties in setting priorities and communicating their needs for resources. The ICBL furthermore suggested that the SCVA in the lead-up to the Review Conference look more closely at the problems, plans, progress and priorities for assistance of the following 20 countries where the greatest need appears to exist: Afghanistan, Angola, Bosnia-Herzegovina, Cambodia, Chad, Colombia, Croatia, Democratic Republic of the Congo, Eritrea,

Mozambique, Sudan, Yemen, Albania, Burundi, Nicaragua, Serbia and Montenegro, Senegal, Thailand, and Uganda.

#### **IV. Updates on assistance and cooperation**

The Co-Chairs provided an opportunity for donors and relevant organizations to provide updates on their particular approaches to ensuring that resources are provided to support those States that need assistance. The following States Parties and organizations took the floor under this item:

**Canada** outlined its integrated approach in providing dedicated resources for projects and programs addressed to all who have been affected by landmines. Canada is currently working towards new agreements for support of mine victims in Uganda, Sudan, Senegal, Eritrea, Mozambique, Laos, Cambodia and Colombia, among others. Some of these will be supported under Phase II of the Canadian Landmine Fund and ongoing efforts will be undertaken to mainstream mine action into the normal operations.

**Sweden** reported that its victim assistance efforts are managed through the Swedish International Development Agency (SIDA). It does not keep track of the exact amount given to victim assistance as it is integrated into broader programming. It is working on means to promote social reintegration, including through the creation of an ombudsperson for persons with disabilities. There is also a need to promote a rights-based approach to ensure equal opportunities for persons with disabilities.

**Japan** noted that victim assistance is a part of its initiative to promote human security, which is emphasized in the recently revised Official Development Assistance Charter of Japan. Japan also stressed the need for a comprehensive approach in addressing the needs of landmines survivors, particularly an approach closely related to poverty reduction. It stated that sustainable development cannot be achieved without socio-economic reintegration of landmine survivors.

**Norway** expressed the view that the main responsibility for victim assistance lies with the mine-affected States themselves and has to be integrated into national health, economic and social reintegration plans. Nevertheless, Norway recognizes its crucial role in contributing to victim assistance and thus for several years more than 20 percent of its annual mine action funding has been dedicated to victim assistance programs. In 2003, Norway contributed about US\$ 6 million to victim assistance. Norway's main partners are the ICRC, Handicap International and the Landmine Survivors Network. Support is also given to the Norwegian NGO Trauma Care Foundation.

**The Holy See** stated that the plight of victims of anti-personnel mines should take a prominent place at the Review Conference. It noted that landmine survivors have the right to be effectively associated in the elaboration and implementation of both rehabilitation and socio-economic re-integration policies. In addition, it stated that we must not forget the victims who will need a sustained national commitment and renewed international solidarity for many years.

**Mexico** stressed it was crucial to maintain the focus on victim assistance in advance of the First Review Conference. It indicated that it is vital that adequate technical and financial resources continued to be provided beyond 2009. It is also important to base the implementation of projects taking into account the 4Ps (i.e., problems, plans, progress and priorities for assistance). Mexico also noted the support it had given to the establishment of a convention on the rights of persons with disabilities.

**Denmark** along with **DanChurchAid** reported on their approach to victim assistance, which began with efforts in Cambodia in the early 1990s. It was noted that DanChurchAid has been involved in physical rehabilitation, capacity building, economic reintegration, food security, human rights and village rehabilitation. It highlighted the importance of working in partnership with local authorities and local and international NGOs to holistically address the needs of the population.

**UNICEF**, on behalf of the United Nations system, outlined the need for new legislation to address the rights of mine survivors within the wider context of disability. It reported on efforts to establish a new international convention on the rights and dignity of persons with disabilities, which would recognize that positive measures must be taken to ensure that the rights of those with disabilities are respected and that violations are addressed. The key UN mine action agencies are supporting this process.

The **ICRC** underlined that special emphasis must be given to victim assistance issues. It highlighted its long history in supporting physical rehabilitation efforts and expressed that physical rehabilitation in particular requires a long-term commitment.

## **V. Updates on Regional Victim Assistance Initiatives**

The Co-Chairs provided an opportunity for updates by those involved in supporting regional victim assistance efforts. The following actors made presentations or provided updates:

The **International Trust Fund for Demining and Mine Victims Assistance (ITF)** reported on ITF-support victim assistance efforts, including the rehabilitation of survivors at the Institute for Rehabilitation in Slovenia and at centres in Bosnia and Herzegovina, support for specialized training, and support for initiatives undertaken by actors such as the Landmine Survivors Network, VVAF, Croatian Mine Victims Association and Handicap International. It noted the ongoing project Self Help and Advocacy for Rights and Equal opportunities in South East Europe (SHARE-SEE), which intends to enhance the disability movement in the region.

The **Organization of American States (OAS)** focused on its role in strengthening victim assistance in the Americas. It mentioned its involvement in events like the Landmine Awareness Festival in Miami in January 2004 and the Regional Seminar on Mine Action in Quito in June 2004. It highlighted progress made in the Americas and reported on an OAS supported effort to provide mine victims with holistic assistance, with one example being the Nicaraguan Program which covers over 90 percent of the victims. It noted that more than 17 percent of these victims have progressed through a nine month technical training program.

**Nicaragua** stressed its commitment to regional victim assistance initiatives, with one example being the Program for Assistance to the Demining Process in Central America, funded by the OAS and implemented for the National Demining Commission. This has benefited 106 out of 710 landmine survivors with technical capacity and with tools and equipment to facilitate their process of socio-economic reintegration. It was also announced that the Central American region is currently working on the design and formulation of a Central American Program for Integral Attention to Landmine Survivors, which will need the support of the international community in order to be implemented. **Honduras** expressed its support, particularly regarding the need for resources from the international community to implement this regional initiative.

## **VI. Matters of a thematic nature related to implementation**

### ***A. Economic Reintegration***

The Co-Chairs invited actors involved in specific economic reintegration initiatives to share their successes, good ideas and lessons learned:

**Jesuit Services Cambodia** presented on initiatives in Cambodia, noting that while economic reintegration continues to be a difficult task, landmine survivors in Cambodia have developed a 12-point plan which includes employment or income-generation as a high priority. It was noted that NGOs in Cambodia have for the most part followed either a disability approach or a rights approach, with examples of each provided.

**Handicap International (HI)** highlighted a project on social credit for vulnerable and disabled persons, which aims to: identify social actors and beneficiaries; propose a specific

process for vulnerable people (counseling, monitoring and training); provide loans and grants, as well as access to micro credit; and, progressively bring persons with disabilities to normal economic conditions. Outcomes of the project are: a recovery rate of 95 percent; daily net income growth per beneficiary of 6.5 percent; 70 people following vocational training; 117 persons having passed through the 4 cycles; and, access to micro credits by 24 beneficiaries.

**Albania** reported on an initiative which was set up in 2003 with funding through the ITF for the development of household economies among families of victims in Albania. It was noted that each family is allocated livestock on loan and is trained and assisted.

Aleksander Kecman, on behalf of **Raising the Voices** initiative, stated that economic rights are contained in existing international instruments, including the Universal Declaration of Human Rights and the United Nations Standard Rules on the Equalization of Opportunities. It was also noted that a draft convention on the rights of persons with disabilities has an extensive article on economic integration. Raising the Voices urged governments to make the recommendations of the Standard Rules binding national laws and that they participate in the development of the draft convention on the rights of persons with disabilities. Specific recommendations were also made regarding how States can act to ensure an equalization of opportunities on matters consistent with economic reintegration.

### ***B. Accessibility***

Kostyantyn Antoshchuk on behalf of **Raising the Voices** initiative stressed the need for landmine survivors to live as equal and independent citizens. In this context, it was noted that access can help to ensure these goals, particularly accessibility to infrastructure, transportation, buildings, private homes, communication, etc.

### ***C. Enhancing cooperation between providers of prosthetics and orthotic services***

The ICBL provided an update on ongoing discussions intended to improve coordination between international actors involved in prosthetics and orthotics.

## **VII. Other matters**

The participants from Eastern Europe and the Former Soviet Union of the **Raising the Voices** programme were introduced. The SCVA was reminded that the programme exists to help empower landmine survivors to become active in creating positive change at national and international levels.

## **VIII. Conclusions**

The Co-Chairs concluded by stressing that the SCVA had highlighted that the prerequisites for independence and reintegration are training and employment, and hence the need for such matters to be integrated in national development plans. It was also noted that the SCVA underlined that rehabilitation and reintegration was a matter of human rights, which demands collective efforts and initiatives to build partnerships involving stakeholders such as land mine survivors, NGOs, the private sector, governments and the international community. The Co-Chairs noted with appreciation the progress made regarding victim assistance and the steps taken by those in a position to do so to assist mine-affected countries in fulfilling their responsibilities.

**Annex to the Report of the 10 February 2004 Meeting of the  
Standing Committee on Victim Assistance and Socio-Economic Reintegration**

**Summary of National Updates**

**Afghanistan**

**Problems faced:** Afghanistan is one of the countries with the largest numbers of victims, with the rate of new victims at approximately 100 per month. Providing assistance is difficult for communities, particularly given the context of a poor health infrastructure and a large geographic area.

**Plans and progress:** A national governmental infrastructure reform is ongoing to help survivors. The Afghanistan Hospital Network and ICRC contribute with emergency and continuing medical care. With respect to physical rehabilitation and prosthetics, a number of organisations provide prosthetics and ongoing care including AABRAR, Guardians, Handicap International, ICRC and others. For psycho-social care, a whole range of organisations is involved. Concerning economic reintegration, AABRAR, ICRC and the Physiotherapy and Rehabilitation Support for Afghanistan are engaged.

**Laws and public policies:** The main responsibility is with the Ministry of Martyrs and Disabled, with support from the Comprehensive Disabled Programme for Afghanistan (CDAP), UNMAS, UNICEF and other implementing organisations. Legal reforms are needed. A consultative group structure has been established under the Afghanistan Development Forum (ADF), recognising that victim assistance is a cross-cutting matter

**Priorities for assistance:** There is a need for capacity building and for comprehensive disabled assistance as well as for economic reintegration, vocational training and employment support.

**Albania**

**Problems faced:** Since 1999, 27 people were killed and 220 injured by mines and UXO in north-eastern Albania, with the last case in July 2003. Of these 39 percent are children. Approximately 400 people were injured by explosive remnants of war around the "Hot Spots" countrywide since 1997.

**Plans and progress:** In Albania all victim assistance is co-ordinated by UNDP and AMAE while economic rehabilitation is implemented by a local NGO (VMA). Three prostheses technicians, one physiotherapist and three surgeons were trained with ITF and Slovenian Rehabilitation Institute support. A modern orthopaedic surgical capability is being established at Kukes Hospital with State Department funding through the ITF. Fourteen victims were treated and prosthesis fitted in Albania with ICRC assistance. Eighty-two victims received advanced prostheses at the Slovenian Rehabilitation Institute with ITF assistance since 2001. A revolving fund has been established, with US funding through the ITF, for the development of household economies among families of victims in north-eastern Albania. Forty families will have benefited by the spring. The budget for victim assistance is US\$ 350,000. With ICBL assistance, a broad integrated victim assistance strategy was adopted in Albania. The aim is to build a sustainable Albanian mine action capability by 2005. The objectives of the strategy are ambitious and include efforts in the areas of prosthetics, rehabilitation of sight impaired victims, and economic reintegration through micro-financing.

**Algeria**

**Problems faced:** Algeria has a large number of people affected by mines and unexploded ordnance. Mines and UXO were laid during the war of independence (1954-1962) and by colonial states on the eastern and western borders, in addition to home-made devices laid by terrorist groups.

**Plans and progress / Laws and public policies:** A new National Council for Disabled Persons has been established under the auspices of the Ministry in charge of social protection. According to the Social Code, the mine victims and other disabled people have the right to specialised help, medical equipment and access to assistive devices. Survivors and other disabled without revenue have the right to social aid provided by the government. They also have the right to free transport or price reduction on transport, tax reduction on specialised vehicles, and social housing. The Council gives advice to victims' families. Algeria has specialised schools for disabled persons. Reintegration is guaranteed through adapted work. Every employer has to dedicate at least 1 percent of postings for

disabled persons or pay a special tax for the protection of disabled persons. The national insurance costs are 50 percent lower for disabled people. Algeria has adopted legislation on pensions for victims as well as legislation on protection and promotion of the victims. The objective is not only to reduce the suffering of the survivors but also to give them means in order to live a normal life.

## **Angola**

**Problems faced:** The number of landmine victims in Angola has grown considerably due in large part to the return of displaced persons. It is estimated that there are around 80,000 landmine survivors. The Survey Action Centre will carry out an evaluation on the economic and social impact of landmines and their effect on the population. This evaluation, together with other evaluations of the situation of the mine victims, will permit the identification of victims in remote areas of the country.

**Plans and progress:** In Angola there is no difference between landmine victims and other disabled persons. With this in mind, the government created a national program for the integration of people with physical disabilities. Orthopaedic centres exist in some provinces of the country. There is an established a multi-sector co-ordination group focusing on the challenges of the persons with disabilities. Schools with specialised and integrated education exist. International organisations are working in the sector for physical rehabilitation in Angola. There is still a need for financial decentralisation, better cooperation between the actors, overcoming difficulties in registering persons with disabilities, increasing the quality of services available and improving logistical support.

**Laws and public policies:** The constitution provides for equal rights for all citizens without discrimination. The general objective of the National Program of Integration of People with disabilities is to guarantee a person with disabilities a life with dignity. Specific objectives of the program are to adapt the local and central structures of the state and to promote a socio-economic reintegration of a person with disabilities.

**Priorities for assistance:** International help is crucial to overcome the following matters which are relevant to mine victims and persons with disabilities: family reintegration and social integration; medical assistance and medicines; housing and personal domestic items; psycho-social follow-up; information about the deficiency and inequality of opportunities; recognition of the value of the persons with disabilities in society; and, the need for resources for their participation in economic, social and cultural life.

## **Belarus**

**Problems faced:** The number of landmine victims is presumably minimal, with most cases the result of unexploded ordnance from the First and Second World Wars.

**Plans and progress:** It was reported that Belarus has a system of medical, social, and economic protection with regard to persons with disabilities, including mine victims. The system includes a network of medical establishments of the Ministry of Health and the Ministry of Defence with a number of qualified specialists. The hospitals guarantee medical assistance to mine victims during different stages of treatment. The Ministry of Labour and Social Protection ensures medico-social and professional rehabilitation. The main agency in this sphere is the Belarusian Prosthetic Centre in Minsk with its branches throughout the country.

**Laws and public policies:** The legal framework of assistance and reintegration includes a number of laws. The Government of Belarus enacted a special Support Programme aimed at people who suffered in armed conflicts. The Ministry of Labour and Social Protection of Belarus has a bilateral agreement with Germany on co-operation in the sphere of professional reintegration of persons with disabilities.

## **Bosnia and Herzegovina**

**Problems faced:** According to the only available data, there were more than 4,800 landmine and UXO victims since the beginning of the war in 1992 and 1,470 victims since the end of the war, of which 360 children were children.

**Plans and progress:** Since 1997, various victim assistance programs and projects have been implemented. The Landmine Survivors Network has conducted six projects which have included home visits, interviews and first contact with survivors. Several international NGOs and governments

have contributed to victim assistance, including “Hope 87”, Japanese International Co-operation Agency, Austria, and the Slovenian Institute for Rehabilitation. During 2004, HI, in co-operation with UNICEF, plans to implement the project “Research of mine victim assistance”. The aim is to collect information needed for planning of further activities in this field. On the basis of the results, a long-term strategy for victim assistance will be developed. In 2004, a database will be established.

**Laws and public policies:** Legislation to cover care and assistance for disabled persons is not yet in place. The existing legislation defines only rights of civilian victims and disabled veterans.

## **Burundi**

**Problems faced:** Burundi has a large number of mine victims, with several dozen new victims each year. It is difficult to give an exact figure, although UNICEF recorded 203 survivors in 2001-2002. The contaminated areas are situated in four provinces, corresponding to the combat zones around the capital and on the Tanzanian border. Recently there has been a decrease in the number of new victims due to the recent cease-fire. The health system has deteriorated since 1993.

**Plans and progress:** Burundi possesses nine physical rehabilitation centres. HI Belgium is conducting a programme to assist persons with disabilities. There are two associations for support of war victims in the country, and one association for persons with disabilities. Furthermore, there are four professional reintegration centres. The army offers vocational training for victims of war.

**Laws and public policies:** There is no specific legislation for the protection for persons with disabilities in Burundi. However, special social provisions exist. In the cease-fire of December 2002, the agreement highlighted that the victims of war should be given special attention.

**Priorities for assistance:** It was reported that the government does not have the capacity to meet the needs. Burundi requires assistance in a number of areas, including determining the exact number of survivors, the nature of their needs, and support of social and economic reintegration.

## **Cambodia**

**Plans and progress:** The Cambodian Mine Action and Victim Assistance Authority (CMAA) has delegated the co-ordination responsibility on victim assistance to the Disability Action Council (DAC). In 2003, priorities for the CMAA include: integrating a victim assistance strategic plan into the five year mine action plan; developing a NGO network to deliver services to survivors; continuing to participate in regional meetings and seminars; developing a pilot project on the socio-economic development of mine-affected villages; collecting relevant data; and, establishing a reporting framework.

## **Colombia**

**Problems faced:** Many civilian victims have resulted from the use of mines by armed non-state actors. Mine accidents are frequent and serious. More needs to be done for the rehabilitation of mine victims. On the medical side, there is a need for facilities, emergency infrastructure in the rural areas, and qualified people. Economic reintegration must be addressed.

**Plans and progress:** The National Development Plan of Action comprises several components, including reintegration. The National Development Plan has an operative, decentralised approach. Colombia has been assisted by several actors including Switzerland, OAS, ICRC, UNDP, IOM, UNICEF, and the GICHD, and has started consultations with the EU and the USA.

**Laws and Public Policies:** The definition of affected people should be broadened, to ensure mine victims to have their rights recognised, to be involved in policy, and to ensure active treatment.

## **El Salvador**

**Problems faced:** There are between 35 and 70 mine victims, mostly from rural areas. It was underlined that there is a need for prosthetics to be adjusted to the warm climate of El Salvador.

**Plans and progress:** Rehabilitation programmes exist. These programmes have, however, a long-term perspective, meaning high costs. Not everyone has access to these programmes.

**Priorities for assistance:** It was emphasised that international support is crucial to solve the complex problems faced by the mine victims.

## **Eritrea**

**Problems faced:** There has been no survey conducted to assess the needs of the landmine victims. Mines are limited to the border between Eritrea and Ethiopia. The rural population is the most affected.

## **Mozambique**

**Problems faced:** There is limited information about mine victims. Since mine action started in 1992, about 2,300 victims have been registered. Of those, only a minority have benefited from victim assistance programming.

**Plans and progress:** It was reported that there are 60 physiotherapy services, 10 orthopaedic centres, and 10 transit centres specifically designated to host those handicapped undergoing treatment. The current programme of victim assistance (conducted by Landmines Survivors Network) covers areas such as physical rehabilitation, vocational training and provision of tools for mine victims to conduct their own business, as well as moral support between the mine victims themselves. Out of the 321 assisted mine victims, only 12 have been declared as no longer in need of assistance as they were considered fully rehabilitated and able to conduct a normal life. Mozambique has raised with LSN the question of expanding its activities to other provinces and work is underway to meet this end.

**Priorities for assistance:** It was reported that if more financial support was provided more organisations would be in a position to support landmine survivors, such as the World Rehabilitation Fund. Such support would be geared towards socio-economic reintegration as well as to ensure maintenance work and / or distribution of prosthetics.

## **Namibia**

**Plans and progress:** Landmine casualties receive emergency medical treatment from local health centres in the mine-affected areas, whereas the most injured persons are transferred by state ambulances to Windhoek Central State Hospital. Rehabilitation Centres with prosthetics and psychological support exist.

**Laws and public policies:** Depending on the degree of victimisation, landmine survivors receive assistance and monthly pensions from the Ministry of Health and Social Services.

## **Peru**

**Problems faced:** The National Commission for Action Against Mines continues to develop a comprehensive registry of landmine victims. While this effort continues, they rely on the information available from the ICRC. According to the ICRC, between 1992 and 2003, there have been 198 landmine accident cases. Most of the mine victims are poor people in rural areas. To be able to develop an adequate policy for survivors, it is necessary to find out who the victims are.

**Plans and progress:** It was reported that all public health establishments in the country are able to give emergency aid. The state hospitals are able to provide trauma care and can give attention to patients affected by mines. Health insurance exists, but does not include rehabilitation. The National Rehabilitation Institute offers a program for physical and psychological care, and training. The services are not free. The institute is situated in Lima, meaning that the access is difficult for people in the rural areas. The CEFODI Centre trains persons with disability in diverse trades. Peru has received support from the Red Cross to set up a pilot vocational training programme.

**Laws and Public Policies:** There are laws to ensure socio-economic reintegration the socio-economic reintegration of persons with disabilities. Disability is to be integrated in all development plans.

**Priorities for assistance:** There is a need to strengthen reintegration activities.

## **Rwanda**



**Problems faced:** Despite the achievements on victim assistance, there is much to be done that requires inputs from others.

**Plans and progress:** Four hospitals and one local NGO produce crutches and artificial limbs.

**Laws and public policies:** The Rwandan Government has adopted its new constitution, including special laws emphasising special treatment to persons with disabilities. They are now represented in the national parliament and in other decision making organs. Article 76 of the new constitution provides for a permanent seat of an elected member of the disabled community.

**Priorities for assistance:** Existing prosthetics workshops need more support especially through the training of physiotherapists and technicians.

## Senegal

**Problems faced:** Senegal is exposed to mines in the south of the country due to conflict in the 1990s. Handicap International reports every year on the number of victims. Since 1996, 643 survivors have been registered. The number of new victims has decreased over the years, with a peak in 1998 (198) and 20 new mine victims in 2003. Most of the victims are soldiers.

**Plans and progress:** Victim assistance is conducted through: individual assistance, socio-economic reintegration and follow-up of victims individually. The hospitals have limited resources, but were recently offered new equipment. Orthopaedic centres exist in the most affected regions. The government sends specialists to these hospitals. There has been success in the reintegration of the survivors. Training courses have been conducted for different vocations. In 2002, kits of medical equipment were distributed to disabled people, including survivors. HI has conducted micro finance projects. Vocational training of disabled people is in place. A vast programme of reconstruction of socio-economic structures is being implemented. The World Bank is carrying out an overall survey with respect to demining and economic rehabilitation of the region. There are plans for setting up demining centre, putting in place an income generating mechanism. The mine victims have constituted associations, joining with organisations that work in the area of rehabilitation.

## Serbia and Montenegro

**Problems faced:** According to data for the period 1992 to 2000, 1336 persons were injured and 24 killed. The total number of victims, particularly civilian ones, increased since 1999. According to the Ministry of Internal Affairs, in southern Serbia in the period from 10 June 1999 to 31 December 2003, 21 individuals were killed and 66 injured, with 50 percent the result of landmines and UXO. The Red Cross of Serbia and Montenegro reports that there were 49 civilian victims of landmines in the 1999-2002 period, as many as 22 of them children and 22 persons under 40. The greatest number of landmine victims comes from displaced persons from Kosovo and Metohija, from the municipalities of southern Serbia and from refugees from Bosnia and Herzegovina. The quality of emergency and continuing medical care of mine and war material sounds deteriorated significantly in the wake of the disintegration of the former Socialist Federal Republic of Yugoslavia. The situation in which the entire emergency medical aid sector has found itself, including the treatment of landmine victims, calls for urgent attention and reform.

**Plans and progress:** The Institute of Prosthetics and Orthopaedics of the Republic of Serbia is the relevant institution which co-ordinates rehabilitation and psychological and social support. It is a specialised institution for the post-operative treatment of the wounded, using modern methods of prosthetic rehabilitation of patients whom had their limbs amputated through a phase-structured programme. The medical teams include physiotherapists, prosthetists, orthopaedists, nurses, psychologists, psychiatrists, speech therapists and social workers. Out of the total number of patients treated in the Institute for injuries sustained in war, one third (420) are victims of mines. The Institute is, however, hampered in its work by the lack of foreign prosthetics and orthopaedic aid components. The Ministry of Labour and Employment is the responsible institution for job placement and vocational training of landmine victims. The National Employment Service devises programmes of vocational training and job placement for disabled persons who fall into three categories: civilian victims of war, military personnel disabled in war and military personnel disabled in peace-time.

**Laws and Public Policies:** The National Service for Upholding the Principle of Positive Discrimination is responsible for vocational training and job placement of disabled persons. These

persons benefit from affirmative action with respect to inclusion in vocational training and job placement programmes. Employers are given incentives to employ disabled persons through employment project programmes. The National Employment Service participates in the payment of wages and salaries to disabled persons up to 80 percent of the 12-month wage average in the Republic. Tax breaks are also provided for the employment of disabled persons. The existing Law on Medical Protection and Health Insurance from 1992 would consider that landmine victims are included in the category of persons with disability and hence entitled to rights to rehabilitation, orthopaedic aids and material benefits. Even the uninsured handicapped and disabled persons enjoy the same rights accorded insured persons thanks to funds from the state budget. To provide a more effective treatment to persons with disability, a Law on Training and Job Placement of Disabled Persons, expected to enter into force in 2004, is to be adopted in Montenegro.

**Priorities for assistance:** Fresh funds are needed to implement the Law on Training and Job Placement of Disabled Persons. In addition, there is a great need for expert and technical assistance, equipment and the training of medical staff, as well as for medical supplies and treatment aids.

## Sudan

**Problems faced:** The ongoing peace process has contributed to increased cross line exchange of information about mine victims and accidents.

**Plans and progress:** There are several international organisations in Sudan supporting victim assistance, including the ICRC and national NGOs. Five governmental operating centres exist in Neyala, Kadugli, Kassala, Juba and Khartoum, providing vocational training and prosthetics assistance to disabled persons, including mine victims. In addition, military hospitals provide injury treatment for mine victims.

**Priorities for assistance:** Sudan needs national capacity building, evacuation facilities and a data base.

## Uganda

**Problems faced:** Three districts in the north-west contain the most affected areas. Only two incidences were reported by the end of 2003 in two districts in the east and there have been no reports of injuries in two districts in the west. Between July 1998 and May 2003 1,183 amputees have been identified, with 323 (27.3 percent) due to landmines. War is the cause of 51 percent of the disability cases recorded during this period with landmines making up 49 percent of these war trauma cases. Challenges include the need for comprehensive socio-economic rehabilitation, follow-up with amputees in the community, and providing sustainable services to landmine victims.

**Plans and progress:** Of the 1,183 identified amputees, 629 have been fitted with prostheses of which 221 are landmine survivors.

**Laws and public policies:** There is need for disability policy and council implementation. Advocacy on the needs of mine survivors is necessary as these needs can be overlooked in the context of a country facing many serious challenges (e.g. AIDS/HIV, malaria, reproductive health, et cetera).

## Yemen

**Problems faced:** In the period May 2000 to December 2003, 392 victims were reported. Most of the victims are poor people.

**Plans and progress:** Yemen has established a National Mine Action Committee, with an Executive Mine Action Centre. The Centre has set up a program related to assist the survivors in field evacuation, it is paying all the medical costs, the Centre follow-ups the case and provides all needed assistance, and it provides artificial limbs and other mechanical equipment. The Centre also assist the survivors in reintegrate in the productive sector, through teaching any profession, opening small businesses, establishing association for the survivors and support the NGO work in this field. Finally, the Centre makes sure the survivors are included in the social affairs lists (which is, according to the representative, is not really worth mentioning).

**Priorities for assistance:** Yemen reported needs in medical training in proper procedures for immediate trauma care for mine victims, surgical training in proper techniques to save the limb if

possible or best practice for amputation. Yemen requested other countries to accept evacuation to medical facilities for the most difficult cases (e.g. the medical gate to Tuscany, Italy). Physical therapy equipment was also requested.

## **Zimbabwe**

**Problems faced:** The most affected areas are remote, with difficult access. The follow up with victims is very poor. Information on new mine victims are mostly reported from National Demining Database Teams and press and other reports received from the police. Reports reach the authorities very late, sometimes the victim will have died.

**Plans and progress:** Generally, Zimbabwe has good medical facilities but access to these centres by victims tend to take too long, resulting in some people dying on the way to hospital. Some of the medical centres are not well equipped for mine injuries. Although emergency medical care and initial artificial limbs are provided free by government, continued or follow up medical care and replacement of these is normally a nightmare for a poor people who often abandon attempts due to lack of information, money and resources. The government provides the initial prosthetics and crutches, thereafter it is at the victim's expense to replace them. Currently Zimbabwe does not have a database that brings together survivors and provide information readily. The land mine survivors have not established an association under the National Association of Societies for the Care of the Handicapped. The Mine Action Centre desires to see that the landmine survivors come together and form such an association or network.

**Laws and public policies:** Zimbabwe has laws and policies that govern and promote the effective treatment, care and protection of all disabled citizens. There are, however, no separate or additional laws and policies that apply specifically to land mine survivors. The intention of the Mine Action Centre and the government is to empower the victims themselves to advance further their economic, social and physical interests by coming together and sharing information and experiences.

**Priorities for assistance:** Zimbabwe appealed to the donor community to come to the assistance of the victims to fund the existing plan for mine victim assistance in Zimbabwe.