



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

## INTERSESSIONAL PROGRAMME 2002-2003

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

#### Meeting Report 13 May 2003

#### I. Introduction

Pursuant to the decisions of the Fourth Meeting of the States Parties to the Convention, the meeting of the Standing Committee on Victim Assistance and Socio-Economic Reintegration (SCVA) was convened by its Co-Chairs, Ambassador Gérard Chesnel of France and Ms. Fulvia Benavides-Cotes of Columbia, with the support of its Co-Rapporteurs, Mr. Peter Truswell of Australia and Ms. Dijana Plestina of Croatia. 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 Standing Committee can best build upon its numerous achievements by now placing an increased emphasis on hearing concrete plans of action from the approximately 40 mine-affected States Parties that may need outside support in providing for the care and rehabilitation of landmine survivors. They noted that while the responsibility to assist landmine survivors rests with these States Parties, the value that can be added by the Standing Committee is to provide these States with a forum to communicate their problems, plans, progress and priorities for assistance.

#### III. Update on implementation – plans and progress

The Co-Chairs noted that to achieve the aim of assisting participants from mine affected States and donors in communicating their problems, plans, progress and priorities for assistance, they had distributed a suggested framework for developing interventions regarding country situations. They noted that at the February meeting 12 States Parties took advantage of the Standing Committee as a mechanism for sharing important information regarding their respective situations. On 13 May, information was shared by or with respect to 8 States Parties: **Democratic Republic of Congo, Columbia, Djibouti, El Salvador, Cambodia, Nicaragua, Afghanistan and Senegal**. In addition, **Turkey**, which is not a State Party, provided information on its mine victim situation. These national updates are contained in an Annex at the end of this report.

The Co-Chairs expressed their hope that, in time for the 2004 Review Conference, every mine-affected State Party that considers it relevant will share its problems, plans, progress and priorities for assistance during the Standing Committee meetings that remain.

For its part, the ICBL's Working Group on Victim Assistance provided an update on its study to measure progress in victim assistance. It was noted that 21 countries have been examined so far, that performance in social and economic reintegration continues to be problematic –

even though survivors repeatedly say this is their top priority, and that it is not possible to be sure if the results shown represent real changes on the ground in mine-affected countries, or if changes are a reflection of having much better information. It was stated that by the time of the Review Conference of 2004 the ICBL will be able to produce a comprehensive and detailed report of the progress made in victim assistance.

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

The Co-Chairs stated that all States Parties and relevant organizations have an important role to play in supporting the efforts of mine affected States Parties. They noted their hope that such actors would share their approaches to ensuring that resources are provided to support those States Parties that need assistance in the care and rehabilitation of landmine survivors. Updates were given by the following:

- **France** outlined its approach to assistance and cooperation in this area, noting that the French Foreign Ministry is the only governmental actor in the field of assistance to victims of landmines. The annual budget is in constant progression and reached 311 000€ in 2003. But there are also multi-year projects. For the time being, two of them are being conducted: the first one (3 million €), which started in 1999, is devoted to victim assistance in a number of African and Asian countries, and should be renewed in 2004; the second one (1.17 million €) is specially devoted to Mozambique. A third one (3 million €) concerning Angola, should be approved this year.
- **Sweden** stated that a human rights perspective was at the cornerstone of its aid program. Its program aims to provide support to programs in which persons with disabilities are a main target group. It pointed to the “gap situation” which could impact on mine victims whereby a break in donor support often occurred between the emergency assistance provided straight after the end of a conflict and longer term assistance. Sweden emphasized that Swedish support to mine victims is guided by a holistic perspective that will benefit all persons with disabilities no matter the cause of the disability.
- **Japan** stressed that mine victims themselves should have a role in identifying priorities. Japan drew two main lessons from its experiences – the importance of national ownership, and importance of long-term commitments. A Japanese NGO is building a prosthetics factory in Afghanistan, while a Japanese company has invented a simple and inexpensive prosthesis. Civil society within Japan provides a lot of support for initiatives such as these.
- **New Zealand** provided assistance through two main agencies, NZ Aid and the NZ Foreign Affairs Ministry. Local partnership was an important principle. A particular focus for New Zealand had been assistance to victims in Cambodia.
- **Austria** outlined that it had made a significant contribution to the Afghan Appeal, carried out mine risk education in Kosovo and made contributions to victim assistance programs in Uganda, Bosnia and Herzegovina and Cambodia. Austria agreed that better coordination between health and development was needed to address the longer-term needs of victims.
- **Luxembourg** outlined its contributions to UXO and mine clearance in Laos and to the work of HI in Nicaragua, Cambodia and Vietnam.

- A Norwegian NGO, the **Tromsø Mine Victim Resource Centre**, consisting of a small group of doctors, outlined its program over the past decade. It had concentrated on training medical personnel. This had had a strong impact in reducing average mortality during emergency care. Also much chronic pain was linked to psychological causes such as loss of income, so it had formed self-help groups and concentrated on micro-credit.
- The **UNDP** outlined a new policy on mine victims from March 2003 which provides a guidance framework to better address the needs of victims.
- The **ICRC** summarised its programs. It contributed to physical rehabilitation in three main ways – financial, technical assistance and educational assistance. During 2002 close to 40,000 individuals were treated through 53 projects in 20 countries and 17,000 prostheses were distributed. Local partnership and long term sustainability were two themes that needed stressing.

## V. Regional initiatives

The **International Trust Fund for Demining and Mine Victims Assistance (ITF)** recalled that it has been overseeing a research program in South-Eastern Europe (with support from the United States and Canada) to obtain more information on matters pertaining to victim assistance in the South Eastern Europe. Sheree Bailey, the **Landmine Monitor Victim Assistance Research Coordinator**, who has been conducting the research on behalf of the ITF provided some preliminary observations. It was noted that: new victims continue to be reported in almost every country in the region, thus adding to the number of survivors; that years of conflict have negatively impacted the quality of health care available; that while some countries reportedly have well-developed facilities for physical rehabilitation, concerns exist; that high unemployment exacerbates the problems associated with the economic reintegration of survivors; and, that there are insufficient resources to implement existing legislation. The full report will be available at the end of August 2003.

**Handicap International (HI)** provided a further update on its Regional Assistance Project for South East Asia. It was stressed that it was incumbent on mine-affected states to act in partnership with donor countries and not just wait passively for assistance under Article 6. Each needed a national plan of action to provide a snapshot of services available at a particular moment in time and a bridge between service providers and funding agencies. The full report will be presented at the Fifth Meeting of the States Parties.

## VI. Maximising the Standing Committee as a vehicle for cooperation and assistance

- **Mexico** discussed recent international efforts towards a new international convention on the rights of persons with disabilities. The **Landmine Survivors Network** spoke in support of these efforts, noting that they were in part addressing the lack of public awareness of the needs of disabled persons and that they could galvanize both governments and civil society. The **ICBL Working Group on Victim Assistance** noted the ongoing discussions it is facilitating to enhance cooperation between non-governmental organizations which are involved in prosthetics and orthopedic services. **Switzerland** highlighted how responding to the needs of landmine survivors was consistent with a human security approach, particularly that being pursued by the 13 member states of the Human Security Network.

## **VII. Other matters**

The **ICBL Working Group on Victim Assistance** said that the “Raising the Voices” initiative had two main objectives: to bring the voices and experiences of survivors into the AP mine ban process, and, to provide participants with tools to help them in meeting their needs at home. This year’s participants were from Asia, with participants at the May meeting from South Asia. The survivors made joint statements again urging governments to take steps to promote the reintegration of persons with disabilities.

## **VIII. An assessment of needs that remain**

The Co-Chairs concluded by indicating that more information was necessary on the scope of the problems in relevant States and their plans to address these problems. The Co-Chairs commended those undertaking worthwhile projects in the area of victim assistance, noting in particular the regional efforts that were highlighted in South East Asia and South Eastern Europe. The Co-Chairs and Co-Rapporteurs thanked mine-affected States Parties for providing updates and encouraged those mine affected countries that have not provided updates at the February and May meetings to do so in 2004. The sharing of information was also encouraged from those able to provide assistance. Finally, the Co-Chairs noted that key principles highlighted during the course of the meeting were national ownership, partnership and the involvement of mine survivors themselves in formulating policies.

## Annex: Summary of National Updates

### Afghanistan<sup>1</sup>

- 1. Extent of the Challenge:** It was reported that, while accurate statistics are difficult to acquire, there are certainly between 100,000 and 200,000 victims in Afghanistan. It is estimated that there are at least 1,800 new victims per year, with every province of the country affected in some way. While the situation remains grave, the incidence of new cases is at least decreasing. After September 2001 there were as many as 300 victims, at present there are around 150 new victims a month. A landmine impact survey was being carried out.
- 2. Addressing the Challenge:** Emergency and continuing medical care is a focus of the Afghan Government even though it suffers from a lack of resources and appropriate infrastructure. Many in remote areas are completely without access to basic services. However the ICRC has a good network even though much of the country is not covered by it. With respect to physical care/prosthetics, a number of organizations provide prosthetics and ongoing care including Handicap International and others. For psycho-social care there is also a wealth of resources but the problem in Afghanistan is huge.
- 3. Laws and Public Policies:** The main responsibility is with the Ministry of Martyrs and Disabled and the Health Ministry, consultative group structures have been set up within these Ministries to deal with mines which also consult with donor representatives, NGOs and the UN which allows for excellent coordination. A comprehensive Afghan Support Program is being developed as a strategic plan. An extensive range of legislation was being considered including legislation to protect disabled Afghans and disabled rights.

### Cambodia

- 1. Extent of the Challenge:** It was reported that between 1979 and 2000 42,840 people were reported to be landmine victims. In 2001 to 2002 around 820 new victims were reported annually, and in the first 3 months of 2003 there were more than 300 new victims. So there continues to be a worryingly high number of new victims. In addition there are a large number of other persons with disabilities.
- 2. Addressing the Challenge:** The Disability Action Council – which is the national coordinating body – was set up in 1997. The core funding is provided by USAID through HI-Belgium. The Disability Action Council (DAC) initiates, secures and coordinates services for landmine victims, and coordinates with government departments. Cambodia also continues to work with Handicap International's Regional Coordinator for victim assistance (Mr Philip Coggan). In addition there is a National Coordinator for Victim Assistance. Their role is to identify gaps in victim assistance and prepare for a presentation of the situation at the Fifth Meeting of the States Parties Meeting (2003).
- 3. Laws and Public policies:** The new strategic objective of the DAC includes securing new legislation in support of persons with disabilities by 2004.

### Colombia

- 1. Extent of the Challenge:** It was reported that the number of mine victims continues to increase in Colombia as a result of the ongoing conflict. Between 1990 and April 2003 there were 1,920 new mine victims in Colombia. A total of 40 percent of the country is

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<sup>1</sup> Update provided by the UN Mine Action Service.

affected in some way by mines. Since 2002 there has been a 50 percent increase in incidents. Most of them take place in farming areas, with 31 percent of all incidents resulting in amputation and 25 percent in death. Of all victims 40 percent are civilian, with a significant number being children.

2. **Addressing the challenge:** The Antipersonnel Mines Observatory is charged with collecting all information on mines and monitoring the situation for victims. The Colombian Government sees action on landmines as a part of its humanitarian responsibilities and has created a national action plan. The Government is putting together an emergency plan for follow up to incidents, but is equally aware that this problem needs to be pursued over the longer term.

### **Democratic Republic of Congo**

1. **Extent of the Challenge:** It was noted that six years of war lead to many mine victims.
2. **Addressing the Challenge:** Qualified medical personnel are only available in the capital Kinshasa. The DRC aims to care for survivors by fitting prostheses but suffers from a lack of adequately qualified staff. To care for the socio-economic needs of victims, a social fund for victims was set up in February 2002 by the President. A National Vocational Training Committee also exists.
3. **Laws and Public Policies:** There is an absence of national legislation to assist mine victims, legal assistance is required from other countries.

### **Djibouti**

1. **Extent of the Challenge:** It was reported that there are over 160 victims in Djibouti, and that over 40 have died. There have been no new victims since 2000.
2. **Addressing the Challenge:** The infrastructure for care of victims is not highly developed. There is a hospital in the centre of Djibouti, but it is not only for mine victims. There is a rehabilitation centre in the hospital for physical rehabilitation, but the hospital orthopedic centre is not operating because of lack of funds. In 1996 a demobilization centre was set up to help war victims including mine victims. Much work is needed to develop psychological and physical assistance.

### **El Salvador**

**Addressing the Challenge:** It was reported that in March 2003 a tripartite initiative with Mexico, Canada and the OAS to assist the victims of mines in Central America was concluded. El Salvador has set up a program of decentralized health care which should help mine victims. 28 centres exist and another 20 are planned.

### **Nicaragua<sup>2</sup>**

**Addressing the challenge:** It was reported that the OAS program for socio-economic reintegration of victims in Nicaragua was set up in 1997 and has helped over 1,500 victims. Sweden provided principal financial support. In 2002 the program assisted over 102 survivors. An important element of the program is economic reintegration. In 2002 over 24 survivors were given vocational training in areas such as welding. This has been successful as some are now working independently. The success rate for reintegrating

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<sup>2</sup> Update provided by both the Organization of American States (OAS) and Nicaragua.

victims is around 50 percent through the OAS program. Nicaragua was hoping this could reach 75 percent.

## **Senegal**

**Addressing the Challenge:** It was reported that in the south of Senegal there is a hospital for rehabilitation and in Dakar an orthopedic centre. In addition there is a national association for the disabled.

**Laws and public policies:** New laws to protect the rights of persons with disabilities have been passed over the past two years.

## **Turkey**

- 1. Extent of the Challenge:** It was reported that mine casualties in Turkey come from mines laid in border areas. Between 1993 and 2003, 299 members of the armed forces and 298 civilians died as a result of landmines, while 1,524 armed force members and 793 civilians were injured.
- 2. Addressing the Challenge:** A care centre was inaugurated in Turkey in 2000, with a capacity to treat 300 patients. 1,005 soldiers and 96 civilians have been treated.