



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

Intersessional Work Programme 2003-2004
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Standing Committee on Victim Assistance and Socio-Economic Reintegration
"Raising the Voices" initiative

**STATEMENT OF THE INTERNATIONAL TRUST FUND FOR DEMINING AND MINE
VICTIMS ASSISTANCE ON THE MINE VICTIMS ASSISTANCE IN THE REGION OF
SOUTH-EASTERN EUROPE**

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More than 7,000 people were involved in mine or UXO accidents as a result of recent armed conflicts in the region of South-East Europe. As this region is still infested the people will also in the future get injured or killed by these hidden killers. Although the solution for prevention of mine accidents is evident, i.e. the clearance of mine contaminated land, it will take several years to achieve it and a sad fact is that until mine-free region is declared people will still get hurt. Moreover, even if nobody got injured from this point on, there are people who will need care for the rest of their life.

Country	Total	Killed	Survivors	Unknown
Albania	241	20	221	
Bosnia and Herzegovina	4801	928	3873	
Croatia	1848	414	1373	61
FYR Macedonia	220	35	185	
Serbia and Montenegro	142	30	57	55
Province of Kosovo	472	100	372	
Total	7724	1527	6081	116

* Data reported in the Final Study Report on the Landmine Victim Assistance in SEE, Handicap International, September 2003

According to the Final Study Report on the Landmine Victim Assistance in SEE prepared by Handicap International (funded by US Department of State and Canada through ITF) with the main purpose to present a clearer picture of the state of victim assistance in the region, new mine casualties continue to be reported in Albania, Bosnia and Herzegovina, Croatia, FYR Macedonia, and Serbia and Montenegro and the province of Kosovo, adding to the number of mine survivors in the region needing assistance.¹

Although the number of victims is dropping lately (53 victims in 2003 in BiH in comparison with 72 in 2002; and only 9 victims in 2003 in Croatia in comparison with 32 in 2002), according to a survey by Landmine Survivors Network, only 18 percent of mine survivors are psychologically and physically well, and self-sustainable; 82 percent need continuous follow-up and support¹.

All the facts stated above led ITF to accept the support of the MVA programs as a part of its strategy to help achieve the mine safe region. At the beginning, ITF set a goal of 15 percent of the donations to be earmarked for MVA programs. Unfortunately, the set goal was never achieved since the support of the MVA programs was never as attractive for donors as mine clearance. But nevertheless ITF donors (**Austria, Canada, Croatia, Czech Republic, Denmark, France, Hungary, Luxembourg, Norway, Slovenia and USA**) has since ITF establishment in 1998 earmarked **\$7,700,000** for support of the MVA programs in the region:

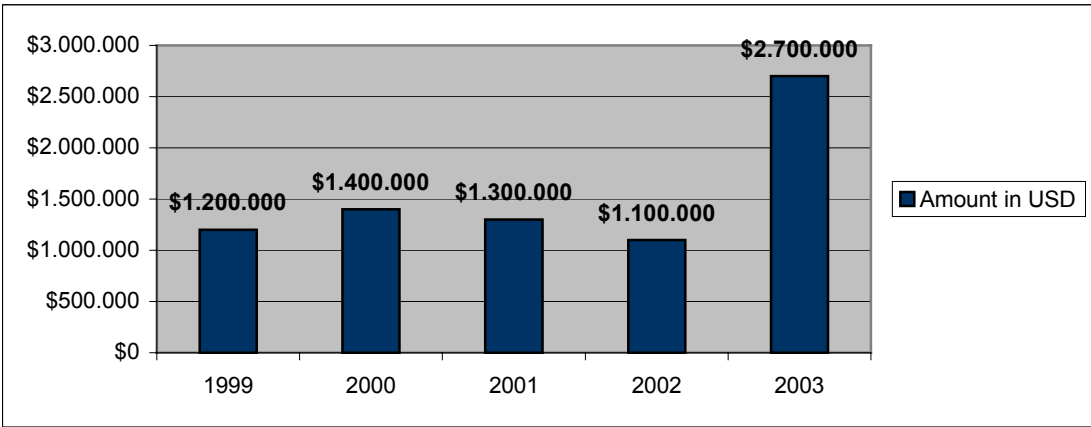


Chart 1: Amount used for MVA programs per year³

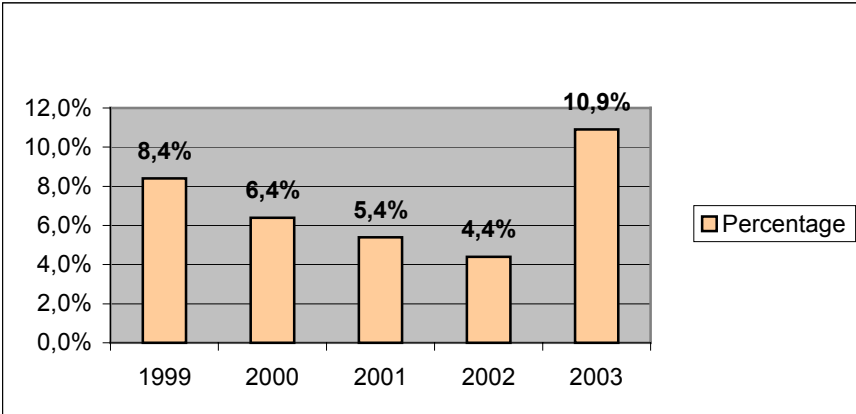


Chart 2: Percentage of the funds used for MVA by year³

The 10,9% in 2003 in comparison with only 4,4% in 2002 is still very encouraging and may be also the result of the organization of the "Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success" that was held in Slovenia 1,2 July 2002. The main recommendations addressed support for comprehensive assistance to victims with multidimensional therapy provided; coordination of orthopaedic surgeons and therapists in the region; enhancement of training and education for professionals; and improved coordination among all those involved in MVA.

The mine victims assistance programs supported by ITF donors includes the following:

- Rehabilitation of mine victims at the Institute for Rehabilitation in Republic of Slovenia and rehabilitation centers in BiH (all together 832 mine victims were rehabilitated)
- Support of the various MVA programs in the mine affected countries such as LSN, VVAF, Croatian Mine Victims Association, Spirit of Soccer, Handicap International etc.
- Support of the special trainings for experts in the field of rehabilitation organized by IRRS and schooling of orthopedic technicians at the University of Ljubljana. The knowledge in the field of the medical rehabilitation is crucial for health systems in the region to strengthen their capacities and allow them to cope with the mine victims problem on their own.

As it is ever more important that the patients are treated in their own country, if the possibility for this exists, the main focus of ITF in the future would be on the capacity building and sustainability of the MVA programs supported. While the physical condition of survivors may draw the most attention, the most acute needs of landmine survivors are not medical but rather those needs related to becoming productive community members and contributing to their families².

One of the problems that was identified at the workshop organized in July 2002 was that coordination and overseeing on the government level inside the respective countries of the aid provided to landmine survivors could be improved as: - there are no clear funding priorities set at the government level for MVA programs, and if they are they are poorly communicated to the donors; - there is no good communication between the actors involved in MVA programs (NGOs, rehabilitation centers, responsible ministries, etc.) and there is poor reporting by the donors on the funding provided for MVA programs in respective countries.

ITF is for that reason planning to hold a coordination meeting of the Ministries of Health of the SEE region from the mine-affected countries of the region in fall 2004. The main goal of the coordination meeting would be to promote an integrated approach and to strengthen health sector capacity to care for mine victims as well as stressed the importance of the legal framework for persons with disabilities that should also include mine/UXO victims. A legal framework could include laws and regulations prohibiting discrimination, promoting access to care and education, providing financial support to persons with disabilities, ensuring accessibility to buildings and transportation².

In order to achieve the common goal of mine-affected countries in the region – mine safe land until 2010, assistance to landmine survivors should be viewed as a part of a country's overall public health and social services system. Within those general systems, deliberate care must be taken to ensure that landmine survivors and other persons with disability receive the same opportunities in life — for health care, social services, a life-sustaining income, education and participation in the community — as every other sector of a society².

The first step would be to build the capacity of medical, rehabilitative and other services for landmine survivors and other persons with disabilities (which should be equally treated within the national health system) and continue with enhancing, where necessary, laws and public policies related to human rights and the equalization of opportunities for persons with disabilities — as well as the effective implementation of these legal and policy frameworks.

The most common concern raised by health care professionals in the facilities was the lack of resources available from the public health budget, due to the economic situation. The provision of health care facilities for persons with disabilities, including mine survivors, is included within general public health budgets. It is an unfortunate fact that in countries with limited public health resources, available funds tend to be directed towards primary health care with little left over for specialized care.¹

In that aspect, there is a need for higher coordination of activities in the region not only of physical but also psychosocial assistance and capacity building as well as the coordination between donors for MVA programs in order to attain the sustainability of complementary programs.

While ultimate responsibility for ensuring the provision of assistance falls to the national government, indirectly all mine action actors can have an impact on the survival, rehabilitation and reintegration of mine and UXO victims, for instance, by hiring amputees within their workforce, and including positive rather than negative images of persons with disability in their literature². After all the adequate assistance to mine victims must also be seen in a broader context of development and underdevelopment together with the essential political commitment within the mine affected countries.

Sources:

¹ Final Study Report – Landmine Victim Assistance in SEE by Sheree Bailey, Handicap International Belgium, September 2003

² Guide to Mine Action, GICHD, Geneva, July 2003

³ ITF Annual Reports 1999-2003