

	Problems, plans, progress and priorities for assistance
Afghanistan	<p>Problems faced: In 2003, landmines and unexploded ordnance killed approximately 370 Afghans and left more than 1,000 survivors and it is estimated that in total there are more than 100,000 survivors in Afghanistan. At least one-third under the age of 18 and as many as 10 percent being women and girls.</p> <p>Plans and progress and priorities: The Afghan Ministry of Martyrs and Disabled coordinates assistance and empowerment efforts for the disabled, including mine survivors. Afghanistan plans to mainstream the policy for disabled into schools, regular vocation training courses and employment. It aims to fight discrimination against the disabled through mass media campaigns and related awareness raising activities in schools, the development of disability awareness training materials in national languages and the training of national language trainers, and, advocacy to promote national legislation related to the rights of people with disabilities.</p>
Albania	<p>Problems faced: Since the 1998 Kosovo crisis, 34 people have been killed and 236 injured from mines and UXO in the Northeast of Albania.</p> <p>Plans, progress and priorities: Albania is implementing an integrated mine action plan adopted in 2004, which includes the physical, social and economic reintegration of mine/ UXO survivors. The National Trauma Centre, with ICRC support, has been providing lower limb and partial foot prosthesis to mine amputees since 2000. Upper limb amputees and difficult cases have been treated at the Slovenia Institute of Rehabilitation since 2001 with ITF support. In 2004, 18 victims will receive prostheses and rehabilitation in Slovenia. A prosthesis support centre will be established in Kukes regional hospital by December 2004 with UNDP support. In 2004-2005, 2 prosthesis technicians will receive advanced training in India with ICRC-SFD support. A revolving fund for socio-economic reintegration of mine and UXO victims has been established by local NGO-VMA, with American State Department and ITF support, and has assisted 39 mine survivors and their families in 2003-2004 with cows and beehives for generating income. In 2004-2005, a community based rehabilitation network will be established in the mine affected villages of Northeast Albania by VMA with UNDP and ITF support.</p>
Angola	<p>Problems faced: A Landmine Impact Survey will be completed in mid-2005 which will help assess the extent of the problem. Therefore there is a need for funds to be able to implement a nationwide evaluation project to know how many mine victims there are, where they are, and what assistance facilities are available for health, physical and psychological rehabilitation, education, professional training, and social and economic reintegration. Also there is a need for funds to be able to recruit for 12 months, one international technical assistant to assist the sub-commission for support and social reintegration of landmine victims.</p> <p>Plans, progress and priorities: Support and assistance to mine victims is part of the national framework to support persons with disabilities, directed by the National Programme for Physical and Sensorial Rehabilitation within the Operational Plan 2001-2005 of the Health Ministry. There are 9 orthopaedic centres in Angola. The national NGO, ANDA, in partnership with Fund Lwini is implementing small projects for socio-economic reintegration for disabled people who want to return to their areas of origin. These include vocational training and microcredit financed by the Angolan Government. LARDEF is</p>

	<p>implementing small projects for training and socio-economic reintegration for disabled people including mine victims. Handicap International provides technical support to the S.Paulo Social Centre for training and social reintegration. German Technical Cooperation GTZ also provides technical support to the S.Paulo Centre and capacity building for the Ministry of Social Affairs. The Angolan government is working on indicators for evaluation. The National and Intersectorial Commission for Demining and Humanitarian Assistance (CNIDAH) was established by Presidential decree in September 2001 to plan, co-ordinate and control the National Mine Action Programme. It has two sub-commissions: one for demining and mine risk education and one for support and social reintegration. Under existing legislation war veterans – many of whom are landmine victims – have a right to a personal monthly allowance.</p>
Bosnia and Herzegovina	<p>Problems faced: Up until the end of 2003, 4,825 persons were injured or killed by mines or UXO with males aged 19-39 making up to 40 percent of the victims, and children younger than 18 years making up to 20 percent of all victims. Economic reintegration remains the greatest problem.</p> <p>Plans, progress and priorities: A working group exists to prepare a landmine victim assistance strategy on the basis of Handicap International and UNICEF's analysis of the existing assistance services. There are 7 rehabilitation centres, 7 health resorts and 60 community centres, which deal with physical therapy. There are 3 psychiatric hospitals, established together with the community centres, and 27 orthopaedic-prosthetic workshops. Victim assistance programmes include financial support for the purchase of prosthetic devices, material assistance, rehabilitation, psycho-social support and socio-economic reintegration. Under existing legislation civilians and war veterans have rights to personal disability allowance, allowance for care and assistance by a third person, orthopaedic allowance, family disability allowance, and, child allowance. International assistance is still needed to fill the gaps in the provision of assistance to landmine victims.</p>
Burundi	<p>Problems faced: Burundi has a considerable number of victims. Medical emergency services are non-existent, as well as transportation to medical centres. There are five hospitals in Burundi with four of these in the capital. The most difficult cases are treated abroad, mainly in Kenya and South Africa. There are four centres providing physiotherapy and equipment in Burundi. The four centres are not able to meet the needs of the patients. A workshop for orthopaedic equipment called Centre National d'Appareillage et de Rééducation functions well. The two other workshops are dependent on private support. There are four centres for socio-economic reintegration, mostly for war victims.</p> <p>Plans, progress and priorities: Some associations for psychological and social support are being put in place slowly: L'Association Burundaise pour l'Assistance des Handicapés Physiques, and L'Union des Personnes Handicapées. Burundi needs financial support to strengthen the four centres for physiotherapy and equipment, in the areas of rehabilitation of the hospital buildings, new equipment and training of personnel.</p>
Cambodia	<p>Problems faced: It is estimated that there are approximately 40,000 landmine survivors in Cambodia.</p> <p>Plans, progress and priorities: The Cambodian Mine Action and Victim Assistance Authority (CMAA) is assisting the Disability Action Council</p>

	<p>(DAC) in developing a long-term strategic plan. The plan will identify inter-sectorial programmes and resources to support them. The CMAA is a regulatory authority that has the responsibility for co-ordination and monitoring of mine action. It is both a regulator and the government's focal point for designing policies, plans and programmes and for establishing a necessary legal framework governing mine related issues. Over the next five years, Cambodia's priorities are to: 1) Initiate, enable and if needed, co-ordinate all relevant agencies so that they are capable of delivering integrated and sustainable services, 2) develop information networks on victim assistance, 3) promote the development of effective and appropriate rehabilitation services and programs, 4) support and promote the inclusion of victims in all development projects / programmes and activities, 5) develop quarterly and annually progress forms for relevant organisations and agencies to send regular reports to the national authority, 6) conduct field monitoring of organisations and agencies to check that all government policies and guidelines on disability rehabilitation, socio-economic integration and anti-discrimination are implemented, and 7) call an annual meeting of victim assistance for all relevant organisations / agencies, key ministries and stakeholders. The Ministry of Social Affairs, Youth Rehabilitation and Veterans is finalising the draft law "Rights of People with Disabilities". The law has been submitted to the Council of Ministers' Legal Council for review with the hope that the Royal Government will endorse it and will pass on to the National Assembly in due course. Mine victims are included within the contents of the bill.</p> <p>Ongoing victim assistance funding is required.</p>
Chad	<p>Problems faced: The 2001 Landmine Impact Survey 2001 indicated that 1,688 people had been injured or killed in mine incidents in Chad.</p> <p>Plans, progress and priorities: Chad does not have a national mine victim assistance plan. Nevertheless, Chad's Poverty Reduction Strategy Paper (PRSP) sets out targets vulnerable groups including persons with disabilities.</p>

Colombia	<p>Problems faced: Both the military and civilian population are affected by violence in Colombia, alarmingly with the number of mine victims increasing to a point where there are on average two victims registered on IMSMA every day. Forty percent of these victims are civilians who mostly are rural poor, living below the poverty line. Colombian legislation addresses policies and programmes aimed to assist vulnerable and displaced populations affected by political violence (including victims of anti-personnel mines and UXO). It is clear that these legislative measures need to be articulated and revised to fully guarantee the rights of Colombian victims.</p> <p>Plans, progress and priorities: In February 2004, a process was initiated with different actors working in the area of mine action where a government policy was constructed. This policy integrated lessons learnt and incorporated specifics at regional and national levels which was translated into the National Mine Action Plan. The National Mine Action Plan developed priorities, strategies and means to cover the four pillars of the plan, notably: 1) Institutional strengthening at different territorial levels, 2) Integral assistance to the population, 3) Compliance with the Ottawa Treaty and 4) Communications strategy.</p> <p>The National Mine Action Plan was approved at a session of the national inter-sectorial Commission on 10 August 2004. Under the pillar of integral assistance to the population, a programming was formulated to address the issue of strengthening assistance to victims, specifically over first aid, rehabilitation and socio-economic reintegration of victims. For this reason, it is necessary to formulate standards regarding attention to mine victims adopted by the country. Pilot programmes in the departments of Antioquia and Cauca have been developed with the aim of following the route of a victim through all the stages from accident to recuperation, in conformity with the procedures established by the Colombian Government.</p>
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Croatia	<p>Problems faced: According to the Croatian Mine Victims Association (CMVA) 1,890 individuals have suffered from mine incidents during the period 1991 to June 2004, 420 of whom suffered fatal injuries. The largest numbers of victims were in Karlovac, Sisak, Osijek and Zadar counties. The majority of landmine victims are adult male farmers, while women make up about 5.26 percent of victims. Of the total number of landmine victims in Croatia, 104 were under the age of 18. Deminers accounted for 6.24 percent of all mine victims. Unemployment remains the main problem along with the large differentials in rights and entitlements following mine injury.</p> <p>Plans and progress and priorities: The DUGA centre for psycho-social rehabilitation, established in 2004, will host 500-600 mine victims a year in Rovinj, where workshops have been held every summer since 2001. The centre will be open to all mine victims from South Eastern Europe, with 10-15 percent of the places reserved for mine victims from other regions of the world. All levels of emergency care are highly developed in Croatia. There are four specialised hospitals for treatment of amputees, although 75 percent of the cases are treated in Zagreb. Pre- and post-prosthetic care is available, although the availability of wheelchairs is insufficient. All public institutions and government owned companies in Croatia are obliged by law to employ disabled people when possible, although this is difficult to enforce, especially in times of high unemployment. Laws covering mine victims' medical needs and rights have been passed, but some mine victims are not fully aware of their rights or how to obtain them. The CMVA has published an information brochure on this issue and is strengthening its regional capacities by educating special representatives in each of Croatia's 14 mine-affected counties, who are themselves mine victims. With respect to external funding, Croatia puts priority on capacity building. More needs to be done when it comes to education and mine awareness in general, as well as monitoring and enforcing the laws.</p>
Democratic Republic of the Congo	<p>Problems faced: It is assumed that years of war have led to many mine victims.</p> <p>Plans, progress and priorities: Qualified medical personnel are only available in the capital. 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. There is an absence of national legislation to assist mine victims; legal assistance is required from other countries.</p>
El Salvador	<p>Problems faced: There are approximately 7,000 mine victims, mostly from rural areas. There is a need for mine victims to be fitted with prosthetics suitable for the Salvadoran climate.</p> <p>Plans, progress and priorities: A physical rehabilitation and psychological reintegration program is being implemented to benefit civilians and military personnel affected by mines. Another important initiative was the establishment of the Centre for Prosthetics and Orthotics. The government continues to make efforts to protect survivors through legal means, such as the "law for the protection of injured and disabled persons as consequence of the armed conflicted" and the "law for equal opportunity for disabled people". These laws guarantee health care and productive reintegration of disabled people, as well as equal opportunities in society.</p>

Eritrea	<p>Problems faced: The magnitude of the mine victim problem is not yet fully known, but, at present, data on 100,000 persons with disability are being analysed for a National Survey for People with Disability, which will mature into a socio-economic database to monitor the reintegration process. The Landmine Impact Survey has identified landmine survivors in mine-affected communities and has found that the most affected group is young male herders and that there are 5,385 mine victims in mine affected communities. This number is expected to increase with the return of displaced persons and with improved data collection.</p> <p>Plans, progress and priorities: The Mine Action Strategic Planning Process was scheduled for July and August 2004. The completion of the National Survey for People with Disability is scheduled for March 2005. In 2003, the Ministry of Labour and Human Welfare endorsed a strategic plan for 2002-2006 – “Direction to Establish a Model of Victim Support Utilising Community Based Rehabilitation in Eritrea”. This provides a plan for victim support in Eritrea and the participatory priority setting process involved over 800 persons, many of whom have their own disability. The victim support programme in Eritrea seeks to: change attitudes of the communities where landmine survivors and other people with disability live for improved social reintegration; use community based rehabilitation to realise priorities within the national development plans with regard to people with disability; and, build access to other services such as the orthopaedic workshops, enabling child landmine survivors to attend school and providing seed money loans to set up small businesses for poverty reduction. The Ministry of Labour and Human Welfare is working to develop plans in collaboration with the Ministry of Health and the Ministry of Education. The Ministry has prepared “the emergency care proposal” to train communities to respond to the golden hour of emergency. Continuing medical care is an area where partnership is being built to respond to traumatic injuries, surgery and additional medical care. A project was funded in 2004 to assist landmine survivors and other persons with disability to access the Ministry of Labour and Human Welfare’s orthopaedic workshops. Social support and changing attitudes are areas of focus in Eritrea. Community-based rehabilitation committees exist. Concerning economic reintegration, a pilot seed loan money scheme has been extremely successful and the continuation of this project is the top priority within victim support. As the work on the international Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities persons with disabilities proceeds, Eritrea will use this information to open a participatory dialogue with respective ministries to develop a framework for victim support that complies with the Convention. There is a need for capacity building at the orthopaedic workshops and to continue to build good relations with the community to find solutions. There is a need for raw materials, training in management of upper limbs, developing simple aids and equipment production. (Wheelchair manufacturing is anticipated to begin in 2005 or 2006.)</p>
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Guinea-Bissau	<p>Problems faced: According to a countrywide survey of mine casualties launched in 2002, 616 landmine survivors were identified: Almost 35 percent are children, 20 percent are women and 45 percent are men. Only 9 percent of the victims have been treated by the national physical rehabilitation capacity. Landmine survivors are prevalent in northern region (35 %), in the capital area (25 %), in the southern part of the country (19 %) and in eastern region (21 %). Treatments available for victims are scarce. The specialised Centre for Surgery and Rehabilitation of Disabled was destroyed during the 1998-99 conflict. The cost of treatment is a major hurdle for many victims, even when they have access to a public hospital. The hospital itself frequently suffers from inadequate resources. There are no special service providers in psychological and social support. The main problem is to provide work for the landmine survivors and persons with disabilities.</p> <p>Plans, progress and priorities: The objective is to improve access for persons with physical disabilities through the rehabilitation of the specialised centre for surgery and to increase national capacity in physical rehabilitation. The objective is to offer victims physical rehabilitation, psychological support and assistance to reintegrate into Guinean society. The objective is to promote the reintegration of mine victims and disabled persons into society by promoting sports activities and facilitating relevant income-generating projects. There is a need to reinforce the article 5 of the National Constitution in order to include the landmine / UXO victim assistance concept. A complete and comprehensive national plan is needed which includes awareness campaigns on the needs of persons with disabilities. Other challenges include the inclusion of mine / UXO victims in category of “war victims” so they can access the same rights for compensation, the non-discrimination between the victims of the Liberation War and the victims of the 1998-99 conflict, and, the non-discrimination between mine / UXO victims and other disabled or injured people. Guinea-Bissau requests assistance to further improve the national organisations, care services and workshops. It requests assistance to develop a first response unit, including training in first aid and follow up activities, and, assistance in other areas.</p>
Mozambique	<p>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.</p> <p>Plans, progress and priorities: It was reported that there are 60 physiotherapy services, 10 orthopedic centres, and 10 transit centres specifically designated to host those handicapped undergoing treatment. The current programme of victim assistance (conducted by Landmines Survivors Network – LSN) 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 under way to meet this end. If more financial support was provided more organisations would be in a position to support landmine survivors. Such support would be geared towards socio-economic reintegration as well as to ensure maintenance work and / or distribution of prosthetics.</p>

Nicaragua	<p>Problems: According to the International Red Cross estimates Nicaragua has more than 2000 landmine survivors or unexploded ordnance victims. However officially there are 781 registered survivors. Ninety-five (95) percent of victims are of limited economic resources and live in remote zones of difficult access. Centres of specialized attention are located only in the capital and in two cities in the north of the country. Therefore for each treatment session, transportation, accommodation and nourishment must be provided for the victim and a companion which results in the high maintenance cost of this program. The State has only one center for the production of prosthesis which covers only 10 percent of the demand at the national level based on United Nations statistics on Nicaragua which reflects that more than 500,000 persons suffer some kind of disability. Private centers provide prosthetics and orthotics services but at a higher cost.</p> <p>Plans, progress and priorities: In 2002 a program on socio economic reintegration program was initiated through which 106 landmine survivors or unexploded ordnance victims have been trained, with the result being a coverage of 10 percent of the victims eligible for training. Since 1995 the victim assistance program has attended to 90 percent of the officially registered victims (approximately 690 persons), which have been provided specialized medical and psychological treatment, prosthetics and / or orthotics services, physical rehabilitation, as well as the possibility to be included in a program of socio economic reintegration. The National Commission on Demining (CND) plans to maintain the current Integral Attention Program to Landmine Survivor Program (PAICMA) at least until 2010, when the State may have had the opportunity to develop its own programs and physical capacities of the national centers for health and rehabilitation attention.</p>
Peru	<p>Problems faced: The National Commission for Action Against Mines continues to develop a comprehensive registry of landmine victims. While this effort continues, it relies on information available from the ICRC. According to the ICRC, between 1992 and 2003, there have been 238 new mine victims. 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.</p> <p>Plans and progress and priorities: 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. National victim assistance policies are contained within general policies on disabled persons. The legal basis for this policy is in the General Law for Disabled Persons, which guarantees the rights of disabled persons to health and welfare services, access to public housing and equal opportunities for employment. The Government of Peru is promoting the “Plan of Equal Opportunities” in which the state assumes commitments to reduce poverty and promote equal opportunities, as well as prioritizing assistance to vulnerable groups and those in extreme poverty. There is a need to strengthen</p>

	reintegration activities.
Senegal	<p>Problems faced: Handicap International (HI) reports every year on the number of victims, with 643 survivors registered since 1996.</p> <p>Plans, progress and priorities: 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.</p>
Serbia and Montenegro	<p>Problems faced: The greatest numbers of victims are among persons more recently displaced from Kosovo and Metohija, and refugees from earlier hostilities in Bosnia and Herzegovina. No organised response to injuries was in place at the outbreak of hostilities, and injuries were dealt with as best as possible within the existing civilian health care system. Consequently, consolidating data remains a great challenge. It is estimated that between 1992 and 2000 there were 1,500 new mine victims, with approximately 1,450 surviving. In the field of psychological and social support, no comprehensive database has been compiled. There is no targeted education of health professionals concerning post-traumatic stress disorder (PTSD) among landmine victims. The international community is expected to help implement mine victims assistance projects, plans and programmes by working with donors and professional organizations and associations on providing material, technical and educational support to the achievement of these humane goals.</p> <p>Plans, progress and priorities: On 11 August 2004, the Ministry of Health of the Republic of Montenegro established a Commission for Anti-Personnel Mine Victims Rehabilitation, consisting of eight prominent experts from the field of physical therapy, rehabilitation and psycho-social reintegration, the work of which is coordinated by an expert designated by the Ministry. The Commission also includes representatives of other Ministries of the Republic of Montenegro, representatives of union-level Ministries and experts from the Republic of Serbia, dealing with the same problems. The main objectives of the Commission's work plan is: assistance to mine victims (establishment of databases, social care and medical and material assistance, international cooperation and realization of donors' assistance projects in equipment and other material supplies needs by victims); assistance to medical institutions and personnel providing therapy and rehabilitation to mine victims (coordination of medical personnel education programmes, procurement of equipment and orthopaedic aids, improvement of technical and material conditions for the treatment of, and work with, mine victims); creation of material conditions for economic reintegration of mine through cooperation with domestic and international economic institutions in the implementation</p>

	<p>of programmes of work training and employment; raising the level of social awareness of the problems of APMs and the need to provide assistance to victims (media publicity and education). A Council of Health Workers will be established in the Republic of Serbia to implement physical rehabilitation and social reintegration programmes. To coordinate the activities, the Ministry of Health of the Republic of Serbia has designated its representative, who presented a detailed update to the State Parties in June 2004. The main objectives to be achieved by the project, subject to the receipt of international assistance, include: elaborating a programme for the establishment of a central mine victim database, aimed at providing concrete assistance to individual mine victims; and establishment of a continuous process of work with mine victims from physical therapy and rehabilitation over psychological recovery to full personal social reintegration. A phased programme of activities has been devised, which includes: establishing regional centres in Serbia and Montenegro to organize full-scale activities of medical and psycho-social rehabilitation; establishing a mine victims database on the regional principle to provide data for a central register (numerical, classification, including description of mine victims' needs); establishing mobile expert teams to tour institutions and visit parent, educate and organize therapy and report on priority needs; training regional expert teams and local personnel; and, elaborating re-training and gainful employment programmes for mine victims (with international assistance and cooperation with economic entities). Since the establishment of the institutions and the launch of activities, the first concrete results have been achieved in the area of: elaboration of part of the database for mine victims in Montenegro (260 persons registered and processed so far), initially treated, rehabilitated or reported in the territory of Montenegro; and conceptualization of a seminar to be held in Serbia on the "Development of an Assistance Programme for Mine Victims within the Mechanisms of the Ottawa Convention", to take place in Belgrade by the end of 2004, targeting medical and other professional working with mine victims from regional health and social care centres in Serbia and Montenegro.</p>
Sudan	<p>Problems faced: The mine / UXO problem has yet to be ascertained but it is estimated that there are 10,000 victims in Sudan, with 1,090 victims registered at the National Mine Action Office (NMAO). Fifty (50) percent of registered victims are male and one out of four is a child. Approximately 70 percent of registered victims survived. Approximately 29 percent who did not died while on the way to the health facilities or upon arrival at them. In Kassala, 84 percent of the registered victims were transported more than 50 km to reach the nearest health facility and 14 percent were carried on foot. Survivors are vulnerable and one of the most neglected groups. Health services are inadequately equipped to deal with injuries. The Preliminary Health Care Units / Centres are unable to deal with internal injures caused by fragmentation.</p> <p>Plans, progress and priorities: The Ministry of Welfare and Social Development is the focal point for persons with disabilities. A National Orthopaedic Centre in Khartoum, and satellite centres in six states, is managed by the National Authority for Prostheses and Orthopaedics, supported by the Government of Sudan and the ICRC. The Sudan Landmine Information and Response Initiative (SLIRI) has been implementing needs assessment surveys. SLIRI data is currently sensitive because most of the</p>

	<p>victims are combatants and were injured during conflict. The WHO has training programmes in first aid. The majority of Sudanese Red Crescent volunteers are well-trained in first aid, however, hospitals are not sufficiently prepared or equipped. There are plans for a prosthetics centre in Rumbek (South Sudan), with smaller operations in other counties of Bahr el Ghazal. ABRAR has peer to peer programs for mine victims, and has organised two camps with athletic and psychological programmes. The National Vocational Training Institute in Khartoum has the capacity to train 40 to 200 people in a variety of skills. Ten landmine victims have graduated in computer maintenance from the Elamam Elmahadi University. The University of Sudan agreed to provide five mine victims per year access to free courses. Legislation obliges organisations to reserve five percent of their occupational positions for persons with disabilities.</p> <p>Priorities for assistance include: victim assistance capacity development to effectively implement and coordinate victim assistance throughout Sudan; support for a country-wide survey to determine the actual extent of mine / UXO victims' problems and needs; the development of psycho-social counselling services; the strengthening of decentralised Preliminary Health Care Units / Centres to deal with trauma injuries; support for and expanded physical rehabilitation centres; and, support for socio-economic reintegration programmes linked to peace-building, poverty reduction and repatriation of displaced persons.</p>
Tajikistan	<p>Problems faced: During the last five to six years over 100 people have been injured by landmines.</p> <p>Plans, progress and priorities: An agreement between the Ministry of Labour and Social Security, National Red Crescent Society and ICRC has been signed for a prosthetic plant and rehabilitation centre. A boarding school for disabled persons offers professional rehabilitation. Pensions for disabled persons including mine victims is part of a law on the provision of pensions. In addition the rights of disabled persons are protected by the law on social security.</p>
Thailand	<p>Plans and progress: The Thai Government has an initiative to develop national programmes on victim assistance, particularly regarding physical rehabilitation and economic reintegration in mine affected areas along the Thai-Cambodia border. Victim assistance has been integrated into the work of the various government departments. The Ministry of Public Health is responsible for providing emergency medical care, the Ministry of the Interior for rehabilitation activities, Ministry of Labour for vocational training and job opportunities, and the Ministry of Education for providing proper education.</p>
Uganda	<p>Problems faced: Some parts of northern and eastern Uganda suffer from insecurity caused by the Lord's Resistance Army (LRA). This armed conflict has created increased congestion in internally displaced persons camps and unsafe road network in the northern Uganda. Consequently, social, relief, development, and health services have been severely disrupted. There are not enough ambulances. Victims are mostly transported by military vehicles. Hospitals exist, but are long distances from affected areas and have been devastated by the armed conflict. Between July 1998 and May 2003 there were 1,183 amputees identified. Out of these 385 (27.3 percent) were due to landmines and 629 were fitted with prosthesis, with 221 (35 percent) being landmine victims. The most affected group is men between 18-40 years old.</p>

	<p>The demands of other pressing problems (e.g., HIV / AIDS) further complicates the ability to meet the needs of mine victims.</p> <p>Plans, progress and priorities: Uganda has carried out victim support programmes which involve community-based psychological and social support, sustainable livelihood opportunities, improved access to sanitation, facilities, and strengthening of local health care services. A spin-off effect of a mine awareness campaign has been a much higher degree of reporting of mine incidents. Latrines in schools have been designed to accommodate persons with disabilities. The Ministry of Health is currently leading and guiding the co-ordination of relevant activities. Priorities include placing surgeons in the hospitals in Acholi, physiotherapy / prosthetics services.</p>
Yemen	<p>Plans and progress: Yemen is continuing its victim assistance programme with a second survey under way. Yemen Mine Association Disabilities (YMAD), which is run by survivors, is in the process of reintegrating 100 survivors (20 women, 80 men). The goal is to open a file for each victim, thereafter to transfer the victims to specialists around Yemen and finally to provide equipment for the victims. There is need for some victims to undergo further surgery. The most difficult cases are sent to Italy for medical help.</p>