Building Sustainable Local Capacities for the Assistance of Landmine Victims in Southern Africa: A Concept from the Minefields of the Zambezi Basin Escarpment

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Instead of a Summary: A Best Case

Let me finish with one of our best examples: Mr. Lino is a man in his early 40s. He made his living by driving minibuses as public transport. One day, he drove over a mine 30 km outside Luena, and it exploded right between his legs. He received help and made it to the hospital but both legs had to be amputated, one above the knee and one below the knee. Mr. Lino did not want to live any more. He did not know how he would support his wife and children ever again. The family of his wife advised her to leave this man since he had become “useless.” Our social workers intervened: they listened and talked to everyone involved, and eventually the family stayed intact. After both stumps healed, Mr. Lino received prostheses and bravely learned to walk again. He was able to buy a tricycle. Now he could go long distances with the tricycle and walk the shorter distances. But survival! With some help he got a plot of land and started to cultivate his field. Nowadays, his neighbors, “complete” ones, envy him for the good crop he yields.

References

To promote this comprehensive development-oriented approach the Safe Hands Development Framework was designed by Medico in conjunction with the Norwegian Peoples Aid (NPA) in 1997. The framework can be retrieved in German, English, French, Portuguese, Spanish, Russian, Chinese and Arabic under: www.landmine.de.

2. If received funds for the first three years from the German Government. In 1999 and in 2000 very little funding could be secured, only from Oct. 2001 for the next three years the Diana, Princess of Wales Foundation (DHF) has agreed to fund at US $750,000. MAC has received funding to launch their activities from the German Federal Office via Medico since October 2000.

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Victim & Survivor Assistance

• Inadequate documentation of the scale of the landmine victim problem.
• Unavailability of the high capital and technical resources that are required for the execution of mine victim assistance projects. (For example, limited national health budgets and over-competitive priorities are made worse by the HIV/AIDS epidemic.)
• Absenteeism of victims and donor victims end up stuck in the general pool of persons with disabilities competing for the limited resources with the rest of the population.

Legislation protecting the rights of landmine victims that is already in place in mine-affected countries in the region and donor organizations calling for more sharing of the project costs with national governments as provided for in Article 6 of the Demining Convention).

• The need for greater financial accountability in the running of mine victim assistance projects to avoid repetition of the same due to diminished donor confidence.

Evolution of a Landmine Victim Assistance Concept from the Minefields of the Zambezi Basin Escarpment

During the course of an EU-funded mine clearance project by a commercial demining company (Koch Mine Safety) in northeast Zimbabwe (1999–2000), a total of 41 landmine trauma victims were successfully evacuated for surgery by the demining company’s medical crew. Nine of the victims were from the local communities who resided in villages situated along a 167 km rail link (3,850 km sq km) and the remainder was from the demining personnel ranks. Issue 6.1 of the Journal of Mine Action (Winter 2002) reports on one such mine accident in which supervisor John Kirby assisted in the evacuation of an 81-year-old man who had sustained traumatic amputation of the right foot after stepping on a mine. The other eight were:

• A 9-year-old boy who threw a stone at an R2M2 mine and sustained serious facial, chest and abdominal wounds with total loss of vision.
• A 63-year-old man who sustained gross right foot cellulitis following partial amputation of an R2M2.
• Three young boys who sustained second degree burns of 30–40 percent on their legs, abdomen, perineum and chest regions following multiple detonation of their 22-mine harvest behind a mechanical clearance device.
• An old woman who had ipsilateral left hand traumatic amputation and severe facial injuries with total loss of vision after she hit a mine with a hoe in the fields.
• A 20-year-old young man who sustained traumatic amputation of the left foot, having stepped on a mine while looking for his cattle, and his friend who had superficial burns and lacerations.

The medical crew was alerted of the above mine accidents by runners dispatched from the community. The mean evacuation time from accident report (time to surgery) for the nine cases was 2.5 hours. Definitive surgery for all the nine cases was successfully done at Karanda Hospital, which is 90 km away from the minefields. The total cost of the medical equipment that was used in evacuating all the patients was $700. All nine victims are still alive with varying residual anatomical and psychological incapacitation.

From the experiences of the medical crew, the following lessons were learned:

• Members of the communities who live close to minefields are very keen on visiting victims when a mine accident occurs.
• The work of the medical crew was made quicker and safer by the support provided by the deminers in clearing access routes to the blast victims. This reduced delay in evacuation and prompted early surgery thereby increasing the chances of victim survival.

The Concept

Based largely on the experiences gained from the project above, a concept for the building of local capacities aimed at reducing mine accidents and assisting landmine victims in the region has been developed by the Southern Africa Demining Services Agency (SADSA). SADSA recognizes the ongoing continued of peace currently taking place in the region. A ceasefire has just been signed in Angola, brightening the chances of durable peace while efforts are underway to resolve the conflict in the Democratic Republic of the Congo. Among the very useful resources that the new era of peace will realize are the armed forces of the respective states. Certain skills within these forces could be re-assigned to programmes aimed at improving the situation of mine-affected communities and thus augment the efforts of commercial deminers and donor organizations.

Establishment of Minefield Reaction Sticks

SADSA calls for the creation of permanent, inexpensive, locally sustainable minefield reaction sticks (MRS) to be deployed in the mine-infested areas of the region. Those reaction sticks would be from and maintained by the armies of the affected countries as part of the forces’ assistance to the civil community. The proposed functions of MRS include:

• Carrying out a mine victim census within the area of responsibility. Documenting accurate identification of survivors by name, national, age, sex and physical local location, when and where the victims were injured, the type of medication received, survivors’ pre-post and post-mine casualties, status of self-assessment, community views towards victims and their psychosocial needs.
• Identifying what vocational skills are available and how survivors can participate in self-help projects such as carpentry, small animal husbandry and nutritional gardens.
• Conducting periodic mine awareness programmes.
• Placing danger-warning signs in areas reported as visited by the villagers and destroyed reported mines/UXO.
• Assisting in rendering first aid and evacuation for surgery of reported landmine victims.
• The MRS/MACs, the reaction sticks would be delivered to their respective countries relevant government departments to slot in their community outreach programmes within the MRS schedules. (For instance, the Ministry of Health officials could conduct public health campaigns such as malaria control and HIV/AIDS awareness while agriculture extension workers impart knowledge on environment protection and land use.)

• Compiling monthly reports on all activities conducted by the MRS submitted to the MRC of the respective country on standard report sheets.

Organization of the MRS

Manning

• Three military engineering soldiers with experience in taking care of mines/UXO.
• One paramedic from the military.
• Helpers provided by the local communities.

MRS Assets—A Guide

Item

1. 4 x 4 vehicle
2. High-frequency radio, Global Positional System
3. Ridge tent, three pavilion tents
4. Demolition box
5. Mine awareness stores

Remarks

For use by MRS for reacting to call outs as emergency evacuation, transport for conducting MACs.
Communication to be compatible with in-country MAC.
Accommodation and office use.
One detector, one set of personal protective equipment and a visor, provider, trolley, democable, exploder.
Dummy mines, posters, danger warnings signs, demarcation tape.

6. Medical stores

Stretchers, bandages, emergency trolleys.

Table II- the assets.

Journal of Conventional Weapons Destruction, Vol. 6, Iss. 3 [2002], Art. 6
Sustainable Local Capacities

Projected Setup Costs of MRS

Security Devices Harare, a leading manufacturer of demining equipment, estimates that procurement of items 1–6 of the MRS Assets Guide costs approximately $30,000. The following methods could be used to calculate the total number of sticks required per country and project total setting-up costs.

• The medical crew mentioned above assisted landmine victims spread over a surface area of 8,350 sq km. Angola and Mozambique are mined in all their provinces and districts, and reaction sticks would be spread across their mainland. The surface area for Angola is 1,247,800 sq km and for Mozambique is 799,380 sq km. Communities living close to minefields in Zimbabwe reside along an approximate 28,000 sq km belt. Factoring in 38,350 sq km as area cover for a single MRS, Angola would require 169, Mozambique 95 and Zimbabwe 3. The requirements for Namibia, Zambia, Malawi, Tanzania and Swaziland could be derived using the same method.

It therefore requires 972 soldiers and a cost of $7.4 million to set up vital and expensive locally-sustainable capacities to reduce landmine accidents and to assist victims of the mine scourge in southern Africa.

Towards Implementation of the MRS Concept

In its English and Portuguese versions, the concept has been submitted as a project proposal to and accepted by the SADC Mine Action Committee, which is headed by General Andre Santana Pereira of Angola. SADSA invites practitioners in mine victim assistance to come aboard our MRS concept for the decimation of the landmine carcass in southern Africa.

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21
20