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**MEETING OF THE STATES PARTIES
TO THE CONVENTION ON THE PROHIBITION
OF THE USE, STOCKPILING, PRODUCTION
AND TRANSFER OF ANTI-PERSONNEL
MINES AND ON THEIR DESTRUCTION**

APLC/MSP.6/2005/5
5 April 2006

Original: ENGLISH

Sixth Meeting

Zagreb, 28 November – 2 December 2005

Item 17 of the agenda

Consideration and adoption of the final document

FINAL REPORT

The Final Report of the Sixth Meeting of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction consists of three parts and four annexes as follows:

Part I. Organization and Work of the Sixth Meeting

- A. Introduction
- B. Organization of the Sixth Meeting
- C. Participation in the Sixth Meeting
- D. Work of the Sixth Meeting
- E. Decisions and Recommendations
- F. Documentation
- G. Adoption of the Final Report and conclusion of the Sixth Meeting

Part II. Achieving the aims of the Nairobi Action Plan: The Zagreb Progress Report

Introduction

- I. Universalizing the Convention
- II. Destroying stockpiled antipersonnel mines
- II. Clearing mined areas
- III. Assisting landmine victims
- IV. Other matters essential for achieving the Convention's aims

- Part II. Annex I States which have ratified or acceded to the Convention
- Part II. Annex II Deadlines for States Parties to destroy stockpiled anti-personnel mines in accordance with Article 4
- Part II. Annex III Deadlines for States Parties to destroy or ensure the destruction of antipersonnel mines in mined areas under their jurisdiction or control in accordance with Article 5
- Part II. Annex IV The development and implementation of national plans and demining programmes
- Part II. Annex V Victim assistance objectives of the States Parties that have reported the responsibility for significant numbers of landmine survivors

Part II. Annex VI Anti-personnel mines reported retained or transferred by the States Parties for reasons permitted under Article 3, and, a summary of additional information provided by these States Parties

Part III. The Zagreb Declaration

Annexes

- I. Agenda of the Sixth Meeting of the States Parties
- II. Amended Article Seven Reporting Format
- III. Report on the Functioning of the Implementation Support Unit, November 2004-
November 2005
- IV. List of documents of the Sixth Meeting of the States Parties

PART I
ORGANIZATION AND WORK OF THE SIXTH MEETING

A. Introduction

1. The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction provides in article 11, paragraphs 1 and 2, that: *“The States Parties shall meet regularly in order to consider any matter with regard to the application or implementation of this Convention, including:*

- (a) The operation and status of this Convention;*
 - (b) Matters arising from the reports submitted under the provisions of this Convention;*
 - (c) International cooperation and assistance in accordance with article 6;*
 - (d) The development of technologies to clear anti-personnel mines;*
 - (e) Submissions of States Parties under article 8; and*
 - (f) Decisions relating to submissions of States parties as provided for in article 5”;*
- and,

Meetings subsequent to the First Meeting of the States Parties *“shall be convened by the Secretary-General of the United Nations annually until the first Review Conference”*.

2. At the 29 November – 3 December 2004 First Review Conference, the States Parties agreed to hold the Sixth Meeting of the States Parties in Croatia from 28 November to 2 December 2005.

3. To prepare for the Sixth Meeting, in keeping with past practice, at the June 2005 meeting of the Standing Committee on the General Status and Operation of the Convention a draft agenda, provisional programme, draft rules of procedure and draft cost estimates were presented. Based upon discussions at that meeting, it was the sense of the Co-Chairs of the Standing Committee on the General Status and Operation of the Convention that these documents were generally acceptable to the States Parties to be put before the Sixth Meeting for adoption.

4. To seek views on matters of substance, Austria and Croatia convened an informal meeting in Geneva on 23 September 2005 to which all States Parties and interested organizations were invited to participate.

5. The opening of the Sixth Meeting of the States Parties was preceded on 27 November 2005 by a ceremony at which statements were delivered by: the President of the Republic of Croatia, Stjepan Mesić; the Minister of Foreign Affairs and European Integration of Croatia, Kolinda Grabar-Kitarović; the Mayor of the City of Zagreb, Milan Bandić; the President of the First Review Conference, Ambassador Wolfgang Petritsch of Austria; the President of the Fourth Meeting of the States Parties, Ambassador Jean Lint of Belgium; and, the 1997 Nobel Peace Prize co-recipient, Ms. Jody Williams.

B. Organization of the Sixth Meeting

6. The Sixth Meeting of the States Parties was opened on 28 November 2005 by the President of the First Review Conference, Ambassador Wolfgang Petritsch of Austria. The President of the First Review Conference presided over the election of the President of the Sixth Meeting of the States Parties. The conference elected by acclamation the Minister of Foreign Affairs and European Integration of Croatia, Ms. Kolinda Grabar-Kitarovic, as its President in accordance with rule 5 of the rules of procedure.

7. At the opening session, messages were delivered to the meeting on behalf of the Secretary General of the United Nations, Mr. Kofi Annan, and the President of the International Committee of the Red Cross, Dr. Jakob Kellenberger, and, by the 1997 Nobel Peace Prize Co-Laureate, Ms. Jody Williams, and the President of the Geneva International Centre for Humanitarian Demining (GICHD), Mr. Cornelio Sommaruga.

8. At its first plenary meeting on 28 November 2005, the Sixth Meeting adopted its agenda as contained in Annex I to this report. On the same occasion, the meeting adopted its rules of procedure as contained in document APLC/MSP.6/2005/3, the estimated costs for convening the Sixth Meeting as contained in document APLC/MSP.6/2005/4, and its programme of work as contained in document APLC/MSP.6/2005/2.

9. Also at its first plenary meeting, Algeria, Bangladesh, Canada, New Zealand, Nicaragua, Norway, South Africa and Sweden were elected by acclamation as Vice-Presidents of the Sixth Meeting.

10. The meeting unanimously confirmed the nomination of Ms. Dijana Plestina of the Ministry of Foreign Affairs and European Integration of Croatia, as Secretary-General of the meeting. The meeting also took note of the appointment by the United Nations Secretary-General of Mr. Enrique Roman-Morey, Director of the Geneva Branch of the United Nations Department for Disarmament Affairs, as Executive Secretary of the meeting, and the appointment by the President of Mr. Kerry Brinkert, Manager of the Implementation Support Unit of the GICHD, as the President's Executive Coordinator.

11. The meeting took note of the support provided to the President by two Friends of the President: Mr. Paul Huynen of Belgium and Mr. Markus Reiterer of Austria.

C. Participation in the Sixth Meeting

12. Ninety-three States Parties participated in the meeting: Afghanistan, Albania, Algeria, Angola, Argentina, Australia, Austria, Bangladesh, Belarus, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Central African Republic, Chad, Chile, Colombia, Congo, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czech Republic, the Democratic Republic of the Congo, Denmark, Djibouti, Ecuador, El Salvador, Eritrea, Estonia, Ethiopia, France, Germany, Greece, Guatemala, Guinea, Guinea-Bissau, Holy See, Honduras, Hungary, Ireland, Italy, Japan, Jordan, Kenya, Lithuania, Luxembourg, Malaysia, Malta, Mauritania, Mexico, Monaco, Mozambique, Namibia, Netherlands, New Zealand, Nicaragua, Nigeria, Norway, Peru, Philippines, Portugal, Qatar, Rwanda, Senegal, Serbia and

Montenegro, Slovakia, Slovenia, South Africa, Spain, Sudan, Suriname, Sweden, Switzerland, Tajikistan, Tanzania, Thailand, The former Yugoslav Republic of Macedonia, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, United Kingdom of Great Britain and Northern Ireland, Venezuela, Yemen, Zambia and Zimbabwe.

13. Two States that had ratified or acceded to the Convention, but for which the Convention had not yet entered into force, participated in the meeting as observers, in accordance with article 12, paragraph 3, of the Convention and rule 1, paragraph 1, of the rules of procedure of the meeting: Bhutan and Latvia.

14. Four signatories that have not ratified the Convention participated in the meeting as observers, in accordance with article 11, paragraph 3, of the Convention and rule 1, paragraph 1, of the rules of procedure of the meeting: Haiti, Indonesia, Poland and Ukraine.

15. A further 17 States not parties to the Convention participated in the meeting as observers, in accordance with article 11, paragraph 3, of the Convention and rule 1, paragraph 1, of the rules of procedure of the meeting: Azerbaijan, China, Egypt, Finland, India, Iraq, Kazakhstan, Kuwait, Kyrgyzstan, Libyan Arab Jamahiriya, Micronesia (Federated States of), Mongolia, Morocco, Palau, Saudi Arabia, Singapore and United Arab Emirates.

16. In accordance with article 11, paragraph 3, of the Convention and rule 1, paragraphs 2 and 3, of the Rules of Procedure, the following international organizations and institutions, regional organizations, entities and non-governmental organizations attended the meeting as observers: African Union, European Community, Geneva International Centre for Humanitarian Demining (GICHD), International Campaign to Ban Landmines (ICBL), International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies, International Labour Organization (ILO), League of Arab States, North Atlantic Treaty Organisation (NATO), Organization of American States (OAS), Organisation for Security and Cooperation in Europe (OSCE), Organization for the Prohibition of Chemical Weapons (OPCW), Sovereign Military Order of Malta, United Nations Children's Fund (UNICEF), United Nations Department for Disarmament Affairs (UNDDA), United Nations Development Programme (UNDP), United Nations High Commissioner for Refugees (UNHCR), United Nations Institute for Disarmament Research (UNIDIR), United Nations Mine Action Service (UNMAS), United Nations Office for Project Services (UNOPS), World Food Programme (WFP), and World Health Organization.

17. In accordance with article 11, paragraph 3, of the Convention and rule 1, paragraph 4, of the rules of procedure, the following other organizations attended the meeting as observers: Association solidarité des handicapés et victimes des mines, Commission nationale pour l'élimination des mines antipersonnelles (CNEMA), International Peace Research Institute (PRIO), International Trust Fund for Demining and Mine Victims Assistance (ITF), Mine Action Information Center (James Madison University), Regional Arms control Verification and Implementation Assistance Center (RACVIAC) SE Europe, South Eastern Europe Clearinghouse for the Control of Small Arms and Light Weapons (SEESAC), Swiss Foundation for Mine Action (FSD), and World Association Desk and Emergency Medicine (WADEM).

18. A list of all delegations to the Sixth Meeting is contained in document APLC/SMP.6/2005/INF.3.

D. Work of the Sixth Meeting

19. The Sixth Meeting held nine plenary sessions from 28 November to 2 December 2005.

The first two plenary meetings were devoted to the general exchange of views under agenda item 10. Delegations of thirty States parties, six observer States and three observer organizations made statements in the general exchange of views.

20. At its third through eighth plenary sessions, the meeting considered the general status and operation of the Convention, reviewing progress made and challenges that remain in the pursuit of the Convention's aims and in the application of the Nairobi Action Plan 2005-2009. In this regard, the meeting warmly welcomed the Zagreb Progress Report, as contained in Part II of this report, as an important means to support the application of the *Nairobi Action Plan* by measuring progress made during the period 3 December 2004 to 2 December 2005 and highlighting priority areas of work for the States Parties, the Co-Chairs and the Convention's President in the period between the Sixth and the Seventh Meetings of the States Parties.

21. At its eighth plenary session, the meeting noted the Director of the GICHD's report on the functioning of the Implementation Support Unit (ISU), contained in Annex III to this report. States Parties expressed their appreciation to the GICHD for the manner in which the ISU is making a positive contribution in support of the States Parties' efforts to implement the Convention.

22. Also at its eighth plenary session, the States Parties again recognized the value and importance of the Coordinating Committee in the effective functioning and implementation of the Convention and for operating in an open and transparent manner. In addition, the meeting again noted the work undertaken by interested States Parties through the Sponsorship Programme, which continues to ensure widespread representation at meetings of the Convention.

23. Also at its eighth plenary session, the meeting considered matters pertaining to reporting under article 7 of the Convention. All States Parties were encouraged to place a renewed emphasis on ensuring reports are submitted as required by forwarding reports to the Geneva Branch of the United Nations Department for Disarmament Affairs.

24. Also at its eighth plenary session, the meeting considered the submission of requests under article 5 of the Convention. The President notified the meeting that she had not been informed that any State wished to make such a request at the Sixth Meeting. The meeting took note of this.

25. Also at its eighth plenary session, the meeting considered the submission of requests under article 8 of the Convention. The President notified the meeting that she had not been informed that any State wished to make such a request at the Sixth Meeting. The meeting took note of this.

E. Decisions and Recommendations

26. At its final plenary meeting, pursuant to consultations undertaken by the Co-Chairs of the Standing Committee on the General Status and Operation of the Convention, the meeting agreed to set the dates of the 2006 meetings of the Standing Committees from 8-12 May and identified the following States Parties as the Standing Committee Co-Chairs and Co-Rapporteurs until the end of the Seventh Meeting of the States Parties:

- (i) Mine Clearance, Mine-Risk Education and Mine-Action Technologies: Jordan and Slovenia (Co-Chairs); Chile and Norway (Co-Rapporteurs);
- (ii) Victim Assistance and Socio-Economic Reintegration: Afghanistan and Switzerland (Co-Chairs); Austria and Sudan (Co-Rapporteurs);
- (iii) Stockpile Destruction: Japan and the United Republic of Tanzania (Co-Chairs); Algeria and Estonia (Co-Rapporteurs);
- (iv) General Status and Operation of the Convention: Belgium and Guatemala (Co-Chairs); Argentina and Italy (Co-Rapporteurs).

27. Also at its final plenary session, the meeting agreed to amend the Article 7 reporting format on the basis of a proposal related to voluntary supplementary information which presented by Argentina and Chile and as contained in Annex II to this report.

28. Also at its final plenary session, the meeting agreed that Australia would designate a President of the Seventh Meeting of the States Parties and decided to hold the Seventh Meeting of the States Parties at the United Nations facilities in Geneva from 18 to 22 September 2006. In addition, the meeting warmly welcomed the offer made by Jordan to host and preside over the Eighth Meeting of the States Parties in 2007.

29. Also at the final plenary, the meeting adopted the Zagreb Declaration, which is contained in Part III of this report, reaffirming the commitments made by the States Parties on 3 December 2004 at the landmark Nairobi Summit on a Mine Free World.

F. Documentation

30. A list of documents submitted to the Sixth Meeting is contained in Annex IV to this report. These documents are available in all official languages through the United Nations Official Documents System (<http://documents.un.org>).

G. Adoption of the Final Report and conclusion of the Sixth Meeting

31. At its final plenary session, on 2 December 2005, the meeting adopted its draft report, contained in document APLC/MSP.6/2005/CRP.1, as orally amended, which is being issued as document APLC/MSP.6/2005/5. At the close of the meeting, the meeting expressed its heartfelt thanks to Croatia for hosting the Sixth Meeting of the States Parties.

PART II

ACHIEVING THE AIMS OF THE NAIROBI ACTION PLAN: THE ZAGREB PROGRESS REPORT

Introduction

32. On December 3, 2004 at the First Review Conference of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (hereinafter “the Convention”) the States Parties adopted the *Nairobi Action Plan 2005-2009*. In doing so, the States Parties “reaffirmed their unqualified commitment to the full and effective promotion and implementation of the Convention,” and their determination “to secure achievements to date, to sustain and strengthen the effectiveness of cooperation under the Convention, and to spare no effort to meet (their) challenges in universalizing the Convention, destroying stockpiled anti-personnel mines, clearing mined areas and assisting the victims.”¹

33. The *Nairobi Action Plan*, with its 70 specific action points, lays out a comprehensive framework for the period 2005-2009 for achieving major progress towards ending, for all people for all time, the suffering caused by anti-personnel mines. In doing so, it underscores the supremacy of the Convention and provides the States Parties with guidance in fulfilling their Convention obligations. To ensure the effectiveness of the *Nairobi Action Plan* as a means of guidance, the States Parties acknowledge the need to regularly monitor progress in the pursuit of the aims of the *Nairobi Action Plan* and to identify challenges that remain. Hence, pursuant to ideas proposed by the Austrian President of the First Review Conference and Croatia in its capacity as designated presidency of the Sixth Meeting of the States Parties, the States Parties – in their customarily inclusive and transparent manner – have developed the *Zagreb Progress Report*.

34. The purpose of the *Zagreb Progress Report* is to support the application of the *Nairobi Action Plan* by measuring progress made during the period 3 December 2004 to 2 December 2005. While all 70 points in the *Nairobi Action Plan* remain equally important and should be acted upon, the *Zagreb Progress Report* aims to highlight priority areas of work for the States Parties, the Co-Chairs and the Convention’s President in the period between the Sixth and the Seventh Meetings of the States Parties. It could be considered as the first in a series of annual progress reports prepared by the States Parties in advance of the 2009 Second Review Conference.

¹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Introduction.

I. Universalizing the Convention

Status at the close of the First Review Conference

35. At the close of the First Review Conference, 143 States were parties to the Convention.² Moreover, according to the International Campaign to Ban Landmines (ICBL), two-thirds of the States that had **produced** anti-personnel mines prior to the opening for signature of the Convention had become parties to the Convention, accepting to never again produce anti-personnel mines.

36. An additional three States not parties – Finland, Israel and Poland – had ceased production, and several others had not produced anti-personnel mines for several years, including Egypt, the Republic of Korea and the United States of America. In addition, the International Campaign to Ban Landmines (ICBL) had indicated that the legal global trade in anti-personnel mines had effectively come to a halt and that the use of anti-personnel mines was limited to very few States not parties, indicating a widespread acceptance of the Convention's norm of non-use. However, the First Review Conference also recorded that, according to the ICBL, since the Convention entered into force, 11 States not parties had used anti-personnel mines and that 15 States not parties continued to produce anti-personnel mines or have not produced mines for some time but retained the capacity to do so.³

37. Despite great progress towards universal adherence, as of 3 December 2004, 51 States had not yet ratified or acceded to the Convention, including 8 of the Convention's signatories: Brunei Darussalam, the Cook Islands, Haiti, Indonesia, the Marshall Islands, Poland, Ukraine and Vanuatu. The rate of adherence was particularly low in Asia, the Middle East and amongst the members of the Commonwealth of Independent States (CIS).

38. The First Review Conference recorded that challenges to universalization included: that while a compelling case has been made regarding how the terrible humanitarian consequences that result from anti-personnel mine use greatly outweigh their limited military utility, some States not parties continue to claim that anti-personnel mines are necessary; that others have linked the possibility of accession to the Convention to the resolution of a territorial, regional or internal dispute or conflict; that one State not party, Ukraine, had indicated that assistance for the destruction of its large stockpile of anti-personnel mines must be in place before it would be in a position to join the Convention; that while some States have joined the Convention notwithstanding the fact that armed non-State actors engage in acts prohibited by the Convention in their sovereign territory, one State not party, Sri Lanka, has suggested that accession to the Convention may be linked to an end to the use of anti-personnel mines by an armed non-State actor in its sovereign territory; that some States with no objections to the Convention remain outside it simply because ratification or accession to it is one of many competing priorities for scarce administrative resources; and, that accession to the Convention may not be possible on the part of States that do not have functioning or recognized government in place. The First Review

² The First Review Conference recorded 144 States as having ratified, accepted, approved or acceded to the Convention, with the 144th State being Ethiopia. After the First Review Conference it was noted that technical procedures regarding the deposit of Ethiopia's instrument of ratification were not completed until 17 December 2004.

³ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 6-8 and 12.

Conference also noted that “while universalization of the Convention itself means adherence to it by all States, universal acceptance of the Convention’s norms is impeded by armed non-State actors that continue to use, stockpile, and produce anti-personnel mines.”⁴

Nairobi Action Plan

39. To assure progress in overcoming these challenges, in the *Nairobi Action Plan* the States Parties decided to: call on those States that have not yet done so to accede to the Convention as soon as possible; persistently encourage those signatories of the Convention that have not yet done so to ratify it as soon as possible; attach particular priority to States not parties that continue to use, produce, or possess large stockpiles of anti-personnel mines, or otherwise warrant special concern; accord particular importance to promoting adherence in regions where the level of acceptance of the Convention remains low; seize every appropriate opportunity to promote adherence to the Convention in bilateral contacts, military-to-military dialogue, peace processes, national parliaments, and the media; and, actively promote adherence to the Convention in all relevant multilateral fora, including the UN Security Council, UN General Assembly, assemblies of regional organizations and relevant disarmament bodies.⁵ As well, the States Parties accepted that they will “continue promoting universal observance of the Convention’s norms, by condemning, and taking appropriate steps to end the use, stockpiling, production and transfer of anti-personnel mines by armed non-State actors.”⁶

Actions taken and progress made

40. Since the First Review Conference, a number of universalization initiatives have been undertaken by States Parties, regional organizations, the United Nations, the International Committee of the Red Cross (ICRC), the ICBL and others in a manner that is consistent with the States Parties’ commitment to “encourage and support involvement and active cooperation in these universalization efforts by all relevant partners.”⁷ On 1 March 2005, the President of the First Review Conference wrote to all States not parties, urging them to ratify or accede to the Convention. He reiterated this appeal in his 3 March 2005 statement to the Conference on Disarmament and in doing so he was joined by the representatives of 10 other States Parties. On 5-6 May 2005 Canada, the Coordinator of the Universalization Contact Group, co-sponsored the *Seminar on Removing Landmines* in Tripoli with a view to raising understanding of the Convention by Libya. On 7 June 2005 the Organization of American States (OAS) adopted a resolution which reaffirmed “the goals of the global elimination of anti-personnel mines and the conversion of the Americas into an anti-personnel-mine-free zone” and which urged member States of the OAS which have not yet done so to ratify or consider acceding to the Convention as soon as possible.⁸ On 16 June 2005, the European Parliament convened a *Landmines Information Day* to promote progress towards a mine-free world and on 7 July it adopted a resolution which in part called on all States that have not yet done so to ratify or accede to the Convention without

⁴ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 14-18.

⁵ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #1 to #6.

⁶ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #7.

⁷ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) action #8.

⁸ Organization of American States General Assembly resolution # AG/RES. 2142 (XXXV-O/05), *The Americas as an Anti-Personnel-Land-Mine-Free Zone*.

delay.⁹ On 5-6 October 2005, the Organisation for Security and Cooperation and Europe (OSCE) co-hosted, in Georgia, the regional workshop *Confidence Building and Regional Cooperation through Mine Action*. The workshop was organized by the International Trust Fund for Demining and Mine Victims Assistance (ITF) and sponsored by Canada, the Netherlands and Slovenia.

41. A number of States Parties have acted in accordance with their commitment to “seize every appropriate opportunity to promote adherence to the Convention,” thus indicating that universalization is a matter that is relevant for all States Parties.¹⁰ In addition, the ICBL continued vigorous promotion of the Convention, which included visits to Azerbaijan, Bahrain, China, Georgia, Indonesia, the Libyan Arab Jamahiriya, Mongolia and Singapore. As well, the ICRC continued to encourage adherence by States not parties in the context of its bilateral contacts with those States, national and regional meetings aimed at promoting adherence to and implementation of international humanitarian law treaties, and in other international fora. Moreover, in November 2005 all components of the International Movement of the Red Cross and Red Crescent were called upon to encourage all States to adhere to the Convention.¹¹ As well, the United Nations engaged a high-level advisor to discuss the provisions of the Convention with a number of States not parties. The United Nations also hosted a treaty event in New York in September 2005 at which States were encouraged to deposit instruments of ratification of or accession to the Convention. Vanuatu availed itself of this opportunity.

42. In keeping with the Nairobi Action Plan’s emphasis on regions where the level of adherence to the Convention remains low,¹² the Coordinator of the Universalization Contact Group sought to identify regional facilitators in Asia, the Middle East and amongst the member States of the CIS. These facilitators engage States Parties from their respective regions on the margins of Convention meetings to discuss ways in which they will promote universalization among States not parties within their regions.

43. Important progress has been made in increasing adherence to the Convention since the First Review Conference. Instruments of ratification were deposited by **Ethiopia** on 17 December 2004 and by **Vanuatu** on 16 September 2005, and, instruments of accession were deposited by **Latvia** on 1 July 2005 and by **Bhutan** on 18 August 2005. There are now 147 States which have deposited instruments of ratification, acceptance, approval or accession with the Convention having entered into force for 144 of these States.¹³ A list of these States can be found in Annex I.

44. Several other States not parties have completed or have made significant progress in their internal processes towards ratification or accession: **Ukraine’s** concerns about requiring resources for stockpile destruction appear to have been addressed thanks to the European Union and thus it has announced that in May 2005 it completed its internal procedures for the ratification of the Convention. In June 2005, the Deputy Prime Minister of the Transitional Federal Government of **Somalia** reiterated that Somalia will accede to the Convention as soon as

⁹ European Parliament resolution # P6_TA-PROV(2005)0298, *A world without landmines*.

¹⁰ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #5.

¹¹ Council of Delegates Resolution on Weapons and International Humanitarian Law, CD 2005 – DR 6/2 (Seoul, 16 November 2005), paragraph 1.

¹² *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #4.

¹³ The Convention enters into force for Latvia on 1 January 2006 and for Bhutan on 1 February 2006.

possible. In October 2005, **Haiti** completed its internal ratification of the Convention and **Palau** stated its intent to accede to the Convention at the Sixth Meeting of the States Parties. In addition, in October 2005, the **Indonesian** President has given the approval for the drafting of the law to ratify the Convention which will involve the Ministry of Defence and the Ministry of Foreign Affairs and onward transmission to the First Commission of the Indonesian Parliament. As well, the Executive Branch of the **Federated States of Micronesia** completed its review of the Convention and intends to submit it to its national congress for internal ratification in 2005.

45. The *Nairobi Action Plan* makes mention of encouraging States not parties to abide by the Convention's provisions pending their adherence to it.¹⁴ Accordingly, while some States not parties are considering acceptance of the Convention, they have been encouraged to adopt interim measures that promote broader acceptance of the norm of the Convention, or demonstrate their commitment to humanitarian principles of it. Such interim measures can include: moratoria on the use, production and transfer of anti-personnel mines; voluntary destruction of stockpiled anti-personnel mines; mine clearance operations; the submission of voluntary transparency reports, according to Article 7 of the Convention; voluntary compliance with other Articles of the Convention; and, mine action projects jointly undertaken as confidence-building measures. Since the First Review Conference, **Poland** adopted such an interim measure by again submitting a voluntary transparency report on anti-personnel mines in accordance with the provisions of Article 7 of the Convention. **Sri Lanka** provided, on a voluntary basis, some of the information required in Article 7, although it did not submit information on stockpiled anti-personnel mines. While voluntary compliance with provisions of the Convention may be recognized as first steps towards ratification of or accession to it, such steps should not be used to postpone formal adherence.

46. According to the ICBL, since the First Review Conference three States not parties (Myanmar, Nepal and Russia) have used anti-personnel mines. In addition, the ICBL indicated that the United States, which has not produced anti-personnel mines since 1997, is due to make a decision in December 2005 on the production of a new weapon system that reportedly could function as an anti-personnel mine.

47. On 7 June 2005, the General Assembly of the Organization of American States condemned the use, stockpiling, production and transfer of anti-personnel mines by armed non-State actors and reaffirmed that progress toward a mine-free world will be facilitated if these actors observe the international norm established by the Convention.¹⁵ On 7 July 2005, the European Parliament called on armed non-State actors to sign the Geneva Call's *Deed of Commitment for Adherence to a Total Ban on Anti Personnel Mines and for Cooperation in Mine Action*.¹⁶ With respect to the *Deed of Commitment*, since the First Review Conference, two additional armed non-State actors – in Somalia and in Western Sahara – renounced the use of anti-personnel mines by signing the document. In addition, former armed non-State actors that signed the *Deed of Commitment* and which are now part of governments have played a leading role in the acceptance and implementation of the Convention by Burundi and Sudan, and are doing the same in Somalia. Challenges remain, however, in that some key armed non-State actors have been reluctant to renounce the use of anti-personnel mines and difficulties persist in

¹⁴ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #5.

¹⁵ Organization of American States General Assembly resolution # AG/RES. 2142 (XXXV-O/05), *The Americas as an Anti-Personnel-Land-Mine-Free Zone*.

¹⁶ European Parliament resolution # P6_TA-PROV(2005)0298, *A world without landmines*.

monitoring compliance with the *Deed of Commitment* and in mobilisation the resources necessary to implement the *Deed of Commitment*.

48. Also in this context, as rights and obligations enshrined in the Convention and commitments in the Nairobi Action Plan apply to States Parties, some States Parties are of the view that when engagement with armed non-state actors is contemplated, States Parties concerned should be informed, and their consent would be necessary in order for such an engagement to take place.

Priorities for the period leading to the Seventh Meeting of the States Parties

49. Given the progress made in 2005, in the period leading to the next Meeting of the States Parties priorities should be as follows:

- (i) All States Parties should direct specific efforts towards encouraging progress by those States not parties which have indicated that they could ratify or accede to the Convention in the near-term. As discussed by the Universalization Contact Group, these include: Bahrain, Brunei Darussalam, Indonesia, Iraq, Kuwait, the Federated States of Micronesia, Oman, Poland, Somalia and the United Arab Emirates.
- (ii) In keeping with Action #3 of the *Nairobi Action Plan*, all States Parties and those that share their aims should continue and increase universalization efforts that place a priority on those States not parties that produce, use, transfer and maintain large stockpiles of anti-personnel mines, including those developing new kinds of anti-personnel mines. In addition, efforts should continue to bring into the Convention those mine affected States that have not yet ratified or acceded to the Convention.
- (iii) In accordance with Action #7 of the *Nairobi Action Plan*, efforts should continue to promote universal observance of the Convention's norms by condemning, and taking appropriate steps to end the use, stockpiling, production and transfer of anti-personnel mines by armed non-State actors.

II. Destroying stockpiled anti-personnel mines

Status at the close of the First Review Conference

50. At the close of the First Review Conference 16 States Parties had still to achieve their obligation to destroy their stockpiled mines. While the number of States Parties for which stockpile destruction was relevant had been reduced to a small number, it was noted that several challenges remained, including that: the numbers of mines held by a few individual States Parties were high; the destruction of the PFM1 mine remained technically challenging; some States Parties did not possess the financial means to destroy their stockpiles of anti-personnel mines; in

some post-conflict or otherwise complex situations it might have been difficult to find and account for all stockpiled anti-personnel mines that were under the jurisdiction or control of a State Party; and, a small number of the States Parties with Article 4 obligations did not or might not have had control over their entire sovereign territories.¹⁷

Nairobi Action Plan

51. According to the *Nairobi Action Plan*, States Parties that have yet to complete their destruction programmes will: establish the type, quantity and, if possible, lot numbers of all stockpiled anti-personnel mines owned or possessed, and report this information as required; establish appropriate national and local capacities; strive to complete their destruction programmes if possible in advance of their four-year deadlines; and, make their problems, plans progress and priorities for assistance known in a timely manner.¹⁸

52. Also in the *Nairobi Action Plan*, States Parties in a position to do so committed to act upon their obligations to promptly assist States Parties with clearly demonstrated needs for support, and, support the investigation and further development of technical solutions to overcome the particular challenges associated with destroying PFM1 mines. As well, it was resolved that all States Parties will: when previously unknown stockpiles are discovered after stockpile destruction deadlines have passed, report such discoveries in accordance with their obligations under Article 7, take advantage of other informal means to share such information and destroy these mines as a matter of urgent priority; and, enhance or develop effective responses, including regional and sub regional responses, to meet requirements for technical, material and financial assistance for stockpile destruction and invite the cooperation of relevant regional and technical organizations in this regard.¹⁹

Actions taken and progress made

53. At the June 2005 meeting of the Standing Committee on Stockpile Destruction, the Co-Chairs announced a goal that, by the Sixth Meeting of the States Parties, stockpile destruction would remain an obligation for at most seven States Parties (Afghanistan, Belarus, Ethiopia, Greece, Serbia and Montenegro, Sudan and Turkey) and challenged seven States Parties (Algeria, Angola, Burundi, Cyprus, the Democratic Republic of Congo, Guinea-Bissau, Guyana) to complete destruction before the Sixth Meeting of States Parties. Algeria accepted this challenge, completing its destruction program on 21 November 2005 more than five months ahead of its deadline. In addition, Guinea-Bissau completed its destruction programme on 17 October 2005.

54. Of the 16 States Parties which at the close of the Review Conference had not yet completed the destruction of mines, 5 have since reported that their stockpile destruction programs are complete: Algeria, Bangladesh, Guinea Bissau, Mauritania, and Uruguay. Since the First Review Conference, four additional States – Bhutan, Ethiopia, Latvia and Vanuatu – joined the Convention and have accepted the obligation to destroy their stockpiles. Two of these –

¹⁷ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 26-30.

¹⁸ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #9 - #12.

¹⁹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #13 - #16.

Bhutan and Vanuatu – have informally advised the Co-Chairs that they hold no stockpiles. Hence, the number of States Parties for which the obligation to destroy stockpiled anti-personnel mines remains relevant has been narrowed to include 13 States: Afghanistan, Angola, Belarus, Burundi, Cyprus, the Democratic Republic of the Congo, Ethiopia, Greece, Guyana, Latvia, Serbia and Montenegro, Sudan and Turkey.²⁰ Timelines for these States Parties to complete stockpile destruction in accordance with Article 4 is contained in Annex II.

55. As noted above, the *Nairobi Action Plan* calls upon States Parties in the process of destroying stockpiled anti-personnel mines to report, as required by Article 7, on the type, quantity and, if possible, lot numbers of all stockpiled anti-personnel mines owned or possessed.²¹ Of the remaining 13 States Parties with the obligation to destroy their stockpiles, all have reported such information since the First Review Conference with the exception of Afghanistan, Ethiopia, and Guyana. With respect to Afghanistan, it should be noted that it complied in 2005 with its obligation to provide a transparency report, noting, with respect to stockpiled anti-personnel mines, that it may need assistance in determining quantities and types of mines held.

56. In accordance with Action Item 15 of the *Nairobi Action Plan*, one State Party - Cambodia – reported, in 2005, on anti-personnel mines discovered after its deadline had passed and on the destruction of these 15,466 anti-personnel mines.

57. In accordance with the commitment made by States Parties to establish capacities to destroy their stocks,²² of the 13 remaining States Parties at least 7 (Afghanistan, Angola, Belarus, Cyprus, Greece, Serbia and Montenegro and Turkey) have indicated that they have made available or are acquiring the necessary resources and plans to destroy their stockpiles.

58. Pursuant to the commitment made to support the investigation and further development of technical solutions to overcome the particular challenges associated with destroying PFM1 mines,²³ much more is now known about this type of mine and solutions to its destruction are at hand.

59. At the June 2005 meeting of the Standing Committee on Stockpile Destruction, the Co-Chairs recognized technical issues associated with the destruction of artillery delivered anti-personnel mines (ADAM) which contain or may contain depleted uranium. This issue is of interest to at least two States Parties. Steps should be taken to enhance the understanding and identify difficulties associated with the destruction of ADAM.

60. Additionally during the June 2005 meeting of the Standing Committee, it was highlighted that the States Parties must consider the subject of multi-function fuses and how inventories of this particular fuse could possibly be used to convert command detonated munitions to victim

²⁰ It should be noted that while it is understood that these 13 States Parties are the only States Parties which must still fulfill Article 4 obligations, an additional 6 States Parties not mentioned in this paragraph have never provided an initial Article 7 report as required to confirm informal indications that no stocks are held. These States Parties are: Cameroon, Cape Verde, Equatorial Guinea, Gambia, Guyana and Sao Tome and Principe. In addition, in coming months, Bhutan and Vanuatu will be required to submit initial Article 7 reports to confirm informal indications that no stocks are held.

²¹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #9.

²² *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #10.

²³ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #14.

activated mines. At least one State Party holds this type of fuse in its inventory. The issue of multifunction fuses warrants further consideration to clarify the nature and scope of the problems associated with their destruction.

Priorities for the period leading to the Seventh Meeting of the States Parties

61. Given the progress made in 2005, in the period leading to the next Meeting of the States Parties priorities should be as follows:

- (i) Efforts should continue, in accordance with Action #11 of the *Nairobi Action Plan*, to ensure that States Parties continue to strive to complete their destruction programmes if possible in advance of their four year deadlines.
- (ii) Given that some of the 13 States Parties for which stockpile destruction remains relevant lack necessary capacities, due attention must be given to continuing to overcome challenges identified by the First Review Conference, including that some States Parties do not possess the financial means to destroy their stockpiles of anti-personnel mines and that in some post-conflict or otherwise complex situations it may be difficult to find and account for all stockpiled anti-personnel mines that are under the jurisdiction or control of a State Party.²⁴
- (iii) Success and / or progress in pursuing the aims of the *Nairobi Action Plan* as they pertain to stockpile destruction should continue to be monitored, measured and discussed, particularly during the Intersessional Work Programme, in part to raise awareness in relevant States Parties of the need to establish and implement stockpile destruction programmes that are consistent with good safety and environmental practices, such as those outlined in International Mine Action Standards.
- (iv) Appropriate actions should be taken to ensure that those States Parties that have not reported their stockpile status in their Article 7 Transparency Reports do so in a timely manner.
- (v) Efforts should be made to raise awareness of the need to establish and implement stockpile destruction of mines belonging to armed non-State actors that have made a commitment to ban the use, stockpiling, production and transfer of anti-personnel mines.

²⁴ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 28-29.

III. Clearing mined areas

Status at the close of the First Review Conference

62. In accordance with Article 5 of the Convention, States Parties must “make every effort to identify all areas under (their) jurisdiction or control in which anti-personnel mines are known or suspected to be emplaced” and undertake “to destroy or ensure the destruction of all anti-personnel mines in mined areas under (their) jurisdiction or control, as soon as possible but not later than ten years after the entry into force of (the) Convention for (a particular) State Party.” The term “mined area” is defined in Article 2 of the Convention as “an area which is dangerous due to the presence or suspected presence of mines.” The Convention does not contain language that would require each State Party to search every square metre of its territory to find mines. The Convention requires, however, the destruction of all anti-personnel mines in mined areas which a State Party has made every effort to identify. It should be noted that while terms like “mine-free,” “impact-free,” and “mine-safe” are sometimes used, such terms do not exist in the text of the Convention and are not synonymous with Convention obligations.

63. Clearance of all mined areas in accordance with Article 5 is part of the Convention’s overall comprehensive approach to ending the suffering and casualties caused by anti-personnel mines – “for all people, for all time.”²⁵ Anti-personnel mines, and the clearance of them, have and / or could have a humanitarian impact, an impact on development, an impact on the disarmament goal of the Convention and an impact on solidifying peace and building confidence. The totality of the impacts caused by anti-personnel mines should be addressed in the context of the Convention. As of 3 December 2004, 50 States Parties had reported areas under their jurisdiction or control that contain, or are suspected to contain, anti-personnel mines. Four of these States Parties – Bulgaria, Costa Rica, Djibouti and Honduras – had indicated that they have completed implementation of Article 5.²⁶

64. With respect to the **identification of mined areas**, the First Review Conference both recorded significant methodological, organizational and operational advances, and, emphasized that “States Parties that have not yet done so need to act with urgency to ensure that every effort is made to identify all areas under their jurisdiction or control in which anti-personnel mines are known or suspected to be emplaced” as required by Article 5.²⁷

65. With respect to **national planning and programme development**, on the one hand the First Review Conference noted that “many States Parties have proceeded in the development and implementation of national programmes to fulfil Article 5 obligations,” assisted in part by the development of the Information Management System for Mine Action (IMSMA) and the International Mine Action Standards (IMAS).²⁸ On the other hand, the First Review Conference

²⁵ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Introduction.

²⁶ The Final Report of the First Review Conference omitted to mention that Bulgaria had reported that it had areas under its jurisdiction or control in which anti-personnel mines were known or suspected to be emplaced and that it had subsequently reported that it had cleared these areas.

²⁷ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 37-40.

²⁸ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 42, 43 and 54. The IMSMA has been developed by the Geneva International Centre for Humanitarian Demining (GICHD). The GICHD also manages the development and updating of the IMAS on behalf of the UN.

was not able to record progress with respect to the national plans and demining programmes of several States Parties.²⁹

66. With respect to **marking and protecting mined areas**, the First Review Conference recorded that implementation of relevant obligations had been aided by relevant International Mine Action Standards. However, challenges noted included that fencing off large swathes of territory and maintaining fencing and markings are expensive propositions, that monitoring requires precious human resources, that communities in resource-deprived areas have often procured the fencing for their own day-to-day purposes and that ongoing instability in areas suspected of being mined and the absence of operational mine action structures affects implementation.³⁰

67. With respect to **mine risk education (MRE)**, the First Review Conference noted that this field has become more standardized and professional. However, challenges were also recorded, including that many States Parties do not have accurate data on populations at risk and that many States Parties need to integrate MRE programmes into broader relief and development activities and education systems.³¹

68. With respect to **mine action technologies**, the First Review Conference recorded that a variety of means have emerged for States Parties to exercise their right, under Article 6(2), “to participate in the fullest possible exchange of equipment, material and scientific and technological information concerning the implementation of (the) Convention”, and to fulfil their responsibility to facilitate such an exchange. In addition, the following challenges were recorded: the need for additional investments for close-in detection and area reduction; the need to focus on country or region-specific solutions; the need to maintain an appropriate level of technology in mine-affected States Parties, ensuring that it is affordable, sustainable and adaptable to local conditions; the need to ensure that developing new technologies does not overshadow productivity increases, which could be achieved with supplying existing technology; and, the need to further strengthen the relationship between end users of technology and those developing it.³²

Nairobi Action Plan

69. The *Nairobi Action Plan* emphasizes that successfully meeting the deadlines for clearing mined areas according to Article 5 of the Convention “will be the most significant challenge to be addressed in the coming five years and will require intensive efforts by mine-affected States Parties and those in a position to assist them.”³³

70. To address this challenge, in the *Nairobi Action Plan*, the States Parties decided to “intensify and accelerate efforts to ensure the most effective and most expeditious possible fulfilment of Article 5 (1) mine clearance obligations in the period 2005-2009” and to “strive to ensure that few, if any, States Parties will feel compelled to request an extension in accordance

²⁹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), Annex IV.

³⁰ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 45 and 47.

³¹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 49 and 52.

³² *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 57 and 61.

³³ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), paragraph 4.

with the procedure set out in Article 5, paragraphs 3-6 of the Convention.”³⁴ In addition, the States Parties that have reported mined areas under their jurisdiction or control, where they have not yet done so, committed to do their utmost to urgently identify all areas containing anti-personnel mines, urgently develop and implement national plans, and make their problems, plans, progress and priorities for assistance known.³⁵ As well, the States Parties resolved to “monitor and actively promote the achievement of mine clearance goals and the identification of assistance needs.”³⁶

71. In the *Nairobi Action Plan* States Parties that have reported mined areas under their jurisdiction or control, where they have not yet done so, accepted that they will do their utmost to: prioritize clearance of areas with highest human impact, provide mine risk education and increase efforts to perimeter-mark, monitor and protect mined areas awaiting clearance in order to ensure the effective exclusion of civilians, as required by Article 5 (2); and, ensure that mine risk education programmes are made available in all communities at risk, integrating such programmes into education systems and broader relief and development activities, taking into consideration age, gender, social, economic, political and geographical factors, and ensuring consistency with relevant International Mine Action Standards, as well as national mine action standards.³⁷

72. The States Parties resolved in the *Nairobi Action Plan* to strengthen efforts to enable mine-affected States Parties to participate in the fullest possible exchange of equipment, material and scientific and technological information, in part to further close the gap between end users of technology and those developing it; to share information on – and further develop and advance – mine clearance techniques, technologies and procedures; and, while work proceeds on developing new technologies, to seek to ensure an adequate supply and most efficient use of existing technologies.³⁸

73. The *Nairobi Action Plan* also contains a commitment on the part of the States Parties to “ensure and increase the effectiveness and efficiency of their efforts” in clearing mined areas.³⁹

Actions taken and progress made

74. Since the First Review Conference, Ethiopia – a State with areas under its jurisdiction or control that contain anti-personnel mines – ratified the Convention and Guatemala and Suriname indicated that they had fulfilled their obligations under Article 5. Hence, fulfilling obligations under Article 5 remains relevant for 46 States Parties. Timelines for these States Parties to complete clearance in accordance with Article 5 is contained in Annex III.

75. Regarding “(monitoring) and actively (promoting) the achievement of mine clearance goals and the identification of assistance needs,”⁴⁰ the Co-Chairs of the Standing Committee on

³⁴ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Actions #17 and #27.

³⁵ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Actions #18, #19 and #22.

³⁶ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Action #28.

³⁷ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Actions #20 and 21.

³⁸ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Actions #25 and #26.

³⁹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Action #24.

⁴⁰ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Action #28.

Mine Clearance, Mine Risk Education and Mine Action Technologies set as their main objective for the Standing Committee to serve as a catalyst to “intensify and accelerate efforts” to fulfil Article 5 obligations. Each of the States Parties which has reported areas containing anti-personnel mines was invited to share information at the June meeting of the Standing Committee with 36 of these States Parties doing so. Based on presentations made by States Parties, reports submitted by them in accordance with Article 7, and other information that has been made available, it is possible to record progress and remaining challenges.

76. Since the First Review Conference, *landmine impact surveys* – a means of defining the landmine problem in terms of location and socio-economic impacts experienced by affected communities – have been completed in Afghanistan and have been underway in Angola and Ethiopia. It should be noted that as landmine impact surveys record areas according to the social and economic impacts experienced by affected communities, the total area recorded will be greater than the actual area in which anti-personnel mines are emplaced.

77. Reporting on identified mined areas should be facilitated by the IMSMA having been made available by the Geneva International Centre for Humanitarian Demining to mine action programmes in 29 relevant States Parties. However, more must be done by several States Parties to identify mined areas under their jurisdiction or control and to report this information as required. For instance, the First Review Conference recorded that “many States Parties have demonstrated that technical survey operations – rapidly verifying that parts of suspected hazardous areas are clear in order to focus manual deminers on areas actually containing mines – will be important in assuring the fulfilment of Article 5 obligations.”⁴¹ To help advance technical survey efforts, the GICHD announced that it will proceed with a technical survey and risk management study. This study aims to enable mine action programmes to streamline their area reduction processes and thus implement more effective use of scarce resources for demining.

78. Of the 46 States Parties which must still fulfil obligations under Article 5 of the Convention, 19 have provided details on national demining plans / programmes which are consistent with Article 5 obligations and the 10-year deadline set by the Convention.⁴² Five (5) have provided details on national demining plans / programmes which are not consistent with Article 5 obligations and / or the 10-year deadline set by the Convention. Seven (7) States Parties have provided details on national demining plans / programmes which are unclear regarding consistency with Article 5 obligations and / or the 10-year deadline set by the Convention. Eight (8) States Parties have indicated that efforts are underway to establish a national demining plan / programme or to acquire the necessary information to do so. Seven (7) States Parties have not provided details on a national demining plan / programme. Immediate action must be taken by several States Parties to develop and implement national demining programmes with a view to meeting their deadlines. In terms of the development and implementation of national plans and demining programmes, a summary of the status of progress reported over the past year can be found in Annex IV.

⁴¹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 53.

⁴² It should be noted that some of the States Parties which have provided details on national demining plans / programmes which are consistent with Article 5 obligations and the 10-year deadline set by the Convention have made it clear that successfully implementing their plans will depend upon obtaining a reasonable amount of external support.

79. The United Nations has assisted a number of States Parties in establishing national plans and in making these plans publicly available on its E-Mine web site.⁴³ In addition, the Organization of American States has provided assistance in national planning to almost every State Party in the Americas which has reported anti-personnel mines in mined areas under its control or jurisdiction.

80. Since the First Review Conference, the following 18 States Parties have reported, as required, on measures taken to “ensure as soon as possible that all anti-personnel mines in mined areas under (their) jurisdiction or control are perimeter-marked, monitored and protected by fencing or other means, to ensure the effective exclusion of civilians, until all anti-personnel mines contained therein have been destroyed:” Afghanistan, Cambodia, Chile, Croatia, Cyprus, Greece, Guinea Bissau, Jordan, Malawi, Mauritania, Nicaragua, Peru, Rwanda, Senegal, Turkey, United Kingdom, Yemen, and Zimbabwe. According to the ICBL, the same challenges noted by the First Review Conference concerning the fulfilment of this obligation have persisted since the Conference.⁴⁴

81. In addition, the following 26 States Parties have reported, as required, on “the measures taken to provide an immediate and effective warning to the population in relation to all areas identified under paragraph 2 of Article 5:” Afghanistan, Albania, Angola, Burundi, Cambodia, Chad, Chile, Colombia, Croatia, Democratic Republic of the Congo, Eritrea, Guatemala, Guinea Bissau, Jordan, Malawi, Mauritania, Mozambique, Nicaragua, Peru, Rwanda, Senegal, Thailand, Uganda, United Kingdom, Yemen and Zimbabwe.

82. According to the ICBL, important quantitative and qualitative gains have been made in risk reduction activities with more individuals receiving mine risk education (MRE), with 11 States Parties (Afghanistan, Angola, Bosnia and Herzegovina, Cambodia, Croatia, Eritrea, Ethiopia, Mozambique, Nicaragua, Sudan and Uganda) having increased the integration of MRE into broader mine action activities, and with 7 States Parties (Afghanistan, Bosnia and Herzegovina, Cambodia, Eritrea, Guinea-Bissau, Mozambique, and Uganda) now having integrated MRE into school curricula. In addition, UNICEF led a consultative process with other key stakeholders to create International Mine Action Standards (IMAS) for MRE. UNICEF, with the support of the Geneva International Centre for Humanitarian Demining (GICHD), has commenced work on comprehensive guidelines to support the implementation of these IMAS.

83. In follow-up to the relevant actions agreed to at the First Review Conference, Belgium continued in 2005 to convene an informal group of mine action technologies experts. This group of experts highlighted that a great deal of testing of existing equipment has been undertaken, particularly by the International Test and Evaluation Programme (ITEP). This has included tests on more than 20 vegetation cutters and flails, 30 metal detectors, 2 dual-sensor mine detectors, protective equipment, ground penetrating radar and vapour detectors. In addition, on the basis of presentations made by Japan and the GICHD, on 5 July 2005 the New York-based Mine Action Support Group held detailed discussions on advances in the field of mine action technologies.

84. With respect to “(ensuring) and (increasing) the effectiveness and efficiency of their efforts”⁴⁵ in clearing mined areas, since the First Review Conference, the IMAS Review Board,

⁴³ www.mineaction.org

⁴⁴ See paragraph 34.

⁴⁵ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Action #24.

which is chaired by the United Nations Mine Action Service (UNMAS) with secretariat support provided by the GICHD, met, making amendments to 32 International Mine Action Standards. In addition, UNMAS has indicated it will analyse IMAS training needs, including among peacekeeping forces, in order to ensure that the IMAS are applied effectively. Furthermore, the Russian translation of all IMAS commenced in August 2005 and, with the support of the Organisation Internationale de la Francophonie (OIF), 12 IMAS have been translated into French.

85. While it is mentioned elsewhere in the Nairobi Action Plan, an emphasis on gender considerations is also important in the fulfilment of Article 5 obligations.⁴⁶ In this regard, since the First Review Conference, the United Nations has produced *Gender Guidelines for Mine Action Programmes* to help ensure that gender perspectives are incorporated into United Nations mine action programmes.

Priorities for the period leading to the Seventh Meeting of the States Parties

86. Given the progress made in 2005, in the period leading to the next Meeting of the States Parties priorities should be as follows:

- (i) In keeping with action #18 of the Nairobi Action Plan, each State Party which has not yet identified all areas under its jurisdiction or control in which anti-personnel mines are known or are suspected to be emplaced should identify such areas as soon as possible and report this information as required.
- (ii) In keeping with action #19 of the Nairobi Action Plan, each State Party which has reported areas containing anti-personnel mines but which has not yet established a plan to clear these areas by its deadline should establish such a plan as soon as possible and share information on its plan and progress in implementing it, using mechanisms such as Article 7 reporting and the Intersessional Work Programme, and all States Parties shall ensure that their plans, and the implementation of them, are consistent with Article 5 obligations.
- (iii) Each actor which has professed its support for the Convention and which is assisting States Parties in developing a national plan to implement Article 5 should ensure that advice and assistance provided is consistent with and does not contradict or fall short of the obligations that States Parties have accepted under Article 5 of the Convention.
- (iv) In keeping with Action #20 of the Nairobi Action Plan, States Parties shall prioritize clearance of areas with highest human impact to significantly reduce risks to populations, at the same time bearing in mind that this is an intermediary step towards fulfilling Article 5 obligations to destroy all anti-personnel mines in mined areas under a State Party's jurisdiction or control.

⁴⁶ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Action #35.

- (v) With a view to striving to ensure, as specified by action #27 of the Nairobi Action Plan, that few, if any, States Parties will feel compelled to request an extension in accordance with the procedure set out in Article 5, paragraphs 3-6 of the Convention, each State Party which has reported areas containing anti-personnel mines should make or acquire the financial and technical means available to clear mined areas, identify ways to address any circumstances which may impede its ability to conduct clearance, and share information on these matters using mechanisms such as Article 7 reporting and the Intersessional Work Programme.
- (vi) In cases where mine action is largely managed and conducted by foreign non-governmental organizations and / or international organizations, national ownership and local capacity development – which are more cost-effective and sustainable – should be accelerated through means such as the use of national demining experts and staff and the use, if appropriate in local contexts, of regular army units or demobilized combatants in demining.⁴⁷ In addition, in keeping with Action #24 of the Nairobi Action Plan, States Parties should continue using the International Mine Action Standards as a frame of reference to establish national standards and operating procedures.
- (vii) Given the advances made in the field of mine risk education, a priority should be placed on applying the relevant International Mine Action Standards in keeping with Action #21 of the Nairobi Action Plan, particularly by ensuring that all clearance operations have a community liaison component as stipulated by these standards.
- (viii) In accordance with actions #26 and #27 of the Nairobi Action Plan, States Parties should ensure an adequate supply and most efficient use of existing technologies to further integrate available technologies into clearance operations.

IV. Assisting the victims

Status at the close of the First Review Conference

87. The First Review Conference recorded that significant conceptual gains had been made during the period 1999-2004 with respect to the fulfilment of the States Parties' obligation to provide assistance for the care and rehabilitation, and social and economic reintegration of mine victims. One of the major advances made by the States Parties was to better understand the elements that comprise victim assistance.⁴⁸ While progress had been made in each area, significant challenges remained.

⁴⁷ This point has been underscored in the United Nations Inter-Agency Policy, *Mine Action and Effective Coordination*, which was endorsed on 6 June 2005, in which it is stated that "the primary responsibility lies with the government of the mine-affected State."

⁴⁸ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 69.

88. With respect to **understanding the extent of the challenge faced**, it was noted that many mine-affected States Parties still knew little about the prevalence of new victims, the numbers of survivors or their specific needs and that in many cases where data collection did occur national ownership over this matter had not yet been achieved. Hence it was recorded that many States Parties faced the challenge of enhancing their mine victim data collection capacities, integrating such systems into existing health information systems and ensuring full access to information.⁴⁹

89. With respect to **emergency and continuing medical care**, it was noted that for many mine-affected countries: there was a lack of trained staff, medicines, equipment and infrastructure to adequately respond to mine and other trauma injuries; the application of existing guidelines remained a challenge; there was a need to ensure that healthcare workers and lay-people in mine-affected areas were trained in emergency first-aid and that trauma surgeons and nurses received appropriate training; there was a need to enhance medical facilities, at a minimum, to meet basic standards; and, problems were posed by the proximity of services to mined areas and difficulties in transporting to these facilities those who require care.⁵⁰

90. With respect to **physical rehabilitation**, it was noted that major challenges for many States Parties were to: increase, expand access to and ensure the sustainability of national capacities; increase the number of trained specialists; provide rehabilitation services in mine-affected communities, ensuring that landmine victims have access to transportation to these services; and, engage all relevant actors to ensure effective coordination in advancing the quality of care and increasing the numbers of individuals assisted.⁵¹

91. With respect to **psychological support and social reintegration**, it was noted that a challenge for many States Parties was to increase national and local capacity, engaging all relevant actors and taking full advantage of the fact that landmine survivors themselves are resources who can act as constructive partners in programmes.⁵²

92. Concerning **economic reintegration**, it was noted that a challenge for many States Parties was to build and develop sustainable economic activities in mine-affected areas that would benefit not only those individuals directly impacted by mines and UXO but their communities. It was also noted that this challenge was profound given that economic reintegration of survivors must be seen in the broader context of economic development.⁵³

93. Concerning the **establishment, enforcement and implementation of relevant laws and public policies**, it was noted that it remained challenging for many States Parties: to fully implement the provisions of existing legislation; to provide pensions that are adequate to maintain a reasonable standard of living; to ensure accessibility to public and private infrastructure; and, to further develop and implement plans to address the needs and rights of mine victims, and more generally to improve rehabilitation and socio-economic reintegration services for all persons with disabilities.⁵⁴

⁴⁹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 71.

⁵⁰ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 72 and 73.

⁵¹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 75.

⁵² *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 76.

⁵³ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 77.

⁵⁴ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 78 and 79.

94. The First Review Conference highlighted that the problems faced by landmine victims are similar to the challenges faced by other persons with injuries and disabilities. Victim assistance does not require the development of new fields or disciplines but rather calls for ensuring that existing health care and social service systems, rehabilitation programmes and legislative and policy frameworks are adequate to meet the needs of all citizens – including landmine victims. However, it does require that a certain priority be accorded to health and rehabilitation systems in areas where landmine victims are prevalent.⁵⁵

95. The First Review Conference also highlighted that victim assistance responsibilities are most pertinent for – and hence these challenges are most profound in – 23 States Parties in which these States Parties themselves have indicated there likely are hundreds, thousands or tens-of-thousands of landmine survivors: Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Colombia, Croatia, the Democratic Republic of the Congo, El Salvador, Eritrea, Guinea-Bissau, Mozambique, Nicaragua, Peru, Senegal, Serbia and Montenegro, Sudan, Tajikistan, Thailand, Uganda and Yemen.⁵⁶ With the ratification of the Convention by Ethiopia on 17 December 2004, this number now stands at 24.

Nairobi Action Plan

96. The *Nairobi Action Plan* provides that States Parties, particularly those with the greatest numbers of mine victims, will do their utmost to: develop or enhance national mine victim data collection capacities; establish and enhance health-care services needed to respond to the needs of mine victims; increase national physical rehabilitation capacity; actively support the socio-economic reintegration of mine victims; ensure that national legal and policy frameworks effectively address the needs and fundamental human rights of mine victims; and, ensure that, in all victim assistance efforts, emphasis is given to age and gender considerations and to mine victims who are subject to multiple forms of discrimination.⁵⁷ These actions constitute the basis for the States Parties' response in a concrete, measurable and meaningful way to the "vital promise for hundreds of thousand of mine victims around the world, as well as for their families and communities."⁵⁸

97. Ensuring that the 24 States Parties that have reported the responsibility for significant numbers of landmine survivors will be in a position to meet their objectives by 2009 will, in many cases, require outside assistance. This was recognized in the *Nairobi Action Plan*, which recorded the commitment that "States Parties in a position to do so will act upon their obligation under Article 6(3) to promptly assist those States Parties with clearly demonstrated needs for external support for care, rehabilitation and reintegration of mine victims, responding to priorities for assistance as articulated by those States Parties in need and ensuring continuity and sustainability of resource commitments."⁵⁹

⁵⁵ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 65.

⁵⁶ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 85.

⁵⁷ *Nairobi Action Plan* (APLC/CONF/2004/5) Actions #29 to #35.

⁵⁸ *Nairobi Action Plan* (APLC/CONF/2004/5) paragraph 5.

⁵⁹ *Nairobi Action Plan* (APLC/CONF/2004/5) Action #36.

98. In the *Nairobi Action Plan*, the States Parties also resolved to “ensure effective integration of mine victims in the work of the Convention” and to “ensure an effective contribution in all relevant deliberations by health, rehabilitation and social services professionals,” inter alia by including such individuals on their delegations.⁶⁰

Actions taken and progress made

99. At the First Review Conference, it was noted that “while not forgetting the responsibilities to landmine victims wherever they may be, a greater emphasis must be placed on the fulfilment of the responsibilities to landmine victims by (the now 24 State Parties of the Convention which have indicated that they hold the responsibility to provide for the well-being of significant numbers of landmine survivors).”⁶¹ However, maximizing the *Nairobi Action Plan* as a basis for action on victim assistance requires a better understanding of what can or should be achieved by December 2009 by / in these 24 States.

100. It should be noted that what can or should be achieved by when and how will be different for each of these 24 States Parties with respect to each of the areas of victim assistance, given diversities in terms of numbers / characteristics of survivors, capacity, geography, etc. As the ultimate responsibility of meeting the needs of survivors rests with each of these States, they themselves must define what can or should be achieved (in concrete and measurable terms) and how.

101. Assisting these States Parties in establishing objectives was a major priority of the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration in 2005. The Co-Chairs distributed a comprehensive questionnaire to the 24 pertinent States Parties to support these States Parties in their articulation of (a) specific, measurable and realistic victim assistance objectives by 2009; (b) plans to achieve these objectives; and (c) means to implement these plans. This questionnaire was inspired by the *Strategic Framework for Planning Integrated Victim Assistance Programmes*, which was developed by Switzerland in 1999, and it was based upon the *Guidelines for the Socio-economic Reintegration of Landmine Survivors*, which was produced by the World Rehabilitation Fund and the United Nations Development Programme (UNDP) in 2003.

102. To further support the efforts of these 24 States Parties in developing concrete and measurable objectives for victim assistance, the Co-Chairs convened workshops in Managua, in which all four pertinent Latin American States Parties participated, and in Nairobi, in which 10 of the 11 pertinent African States Parties participated.⁶² The Co-Chairs also pursued a number of country-specific assistance strategies and provided a forum for States Parties to present their initial responses to the questionnaire at the June 2005 meeting of the Standing Committee. In addition, a number of States Parties were assisted by the United Nations and by the Implementation Support Unit of the GICHD in preparing responses to the questionnaire.

⁶⁰ *Nairobi Action Plan* (APLC/CONF/2004/5) Actions #38 and #39.

⁶¹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 86.

⁶² Colombia, El Salvador, Nicaragua and Peru participated in the workshop in Managua. Angola, Burundi, the Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea-Bissau, Mozambique, Senegal, Sudan and Uganda participated in the workshop in Nairobi.

103. The questionnaire, which is not an end-product but rather an initial step in long-term planning and implementation as it concerns victim assistance, has been welcomed and used by most of the 24 States Parties in question. Many of these States Parties have now developed victim assistance objectives for 2009, which are summarized in Annex V. Hence, there is now a much more solid basis for developing a clearer road map regarding what needs to be done between 2005 and the Second Review Conference and how success pertaining to victim assistance will be measured in 2009.

104. The questionnaires that have been submitted by several States Parties suggest that challenges remain in applying certain lessons that were recorded by the First Review Conference. For example, it was noted that “assistance to landmine victims should be viewed as a part of a country’s overall public health and social services systems and human rights frameworks.”⁶³ However, in many instances the effort to develop victim assistance objectives has been led by demining officials with little interaction with those responsible for health and social services. In addition, the First Review Conference recorded that “providing adequate assistance to landmine survivors must be seen in a broader context of development and underdevelopment.”⁶⁴ Many States Parties have prepared Poverty Reduction Strategy Papers or national development plans to overcome broader development challenges, with most such documents containing objectives that are relevant to advancing the care, rehabilitation and reintegration of landmine survivors. However, in many instances the preparation of victim assistance objectives has not taken these broader national plans into consideration.

105. With specific regard to understanding the status of the challenge faced by many States Parties, actions taken since the First Review Conference include UNICEF, with the Centres for Disease Control and Prevention, having supported the implementation of a field epidemiology for mine action course, which is designed to strengthen and standardise mine victim data collection in affected countries. In addition, the Information Management System for Mine Action (IMSMA), which has the capacity to manage information on mine victims, has been provided to 20 of the 24 States Parties that have reported significant numbers of landmine survivors.⁶⁵

106. Providing support that will benefit landmine survivors can take many forms. Important assistance can be and is provided by or through specialized organizations in which assistance specifically targets landmines survivors and other war wounded. Tracking and measuring such assistance is relatively easy. However, it has proven difficult to track and measure benefits that flow specifically to landmine survivors through integrated approaches in which development cooperation aims to guarantee the rights of all persons with disabilities, including landmine survivors.

107. With respect to ensuring “effective integration of mine victims in the work of the Convention” and “an effective contribution in all relevant deliberations by health, rehabilitation and social services professionals,”⁶⁶ the President of the First Review Conference and the

⁶³ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 66.

⁶⁴ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 67.

⁶⁵ Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Colombia, Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea Bissau, Mozambique, Nicaragua, Peru, Serbia and Montenegro, Sudan, Tajikistan, Thailand and Yemen.

⁶⁶ See *Nairobi Action Plan* (APLC/CONF/2004/5) Actions #38 and #39.

Director of the GICHD undertook to remind the States Parties and all other relevant actors of these commitments through their letter of invitation to the June 2005 meetings of the Standing Committees. In addition, the Secretary General of the Sixth Meeting of the States Parties informed the States Parties that have reported the responsibility for significant numbers of survivors that Croatia was providing some assistance to support the participation of survivors on delegations at the Sixth Meeting. Many States Parties and relevant organizations responded by including survivors and / or health, rehabilitation and social services professionals on their delegations to key meetings in 2005.

108. Since the First Review Conference, efforts have been made to strengthen the normative framework that protects and ensures respect for the rights of persons with disabilities including landmine survivors through the participation by many States and interested organizations in the ongoing drafting of an international convention on the rights of persons with disabilities.

109. The thematic areas that make up what the States Parties understand *victim assistance* to be are complex. With a view to advancing understanding of some of these complexities, since the First Review Conference, the Co-Chairs of the Standing Committee on Victim Assistance placed priority on exploring two areas in particular – emergency medical care and socio-economic reintegration. It was noted that in subsequent years, future Co-Chairs may wish to highlight other thematic areas of victim assistance. For instance, this may be particularly important with respect to physical rehabilitation given that in many cases the provision of services remains dependent upon external actors for resources and expertise.

110. For its part, the ICBL and its member organizations assisted in advancing understanding of various matters concerning victim assistance by producing, since the First Review Conference, the compilation, *101 Great Ideas for the Socio- Economic Reintegration of Mine Survivors*, the study, *National Legal Frameworks Relating to Persons with Disabilities in Heavily Mine-Affected Countries*, and, the report *Victim Assistance in 2004: Overview of the Situation in 24 States Parties*.

Priorities for the period leading to the Seventh Meeting of the States Parties

111. Given the progress made in 2005, in the period leading to the next Meeting of the States Parties priorities should be as follows:

- (i) While objectives may have been established by many of the 24 States Parties that have reported the responsibility for significant numbers of survivors, it is essential that these States Parties proceed with the more complex task of developing comprehensive national plans to guide the fulfilment of these objectives, ensuring that these plans integrate mine victim assistance into broader health care and social service systems, rehabilitation programmes and legislative and policy frameworks.
- (ii) In keeping with the commitment made in the *Nairobi Action Plan* to “monitor and promote progress in the achievement of victim assistance goals,” a priority must be, to place a focus on what steps are being taken to achieve the national

objectives set by the 24 most affected States Parties and what progress is being made.⁶⁷

- (iii) Given that the objectives established by the 24 most affected States Parties provide a clearer picture of their priorities for assistance, an emphasis could be placed on an enriched exchange of information on ways in which States Parties in a position to do so are fulfilling their obligations under Article 6(3) as called for in action #36 of the Nairobi Action Plan.
- (iv) In 2006 and beyond, a priority should be placed by the Standing Committee on Victim Assistance on exploring in greater detail those areas of victim assistance which were not covered in great detail in 2005 such as physical rehabilitation, psychological support and / or establishment, enforcement and implementation of relevant laws and public policies.
- (v) As called for in actions #38 and #39 of the Nairobi Action Plan, States Parties and relevant organizations should continue to ensure effective integration of mine victims in the work of the Convention and an effective contribution in all relevant deliberations by health, rehabilitation and social services professionals.

V. Other matters essential for achieving the Convention's aims

A. Cooperation and assistance

Status at the close of the First Review Conference

112. The First Review Conference highlighted that “the Convention is clear that fulfilling obligations to destroy stockpiled anti-personnel mines and to clear mined areas is the responsibility of each individual State Party, just as ensuring the well-being of a country’s citizens – including mine victims – is a national responsibility.” The First Review Conference, nevertheless, emphasized “that cooperation and assistance are important elements available to those States Parties that may require support in fulfilling their obligations.”⁶⁸

113. While the First Review Conference noted that an impressive volume of funding and other support had been generated since 1997 in the context of the pursuit of aims of the Convention, it also recorded that “the challenge for both traditional and non-traditional States Parties in a position to do so will be to ensure a renewed commitment to assist others during the period 2005-2009, through means such as dedicated funds to assist in the implementation of the Convention and by mainstreaming support to mine action through broader humanitarian, development, peace-building and peace support programmes.” As well, the First Review Conference noted the importance of affected States Parties themselves taking full ownership

⁶⁷ *Nairobi Action Plan* (APLC/CONF/2004/5) Action #37.

⁶⁸ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 88.

over implementation by making national mine action resources available, including by integrating mine action in national development plans and Poverty Reduction Strategy Papers.⁶⁹

114. The First Review Conference noted that additional challenges that pertain to cooperation assistance included: ensuring that States Parties are made well aware of available assistance from the World Bank and regional development banks; the need for international, regional, non-governmental and other organizations to remain as committed to the Convention in the future as they have in the past; and, recognizing that cooperation and assistance concerns not only the volume of money generated but also ensuring cost-effectiveness.⁷⁰ As well, the States Parties recorded: the need to ensure that necessary support for clearing mined areas does not disappear before Article 5 has been fully implemented; the fact that assisting landmine survivors often requires that attention be given during the entire lifetime of these individuals; and, that very few States Parties in a position to do so have provided assistance in destroying stockpiled mines.⁷¹

Nairobi Action Plan

115. The actions in the *Nairobi Action Plan* that concern cooperation and assistance provide guidance to the States Parties in a manner consistent with the Convention's principles of national responsibility and cooperation in implementation. For instance, it was accepted that the States Parties that have reported mined areas under their jurisdiction or control and those with the greatest numbers of mine victims will: ensure that clearing mined areas and assisting victims are identified as priorities in development plans and programmes, Poverty Reduction Strategy Papers (PRSPs), UN Development Assistance Frameworks, and other appropriate mechanisms; ensure that the activities of the UN and other actors, where relevant, are incorporated into national mine action planning frameworks and are consistent with national priorities; call on relevant actors for cooperation to improve national and international policies and development strategies, enhance effectiveness in mine action, reduce the need to rely on international personnel and ensure that assistance in mine action is based on adequate surveys, needs analysis and cost effective approaches; and, promote technical cooperation, information exchange and other mutual assistance.⁷²

116. In the *Nairobi Action Plan* emphasises that States Parties in a position to do so will fulfil their obligations contained in Article 6 of the Convention by: promptly assisting States Parties with clearly demonstrated needs for external support for stockpile destruction, for mine clearance and mine risk education, and for the care, rehabilitation and reintegration of mine victims;⁷³ ensuring the sustainability of their commitments through a variety of means;⁷⁴ and, continuing to support, as appropriate, mine action to assist affected populations in areas under the control of armed non-State actors, particularly in areas under the control of actors which have agreed to abide by the Convention's norms.⁷⁵

⁶⁹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 89-94.

⁷⁰ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 95, 99-100.

⁷¹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 101-103.

⁷² *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #40 to #43.

⁷³ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #13, #23, #36 and #44.

⁷⁴ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #45.

⁷⁵ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #46.

117. In addition, the *Nairobi Action Plan* indicated that all States Parties will: encourage the international development community to play a significantly expanded role in mine action; use their participation in decision making bodies of relevant organizations to urge the UN and regional organizations and development banks and financial institutions to support States Parties requiring assistance in fulfilling the Convention's obligations; develop and strengthen means to enhance cooperation at the regional level to implement the Convention; and, pursue efforts to identify new and non-traditional sources of support.⁷⁶

Actions taken and progress made

118. A number of States Parties and organizations have heeded the calls made at the First Review Conference to ensure renewed commitments to implement the Convention, to ensure the sustainability of these commitments and to remain as dedicated in the future as in the past.⁷⁷ For example, Australia, announced, on 29 July 2000, a five-year renewal of its efforts by committing AUS\$ 75 million to mine action in addition to funds it has spent over the past ten years. The European Commission has renewed its commitment, establishing a mine action strategy for the period 2005 to 2007 in which it is projected that total EC assistance for mine action during this period will amount to at least € 140 million. In addition, the level of funding that has passed through significant funding channels such as the UN Voluntary Trust Fund for Assistance in Mine Action and the International Trust Fund for Demining and Mine Victims Assistance (ITF) has been maintained at consistently high levels.

119. In general since the First Review Conference, the volume of funding generated for activities consistent with the Convention's aims appears to have been sustained at a very high and constant level. As this tells little about where the funding is going, how well it is spent and the impact of investments, the Coordinator of the Resource Mobilisation Contact Group, Norway, requested that the Implementation Support Unit of the GICHD research this matter. Some initial findings from this research suggest: that while great sums of money continue to be generated, much of the funding in any particular year is directed to a few beneficiary countries; that better understanding the flow of mine action resources requires transparency on the part of all actors handling scarce mine action resources, and, that it is difficult for many actors to articulate the impact of mine action efforts, suggesting that further research in this area is required.

120. While there have been renewals of commitments to provide resources to implement the Convention, in some instances when States Parties have been close to having fulfilled their obligations under Article 5, funding appears to be drying up. For example, funding received by the Organization of American States for mine action programmes in Central and South America declined dramatically in 2005. This despite the fact that some States Parties have indicated that they could complete clearance of mined areas before their 10-year deadlines in accordance with Article 5 of the Convention if funding is provided until the job is done. That said, the primary responsibility for mine clearance lies with the mine-affected State Party, and the contributions of the international community can only be a supplement to their efforts. National ownership and

⁷⁶ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #47 to #50.

⁷⁷ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraphs 91 and 99, *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #45.

coordination of mine action operations, at both the local and national levels, are essential if the efforts of mine-affected States Parties are to be effective and efficient.

121. The First Review Conference highlighted various means to ensure the sustainability of commitments, including by integrating support to mine action “through broader humanitarian, development, peace-building and peace support programmes.”⁷⁸ Some progress has been made in understanding the integration of mine action into development programming. On 13 June 2005, Canada and the GICHD convened a dialogue on this matter in which 14 donor States, the European Commission and various international agencies participated. At this dialogue, it was concluded that while linking mine action to development is a valid approach for furthering assistance to mine-affected countries, the matter needs to be better understood and defined by development practitioners and mine action professionals. In addition, it was noted that the value in pursuing this approach is that mine action integrated into development offers possibilities that complement stand-alone efforts and those funded under humanitarian programmes. Canada and the GICHD are planning to host a second dialogue on mine action in development in Geneva on 5-6 December 2005. The UNDP has contributed to the matter of integrating mine action into development by providing advice and support to country programmes in developing and enhancing integration strategies and plans.

122. While the matter of integrating mine action into donors’ development programming was discussed to some detail in 2005, it should be noted that integrating the removal of anti-personnel mines into broader efforts must also be explored in the context of peace and confidence-building programmes and peace-support initiatives. This will be particularly important with respect to assisting States Parties in clearing mined areas, as required, which do not fall into the context of development but have a closer relationship to the humanitarian and disarmament goals of the Convention, and, to the opportunity presented by the Convention to build confidence between States.

123. In the lead-up to the First Review Conference, significant advances were made in understanding how States Parties which are in the process of fulfilling obligations can themselves integrate mine action into broader domains. This point was emphasized in the Nairobi Action Plan in which it was resolved that such States Parties “will ensure that clearing mined areas and assisting victims are identified as priorities, wherever this is relevant, in national, sub-national and sector development plans and programmes, Poverty Reduction Strategy Papers (PRSPs), UN Development Assistance Frameworks, and other appropriate mechanisms.”⁷⁹ It is not, known, however, to what extent this matter has been acted upon since the First Review Conference, although the UNDP has indicated that it is willing to facilitate integration and provide follow-on assistance.

124. Moreover, no assessment has been made regarding the commitment of States Parties to “use, where relevant, their participation in decision making bodies of relevant organizations to urge the UN and regional organizations and the World Bank and regional development banks and financial institutions to support States Parties requiring assistance in fulfilling the Convention’s obligations.”⁸⁰

⁷⁸ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 91.

⁷⁹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #40.

⁸⁰ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #48.

125. With respect to the commitment in the Nairobi Action Plan to “continue to support, as appropriate, mine action to assist affected populations in areas under the control of armed non-State actors, particularly in areas under the control of actors which have agreed to abide by the Convention’s norms,”⁸¹ on 15 June 2005 Switzerland organised an event entitled *the role of States in moving forward with the implementation of Action 46 of the Nairobi Action Plan*. At this event, Switzerland presented a paper that it had commissioned to stimulate discussion regarding engaging armed groups with a view to implementing *Action 46*. In addition with respect to *Action 46*, the Geneva Call reported that progress has been made by armed non-State actors within India, the Philippines, Somalia and Sudan in their application of the mine action responsibilities contained in the Geneva Call’s *Deed of Commitment for Adherence to a Total Ban on Anti Personnel Mines and for Cooperation in Mine Action*.

Priorities for the period leading to the Seventh Meeting of the States Parties

126. Given the progress made in 2005, in the period leading to the next Meeting of the States Parties priorities should be as follows:

- (i) In accordance with Actions #13, #23, #36, #44 and #45 of the Nairobi Action Plan, States Parties in a position to do so should act with greater urgency to fulfil their obligations under Article 6 of the Convention, taking into account the importance of providing necessary support until the implementation of Article 5 obligations has been completed, the long-term needs of landmine survivors, and the value of expanding the number of States Parties providing increased assistance for mine action.
- (ii) The Resource Mobilisation Contact Group should continue to explore ways that resources can be made use of in the most efficient and effective way, inter alia through cooperation, coordination and the application of best practices by concerned actors in relevant fora and institutions, particularly by drawing upon the experiences of field-based mine action actors.
- (iii) In line with Action #45 of the Nairobi Action Plan, efforts should continue concerning, as appropriate, the integration of mine action into broader humanitarian and/or development assistance programme as one means of ensuring sustainability of commitments from all relevant sources, be they humanitarian, development or stand alone sources.
- (iv) In support of the application of Action #42 of the Nairobi Action Plan, increased support should be provided to mine-affected States Parties in their use of local resources and competence. In doing so States Parties in a position to assist should encourage mine-affected countries to identify mine action in national development plans, to show what national resources will be invested, and to improve the way they report on results they achieve. Furthermore, those providing assistance should consider capacity-building measures and assistance which is

⁸¹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III), Action #46.

sustainable over the long term, as opposed to short term foreign expertise which does not sufficiently focus on transfer of capacity to local institutions.

- (v) Efforts should be undertaken to explore other areas where integrating support to mine action may be relevant, including in the context of integrating mine action into peace and confidence-building programmes and peace-support initiatives.
- (vi) Pursuant to Action #40 of the Nairobi Action Plan, an assessment should be made of the extent to which relevant States Parties have identified the fulfilment of Convention obligations in development plans, Poverty Reduction Strategy Papers and UN Development Assistance Frameworks.
- (vii) Pursuant to Action #48 of the Nairobi Action Plan, an assessment should be made of the extent to which States Parties have used, where relevant, their participation in decision making bodies to urge the UN, regional organizations, the World Bank and other development banks and financial institutions to support States Parties requiring assistance in fulfilling Convention obligations.

B. Transparency and the exchange of information

Status at the close of the First Review Conference

127. At the First Review Conference, the States Parties noted that “transparency and the open exchange of information have been essential pillars on which the Convention’s practices, procedures and tradition of partnership have been built, through both formal means and informal means,” and, “(recognized) that transparency and effective information exchange will be equally crucial to fulfilling their obligations during the period 2005-2009.”⁸²

128. At the close of the First Review Conference, of the then 141 States Parties that were required to submit an initial transparency report in accordance with Article 7.1, all but 6 had done so.⁸³ In addition, of the States Parties that were obliged to furnish updated information in 2004 accordance with Article 7.2, all had done so with the exception of 24 States Parties. The overall reporting rate in the year of the First Review Conference exceeded 78 percent.

129. Notwithstanding a high rate of compliance, the States Parties noted at the First Review Conference that it will be a challenge to ensure that the States Parties continue to comply with their annual reporting obligations. They underlined that compliance will be particularly important for States Parties that are in the process of destroying stockpiled mines in accordance with Article 4, those that are in the process of clearing mined areas in accordance with Article 5,

⁸² *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) paragraph 7.

⁸³ The Final Report of the First Review Conference indicates that Saint Lucia had not submitted an initial report by the close of the Conference. This was an error as Saint Lucia submitted its initial report on 16 November 2004. The Final Report also omitted to mention that Cameroon and Gambia, each of which submitted a voluntary transparency report prior to joining the Convention, have not submitted an initial report since becoming States Parties.

those that have decided to retain anti-personnel mines in accordance with Article 3, and those undertaking measures in accordance with Article 9.⁸⁴

Nairobi Action Plan

130. In the *Nairobi Action Plan*, the States Parties stated that they will “fulfil their obligations to annually update Article 7 transparency reports.” In addition, they resolved to “maximise reporting as a tool to assist in implementation, particularly in cases where States Parties must still destroy stockpiled mines, clear mined areas, assist mine victims or take legal or other measures referred to in Article 9.” As well, with respect to those States Parties which have not yet complied with Article 7.1 of the Convention, the States Parties decided to “urge (these States Parties) to fulfil their obligation to provide initial transparency reports under Article 7 without further delay and request that the UN Secretary-General, as the recipient of these reports, call upon these States Parties to provide their reports.”⁸⁵

131. With respect to mines retained under Article 3, the First Review Conference noted that some States Parties on a voluntary basis have provided information on the intended purpose and actual use of mines retained under Article 3.⁸⁶ In the *Nairobi Action Plan*, this level of transparency was further encouraged. That is, it was accepted that all States Parties will “in situations where States Parties have retained mines in accordance with the exceptions in Article 3, provide information on the plans requiring the retention of mines for the development of and training in mine detection, mine clearance, or mine destruction techniques and report on the actual use of retained mines and the results of such use.”⁸⁷

132. The First Review Conference recalled that in 2000 the States Parties adopted *Form J* to provide States Parties with an opportunity to report voluntarily on other relevant matters, including matters pertaining to compliance and implementation not covered by the formal reporting requirements contained in Article 7, particularly information on assistance for the care and rehabilitation, and social and economic reintegration, of mine victims.⁸⁸ The *Nairobi Action Plan* encouraged the use of this information sharing mechanism in that it was decided that “all States Parties will take full advantage of the flexibility of the Article 7 reporting process, including through the reporting format's *Form J*.”⁸⁹

133. At the First Review Conference, the States Parties noted that since the Convention's entry into force they have shared information and exchanged views on the application of many of the Articles of the Convention and that they concurred in the *Nairobi Action Plan* that they will, during the period 2005 to 2009, “exchange views and share their experiences in a cooperative and informal manner on the practical implementation of the various provisions of the Convention, including Articles 1, 2 and 3, to continue to promote effective and consistent application of these provisions.”⁹⁰

⁸⁴ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 117.

⁸⁵ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #51 and #52.

⁸⁶ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 109.

⁸⁷ *Nairobi Action Plan* (APLC/CONF/2004/5) Action #54.

⁸⁸ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 112.

⁸⁹ *Nairobi Action Plan* (APLC/CONF/2004/5) Action #53.

⁹⁰ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 115; *Nairobi Action Plan* (APLC/CONF/2004/5) Action #55.

134. At the First Review Conference, the States Parties recognized the value of extending to States not parties the concept of volunteering pertinent information. In the *Nairobi Action Plan*, it was accepted that “all States Parties will encourage States not parties, particularly those that have professed support for the object and purpose of the Convention, to provide voluntary transparency reports and to participate in the work of the Convention.”⁹¹

135. The Nairobi Action Plan also recognized the value of other informal means to exchange information in that the States Parties expressed a willingness to “encourage individual States Parties, regional or other organizations to arrange on a voluntary basis regional and thematic conferences and workshops to advance the implementation of the Convention.”⁹²

Actions taken and progress made

136. As of 2 December 2005, a total of 144 of the 147 States which have ratified or acceded to the Convention were required to submit an initial report in accordance with Article 7.1. Since the First Review Conference, initial reports were submitted by Estonia and Papua New Guinea. Hence, all States Parties have now complied with their Article 7.1 obligations with the exception of six States Parties which had not yet provided an initial report: Cape Verde, Equatorial Guinea, Ethiopia, Gambia, Guyana, and Sao Tome and Principe.⁹³

137. In terms of compliance with Article 7.2 of the Convention, of the States Parties which were required in 2005 to provide updated information covering the preceding calendar year, each has done so with the exception of the following 41 States Parties: Andorra, Antigua and Barbuda, Barbados, Belize, Benin, Botswana, Central African Republic, Comoros, Dominican Republic, Ecuador, Fiji, Gabon, Gambia, Ghana, Grenada, Guinea, Honduras, Kenya, Kiribati, Lesotho, Liberia, Madagascar, Maldives, Nauru, Niue, Panama, Papua New Guinea, Paraguay, Qatar, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Sierra Leone, Solomon Islands, St. Kitts and Nevis, Sudan, Swaziland, Timor Leste, Togo, Trinidad and Tobago, and Uruguay. As of 2 December 2005, the overall reporting rate in 2005 stood at 67 percent.

138. As noted, the First Review Conference emphasised that reporting in accordance with Article 7 is particularly important for States Parties which are in the process of fulfilling key obligations or which have retained anti-personnel mines for reasons permitted under Article 3 of the Convention. In this regard, the following was the status as of 2 December 2005:

- (i) Of the 16 States Parties which, as of the close of the First Review Conference, still had to destroy stockpiled mines in accordance with Article 4, each provided a transparency report in 2005 covering the previous calendar year with the exception of the following: Ethiopia, Guyana and Sudan.

⁹¹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #57.

⁹² See *Nairobi Action Plan* (APLC/CONF/2004/5) Action #58.

⁹³ Ethiopia's initial report is due no later than 28 November 2005. Latvia is required to submit an initial transparency report as soon as practicable and in any event not later than 30 June 2006. Bhutan is required to submit an initial transparency report as soon as practicable and in any event not later than 31 July 2006. Vanuatu is required to submit an initial transparency report as soon as practicable and in any event not later than 28 August 2006.

- (ii) Of the 46 States Parties which, as of the close of the First Review Conference, still had to clear mined areas in accordance with Article 5, each provided a transparency report in 2005 covering the previous calendar year with the exception of the following: Ecuador, Ethiopia, Sudan, and Swaziland.
- (iii) Of the 89 States Parties which, as of the close of the First Review Conference, had not yet reported either that they had adopted legislation in the context of Article 9 obligations or that they considered existing laws to be sufficient to give effect to the Convention, each provided a transparency report in 2005 covering the previous calendar year with the exception of the following: Andorra, Antigua and Barbuda, Barbados, Benin, Botswana, Cape Verde, Central African Republic, Comoros, Dominican Republic, Ecuador, Equatorial Guinea, Ethiopia, Fiji, Gabon, Gambia, Ghana, Grenada, Guinea, Guyana, Kenya, Kiribati, Liberia, Madagascar, Maldives, Nauru, Niue, Panama, Papua New Guinea, Paraguay, Qatar, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sao Tome and Principe, Sierra Leone, Solomon Islands, Sudan, Swaziland, Timor-Leste, Togo and Uruguay.
- (iv) Of the 74 States Parties which, as of the close of the First Review Conference, had reported that they had retained mines for reasons permitted under Article 3, each provided updated information on this matter with the exception of the following: Botswana, Ecuador, Honduras, Kenya, Sudan, Togo, and Uruguay. An update on the numbers of mines retained and transferred for permitted reasons by all States Parties is contained in Annex VI.

139. The Co-Chairs of the Standing Committee on the General Status and Operation of the Convention took an active interest in promoting the pursuit of the aims of Action #54 of the Nairobi Action Plan. At the 13 / 17 June 2005 meeting of the Standing Committee, the Co-Chairs provided a forum for States Parties to volunteer relevant information and, in advance of this meeting, they invited States Parties that have retained mines under Article 3 to make use of this forum.⁹⁴ A total of 12 States Parties took advantage of this opportunity to share information at the Standing Committee's meeting. Some States Parties also used their annual transparency reports as vehicles to volunteer information. An overview of additional information provided is contained in Annex VI. In addition, two States Parties – Argentina and Chile – proposed that the transparency reporting format be amended to better enable States Parties to provide information.

140. Since the First Review Conference, the following 42 States Parties have made use of Form J as a voluntary means of reporting: Afghanistan, Albania, Angola, Australia, Austria, Belarus, Belgium, Bosnia and Herzegovina, Burundi, Cambodia, Canada, Chad, Chile, Costa Rica, Cyprus, Democratic Republic of the Congo, Denmark, Estonia, France, Germany, Guinea Bissau, Ireland, Italy, Japan, Lithuania, Malawi, Malta, Mozambique, Netherlands, New

⁹⁴ The Co-Chairs suggested that States Parties may wish to volunteer three main pieces of information: (i) The purposes for which retained mines have been used and the results of this use, including for example: the mine detection, clearance or destruction techniques that have been / are being developed; the mine detection, clearance or destruction training that has been carried out; and, the number of personnel trained and to what standard. (ii) Plans for the further development of mine detection, clearance or detection techniques and further training which would result in the use of mines retained under Article 3. (iii) The number and types of mines that a State Party anticipates using in coming years for the development of and training in mine detection, mine clearance, or mine destruction techniques.

Zealand, Nigeria, Norway, Peru, Rwanda, Slovakia, South Africa, Spain, Sweden, Tajikistan, Thailand, Turkey and Zimbabwe.

141. To facilitate an exchange of views and sharing of experiences pursuant to Action #55 of the *Nairobi Action Plan*, the Co-Chairs of the Standing Committee on the General Status and Operation of the Convention incorporated this matter into the agenda for the Standing Committee's 13 / 17 June 2005 meeting, noting that the implementation of Articles 1, 2 and 3 would reflect on the robustness of the international norm against the use of anti-personnel mines and that it was important that all States Parties expressed their views on these issues.

142. Since the First Review Conference, Latvia and Poland provided voluntary transparency reports, sharing information on all pertinent matters mentioned in Article 7.⁹⁵ Sri Lanka also provided some information referred to in Article 7, although significantly it refrained from offering transparency on matters such as stockpiled anti-personnel mines.

143. Most types of information contained in reports submitted in accordance with Article 7 have been referred to elsewhere in this review. Two areas not covered include information on the conversion or decommissioning of anti-personnel mine production facilities, and, on the technical characteristics of mines at one time produced or currently held by States Parties. Since the First Review Conference, the following one additional State Party reported on the conversion or decommissioning of anti-personnel mine production facilities Zimbabwe. With respect to the technical characteristics of anti-personnel mines produced or currently held, the following 2 additional States Parties have reported on this matter since the First Review Conference Latvia and Venezuela.⁹⁶

144. The informal Article 7 Contact Group, Coordinated by Belgium, has played a major role in raising the profile of transparency reporting obligations and in serving as a point of contact for requests for assistance. On 1 March 2005 – on the sixth anniversary of the Convention's entry into force – the Coordinator of the Contact Group and the President of the First Review Conference wrote to all States Parties to remind the States Parties of their obligations, particularly the 30 April deadline to provide updated information covering the previous calendar year. In addition, the Contact Group met to discuss cooperative strategies and exchange of information on a regular basis. As well, the Contact Group Coordinator has suggested placing an emphasis on quality reporting. The United Nations also has helped States Parties comply with their reporting obligations. In 2005.

Priorities for the period leading to the Seventh Meeting of the States Parties

145. Given the progress made in 2005, in the period leading to the next Meeting of the States Parties priorities should be as follows:

- (i) All States Parties should continue to be reminded of, and comply with, their annual reporting obligations in accordance with Article 7, and in particular, those States Parties that are in the process of destroying stockpiled mines in accordance

⁹⁵ Since submitting a report on a voluntary basis, Latvia acceded to the Convention.

⁹⁶ The information provided by Latvia was in the context of a voluntary report submitted before it had acceded to the Convention.

with Article 4, those that are in the process of clearing mined areas in accordance with Article 5, those that have decided to retain anti-personnel mines in accordance with Article 3, those undertaking measures in accordance with Article 9.

- (ii) All States Parties that have not yet provided an initial transparency report in accordance with Article 7, particularly given the need for these States Parties to confirm the presence or absence of stockpiled anti-personnel mines and mined areas, should be urged to comply with their transparency obligations.
- (iii) Voluntary means to share information, including other relevant information through the use of Form J, should continue to be encouraged and used. In addition, States Parties should continue to cooperate with and provide information to the mechanisms created to facilitate the general operations of the Convention.
- (iv) Those States Parties that have retained or transferred anti-personnel mines for reasons permitted under Article 3 of the Convention will continue to share information, as called for by Action #54 of the Nairobi Action Plan.
- (v) In addition to States Parties complying with transparency obligations in accordance with Article 7, States Parties, States not parties, international organisations, non-governmental organisations and other actors, should continue to use the meetings of the Convention to provide and exchange information relevant to the implementation of the Convention and the Nairobi Action Plan. Actions taken and progress made should be recorded in the Progress Report of the 7th meeting of the States Parties, including specific efforts made with regards to universalization, and detailed information on for example the quantity of stocks that remains to be destroyed by a State Party in accordance with Article 4 obligations and the number of mined areas that remain to be cleared by a State Party in accordance with Article 5 obligations.

C. Preventing and suppressing prohibited activities, and facilitating compliance

Status at the close of the First Review Conference

146. Regarding the prevention and suppression of prohibited activities and facilitating compliance, the States Parties noted at the First Review Conference that the primary responsibility for ensuring compliance with the Convention rests with each individual State Party establishing and applying, as necessary, measures outlined in Article 9.⁹⁷ This Article obliges each State Party to take all appropriate legal, administrative and other measures, including the imposition of penal sanctions, to prevent and suppress any activity prohibited to a State Party under the Convention undertaken by persons or on territory under its jurisdiction or control.

⁹⁷ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 120.

147. As of 3 December 2004, 38 States Parties had reported that they had adopted legislation in the context of Article 9 obligations.⁹⁸ In addition, 18 States Parties had reported that they consider existing laws to be sufficient to give effect to the Convention.⁹⁹ A further 32 States Parties had reported that they were in the process of adopting legislation to implement the Convention.¹⁰⁰

148. On the basis of this status, particularly given that 56 States Parties had not yet reported that they had taken any legislative measures in accordance with Article 9, it was noted that a challenge for the period 2005 to 2009 is for all States Parties that have not yet done so to ensure that they have in place the legislative measures required by Article 9 and to report on such measures in accordance with Article 7.¹⁰¹

149. In addition to noting that they are individually responsible for ensuring compliance with the Convention, at the First Review Conference the States Parties noted that they are also collectively responsible for doing the same when a States Party has engaged in a prohibited activity, using the means available to them in Article 8 of the Convention.¹⁰²

Nairobi Action Plan

150. According to the *Nairobi Action Plan*, all States Parties that had not yet done so will: develop and adopt legislative, administrative and other measures in accordance with Article 9 as soon as possible to fulfil their obligations under this Article thereby contributing to full compliance with the Convention and report annually on progress as required by Article 7; and, make their needs known to other States Parties and the ICRC or other relevant actors in instances when assistance is required to develop implementing legislation.¹⁰³ In addition, it was agreed that States Parties that have applied their legislation will share information on the application of implementing legislation.¹⁰⁴

151. Also with respect to measures outlined in Article 9, at the First Review Conference the States Parties acknowledged that it will be a challenge during the period 2005-2009 for most States Parties to ensure that measures to prevent and suppress prohibited activities – including the systematic dissemination of information regarding the Convention's prohibitions to their

⁹⁸ Australia, Austria, Belarus, Belgium, Belize, Brazil, Burkina Faso, Cambodia, Canada, Colombia, Costa Rica, the Czech Republic, France, Germany, Guatemala, Honduras, Hungary, Iceland, Italy, Japan, Liechtenstein, Luxembourg, Malaysia, Mali, Malta, Monaco, Mauritius, New Zealand, Nicaragua, Norway, South Africa, Spain, Sweden, Switzerland, Trinidad & Tobago, the United Kingdom of Great Britain and Northern Ireland, Zambia and Zimbabwe. The Final Report of the First Review Conference omitted to mention that Belarus had indeed reported that it had adopted legislation in the context of Article 9 obligations.

⁹⁹ Bulgaria, Croatia, Denmark, Guinea-Bissau, the Holy See, Ireland, Lesotho, Mexico, the Netherlands, Portugal, Romania, Samoa, Slovakia, Slovenia, Tajikistan, The former Yugoslav Republic of Macedonia, the United Republic of Tanzania and Tunisia.

¹⁰⁰ Albania, Argentina, Bangladesh, Benin, Bosnia and Herzegovina, Botswana, Cameroon, Chad, the Congo, Chile, the Democratic Republic of the Congo, Djibouti, El Salvador, Jamaica, Kenya, Malawi, Mauritania, Mozambique, the Niger, Panama, Paraguay, Peru, Philippines, Senegal, Serbia and Montenegro, Seychelles, Suriname, Swaziland, Thailand, Togo, Uganda, and Yemen.

¹⁰¹ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 122.

¹⁰² *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 119.

¹⁰³ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #59 and #60.

¹⁰⁴ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #62.

armed forces, the development of armed forces training bulletins, the distribution of the text of the Convention in military academies and directives issued to police forces – are taken and reported upon.¹⁰⁵ To address this challenge in part it was accepted that all States Parties that had not yet done so will integrate the Convention's prohibitions and requirements into their military doctrine as soon as possible.¹⁰⁶

152. In the *Nairobi Action Plan*, the States Parties also resolved, in instances when serious concerns about non-compliance cannot be resolved through measures adopted pursuant to Article 9, to seek clarification in a cooperative spirit in accordance with Article 8, and to call upon the UN Secretary-General to undertake the tasks foreseen in Article 8 as required.¹⁰⁷ As well, the States Parties accepted, in instances when armed non-State actors are operating in areas under the States Parties' jurisdiction or control, to "make it clear that armed non-State actors are required to comply with the provisions of the Convention and that they will be called to account for violations of the Convention in accordance with measures taken under Article 9."¹⁰⁸

Actions taken and progress made

153. To advance progress in the pursuit of these aims, several States Parties have taken actions at the national level and reported on steps taken, as required, in reports submitted in accordance with Article 7 of the Convention. In addition, the Co-Chairs of the Standing Committee on the General Status and Operation of the Convention invited States Parties to volunteer information at the Standing Committee's 17 June 2005 meeting on their progress in developing and adopting legislative, administrative and other measures in accordance with Article 9, and, if relevant, to make their needs known if assistance is required. Moreover, a number of States Parties, the ICRC and the Implementation Support Unit of the GICHD continued to make it clear that they were ready to provide technical assistance should States Parties need it. The ICRC has reported that, since the First Review Conference, it has been providing assistance for the development of national implementing legislation to 16 States Parties.

154. As a result of steps taken, since the First Review Conference: the following States Parties reported that they have adopted legislation in the context of Article 9 obligations: Bosnia and Herzegovina, El Salvador, Estonia, Niger, Saint Vincent and the Grenadines, Seychelles, Turkey and Yemen; the following States Parties reported that they considers existing laws to be sufficient to give effect to the Convention: Algeria, Andorra, Central African Republic, Jordan, Kiribati, Lithuania, Moldova and Papua New Guinea; and, the following States Parties reported that they are in the process of adopting legislation to implement the Convention Afghanistan, Côte d'Ivoire, Croatia, Guinea, Nigeria, Rwanda, Sierra Leone and Uruguay. There are now 46 States Parties that have adopted legislation in the context of Article 9 obligations and 26 States Parties now consider existing laws to be sufficient. Consequently, 75 States Parties have not yet adopted legislation in the context of Article 9 obligations or reported that existing laws are sufficient, although 35 of these have indicated that they are in the process of adopting legislation to implement the Convention.

¹⁰⁵ *Review of the operation and status of the Convention* (APLC/CONF/2004/5, Part II), paragraph 123.

¹⁰⁶ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #61.

¹⁰⁷ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #63.

¹⁰⁸ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #64.

155. Since 3 December 2004, the States Parties remained committed to their agreement, as stated in Article 8, paragraph 1, “to work together in a spirit of cooperation to facilitate compliance by States Parties with their obligations under this Convention.” In addition, it should be noted that since the First Review Conference, no State Party has submitted a request for clarification to a Meeting of the States Parties in accordance with Article 8, paragraph 2, or has proposed that a Special Meeting of the States Parties be convened in accordance with Article 8, paragraph 5.

156. Since the First Review Conference, the UN Department for Disarmament Affairs has continued fulfilling the UN Secretary-General’s responsibility to prepare and update a list of names, nationalities and other relevant data of qualified experts designated for fact finding missions authorized in accordance with Article 8, paragraph 8. Since the First Review Conference, one State Party – Germany – has provided updated information for the list of experts.

Priorities for the period leading to the Seventh Meeting of the States Parties

157. Given the progress made in 2005, in the period leading to the next Meeting of the States Parties priorities should be as follows:

- (i) While progress has been made by States Parties in fulfilling their Article 9 obligations, it remains a priority that the necessary appropriate legislative, administrative and other measures are taken by the 75 States Parties that have not yet done so. These States Parties are also encouraged to report once such measures are adopted.
- (ii) States Parties and relevant organizations in a position to do so should assist other States Parties that have indicated, consistent with Action #60 of the Nairobi Action Plan, that they would require legal assistance in drafting implementing legislation.
- (iii) States Parties that have not yet integrated the Convention’s prohibitions and requirements into their military doctrine, in keeping with Action #61 of the Nairobi Action Plan, should do so as soon possible.

D. Implementation Support

Status at the close of the First Review Conference

158. The First Review Conference recorded that “the effective functioning and full implementation of the Convention has been enhanced through the structures and mechanisms that exist in the Convention, that have been established pursuant to the decisions of the States

Parties or that have emerged on an informal basis” and that the States Parties’ implementation mechanisms “will remain important during the period 2005-2009.”¹⁰⁹

Nairobi Action Plan

159. In the *Nairobi Action Plan*, it was accepted that States Parties will: support the efforts of the Coordinating Committee; continue to make use of the support provided by the GICHD in hosting the meetings of the Standing Committees, through the Implementation Support Unit (ISU), and by administering the Sponsorship Programme; continue to provide on a voluntary basis, in accordance with their agreement with the GICHD, the necessary financial resources for the operation of the ISU; continue to reaffirm the valuable role of the United Nations for providing support to Meetings of the States Parties; and, continue to utilize informal mechanisms such as the Contact Groups, which have emerged to meet specific needs.¹¹⁰

160. Also with respect to implementation support, the *Nairobi Action Plan* provides that “States Parties in a position to do so will on a voluntary basis contribute to the Sponsorship Programme thereby permitting widespread representation at meetings of the Convention, particularly by mine-affected developing States Parties, with the latter maximising this important investment by actively participating and sharing information on their problems, plans, progress and priorities for assistance.”¹¹¹

Actions taken and progress made

161. Since the First Review Conference, the Coordinating Committee met 7 times to prepare for and assess the outcome of the Intersessional Work Programme and to coordinate matters relating to and flowing from the work of the Standing Committees with the work of the Meeting of the States Parties. The Coordinating Committee continued to operate in an open and transparent manner with summary reports of each meeting made available to all interested parties on the web site of the GICHD.

162. The June 2005 meetings of the Standing Committees featured the largest ever number of registered representatives of States Parties, States not parties and interested organizations. In addition, these meetings featured a continued trend towards more focused discussions on the implementation, by individual States Parties, of key provisions of the Convention and on assuring that cooperation and assistance in the context of the Convention would continue to function well. These meetings were again supported by the GICHD and active participation was enhanced by interpretation services which were provided courtesy of voluntary contributions made by the European Commission and Canada.

163. The Implementation Support Unit of the GICHD continued to assist States Parties in all possible aspects of implementing the Convention’s obligations and objectives. With the adoption of the *Nairobi Action Plan*, clear direction was provided to the ISU regarding the States Parties’ priorities. Since the First Review Conference, the President, the President-Designate, the Co-

¹⁰⁹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) paragraph 9.

¹¹⁰ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Actions #65 to #69.

¹¹¹ *Nairobi Action Plan* (APLC/CONF/2004/5, Part III) Action #70.

Chairs, the Contact Group Coordinators, the Sponsorship Programme donors group and individual States Parties proceeded with initiatives to pursue the aims of the Nairobi Action Plan. The ISU responded accordingly, providing necessary support. The ongoing operations of the ISU were assured by voluntary contributions which were made by the following States Parties since the First Review Conference: Australia, Austria, Belgium, Bosnia and Herzegovina, Canada, Chile, Czech Republic, Germany, Hungary, Iceland, Italy, Luxembourg, Mexico, the Netherlands, Nigeria, Norway and Turkey.

164. The United Nations Department for Disarmament Affairs and Croatia, with the assistance of the Implementation Support Unit of the GICHD, proceeded in 2005 in making arrangements for the Sixth Meeting of the States Parties. In addition, the States Parties continued to make use of Contact Groups concerning universalization, Article 7 reporting and resource mobilization.

165. Since the First Review Conference, there has been no increase in the number of donor States Parties contributing to the Sponsorship Programme. The group of donors includes: Australia, Austria, Belgium, Canada, Denmark, France, Germany, Ireland, Italy, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom. The Sponsorship Programme remains an important instrument in ensuring States Parties' and States not parties' participation in the Convention's meetings. It also remains important in enhancing universalization. Renewed effort is needed, from all States Parties in a position to do so, to contribute to this Programme and ensure its continuing success.

Part II - Annex I**States which have ratified or acceded to the Convention**

| State | Date of Formal Acceptance | Date of Entry-into-force |
|---|---------------------------|--------------------------|
| Afghanistan | 11 September 2002 | 1 March 2003 |
| Albania | 29 February 2000 | 1 August 2000 |
| Algeria | 9 October 2001 | 1 April 2002 |
| Andorra | 29 June 1998 | 1 March 1999 |
| Angola | 5 July 2002 | 1 January 2003 |
| Antigua and Barbuda | 3 May 1999 | 1 November 1999 |
| Argentina | 14 September 1999 | 1 March 2000 |
| Australia | 14 January 1999 | 1 July 1999 |
| Austria | 29 June 1998 | 1 March 1999 |
| Bahamas | 31 July 1998 | 1 March 1999 |
| Bangladesh | 6 September 2000 | 1 March 2001 |
| Barbados | 26 January 1999 | 1 July 1999 |
| Belarus | 3 September 2003 | 1 March 2004 |
| Belgium | 4 September 1998 | 1 March 1999 |
| Belize | 23 April 1998 | 1 March 1999 |
| Benin | 25 September 1998 | 1 March 1999 |
| Bhutan | 18 August 2005 | 1 February 2006 |
| Bolivia | 9 June 1998 | 1 March 1999 |
| Bosnia and Herzegovina | 8 September 1998 | 1 March 1999 |
| Botswana | 1 March 2000 | 1 September 2000 |
| Brazil | 30 April 1999 | 1 October 1999 |
| Bulgaria | 4 September 1998 | 1 March 1999 |
| Burkina Faso | 16 September 1998 | 1 March 1999 |
| Burundi | 22 October 2003 | 1 April 2004 |
| Cambodia | 28 July 1999 | 1 January 2000 |
| Cameroon | 19 September 2002 | 1 March 2003 |
| Canada | 3 December 1997 | 1 March 1999 |
| Cape Verde | 14 May 2001 | 1 November 2001 |
| Central African Republic | 8 November 2002 | 1 May 2003 |
| Chad | 6 May 1999 | 1 November 1999 |
| Chile | 10 September 2001 | 1 March 2002 |
| Colombia | 6 September 2000 | 1 March 2001 |
| Comoros | 19 September 2002 | 1 March 2003 |
| Congo, Republic of | 4 May 2001 | 1 November 2001 |
| Costa Rica | 17 March 1999 | 1 September 1999 |
| Côte d'Ivoire | 30 June 2000 | 1 December 2000 |
| Croatia | 20 May 1998 | 1 March 1999 |
| Cyprus | 17 January 2003 | 1 July 2003 |
| Czech Republic | 26 October 1999 | 1 April 2000 |
| Democratic Republic of the Congo | 2 May 2002 | 1 November 2002 |
| Denmark | 8 June 1998 | 1 March 1999 |
| Djibouti | 18 May 1998 | 1 March 1999 |
| Dominica | 26 March 1999 | 1 September 1999 |
| Dominican Republic | 30 June 2000 | 1 December 2000 |
| Ecuador | 29 April 1999 | 1 October 1999 |

| State | Date of Formal Acceptance | Date of Entry-into-force |
|--|---------------------------|--------------------------|
| El Salvador | 27 January 1999 | 1 July 1999 |
| Equatorial Guinea | 16 September 1998 | 1 March 1999 |
| Eritrea | 27 August 2001 | 1 February 2002 |
| Estonia | 12 May 2004 | 1 November 2004 |
| Ethiopia | 17 December 2004 | 1 June 2005 |
| Fiji | 10 June 1998 | 1 March 1999 |
| France | 23 July 1998 | 1 March 1999 |
| Gabon | 8 September 2000 | 1 March 2001 |
| Gambia | 23 September 2002 | 1 March 2003 |
| Germany | 23 July 1998 | 1 March 1999 |
| Ghana | 30 June 2000 | 1 December 2000 |
| Greece | 25 September 2003 | 1 March 2004 |
| Grenada | 19 August 1998 | 1 March 1999 |
| Guatemala | 26 March 1999 | 1 September 1999 |
| Guinea | 8 October 1998 | 1 April 1999 |
| Guinea Bissau | 22 May 2001 | 1 November 2001 |
| Guyana | 5 August 2003 | 1 February 2004 |
| Holy See | 17 February 1998 | 1 March 1999 |
| Honduras | 24 September 1998 | 1 March 1999 |
| Hungary | 6 April 1998 | 1 March 1999 |
| Iceland | 5 May 1999 | 1 November 1999 |
| Ireland | 3 December 1997 | 1 March 1999 |
| Italy | 23 April 1999 | 1 October 1999 |
| Jamaica | 17 July 1998 | 1 March 1999 |
| Japan | 30 September 1998 | 1 March 1999 |
| Jordan | 13 November 1998 | 1 May 1999 |
| Kenya | 23 January 2001 | 1 July 2001 |
| Kiribati | 7 September 2000 | 1 March 2001 |
| Latvia | 1 July 2005 | 1 January 2006 |
| Lesotho | 2 December 1998 | 1 June 1999 |
| Liberia | 23 December 1999 | 1 June 2000 |
| Liechtenstein | 5 October 1999 | 1 April 2000 |
| Lithuania | 12 May 2003 | 1 November 2003 |
| Luxembourg | 14 June 1999 | 1 December 1999 |
| The Former Yugoslav Republic of Macedonia | 9 September 1998 | 1 March 1999 |
| Madagascar | 16 September 1999 | 1 March 2000 |
| Malawi | 13 August 1998 | 1 March 1999 |
| Malaysia | 22 April 1999 | 1 October 1999 |
| Maldives | 7 September 2000 | 1 March 2001 |
| Mali | 2 June 1998 | 1 March 1999 |
| Malta | 7 May 2001 | 1 November 2001 |
| Mauritania | 21 July 2000 | 1 January 2001 |
| Mauritius | 3 December 1997 | 1 March 1999 |
| Mexico | 9 June 1998 | 1 March 1999 |
| Moldova, Republic of | 8 September 2000 | 1 March 2001 |
| Monaco | 17 November 1998 | 1 May 1999 |
| Mozambique | 25 August 1998 | 1 March 1999 |
| Namibia | 21 September 1998 | 1 March 1999 |

| State | Date of Formal Acceptance | Date of Entry-into-force |
|---|---------------------------|--------------------------|
| Nauru | 7 August 2000 | 1 February 2001 |
| Netherlands | 12 April 1999 | 1 October 1999 |
| New Zealand | 27 January 1999 | 1 July 1999 |
| Nicaragua | 30 November 1998 | 1 May 1999 |
| Niger | 23 March 1999 | 1 September 1999 |
| Nigeria | 27 September 2001 | 1 March 2002 |
| Niue | 15 April 1998 | 1 March 1999 |
| Norway | 9 July 1998 | 1 March 1999 |
| Panama | 7 October 1998 | 1 April 1999 |
| Papua New Guinea | 28 June 2004 | 1 December 2004 |
| Paraguay | 13 November 1998 | 1 May 1999 |
| Peru | 17 June 1998 | 1 March 1999 |
| Philippines | 15 February 2000 | 1 August 2000 |
| Portugal | 19 February 1999 | 1 August 1999 |
| Qatar | 13 October 1998 | 1 April 1999 |
| Romania | 30 November 2000 | 1 May 2001 |
| Rwanda | 8 June 2000 | 1 December 2000 |
| Saint Kitts and Nevis | 2 December 1998 | 1 June 1999 |
| Saint Lucia | 13 April 1999 | 1 October 1999 |
| Saint Vincent and the Grenadines | 1 August 2001 | 1 February 2002 |
| Samoa | 23 July 1998 | 1 March 1999 |
| San Marino | 18 March 1998 | 1 March 1999 |
| Sao Tome and Principe | 31 March 2003 | 1 September 2003 |
| Senegal | 24 September 1998 | 1 March 1999 |
| Serbia and Montenegro | 18 September 2003 | 1 March 2004 |
| Seychelles | 2 June 2000 | 1 December 2000 |
| Sierra Leone | 25 April 2001 | 1 October 2001 |
| Slovakia | 25 February 1999 | 1 August 1999 |
| Slovenia | 27 October 1998 | 1 April 1999 |
| Solomon Islands | 26 January 1999 | 1 July 1999 |
| South Africa | 26 June 1998 | 1 March 1999 |
| Spain | 19 January 1999 | 1 July 1999 |
| Sudan | 13 October 2003 | 1 April 2004 |
| Suriname | 23 May 2002 | 1 November 2002 |
| Swaziland | 22 December 1998 | 1 June 1999 |
| Sweden | 30 November 1998 | 1 May 1999 |
| Switzerland | 24 March 1998 | 1 March 1999 |
| Tajikistan | 12 October 1999 | 1 April 2000 |
| Tanzania, United Republic of | 13 November 2000 | 1 May 2001 |
| Thailand | 27 November 1998 | 1 May 1999 |
| Timor-Leste | 7 May 2003 | 1 November 2003 |
| Togo | 9 March 2000 | 1 September 2000 |
| Trinidad and Tobago | 27 April 1998 | 1 March 1999 |
| Tunisia | 9 July 1999 | 1 January 2000 |
| Turkey | 25 September 2003 | 1 March 2004 |
| Turkmenistan | 19 January 1998 | 1 March 1999 |
| Uganda | 25 February 1999 | 1 August 1999 |
| United Kingdom | 31 July 1998 | 1 March 1999 |
| Uruguay | 7 June 2001 | 1 December 2001 |

| State | Date of Formal Acceptance | Date of Entry-into-force |
|------------------|---------------------------|--------------------------|
| Vanuatu | 16 September 2005 | 1 March 2006 |
| Venezuela | 14 April 1999 | 1 October 1999 |
| Yemen | 1 September 1998 | 1 March 1999 |
| Zambia | 23 February 2001 | 1 August 2001 |
| Zimbabwe | 18 June 1998 | 1 March 1999 |

Part II - Annex III

Deadlines for States Parties to destroy or ensure the destruction of anti-personnel mines in mined areas under their jurisdiction or control in accordance with Article 5

| | 2009 | | | | | | | | | | | | 2010 | | | | | | | | | | | | 2011 | | | | | | | | | | | | 2012 | | | | | | | | | | | | 2013 | | | | | | | | | | | | 2014 | | | | | | | | | | | | 2015 | | | | | | | | | | | | | | | | | | | | | | |
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| Deadlines for States Parties to destroy or ensure the destruction of anti-personnel mines in mined areas under their jurisdiction or control in accordance with Article 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Part II - Annex IV

The development and implementation of national plans and demining programmes

Table 1: The status of demining plans / programmes

| States Parties that have provided details on national demining plans / programmes which are consistent with Article 5 obligations and the ten-year deadline set by the Convention | | | States Parties that have provided details on national demining plans / programmes which are not consistent with Article 5 obligations and / or the ten-year deadline set by the Convention | | | States Parties that have provided details on national demining plans / programmes which are unclear regarding consistency with Article 5 obligations and /or the ten-year deadline set by the Convention | | | States Parties that have indicated that efforts are underway to establish a national demining plan / programme or to acquire the necessary information to do so | | | States Parties that have not provided details on national demining plans / programmes | | |
|---|--------------------------|----------------------------------|--|--------------------------|----------------------------------|--|--------------------------|----------------------------------|---|--------------------------|----------------------------------|---|--------------------------|----------------------------------|
| State Party | Date of entry into force | Article 5 deadline for clearance | State Party | Date of entry into force | Article 5 deadline for clearance | State Party | Date of entry into force | Article 5 deadline for clearance | State Party | Date of entry into force | Article 5 deadline for clearance | State Party | Date of entry into force | Article 5 deadline for clearance |
| Afghanistan | 1/Mar/03 | 1/Mar/13 | Bosnia and Herzegovina | 1/Mar/99 | 1/Mar/09 | Colombia | 1/Mar/01 | 1/Mar/11 | Algeria | 1/Apr/02 | 1/Apr/12 | Congo | 1/Nov/01 | 1/Nov/11 |
| Albania | 1/Aug/00 | 1/Aug/10 | Cambodia | 1/Jan/00 | 1/Jan/10 | Croatia | 1/Mar/99 | 1/Mar/09 | Angola | 1/Jan/03 | 1/Jan/13 | Denmark | 1/Mar/99 | 1/Mar/09 |
| Chile | 1/Mar/02 | 1/Mar/12 | Chad | 1/Nov/99 | 1/Nov/09 | Ethiopia | 1/Jun/05 | 1/Jun/15 | Argentina | 1/Mar/00 | 1/Mar/10 | Niger | 1/Sep/99 | 1/Sep/09 |
| Cyprus | 1/Jul/03 | 1/Jul/13 | Eritrea | 1/Feb/02 | 1/Feb/12 | Malawi | 1/Mar/99 | 1/Mar/09 | Burundi | 1/Apr/04 | 1/Apr/14 | Serbia and Montenegro | 1/Mar/04 | 1/Mar/14 |
| Ecuador | 1/Oct/99 | 1/Oct/09 | Thailand | 1/May/99 | 1/May/09 | Peru | 1/Mar/99 | 1/Mar/09 | DRC | 1/Nov/02 | 1/Nov/12 | Swaziland | 1/Jun/99 | 1/Jun/09 |
| France | 1/Mar/99 | 1/Mar/09 | | | | Tajikistan | 1/Apr/00 | 1/Apr/10 | Senegal | 1/Mar/99 | 1/Mar/09 | Tunisia | 1/Jan/00 | 1/Jan/10 |
| Greece | 1/Mar/04 | 1/Mar/14 | | | | Yemen | 1/Mar/99 | 1/Mar/09 | Sudan | 1/Apr/04 | 1/Apr/14 | | | |
| Guatemala | 1/Sep/99 | 1/Sep/09 | | | | | | | Uganda | 1/Aug/99 | 1/Aug/09 | | | |
| Guinea Bissau | 1/Nov/01 | 1/Nov/11 | | | | | | | United Kingdom | 01-Mar-99 | 01-Mar-09 | | | |

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| Jordan | 1/May/99 | 1/May/09 |
| The former Yugoslav Republic of Macedonia | 1/Mar/99 | 1/Mar/09 |
| Mauritania | 1/Jan/01 | 1/Jan/11 |
| Mozambique | 1/Mar/99 | 1/Mar/09 |
| Nicaragua | 1/May/99 | 1/May/09 |
| Rwanda | 1/Dec/00 | 1/Dec/10 |
| Turkey | 1/Mar/04 | 1/Mar/14 |
| Venezuela | 1/Oct/99 | 1/Oct/09 |
| Zambia | 1/Aug/01 | 1/Aug/11 |
| Zimbabwe | 1/Mar/99 | 1/Mar/09 |

Table 2: Progress in implementation

| Afghanistan | | |
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| Status recorded at the First Review Conference: | Progress reported since the First Review Conference: | National demining plan / programme: |
| <p>The known mine and UXO contaminated area was estimated to total approximately 788.7 square kilometres in 206 districts of 31 provinces. Of this total, 157.7 square kilometres was considered “high impact” areas which included important agricultural land, irrigation systems, residential areas, grazing land and roads. Nearly 300 square kilometres of minefields and 522 square kilometres of battle area had been cleared since 1989 with 250,000 anti-personnel mines and 3.3 million items of UXO destroyed. In addition 10.6 million Afghans had received mine risk education training.</p> | <p>A Landmine Impact Survey (LIS) was recently completed and identified that some 2,368 Afghan communities are impacted by mines or UXO. Of those Afghans living with mines and UXO, 17 percent live in high impact communities, 21 percent in medium impacted communities and 62 percent in low impacted communities. The survey identified 4,514 separate suspect hazardous areas and estimated that 716 million square metres are contaminated by mines. From March 2004 to March 2005, the Mine Action Programme for Afghanistan cleared over 100 million square metres, destroying over a million devices, including some 11,000 anti-personnel mines. Based on LIS results and on Afghanistan’s rural development and national infrastructure rehabilitation plans, Afghanistan is working to develop a strategy to address the worst of the contamination by 2009. It expects to present a detailed plan at the 6MSP. Afghanistan also added a mine action goal to its Millennium Development Goal report,</p> | <p>Afghanistan has directed that the UN Mine Action Centre for Afghanistan (UNMACA) be recognised as the interim coordination body for Afghanistan for Mine Action. It has worked with UNMACA to convert Convention obligations and deadlines into national strategic and operational plans.</p> <p>Afghanistan has included mine action considerations in broader strategic planning, for example, listing Convention deadlines for clearing all emplaced anti-personnel mines as an indicator for Afghanistan’s achievement of the Millennium Development Goals.</p> |

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| | document which was made public in September 2005. | |
| Albania | | |
| <p>Status recorded at the First Review Conference:</p> <p>A 120 kilometre long stretch of Albanian territory along the border with Serbia and Montenegro was suspected to contain anti-personnel mines. In 1999, a landmine impact survey identified 102 contaminated areas in the Tropoje, Has and Kukes districts covering 15.25 million square metres. Between 2000 and 2003, around 10 million square metres of formerly contaminated land were released through survey and clearance activities with 6,804 anti-personnel mines destroyed. Of the original 15.25 million square metres of suspected mined areas, less than 6 million square metres remained.</p> | <p>Progress reported since the First Review Conference:</p> <p>Albania reported 182,792 square metres cleared, 423,852.22 square metres released through clearance and surveys and 2,265 anti-personnel mines destroyed in 2004. Demining progress was limited and the clearance objectives set out in the National Demining Plan could not be fully achieved. For this reason, a revision of the National Mine Action Strategy was deemed necessary. The mission of the Albanian Mine Action Programme is now to render Albania free from the impact of mines and UXO by December 2006 and free from mines and UXO by 2009.</p> <p>About 1 million square metres of contaminated land is planned to be released as mine free during 2005. To this purpose one survey and clearance project funded by the EC and implemented by UNDP through Danish Church Aid and another humanitarian demining project funded by Germany, EU and Danish private sources, implemented also</p> | <p>National demining plan / programme:</p> <p>The mission of the Albanian Mine Action Programme now is to make Albania free from the impact of mines and UXO by December 2006 and free from mines and UXO by 2009.</p> <p>A National Mine Action Plan for Completion has been formulated. The plan identifies the national strategic objectives for the main pillars of mine action during 2005-2009 as well as a comprehensive implementation plan. In addition, the plan sets out the implementation mechanisms for 1) planning and coordination of mine action in Albania which includes also the monitoring and quality assurance of the mine action activities and 2) the delivery of the programme.</p> |

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| | by DCA are currently ongoing in Northeast Albania. As at the end of August 2005, 361,698.4 square metres had been released while 852 mines and UXO had been found and destroyed. | |
| Algeria | | |
| <p>Status recorded at the First Review Conference:</p> <p>Algeria's areas mined by the colonial Army were reported located on Algeria's eastern border with Tunisia and western border with Morocco. These areas were reported covering 5,676 hectares and containing 3,064,180 anti-personnel mines. Additionally, some areas in the North were suspected to be mined by terrorist groups. Over 25 years of demining activities, 7,819,120 mines laid over 1,482 kilometres were destroyed and 50,006 hectares were cleared, representing 58 percent of all mined areas in Algeria. Mine-affected areas had been marked.</p> | <p>Progress reported since the First Review Conference:</p> <p>Since 27 November 2004, the National Popular Army has carried out clearance in the affected areas and as a result destroyed 76,978 mines over a 5 month-period (until 19 April 2005).</p> | <p>National demining plan / programme:</p> <p>A long term demining programme for the whole of Algeria is currently being drawn up on the basis of the information held on areas mined by the colonial army and areas newly contaminated by the terrorist groups.</p> |
| Angola | | |
| <p>Status recorded at the First Review Conference:</p> <p>All 18 Angolan provinces were thought to be affected by mines. Demining activities had taken place in Angola for several years and</p> | <p>Progress reported since the First Review Conference:</p> <p>In 2004, 7,351 mines were removed by several demining operators. The total cleared area amounted to 10,669,335 square metres.</p> | <p>National demining plan / programme:</p> <p>On 6 May 2004, Angola signed a Memorandum of Understanding with the Survey Action Centre to undertake a</p> |

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| <p>institutional structures had been established. Thirty-two (32) organizations – including 22 Angolan non-governmental organizations – and 12 commercial enterprises were active in mine clearance and mine risk education. In 2002 and the first quarter of 2003, non-governmental organisations working in mine action reported clearing of about 2.8 million square metres of land, surveying of about 7.8 million square metres and destroying more than 5,000 mines and 13,000 pieces of UXO.</p> | | <p>Landmine Impact Survey. Information from the survey will be used by Angola’s national demining commission (CNIDAH) in the development of the five-year mine action strategic plan, and by all implementing partners at the operational level. CNIDAH intends to develop a medium term strategy for 2006-2010 which would cover the whole of the national territory.</p> |
| <p>Argentina</p> | | |
| <p>Status recorded at the First Review Conference:</p> <p>The Falklands / Malvinas were affected with 20,000 mines. Following an agreement concluded on 11 October 2001, Argentina and the United Kingdom began working together to assess the cost and feasibility of mine clearance options in the Falklands / Malvinas. On 26-27 October 2004, a meeting of the Joint Argentine-British Working Group took place in London to carry out the demining feasibility study.</p> | <p>Progress reported since the First Review Conference:</p> <p>The joint Argentine-British Working Group met in Buenos Aires on 4-6 October 2005 and in London on 21-23 November 2005. During these meetings, a first draft of the Preliminary Study was considered and some progress was registered with the definition of the technical and financial aspects as well as with administrative and contractual questions. These questions will continue to be analyzed until the next meeting of the Working Group, scheduled to take place in March 2006.</p> | <p>National demining plan / programme:</p> <p>See previous column.</p> |

| Bosnia and Herzegovina | | |
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| Status recorded at the First Review Conference: | Progress reported since the First Review Conference: | National demining plan / programme: |
| <p>It was estimated that there are over 18,000 suspected minefields located mostly between the former lines of confrontation. A landmine impact survey completed in December 2003 identified 1,366 mine-impacted communities of which 11 percent were categorised as “high impact” and 51 percent “medium impact. Approximately 2,000 square kilometres were suspected of containing mines. From 1997 to the end of 2003, approximately 50 square kilometres were cleared and 180 square kilometres of suspected areas were reduced further through general and technical surveys.</p> | <p>In 2004, Bosnia and Herzegovina cleared 6,612,716 square metres and destroyed 3,106 anti-personnel mines. Additionally, 465.72 square kilometres were reduced by further analysis and assessment of suspected areas within the systematic survey. In 2005, Bosnia and Herzegovina’s plan was to clear 4,500,000 square metres and free up 6,400,000 square metres through technical survey. As of June 2005, Bosnia and Herzegovina had cleared around 2,000,000 square metres of suspected contaminated area and destroyed 143 anti-personnel mines, 20 Anti-vehicle mines and 243 UXO.</p> | <p>Bosnia and Herzegovina’s vision is that it will be a country not contaminated with mines and UXO, where communities and individuals can live a safe, peaceful and normal life, where development can take place unimpeded, and where victims of mines are integrated into society. During the period from 2005 to 2009, Bosnia and Herzegovina shall ensure the re-establishment of a safe environment for the citizens of Bosnia and Herzegovina thereby allowing a safe return to the conditions of normal life and development. Bosnia and Herzegovina’s operational objectives include, by 2009, through reduction during general and technical survey and risk area clearance, eliminating the first category of suspected area in high impacted communities, undertaking necessary mine action interventions on risk areas regardless of priority categorization in order to significantly reduce the threat from identified mine fields, significantly increasing the proportion of technical</p> |

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| | | survey in the overall scope of operations, and conducting permanent marking of suspected locations that are not going to be subject of reduction or clearance in the period 2005-2009. |
| Burundi | | |
| <p>Status recorded at the First Review Conference:</p> <p>Fourteen (14) areas had been identified as mined or suspected to be mined in 5 provinces. Burundi did not yet have a national mine action programme but reported that, with the help of UNICEF, a mine risk education programme had been functioning since July 2003.</p> | <p>Progress reported since the First Review Conference:</p> <p>A landmine impact survey was due to commence in July 2005.</p> | <p>National demining plan / programme:</p> <p>Burundi's key priorities for 2005 were to develop a comprehensive mine-information database upon which to establish a sound national strategy; to establish national standards and a quality assurance capacity to enable mine action operations to be implemented in a safe and cost-effective manner; to reduce the impact of the landmine and UXO threat through proactive and comprehensive mine action operations, especially to the most vulnerable; and, to enhance governmental capacity for mine action coordination and policy making.</p> |
| Cambodia | | |
| <p>Status recorded at the First Review Conference:</p> <p>A landmine impact survey completed in April 2002 identified 4,466 square kilometres of areas suspected to contain mines or UXO. Almost half of Cambodia's 13,908 villages</p> | <p>Progress reported since the First Review Conference:</p> <p>In 2004, 13.129 square kilometres were cleared and 71,534 anti-personnel mines were destroyed.</p> | <p>National demining plan / programme:</p> <p>Cambodia's vision for mine action is to carry out the compliance with Convention obligations and to keep on moving towards zero impact from mines by clearing contaminated areas and by</p> |

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| <p>in all 24 provinces were affected by mines with approximately 12 percent of these facing high levels of contamination. Approximately 5 million people were at risk. Approximately 10 percent – or 424.7 square kilometres – of suspected mined areas were considered high priorities. Between 1992 and 2003, approximately 251.72 square kilometres were cleared with 419,794 anti-personnel mines, 12,633 antitank mines and 949,922 UXO destroyed.</p> | | <p>developing intensive mine risk education with the increasing support of a national capacity.</p> <p>The medium-term vision is to move towards zero impact from landmines and UXO by 2012, in order to enhance security, alleviate poverty and to sustain development, as ensured by clearing all severe/high risk suspected mined areas and developing intensive mine risk education for the medium and low suspected areas. The long-term vision is to have a Cambodia free from the negative humanitarian and socio-economic impacts of landmines / UXO by 2020 by sustaining a national capability to address the problem in non-cleared and remote areas from 2012.</p> |
| <p>Chad</p> | | |
| <p>Status recorded at the First Review Conference:</p> <p>A landmine impact survey completed in May 2001 identified 249 affected communities in 23 of Chad’s 28 departments, 417 areas suspected of containing mines and 1,081 square kilometres of suspected affected areas. Between September 2000 and December 2003 over 2.2 million square</p> | <p>Progress reported since the First Review Conference:</p> <p>MRE activities directed at the Sudanese refugees and local villages were organised in the Chad-Sudan border. The priority areas for 2004-2005 were Wadi Doum and the border area with Sudan. Between May 2004 and April 2005, 244,227 square metres were demined; 3,630 anti-personnel mines and</p> | <p>National demining plan / programme:</p> <p>Chad has developed a national strategic mine action plan which is taken into account in Chad’s Poverty Reduction Strategy Paper (PRSP). The plan’s vision is a Chad free from the impact of mines and unexploded ordnance by the end of year 2009. Free from the impact of mines meaning a country in which: mines</p> |

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| <p>metres were cleared with 11,931 mines, 65,551 UXO and 94 bombs destroyed.</p> | <p>67,507 UXO were destroyed. In the second half of 2005, a technical survey is planned in the region of Fada.</p> | <p>blocking access to infrastructure (roads, houses), water, fields and pasture will be removed or in which marked access channels will be created; every contaminated area which prevents the implementation of a development project or which prevents access by a community to a vital area, will be cleared. All areas that remain uncleared will be marked; a mine awareness programme for communities living by the affected marked areas will be maintained; demining capabilities will be maintained to deal with newly identified contaminated areas, and upon request, to clear areas that have a socio-economic impact on populations and to maintain markings around uncleared areas.</p> |
| <p>Chile</p> | | |
| <p>Status recorded at the First Review Conference:</p> <p>A total of 114,830 mines had been laid in 26 areas of Regions I and II (northern Chile), 123 mines in Region V (central Chile) and 8,490 mines in 10 different areas of Region XII (southern Chile). There were a total of 308 minefields in Chile. In 2003-2004, Chile cleared the 123 mines of Region V and at the time it was conducting demining activities in 5 minefields of Region I, where to that point, 765 anti-personnel mines had been found and</p> | <p>Progress reported since the First Review Conference:</p> <p>As of May 2005, the work conducted in 5 minefields of Region I – which started on 3 August 2004 – resulted in the detection and destruction of 4,943 anti-personnel mines and 2,032 anti-tank mines.</p> <p>All minefields are marked and registered in IMSMA and 70 percent of them have been</p> | <p>National demining plan / programme:</p> <p>The National Demining Plan was completed in January 2003. It describes a set of activities that will be carried out to fulfill the obligations that arose from the ratification of the Convention.</p> |

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| destroyed. | reviewed with the EOD IS-Survey system. | |
| Colombia | | |
| <p>Status recorded at the First Review Conference:</p> <p>There were 3,697 suspected mined areas of which 1,371 had been geo-referenced. Some of the minefields identified were situated around water points, schools, access routes and public infrastructure. Illegal armed groups had continued to utilize anti-personnel mines (mostly improvised explosive devices) in a massive and indiscriminate way. Thirty (30) of the 32 departments in Colombia were affected, principally in rural areas.</p> <p>Colombia was in the process of identifying the areas mined by the armed forces, which were areas under the jurisdiction of the government of Colombia and in accordance with the national plan, will be cleared in compliance with the Convention. It was also in the process of: training in humanitarian demining with an emphasis on developing national standards; adopting appropriate national standards for clearance; and, training 7 divisionary groups of the Engineering School of the National Army to attend to humanitarian emergencies caused by anti-</p> | <p>Progress reported since the First Review Conference:</p> <p>Achievements in 2005 included the design of a destruction plan for the military forces' minefields, the elaboration of a protocol for the clearance of minefields, technical cooperation agreements with the OAS for the training of FFMM in clearance work and financial cooperation agreements with the OAS for the destruction of 3 minefields.</p> | <p>National demining plan / programme:</p> <p>Colombia has a 4-year national mine action plan <i>Plan Estratégico Nacional de Acción Integral contra MAP Y MUSE 2004-2009</i>.</p> |

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| <p>personnel mines and UXO and the associated threat to life, personal integrity and the right of movement of communities.</p> | | |
| <p>Congo</p> <p>Status recorded at the First Review Conference:</p> <p>Congo had reported that areas in the South-west of its territory, on the border with Angola, might be mined. Further investigations were going to be conducted to determine whether the suspected mined areas were indeed mined and what kind of demining programme needs to be put in place.</p> | <p>Progress reported since the First Review Conference:</p> | <p>National demining plan / programme:</p> |
| <p>Croatia</p> <p>Status recorded at the First Review Conference:</p> <p>In 2004, an estimated 1,350 square kilometres were suspected to be mined, with mines found in 14 of the 21 counties of Croatia. Through clearance activities and the conduct of general and technical surveys, Croatia had reduced the size of its suspected mined areas to 1,350 square kilometres from approximately 4,500 square kilometres since 2000. Between 1998 and January 2003, 173.62 square kilometres had been demined and handed over to the community.</p> | <p>Progress reported since the First Review Conference:</p> <p>In 2004, 33,684,932 square metres were given back to the communities – 10,601,198 square metres by demining and 23,083,734 square metres by surveying. Twenty-four (24) commercial companies and the NGO Norwegian Peoples Aid conducted demining and surveying. A total of 595 pyrotechnics, 45 demining machines and 123 mine detection dogs were involved in these activities. The total mine suspected area is marked with 7,818 warning signs. All counties, municipalities</p> | <p>National demining plan / programme:</p> <p>Croatia has a national mine action programme containing annual targets for survey and clearance activities for the period 2000-2010.</p> |

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| <p>Approximately 300,000 explosive remnants of war still required clearance.</p> | <p>and towns are familiar with the situation of mine suspected areas, their borders, position and the number of warning signs. They were given maps and provided with a presentation on the issue.</p> | |
| <p>Cyprus</p> | | |
| <p>Status recorded at the First Review Conference:</p> <p>There were 23 minefields reported containing 5,000 anti-personnel mines under the control of the Republic of Cyprus. Cyprus had records for all its minefields. From 1983 to January 2002, Cyprus had cleared 10 minefields adjacent to the UN-controlled buffer zone and more than 11,000 mines had been destroyed between January 2000 and January 2002. All remaining minefields under the control of Cyprus had been fenced and marked in accordance with Article 5 obligations.</p> | <p>Progress reported since the First Review Conference:</p> <p>The demining process in the buffer zone, which contains 7 Cypriot National Guard minefields and 1 suspected area representing approximately 254,743 square metres with 1,024 anti-personnel mines, commenced on 16 November 2004 and was expected to be completed in November 2005. At the end of January 2005, one National Guard minefield had been cleared. With regards to the 23 minefields located outside the buffer zone in areas under the control of Cyprus, as of June 2005, 505 anti-personnel mines had been removed and destroyed from 6 minefields. While demining activities were going on, a public information campaign was conducted to ensure awareness.</p> | <p>National demining plan / programme:</p> <p>Cyprus undertakes the responsibility to destroy all anti-personnel mines in mined areas under its jurisdiction or control, within the time limits specified in the Convention but not later than June 2013. A detailed timetable has been drafted and annexed to the <i>Cyprus National Plan for the Implementation of the Ottawa Convention</i>. Furthermore, the provisions of Article 5 are being applied for minefields laid by the National Guard within the buffer zone with the objective of clearing the buffer zone of all the minefields.</p> |

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| <p>Democratic Republic of the Congo</p> | | |
| <p>Status recorded at the First Review Conference:</p> <p>Suspected mined areas affected 165 villages in 11 provinces.</p> | <p>Progress reported since the First Review Conference:</p> <p>From December 2004 to September 2005, the Democratic Republic of the Congo worked with the UN Mine Action Centre in cooperation with demining operators to identify new mined areas in the Provinces of Katanga, Sud-Kivu and Equateur. In Katanga and South Kivu, the survey conducted by Dan Church Aid in the district of Tanganyika identified 96 new dangerous areas. Other surveys are going on South Kivu. A survey is also planned for the district of Thuapa in Equateur.</p> | <p>National demining plan / programme:</p> <p>Some demining activities have taken place but a demining programme is not yet in place.</p> |
| <p>Denmark</p> | | |
| <p>Status recorded at the First Review Conference:</p> <p>Mines from the Second World War were reported located on the 10-kilometre long peninsula of Skallingen. This area contained approximately 8,300 anti-personnel mines and 1,600 anti-tank mines but parts of the minefields had been engulfed into the North Sea. The remaining minefields were reported located in a long narrow area stretching from north to south and at the southern end of Skallingen.</p> | <p>Progress reported since the First Review Conference:</p> <p>Denmark reported that the affected peninsula of Skallingen is public property and has been placed under a conservation order according to an EU Council directive of May 1992 under the Conservation of Natural Habitats and of Wild Fauna and Flora. Skallingen is also protected by the Ramsar Convention of 2 February 1996. The Danish authorities continue to keep the area, which is open to the public, under tight surveillance, and Denmark</p> | <p>National demining plan / programme:</p> <p>See previous column.</p> |

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| | is convinced that in the near future it will be possible to find ways and means to officially declare Skallingen a mine safe area. | |
| Ecuador | | |
| Status recorded at the First Review Conference: Ecuador had reported 5 mine-affected areas and 2 suspected mined areas, all located on the border with Peru, with 6,682 mines emplaced over an estimated area of 426,481 square metres. Four (4) provinces and 7 cantons were affected or suspected to be affected. | Progress reported since the First Review Conference: | National demining plan / programme: In 1998, Ecuador and Peru agreed to clear landmines from their bordering territories. In March 2001, Ecuador signed an agreement to implement the OAS Assistance Programme for Mine Action. Demining operations are projected to be completed by 2010. |
| B. Eritrea | | |
| Status recorded at the First Review Conference: A landmine impact survey had identified 481 mine-affected communities and approximately 129 square kilometres of suspected mined area. There were a total of 132 mined areas under the control of Eritrea, with 87 of these considered high or medium impact. From 2000 to June 2004, Eritrea cleared 52,484,762 square metres, destroying 4,781 anti-personnel mines and 50,399 UXO. | Progress reported since the First Review Conference: From the beginning of operations in 2000 to 30 April 2005, 4,793 anti-personnel mines have been destroyed. A technical survey is planned to commence in 2006. MRE has been conducted by 6 teams of Eritrean Demining Operations and 2 teams of UNMEE Mine Action Coordination Centre in Zoba Gash Barka, Debub and Southern Red Sea with a total of 212,000 beneficiaries. MRE will be integrated in the elementary school curriculum and 229 teachers will be trained in Zoba Gash Barka and Debub as a result of an agreement | National demining plan / programme: Eritrea's vision is that it will be a country with a physical environment that will permit free movement, uninhibited development and poverty reduction initiatives; where victims are assisted and integrated into society, and no new victims are occurring due to mines and UXO. Strategic objectives 2005-2009 include: completing technical survey and task assessment planning, clearance (area to be cleared is about 48 square kilometres), marking, integrated MRE |

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| | <p>between the Ministry of Education and UNICEF.</p> | <p>and victim assistance to eliminate the impact in the remaining 116 high and medium impact communities by the end of 2009; supporting development and rehabilitation initiatives as necessary; conducting national, regional and local MRE activities to reduce new casualties, assist clearance of UXO through identification of contaminated locations, and carry out marking in 344 low impact communities through the conduct of community-based MRE relations and dedicated marking teams. There are a total of 132 mined areas located inside the border area (temporary security zone) with 87 of these scheduled for clearance during 2005-2009. The remaining, 45 low impact areas will be addressed in the following five-year period.</p> |
| <p>Ethiopia</p> | | |
| <p>Status recorded at the First Review Conference:¹</p> | <p>Progress reported since the First Review Conference:</p> <p>An impact survey was completed 2004 with 1,492 communities identified as impacted by anti-personnel mines and UXO. Three regions in northern and eastern Ethiopia account for over 80 percent of the landmine impact in the</p> | <p>National demining plan / programme:</p> <p>EMAO has devised a strategic plan for the period 2004-2007, with the main objectives being: the removal of mines and UXO's socio-economic impact on communities within Ethiopia; the</p> |

¹ As of the close of the First Review Conference, the Convention had not yet entered into force for Ethiopia and thus no information on status of efforts to fulfil Article 5 obligations by Ethiopia had been recorded.

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| | <p>country. Areas surveyed by the Ethiopian Mine Action Office (EMAO) and waiting clearance are marked and danger signs are erected around them in order to warn local residents of the dangers. The EMAO has deployed four clearance companies in Afar and Tigray regions. Each company comprises 54 deminers, 13 medics and one MRE and community liaison officer. In order to enhance the ongoing mine clearance, two more companies have started training and one international NGO is at the initial process to engage in mine clearing activities. Since the deployment of EMAO MRE personnel in the field, 77,482 male and 56,274 female have received MRE training in and around minefields. More than 10 square kilometres of land were cleared in 2004, 1,102 anti-personnel mines, 105 anti-tank mines and 11,846 UXO cleared and destroyed. Up to May 2005, more than 17 square kilometres were cleared and 88 anti-personnel mines, 48 anti-tank mines and 3,911 UXO cleared and destroyed.</p> | <p>reduction and clearance of mined and UXO impacted land in accordance with regional and national rehabilitation and development plans; the provision of mine risk education, victim assistance and integration with the society; and, providing support to the government in conducting stockpile destruction.</p> |
| <p>France</p> | | |
| <p>Status recorded at the First Review Conference:</p> <p>La Doudah military depot, under French control in Djibouti, was suspected to contain</p> | <p>Progress reported since the First Review Conference:</p> <p>At the beginning of 2005, military experts were sent to Djibouti to decide on a schedule</p> | <p>National demining plan / programme:</p> <p>See previous column.</p> |

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| <p>mines. It was partially surveyed in 1989 and was subsequently marked and fenced. Another survey had recently been conducted and the details of the clearance that had to be carried out were going to be announced shortly.</p> | <p>and on organizational matters related to clearance work. Their conclusions indicated that clearance activities could begin in 2006 and should be completed at the latest in 2008.</p> | |
| <p>Greece</p> | | |
| <p>Status recorded at the First Review Conference</p> <p>A total of 24,751 anti-personnel mines were emplaced in minefields close to Greece's borders. Additionally there were minefields from the Second World War throughout Hellenic territory, especially in North-western Greece. Greece had cleared its border with Bulgaria, destroying 25,000 mines and hundreds of UXO. Demining was taking place on the Albanian border. The minefields on Greece's border with Turkey were fenced. Between 1954 and 28 May 2002. More than 150,000 square kilometres had been cleared.</p> | <p>Progress reported since the First Review Conference:</p> <p>Of the minefields reported at the beginning of 2004 (in the frontiers in the region of Evros river), 30 percent were eliminated and of the 24,751 anti-personnel mines emplaced in these minefields, 4,372 were cleared.</p> | <p>National demining plan / programme:</p> <p>Mine clearance is expected to be completed by 2011, 3 years ahead of Greece's deadline.</p> |
| <p>Guatemala</p> | | |
| <p>Status recorded at the First Review Conference</p> <p>Guatemala had no defined mined areas, but mines and explosive devices scattered over its territory in 13 districts. During demining</p> | <p>Progress reported since the First Review Conference:</p> <p>Between March 2004 and March 2005 Guatemala destroyed 40 explosive artefacts, some of which were anti-personnel mines.</p> | <p>National demining plan / programme:</p> <p>Guatemala has a national demining plan, <i>Plan Nacional de Desminado</i>, according to which demining operations are due to</p> |

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| <p>operations conducted between January 2001 and March 2004, Guatemala had destroyed 169 explosive artefacts, some of which were anti-personnel mines.</p> | | <p>be completed in 2005.</p> |
| <p>Guinea Bissau</p> | | |
| <p>Status recorded at the First Review Conference</p> <p>In order to measure the extent of the problem, a general impact survey of Bissau's suspected areas was launched in 2004. Seventeen (17) suspected minefields had been identified in areas in Bissau and its surroundings. Other suspected areas existed in the east and the northern region bordering Senegal. Between November 2000 and April 2004, close to 610,000 square metres of land in the Bissau capital were cleared with 2,509 mines and 15,000 UXO destroyed.</p> | <p>Progress reported since the First Review Conference:</p> <p>Guinea Bissau cleared 215,871.85 square metres and destroyed 25 anti-personnel mines, 8 anti-tank mines and 25,787 UXO in 2004. Between January and April 2005, a further 22,143.72 square metres had been cleared and 17 anti-personnel mines and 4,831 UXO destroyed. Most high impact areas in Bissau have been cleared. Of the 17 areas which were initially defined in and around Bissau, four have been cleared, with two awaiting quality assurance. A survey project outside the capital is planned for 2005-2006. Between 30 April 2004 and 30 April 2005, 89 MRE activists were trained in Bissau and 22 in the regions. They in turn trained 160 community liaison agents in Bissau and 150 in the regions, who in turn educated 7,000 people in the regions and 4,000 in Bissau.</p> | <p>National demining plan / programme:</p> <p>The National Humanitarian Mine Action Programme (PAAMI) aims to eliminate the impact of landmines and UXO in Bissau, the national capital, two years from the period where the requested funds will be available, and the following three years after Bissau ended, for the rest of the country. In line with the priorities established in the National Poverty Reduction Strategy Plan (PRSPs) the end-state of this plan is for people from the most highly / moderately impacted communities to live free from the impacts of landmines and UXO. Those impacts will be reduced by a combination of clearance operations, of UXO / MRE activities, of assistance to survivors and their dependents.</p> <p>Guinea-Bissau envisions itself in full compliance with its Convention obligations by 2009, safe from landmines</p> |

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| | | and unexploded ordnance from battlefields, where people and communities live in an environment conducive to development, and where mine survivors are fully integrated into their communities. |
| Jordan | | |
| Status recorded at the First Review Conference Jordan's original mine clearance challenge going back to 1993 included 60 million square metres of mined area, 496 minefields and approximately 309,000 emplaced mines. Between 1993 and 2003, 25.5 million square metres and 183 minefields had been cleared with 101,356 mines and 10,000 UXO destroyed. All minefields in Jordan were reported marked and fenced. | Progress reported since the First Review Conference: From January to September 2005 the Royal Engineering Corps reported that it had cleared 22 minefields totalling 2.9 million square metres in Aqaba and the Jordan Valley. | National demining plan / programme: Working together with the Government, the Jordanian Armed Forces, mine-affected communities, civil society, and the international community, the National Mine Action Plan's vision is to make Jordan free of landmines and provide comprehensive support for survivors of landmine incidents in accordance with the Convention. |
| Macedonia, the Former Yugoslav Rep. of | | |
| Status recorded at the First Review Conference Areas contaminated by mines and UXO had been reported in the north-western part of the country in addition to 4 to 5 UXO contaminated areas in the south-east which contained remnants of the First and the Second World Wars. Approximately 6 million square metres had been cleared with | Progress reported since the First Review Conference: | National demining plan / programme: The Former Yugoslav Republic of Macedonia envisages that the entire country will be cleared by 2007. |

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| 22 mines and 776 UXO destroyed. | | |
| Malawi | | |
| <p>Status recorded at the First Review Conference</p> <p>Suspected mined areas existed along the 1,000 kilometre border with Mozambique, particularly in 16 areas that served as refugee or combatants' camps and 33 areas that served as Malawi Young Pioneers camps.</p> | <p>Progress reported since the First Review Conference:</p> <p>Malawi continued to conduct surveys in suspected areas, starting with former bases of the Malawi Young Pioneers (MYP). Some of the MYP camps, particularly in the townships and cities of Lilongwe, Blantyre and Mzuzu were cleared by local engineers while detailed surveys were being conducted. Construction of houses has already started on these cleared areas. In 2005 Malawi planned to survey the border areas, which have good land for agriculture, and mark all dangerous areas.</p> | <p>National demining plan / programme:</p> <p>Malawi's vision is to be free of the threat of landmines and unexploded ordnance, where individuals and communities live in a safe environment conducive to development, and where mine victims are fully integrated into society. If donor support is forthcoming, then it is feasible to have achieved this vision by 2009. If donor support is not forthcoming, then achieving this vision will take substantially longer.</p> |
| Mauritania | | |
| <p>Status recorded at the First Review Conference</p> <p>The northern part of Mauritania was mine-affected, particularly areas of enormous mineral exploitation potential. Between June 2002 and 30 April 2004, Mauritania destroyed 5,505 mines. In the first half of 2004, demining operations cleared 10,000 square metres.</p> | <p>Progress reported since the First Review Conference:</p> <p>The National Bureau for Demining launched a technical survey to give more precise information on the mined areas and serve as the basis for planning future demining operations. The survey will also be used in the revised action plan and national strategy. The MRE programme, which started in 2004 in affected areas, continued in 2005. Between 30 April 2004 and 30 April 2005, Mauritania destroyed 397 anti-personnel mines and 177</p> | <p>National demining plan / programme:</p> <p>Mauritania aims to demine all priority areas in relevant regions by 2008 and demine all minefields identified by the technical surveys by 2011.</p> |

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| | UXO in mined areas. | |
| Mozambique | | |
| <p>Status recorded at the First Review Conference</p> <p>A landmine impact survey completed in 2001 had indicated that all 10 provinces were affected by mines, but particularly the provinces of Cabo Delgado, Nampula, Zambezia, Inhambane and Maputo, which represented 70 percent of the suspected contaminated areas. As of January 2004, 583 villages and approximately 1,022,501 people were still affected by mines. Suspected mined areas of high and medium impact totalled 130,801,989 square metres. Between 2000 and 2003, 45,743,119 square metres of land had been cleared and 45,017 mines and 16,310 UXO destroyed.</p> | <p>Progress reported since the First Review Conference:</p> <p>In 2004 Mozambique attained high levels of area reduction and mine clearance. A total of 379 villages with a population of 217,000 people were freed of the danger of landmines, following the cancellation of 84 suspected mined areas, the demarcation of 14 others and the clearance of 11.8 million square metres, thus surpassing the 10 million target set forth in the 2002-2006 five-year plan. The mine action programme in Mozambique has moved into a new phase with its inclusion in the five-year Government Programme as a cross-cutting issue. As a result, demining is now also included in Mozambique's annual economic and social programme. The next step is to reflect mine action into the Poverty Reduction Strategy, the PARPA II, whose consultation process has started.</p> <p>As of 31 December 2004, 204 villages and a population of approximately 805,716 were still affected by mines. Suspected areas totalled 171,571,071 square metres as opposed to 528,000,000 square metres at the end of 2003. In 2004 43,284 anti-personnel mines</p> | <p>National demining plan / programme:</p> <p>Mozambique envisions full compliance with its convention obligations, safe from the impact of landmines and UXO, where people and communities live in an environment conducive to development sustainable.</p> |

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| | were destroyed during clearance activities. | |
| Nicaragua | | |
| <p>Status recorded at the First Review Conference</p> <p>The records of the Nicaraguan Army had initially indicated that 135,643 mines had been emplaced and that there were 991 targets to clear. An additional 10,054 mines had been added to the records. As of March 2004, 827 mined areas had been cleared and 77.14 percent of the initial quantity of reported mines had been destroyed. As of July 2004, 838 mined areas, representing an area of 7,685,494 square metres had been cleared and 109,921 mines had been destroyed.</p> | <p>Progress reported since the First Review Conference:</p> <p>The National Demining Commission, through the Army of Nicaragua, continued the execution of its demining programme and as of April 2005, 873 mined areas, representing an area of 8,293,842 square metres, had been cleared. A total of 84.18 percent of the initial reported mines had been destroyed. There are still 118 areas to be cleared and 23,209 mines to be destroyed. In the south, the border with Costa Rica is considered to be free of mines, with 96 kilometres, of a 330 kilometre-border, demined. In the north, 239 kilometres have been cleared at the border between Honduras and Nicaragua.</p> | <p>National demining plan / programme:</p> <p>The national demining programme, introduced in April 1999, reflects the total number of mines to be destroyed – 135,643. To fulfil the proposed objective of declaring a country free of mines, 2005 was initially estimated as the deadline. However Nicaragua indicated in its Article 7 report submitted on 19 May 2005, that it had to revise this objective and that it has planned that the programme could be extended until 2006.</p> |
| Niger | | |
| <p>Status recorded at the First Review Conference</p> <p>The areas of Air, Manguèni, Plateau du Djado and Plaine du Talak were mined. Four additional areas were suspected to be mined. Niger had very limited knowledge on its mined areas.</p> | <p>Progress reported since the First Review Conference:</p> <p>No practical measure has been taken with regards to defining the areas suspected to be mined. The defence and security forces advise travellers on their itineraries. However, an awareness campaign for the population of affected areas will be necessary.</p> | <p>National demining plan / programme:</p> <p>Niger has a draft mine action plan for the 2004-2006 period which does not include demining objectives yet but focuses on identifying and marking the mined areas.</p> |

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| Peru | | |
| <p>Status recorded at the First Review Conference</p> <p>Peru's mined areas were reported located at the border with Ecuador, with an original estimate of 120,000 made. Some mines had also been emplaced around key infrastructure, especially high-tension electrical towers. As of March 2004, Peru had destroyed 103,490 mines. In December 2003, Peru completed clearance activities in the districts of Tumbes and Piura, at the border with Ecuador. In the last trimester of 2003, the Peruvian and Ecuadorian Armed Forces started a joint demining operation in the area of Los Limos and Pueblo Nuevo.</p> | <p>Progress reported since the First Review Conference:</p> <p>In April 2005, Peru and Ecuador, with the support of the OAS, agreed on the continuation of joint work in the vicinity of Rio Chira. In 2005, in the area of Cordillera del Cóndor, along the border with Ecuador, a mission was planned to the source of Rio Santiago, to assess the conditions that are specific to the place as well as the procedures and necessary equipment. A plan to demine the high tension electrical towers, being executed by the Security Division Contraminas of the Peruvian National Police was initiated in November 2004, and as of June 2005 work to remove mines had been conducted around approximately 60 towers.</p> | <p>National demining plan / programme:</p> <p>In May 2001, the OAS and the Government of Peru signed an agreement to coordinate international support for Peru through the OAS Mine Action Programme. The OAS Programme seeks to ensure the following: define exact locations of minefields along the border with Ecuador by conducting impact studies of the areas and clear the mines according to annual objectives set by the National Demining Plan.</p> |
| Rwanda | | |
| <p>Status recorded at the First Review Conference</p> <p>Rwanda's original mine clearance challenge included 35 suspected mined areas totalling 1,437,387 square metres. In addition, the UXO problem was more widespread than the problems posed by mines. A landmine impact survey completed in January 2003 identified</p> | <p>Progress reported since the First Review Conference:</p> <p>In 2004, about 800 explosive remnants of war were destroyed and about 20,000 square metres of land were cleared. Since January 2005, the National Demining Office (NDO) has managed to clear about 4,000 square metres of land manually. There are 16 remaining known</p> | <p>National demining plan / programme:</p> <p>At the First Review Conference, Rwanda indicated intentions to set up an accelerated demining programme to fulfil its Article 5 obligations. Since then the Rwanda has reported that its demining programme is handicapped by lack of</p> |

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| <p>that 54 percent of the original suspected areas still needed to be cleared. As of April 2004, there were 639,770.2 square metres that remained to be cleared. A total of 46 percent of suspected mined areas had been cleared with 1,265 mines and 29,843 UXO destroyed.</p> | <p>medium and small minefields accounting for about 900,000 square metres of land.</p> <p>Rwanda's demining capacity has deteriorated as external financial support has ended. The NDO now has no option but to react to hasty reports while big mine fields remain untouched. All the mine detection dogs have been retired due to age. Absence of MRE has resulted in a renewed rise of casualty figures.</p> | <p>support and, if not assisted, Rwanda may not attain its clearance deadline.</p> |
| <p>Senegal</p> | | |
| <p>Status recorded at the First Review Conference</p> <p>Three (3) areas were considered to be mine-affected: along the border with Guinea Bissau, the Ziguinchor region, and the Kolda region. Exact locations of mined areas and quantity of mines were not known. Between 1996 and June 2004, 1,759 mines had been destroyed by the national army.</p> | <p>Progress reported since the First Review Conference:</p> <p>In Ziguinchor and Kolda the Senegalese armed forces periodically destroy mines laid by armed groups.</p> | <p>National demining plan / programme:</p> <p>In 2004, Senegal drafted a mine action strategy, proposals for mine action legislation and for the creation of a mine action coordination centre. The documents were sent to the relevant authorities to be approved.</p> |
| <p>Serbia and Montenegro</p> | | |
| <p>Status recorded at the First Review Conference</p> <p>Mined areas in Serbia and Montenegro were reported located at the border with Croatia in the area of the village of Jamena and at the border with Albania, in the municipalities of Plav and Rozaje. It had been assessed that the</p> | <p>Progress reported since the First Review Conference:</p> | <p>National demining plan / programme:</p> <p>It is expected that Serbia and Montenegro will fulfil its obligations under the Convention even before the deadline of 2014. That will be in line with the joint initiative of the countries of South-Eastern</p> |

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| <p>mined area near Jamena could cover 6,000,000 square metres and also contain anti-vehicle mines and UXO. In 2003, 485,500 square metres, approximately 8 percent of the mined areas in Jamena, had been demined with 1,441 mines destroyed. In the same area, between March and September 2004, Serbia and Montenegro had cleared 674,400 square metres and destroyed 1,060 anti-personnel mines and 215 anti-vehicle mines. In 2003, 19 locations in the municipalities of Plav and Rozaje in the border area with Albania had demined, reducing the number of mined locations to 46. An area of 192,400 square metres was being demined at the Albanian border.</p> | | <p>Europe for a mine free region by 2009.</p> |
| <p>Sudan</p> | | |
| <p>Status recorded at the First Review Conference</p> <p>It was estimated that mines or other explosive remnants of war might affect 30 percent of Sudan. Suspected areas were reported located in Western Equatoria, Eastern Equatoria, Bahr Al-Ghazal, Jonglei, Blue Nile, Upper Nile, Nuba Mountains, Lakes and Kassala. Sudan's borders with Eritrea, Chad, Libya and Egypt were also mine affected. The presence or suspected presence of mines had both a humanitarian and development impact.</p> | <p>Progress reported since the First Review Conference:</p> <p>The Ceasefire Agreement endorsed by the Government of Sudan and SPLM on 31 December 2004 has impacted the national mine action structure in Sudan. It states that the Parties shall conduct demining activities as soon as possible to create the conditions necessary for the return of displaced populations and that they shall establish two demining authorities (Northern and Southern) that shall work together and coordinate their</p> | <p>National demining plan / programme:</p> <p>The <i>National Mine Action Strategy</i> was developed and endorsed by the Government of Sudan and the SPLM on 27 August 2004. The signing of the comprehensive peace agreement in January 2005 had implications on the implementation of the strategy and the institutional mine action structure in Sudan. The <i>National Mine Action Strategy</i> was to be revised to reflect these</p> |

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| <p>The World Food Programme estimated that the food security of 2 million people was affected by mines. In 2003-2004, Sudan released 3,068,066 square metres by clearance, while destroying 215 anti-personnel mines.</p> | <p>demining activities.</p> <p>From 2004 to April 2005, a total of 276,501 metres of road were cleared or verified. A total of 98 dangerous areas were cleared, 31 in the Bahr El Ghazal state, 18 in Equatoria state, 42 in Kordofan state and 7 in the Upper Nile state. A total of 616 areas identified as dangerous are awaiting clearance.</p> | <p>implications and national mine action work plans were to be finalized following the establishment of the Government of National Unity on 9 July 2005.</p> <p>With respect to the Convention's obligation to clear mined areas within a ten-year time-frame, the <i>National Mine Action Strategy</i> indicates that Sudan will: facilitate the emergency clearance of routes for humanitarian aid, returnee routes and resettlement areas by the end of 2006; complete technical surveys of all medium and high priority mine and ERW contaminated areas by December 2008; clear medium and high priority minefields and battle areas with a cost effective mix of capabilities by December 2011; recorded and permanently mark, by December 2008, all low priority minefields and battle areas; mobilize resources for demining on an annual basis; and, ensure that demining is at all times conducted according to international and national humanitarian standards.</p> |
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| Swaziland | | |
| <p>Status recorded at the First Review Conference</p> <p>Mined areas were reported located along the Swaziland-Mozambique borderline. Demining was expected to commence in 2000.</p> | <p>Progress reported since the First Review Conference:</p> | <p>National demining plan / programme:</p> |
| Tajikistan | | |
| <p>Status recorded at the First Review Conference</p> <p>Mined and suspected mined areas were reported found in the Central Region as a result of the 1995-97 civil war, along the Afghan border in areas under the control of Russian which contained Soviet-laid and Russian-maintained minefields and along the border with Uzbekistan as a result of mines laid by Uzbekistan. From 1997 to 2004 Tajikistan had neutralised and destroyed more than 3,250 pieces of mines and explosives. A general mine action assessment had been completed in the Central Region, reducing the amount of suspected area of 29 square kilometres and 124 linear kilometres of road / rail. In September and October of 2004, general research on frontier sites of Tajik-Uzbek border in the Sughd region, two areas of Hatlon region (in the south) and three areas</p> | <p>Progress reported since the First Review Conference:</p> <p>In 2004, area reduction and technical survey were conducted in 5 areas: Sagirdasht, Shull, Lulikharvi, Margak and Chorcharog – locations where mine accidents / incidents have been reported. In 2004 and area of 61,826 square metres was cleared. Manual mine clearance activities were conducted by two teams during only four months. Achievements in 2004 included: general mine action assessments conducted in 205 villages with the identification of 84 mined areas affecting the inhabitants of 80 villages; 250 mines and UXO cleared and destroyed; and, ongoing technical survey of 3 suspect areas and ongoing clearance of 2 mined areas.</p> | <p>National demining plan / programme:</p> <p>Tajikistan’s vision is that it will be a country safe from the negative humanitarian and economic impact of landmines: at the community level, to eliminate mine accidents; at the national level, to ensure that economic activity and development projects are not impeded by the presence of landmines or UXO; and, at the community and national level, to assist relevant authorities to provide physical, psychological and social support to survivors of mine accidents</p> <p>Tajikistan’s list of priorities includes to comply with obligations under the Convention. With sufficient donor support to enable the expansion of the operational capacity it should be possible to clear all</p> |

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| <p>of the Autonomous Region of Badakhshan (in the east) was completed. In the Central Region there was work going on to actualize technical surveys and clearance of the minefields. Additionally three areas were demined and handed over to the local governmental authorities for long run use.</p> | | <p>mines and UXO which pose a threat to nearby communities by the end of 2008.</p> |
| <p>Thailand</p> | | |
| <p>Status recorded at the First Review Conference</p> <p>A landmine impact survey was completed in 2001, indicating that mine-affected provinces were located at the country's borders with Cambodia, Laos, Malaysia and Myanmar and 934 suspected areas representing 2,556.7 square kilometres. Demining officially started in 2000. As of May 2004, 1,641,126 square metres in 6 provinces had been cleared and 1,397,986 square metres had been handed over for community use. A total of 721 mines had been destroyed during demining operations.</p> | <p>Progress reported since the First Review Conference:</p> <p>As of April 2005, Thailand had cleared 3,548,808 square metres, of which 2,697,690 square metres were handed over to the communities.</p> | <p>National demining plan / programme:</p> <p>Thailand's vision is that it will be a country in which the people can use all land with safety and socio-economic development will improve tremendously. During 2005-2009, Thailand aims to conduct a technical survey and mark and fence all landmine contaminated areas. In terms of clearing mined areas, it aims to establish integrated annual plans by including national socio-economic plan and integrated provincial development plan, in order to designate prioritization and direct execution plan to coincide with the most requirement of the area.</p> |

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| Tunisia | | |
| Status recorded at the First Review Conference Tunisia had 9 mined areas containing 3,526 anti-personnel mines and 1,530 anti-tank mines. There were also some areas suspected to be contaminated with unexploded ordnance from the Second World War. Over the five years preceding the First Review Conference, the units of military engineers of the Tunisian army had recovered and destroyed around 4,500 mines and other devices. | Progress reported since the First Review Conference: Tunisia has set up a unit specialized in demining and in the handling of explosives. This unit started working in November 2004 in a minefield in Ras Jedir. As of June 2005, 75 percent of the minefield had been cleared and 3,307 mines found and destroyed. | National demining plan / programme: See previous column. |
| Turkey | | |
| Status recorded at the First Review Conference Turkey's original mine clearance challenge included 936,663 anti-personnel mines laid between 1956 and 1998, with 615,149 of these mines laid along Turkey's border with Syria. Mined areas had been marked and fenced in accordance with international norms. In 1998 Turkey commenced mine clearance operations and by the end of 2003 14,840 mines had been removed and destroyed and 48,120 square metres cleared. | Progress reported since the First Review Conference: In 2004, 1,225 anti-personnel mines were removed, 15,500 square metres cleared. | National demining plan / programme: The objective of Turkey's demining programme is to clear the emplaced anti-personnel mines by 2014 and destroy the stockpiled ones by 2008. |

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| Uganda | | |
| <p>Status recorded at the First Review Conference</p> <p>Mine contamination in Uganda was limited to the northern, western and North eastern regions. There were 3 affected districts in the North, 3 in the West and 2 in the Northeast. Limited demining by the Uganda Peoples Defence Forces (UPDF) had already been carried out in the West to remove mines that were obvious and those on roads and access trucks. Similarly in the North the UPDF had provided responsive clearance as to when need arises. In 2002-2003, 231 mines were removed.</p> | <p>Progress reported since the First Review Conference:</p> <p>A mine action assessment completed in January 2005 in western Uganda identified 57 dangerous areas, 170,000 square metres contaminated or suspected to be contaminated. Twenty-two (22) UPDF engineers were involved in clearance activities.</p> | <p>National demining plan / programme:</p> <p>A national plan has not been developed yet but it is in progress. A list of possible strategic objectives has been provided by Uganda.</p> |
| United Kingdom | | |
| <p>Status recorded at the First Review Conference</p> <p>Around 16,600 mines remained in the Falklands / Malvinas. Some clearance of anti-personnel mines was conducted immediately after the 1982 conflict, lifting about 1,400 mines but was stopped after several injuries to those involved. A total of 149 mines were destroyed between 1997 and 2001. A further 50 were destroyed as they were exposed to the surface. The 101 minefields were marked and fenced.</p> | <p>Progress reported since the First Review Conference:</p> <p>The Joint Working Party (JWP) held its fifth and sixth meetings in Buenos Aires on 4-6 October 2005 and in London on 21-23 November 2005, respectively. During those meetings a draft report of a preliminary study was considered and both parties moved forward in defining technical and financial aspects as well as administrative and contractual issues. These issues will continue,</p> | <p>National demining plan / programme:</p> <p>In order to fulfil its obligations under Article 5, the United Kingdom continues to work closely with the Argentine government towards finding a solution.</p> |

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| | <p>including at the next Meeting of the JWP, which has been scheduled for March 2006.</p> <p>In 2004, 50 anti-personnel mines were cleared as they were exposed to the surface.</p> | |
| Venezuela | | |
| <p>Status recorded at the First Review Conference</p> <p>There were 6 areas reported containing a total of 1,073 anti-personnel mines. As of August 2004, there were 13 minefields containing 1,073 mines, all of them were fenced.</p> | <p>Progress reported since the First Review Conference:</p> <p>Destruction of anti-personnel mines in mined areas will commence in February 2007 and will finish in April 2009.</p> | <p>National demining plan / programme:</p> <p>See previous column.</p> |
| Yemen | | |
| <p>Status recorded at the First Review Conference</p> <p>A landmine impact survey completed in 2000 identified 14 high impact communities, 86 medium impact communities and 494 low impact communities. A total of 1,078 suspected areas were identified. Since clearance began in 1999, 224 square kilometres of suspected and mined areas were returned to communities.</p> | <p>Progress reported since the First Review Conference:</p> <p>Between 30 March 2004 and 30 March 2005, 1,286 mines and 103,402 UXO were destroyed.</p> | <p>National demining plan / programme:</p> <p>Yemen envisions that it will be a country in full compliance with its Convention obligations, which will put an end to the suffering of the people, and the casualties, caused by landmines in mine-affected areas by the end of March 2009. This accomplishment will result in the remaining 52 medium impacted communities plus 147 square kilometres of low impacted areas, being surveyed, cleared and returned to the affected communities by December</p> |

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| Zambia | | |
| <p>Status recorded at the First Review Conference</p> <p>Zambia had suspected mined areas along its borders with Zimbabwe, Mozambique, Namibia and Angola, and also around former Freedom Fighters' Camps. A national survey completed in May 2004 indicated 41 mined areas, most of which are low impact. National demining clearance capacity had been established and 650 kilometres of clearance had been conducted on the Gwembe-Tonga road.</p> | <p>Progress reported since the First Review Conference:</p> <p>In 2004, the Zambia Anti-Personnel Mine Action Centre cleared 7,780.01 square metres in Mwapula – Munyeta area, Chongwe District, Lusaka Province.</p> | <p>National demining plan / programme:</p> <p>Zambia has a three year comprehensive strategic plan on landmines called the <i>Humanitarian Demining Programme</i> which not only seeks to clear mined areas, but also promote awareness, mine risk education and support mine victims and social integration among the population living in mine-affected areas.</p> <p>The vision for Zambia is to be “mine free” by the end of 2007. To achieve this will require national will, mobilization of Zambian resources and international donor assistance. The first two are in place through the passing and implementation of the Act of Parliament in August 2003, and, the establishment of a mine action capability. Zambia now requires the support of the international community with the goal of securing donor funding to implement the mine action programme to make Zambia mine free</p> |

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| | | by the end of 2007. |
| Zimbabwe | | |
| <p>Status recorded at the First Review Conference</p> <p>Zimbabwe's original mine clearance challenge included over 210 square kilometres of suspected mined areas in four border provinces in addition to UXOs found in all nine provinces. In the affected provinces, mines restricted socio-economic development, including development of the tourist industry.</p> <p>40 percent of the original 210 square kilometres of suspected area had been cleared and around 221,773 mines had been destroyed.</p> | <p>Progress reported since the First Review Conference:</p> <p>In 2004, 3,000 anti-personnel mines were destroyed in the Victoria Falls to Mlibizi minefield. Operations and quality assurance along this on this 240 kilometre-long minefield are almost complete. Of the 6 original minefields, there are 5 minefields, totalling 350 kilometres, left to be cleared.</p> | <p>National demining plan / programme:</p> <p>Zimbabwe has developed a national plan that includes clearing mined areas as well as mine risk education campaigns in the affected areas and communities.</p> <p>Zimbabwe envisages that it will be in full compliance with its Convention obligations by 2009 to be safe from landmines where people and communities live in an environment conducive to development and where mine survivors are rehabilitated and fully integrated into their communities. However, this will depend upon adequate funding by both the state and other willing donor communities and other partners to enable us to remove all minefields by the 2009 deadline. Failure to fulfil this vision means our Zimbabwe's poverty reduction strategy will be affected since resettlement of displaced people will remain a pipe dream since some communities cannot</p> |

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| | | <p>be self-sufficient in terms of food protection.</p> <p>Objectives during the period 2005-2009 are: to clear all mined areas by 2009 based on the humanitarian and socio-economic priorities set by the Government of Zimbabwe; to carry out national MRE campaign to all communities affected by mines and UXO in all 9 provinces; and, to provide basic assistance to victims / survivors as part of rehabilitation and reintegration into society.</p> |
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Victim assistance objectives of the States Parties that have reported the responsibility for significant numbers of landmine survivors

Afghanistan

| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
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| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>Afghanistan is one of the most mine-affected countries in the world, with an estimated number of over 100,000 people killed or injured by mines since 1979.</p> <p>The current number of approximately 1,100 new mine/UXO casualties per year (or 92 per month) is a significant decrease from 1993 (600 to 720 monthly), 1997 (300 to 360 monthly) and 2000 (150 to 300 monthly). According to the Afghanistan Landmine Impact Survey (ALIS), 17 percent of landmine/UXO casualties are children between 5 and 14 years of age; 50 percent are under the age of 18. About 90 percent of casualties are male.</p> <p>Mine/UXO casualty data collection began in 1998 and is an ongoing process on a national level in all impacted areas. Agencies collecting this data utilize a standardized format. Strengthening of the Ministry of Public Health (MoPH) information management systems to include injury surveillance is in the development stages.</p> <p>Data on mine casualties is collected primarily by the International Committee of the Red Cross (ICRC) which provides the UN Mine</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Maintain and keep up-to-date information in the the Afghanistan Landmine Impact Survey database through a “sentinel surveillance system.” ▪ Analyze the results of the National Disability Survey in early 2006 to assess if it will be useful in programme planning and setting national priorities for delivery or expansion of health care, rehabilitation and reintegration services. ▪ Include disability in the national statistical survey and census. ▪ Collect information about persons with disabilities and create a |

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| | <p>Action Program with 90 - 95 percent of its information on casualties. Mine casualty data is provided by 490 health facilities supported by several agencies and organizations, including the MoPH, Afghan Red Crescent Society, International Federation of Red Cross and Red Crescent Societies, ICRC Orthopedic Centers and more than a dozen NGOs and organizations. The available data is used by many of the organizations working with mine/UXO survivors and reporting mechanisms are being strengthened to provide data to relevant end users.</p> <p>No comprehensive nation-wide survey has been done of persons with disabilities through the Ministry of Martyrs and Disabled (MMD). In 2003 and early 2004, the MMD conducted a survey and collected data on 86,354 persons with disabilities in 33 of the 34 provinces. As of February 2004, approximately 18 percent of persons with disabilities recorded by the MMD were mine survivors.</p> <p>Handicap International completed fieldwork in early 2005 for a National Disability Survey based on a random national cluster methodology. Results of this survey should be finalized by December 2005 or January 2006 and will be shared and consulted with the MMD and the National Programme for Action on Disability (NPAD) prior to publication in 2006.</p> <p>Currently there is insufficient data available for policy making on the socio-economic conditions of persons with disabilities. The national census does not have statistics regarding persons with disabilities, their occupations, socio-economic status, education, etc. The next national census is planned for 2007 and efforts are being</p> | <p>database on all disability services available in Afghanistan.</p> <ul style="list-style-type: none"> ▪ Establish and begin to implement an injury surveillance system in which landmine survivors and other persons with disabilities are tracked through the national health system, from 2005. ▪ Establish a user-friendly decentralized system to follow-up on assistance received by survivors in two mine-affected provinces by the end of 2006. |
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| | made to include questions on disability in the census. | |
| Part 2: Emergency and continuing medical care | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>The Ministry of Public Health (MoPH) delivers health services through the implementation of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services. Some of the problems of the current health care services include lack of trained manpower, lack of standard equipment, lack of adequate accommodation in the hospitals, and insufficient primary health care in the rural areas. The Landmine Impact Survey found that only ten percent of mine-impacted communities had healthcare facilities of any kind.</p> <p>Basic first aid services are available through district clinics. Trauma care specialists are not widely available. Serum is available in most places and considered very safe. Blood transfusions are limited to only a few hospitals and considered safe. Very few ambulances are available. Local transport by taxi or donkey is available to most. Travel to hospitals / clinics can take between one hour to 3 days depending on location of the incident, road and weather condition and accessibility of transport. Amputation / trauma surgery is available though the quality is questionable in some cases. There is lack of equipment and supplies in health facilities and quality of services is lacking and varies by location. Access to pain medication is relatively easy and often unregulated.</p> <p>Training or refresher courses are required for most surgeons. No formal training in the care of traumatic injuries is currently available in-country. Access to corrective surgery and post-</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Assess the services in heavily mine/UXO-impacted rural areas in relation to emergency first aid and medical transportation needs and develop plans to address the needs in areas where assistance is insufficient or non-existent in order to reduce the mortality rates of mine/UXO casualties. ▪ Improve coordination among relevant actors at the national, regional and local levels. ▪ Ensure that disability remains one of the top priorities in the current policy and strategy of the Ministry of Public Health for 2005-2009. ▪ Develop a trained work force in the Ministry of Public Health in terms of disability to take the lead and responsibility in the field of rehabilitation activities. ▪ Design a package of disability |

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| | <p>amputation revisions is available only in major hospitals. Eye and auditory medical care is very limited, except in big cities. All amputees are referred to rehabilitation services, which are available in 20 out of 34 provinces.</p> <p>Mine casualties will not be turned away or denied services; however long term care is more difficult due to costs of health care, transportation and lodging. Women may be denied care either by family or refusing treatment themselves from male practitioners. Services are available equally to all; however cultural barriers are known to restrict women and girls from services as female doctors and practitioners may not be available. National coordination mechanisms involving all relevant actors are not currently in place.</p> <p>In the existing BPHS, disability is the 6th component of the package and includes the following services: Information / Education / Communication, awareness, care seeking; Home-based services for paraplegic cases; Outpatient physiotherapy (screening and treatment); Inpatient physiotherapy; Orthopedic services (diagnosis); production of orthoses, fitting and training; and, production of prostheses, fitting and training.</p> <p>In the National Health Policy for 2005-2009, disability issues have been moved from the second tier to the first tier in the BPHS.</p> | <p>services for the country.</p> <ul style="list-style-type: none"> ▪ Ensure adequate attention is paid to women with disabilities in health care. ▪ Equip the hospitals with trained human resources and with the required equipment. ▪ Develop the primary health care system in rural areas using the provisions in the basic package of health care services. ▪ Ensure that all institutions for training of medical and paramedical health functionaries and pre-school educators, include programs of training in disability prevention, early detection and timely interventions through medical and social rehabilitation. ▪ Develop support services such as special education, clinical psychology, physiotherapy, occupational therapy, audiology, speech pathology, vocational counselling and ensure that trained |
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| | | <p>human resources are available.</p> <ul style="list-style-type: none"> ▪ Develop a plan in 2006, with the approval of the Prime Minister, to provide free hospital care for mine casualties, and monitor implementation. |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>Rehabilitation services for all persons with disabilities, regardless of the cause, are a part of a broader welfare policy and a combination of medical and social services. About 20 to 40 percent of mine/UXO survivors have access to rehabilitation services. With the exception of services provided by international organizations, for example the ICRC and international NGOs, rehabilitation services are very minimal and limited to only urban areas. There is not an extensive Community Based Rehabilitation (CBR) network or programme in Afghanistan, except that provided by some international NGOs.</p> <p>The rehabilitation needs of mine/UXO survivors and other persons with disabilities are not being met. Disability services exist in 20 of the 34 provinces, physiotherapy services in 19 provinces, orthopaedic workshops in 10 provinces, economic reintegration activities in 13 provinces, and community-based rehabilitation in 12 provinces.</p> <p>The ICRC is the principal provider of services to mine/UXO survivors with activities at its orthopaedic centres in Kabul, Mazar-i-Sharif, Herat, Jalalabad, Gulbahar and Faizabad. The centres fit</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Increase access of mine/UXO survivors to services to 80 percent, and increase output of prosthetic and orthotic workshops by 30 percent. ▪ Improve accessibility by opening rehabilitation centers in every province on the basis of need and accessibility, and with trained personnel and equipment. ▪ Establish physical therapy clinics in the district, provincial and regional hospitals as well as extending services to health centers to reach 70 percent coverage and to be more community based. ▪ Increase the number of trained female workers for the |

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| | <p>upper and lower limb prostheses and orthoses, provide free medical care, physical rehabilitation, psychosocial support, vocational training, micro-credits for small business, and public awareness services related to government rules and programs. All services are free of charge.</p> <p>Rehabilitation services are also provided by several NGOs including the Swedish Committee for Afghanistan, Sandy Gall's Afghanistan Appeal, Handicap International, the Kabul Orthopaedic Organization, the Afghan Amputee Bicyclists for Rehabilitation and Recreation (AABRAR) and other national and international NGOs.</p> <p>Access to rehabilitative care is available free of charge. Distance and related costs (transport, accommodation, escort for women) can be problematic in areas where services are not available. Waiting periods for treatment range from immediate care to 30-45 days. Currently there are approximately 200 physiotherapists, 126 orthopaedic technicians and 105 artisans providing services in 20 of the 34 provinces. However, physical rehabilitation facilities need to be located in each large city or main town in at least 30 of the 34 provinces.</p> <p>All prosthetic and orthotic aids are produced locally, with raw materials often being imported due to lack of availability of quality materials on the local market, by numerous rehabilitation agencies, including ICRC, local and international NGOs.</p> <p>Coordination is good among disability stakeholders (IOs and NGOs, UN, DPOs, etc) but inter-Ministerial coordination and the technical capacity of the relevant Ministries (MMD, MoPH,</p> | <p>rehabilitation of female mine/UXO survivors.</p> <ul style="list-style-type: none"> ▪ Develop rehabilitation programmes, including follow-up, taking into account the medical and social rehabilitation of persons with disabilities. ▪ Extend functional community based rehabilitation (CBR) services to rural areas, examining and adopting international best practices with necessary adjustments to the Afghanistan context. |
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| | <p>MOLSA and MoE) is weak. The MMD recently established an NGO coordination unit, which will help in the coordination of all relevant actors.</p> | |
| <p><i>Part 4: Psychological support and social reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>There are few psychosocial support activities in Afghanistan and very limited information is available. No counselling is available on the national level. Some initiatives exist through the ICRC and NGOs directed at specific needs or one-off projects. There is also limited peer support through service providers who employ large numbers of persons with disabilities.</p> <p>There is no coordination of all relevant actors on a national level.</p> <p>The majority of persons with disabilities are illiterate or semi-literate and the participation of children with disabilities in education is very poor. Though mine/UXO survivors are encouraged to complete their education, this is limited to what is available in the communities. Additionally, many people never attended school prior to becoming disabled in a mine/UXO incident so do not have basic skills to build upon. Integration of children with disabilities does occur. However, there is little to no training available to teachers on the particular needs of disabled children.</p> <p>The Ministry of Education has no separate programmes of inclusive or exclusive education for children with disabilities. The Ministry suffers from a lack of school buildings, infrastructure, trained teachers and sufficient budget provisions.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Bring together relevant line Ministries and actors to address the large gap in psychosocial support services in the country. ▪ Include the issue of Women with Disabilities in the process of National Census, data collection, and policies of training, education, and employment. ▪ Conduct awareness programs throughout the country to inform the people of the rights of women with disabilities and advocate for avoidance of domestic violence against women with disabilities. ▪ Adopt and implement the objectives of the National Disability Strategy in relation to the education of children with disabilities. |

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| | <p>NGOs are doing some work, but without supervision or direction; the programs are not well coordinated.</p> <p>Even though primary education has been made compulsory in the Constitution, its implementation is far from satisfactory. There are no well-designed incentives for parents to send their children to schools. The draft National Disability Plan includes seven specific objectives relating to the education of children with disabilities.</p> | |
| Part 5: Economic reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>According to the Afghanistan Human Development Report 2004, approximately 53 percent of Afghans live below the poverty line and the average person spends approximately 80 percent of their income on food. It also noted that “a survey conducted by the Ministry of Labour and Social Affairs and the International Rescue Committee (IRC) found high unemployment among disabled people, estimated at 84 %. The lack of legislation to protect the rights of the disabled has also led to institutional discrimination.”</p> <p>The Ministry of Martyrs and Disabled (MMD) is playing a key role in mainstreaming persons with disabilities in coordination with the Ministry of Labour and Social Affairs (MoLSA), the Ministry of Public Health (MoPH), and the Ministry of Education (MoE). As of April 2005, eight vocational training schools had been established.</p> <p>Persons with disabilities, registered by the MMD, receive welfare payments at the rate of 300 Afghanis per month (about \$6). Persons with less than 50 percent disability receive 150 Afghanis per month. The Ministry of Finance releases the budget on the basis of requests</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop a combination of different programmes that address a continuous supply of income to vulnerable groups and effective delivery systems restructured on the basis of need and best practices in order to address the issue of mainstreaming. ▪ Develop a package of programmes including employment, vocational training, self-employment and other assistance, including an increase in the welfare payments, to bring disabled people above the poverty line. ▪ Put in place systems and strengthen field offices of relevant ministries |

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| | <p>from the MMD directly to the provinces who pay the benefit once every quarter. There are no contribution-based schemes in the country.</p> <p>The Afghanistan Landmine Impact Survey (ALIS) data on recent casualties indicated that unemployment among mine survivors increased by 38 percent after the incident. There were notable decreases in the percentage of survivors who continued to be farmers, herders, military personnel, deminers, and labourers – all occupations requiring mobility over difficult terrain (a challenge for amputees) – and increases in the numbers of survivors doing household work and being unemployed.</p> <p>MoLSA has adopted disability as a critical component of its efforts in vocational skills training and employment-related services. MoLSA wants to increase awareness and improve institutional capacity to ensure that it can provide disability-related vocational skills training and employment-related services nation-wide. MoLSA is in the process of developing its capacity to implement programs focused on the disabled including vocational training and employment, technical assistance, staff development and training, policy development, curriculum development/training materials, development/resource materials development, and monitoring and evaluation.</p> <p>The UNDP’s National Program for Action on Disability is providing national and international technical advice on vocational training and employment-related issues to MoLSA. In addition, many NGOs, Japan’s International Cooperation and Assistance (JICA), Afghan Korea VT Training Centre, World Bank and GTZ</p> | <p>for better benefit delivery and increase the capacity of personnel involved in service delivery.</p> <ul style="list-style-type: none"> ▪ Increase vocational training facilities, equipped with adequate human resources for vocational training, counselling and assistance on employment generation issues. ▪ Develop courses in vocational training for persons with disabilities with due importance to their functional ability and the market needs. ▪ Design and implement income-generation programmes after training with the support of the Government, NGOs and the Private Sector. ▪ Enforce affirmative action in employment for persons with disabilities. ▪ Collect and maintain statistics on persons with disabilities in employment and self-employment. |
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| | <p>are extending support to MoLSA to develop and deliver vocational training programs for persons with disabilities.</p> <p>MoLSA has a presence in 32 of the 34 provinces with vocational training programs. Results to date have not been particularly good due to lack of adequate funding, lack of infrastructure and lack of employment opportunities after the training is completed.</p> | |
| Part 6: Laws and public policies | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>Afghanistan currently has no law guaranteeing the rights of persons with disabilities or developing a barrier free and accessible society. The Constitution of Afghanistan provides some basic rights to disabled people and enables the government to enact a separate law for people with disabilities. Articles 22, 53 and 84 include some enabling provisions for mainstreaming persons with disabilities.</p> <p>The Ministry of Martyrs and Disabled (MMD) is the focal point for all issues relating to persons with disabilities, including mine survivors. Objectives of the MMD include: collecting data on persons with disabilities from all provinces to facilitate access to monthly pensions; advocating for the rights of persons with disabilities; development of new legislation to protect the rights of persons with disabilities; and facilitating access to vocational training courses. Other line Ministries involved in services for persons with disabilities include the Ministry of Public Health (MoPH), the Ministry of Labour and Social Affairs (MoLSA) and the Ministry of Education (MoE).</p> <p>Afghanistan developed a Comprehensive Disability Policy in 2003</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Finalize the National Disability Policy (NDP) for Afghanistan in December 2005 or early 2006, and disseminate to all stakeholders including government ministries, international organizations, NGOs, Disabled Persons Organizations, and provincial and local authorities. ▪ Conduct a nation-wide awareness raising campaign on the new National Disability Policy beginning in 2006, with the MMD leading the process with other relevant line Ministries. ▪ Extract relevant sections on disability issues from the Afghanistan National Development Strategy for 2005 – 2009 (ANDS) |

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| | <p>through extensive consultations with relevant actors and line Ministries. The process of final approval by the Government was not completed. In May 2005, the MMD began a consultative process to develop a new National Disability Policy (2006-2008) for Afghanistan, which should be finalized by December 2005 or early 2006. The MMD is the lead Ministry in developing the policy, which is being done in close consultation with relevant line Ministries (MoPH, MoE and MoLSA), with technical support from UNDP through the National Programme for Action on Disability (NPAD). NPAD is a three-year programme, which UNDP began implementing on 1 April 2005.</p> <p>UNDP has also signed a Memorandum of Understanding with the Government of Afghanistan to provide technical support to build capacity of the Government and to help put in place systems for mainstreaming the lives of the persons with disabilities. The International Labour Organization is also active in Afghanistan.</p> <p>Afghanistan is currently undergoing an extensive inter-ministerial process to develop the Afghanistan National Development Strategy (ANDS) for 2005-2009. It will include mine action and disability issues, though, at this point, it is not known how extensively. ANDS will be finalized by January 2006.</p> <p>Afghanistan has developed a National Health Policy for 2005 – 2009. In the Basis Package of Health Services (BPHS), disability and mental health have been moved from the second tier to first tier, therefore it will be a higher priority for the coming five years.</p> <p>Presently all disability services are provided by national and</p> | <p>and include this information in nation-wide awareness raising on the new National Disability Policy.</p> <ul style="list-style-type: none"> ▪ Build institutions for the specific needs of the disabled between 2006 and 2008. ▪ Draft and adopt a comprehensive law for persons with disabilities guaranteeing their rights and creating an accessible and barrier free society, with due importance to the rights of women with disabilities, and issues of discrimination. ▪ Register all NGOs working in the sector and develop a directory clearly indicating their place of work, functions, funding sources, and priority areas. ▪ Coordinate the work of NGOs in the country to avoid duplication in the delivery of disability care and services. ▪ Support the development and strengthening of national Disabled |
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| | <p>international NGOs. The government’s role in service delivery to persons with disability is minimal. The Government of Afghanistan therefore recognizes that policy implementation should be done in partnership with the NGOs working at the grass roots level.</p> <p>The disability movement in Afghanistan is still in its infancy. Massive illiteracy and extreme poverty, limited exposure and inadequate skills in institutional development are some of the problems faced by the movement. As a result the voice of persons with disabilities and their capacity to negotiate on behalf of their own interests in planning and decision-making is lacking.</p> <p>Afghanistan is a signatory to the Declaration on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region, and a signatory to the Biwako Millennium Framework for action towards an inclusive, barrier free and rights based society for persons with disability. Afghanistan also recognizes the World Programme of Action and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, and is participating in the negotiations on the UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.</p> | <p>Person’s Organizations through capacity enhancing programs to improve their skills in self-representation and advocacy.</p> <ul style="list-style-type: none"> ▪ Develop training programmes for public servants in order to enhance the provision of disability friendly services. ▪ Provide financial support, training and exposure to local and national representatives of disabled persons within the means available. ▪ Develop strategies for effective mechanisms and efficient participation of disabled people in planning and decision making. ▪ Establish a Disability Desk in the Office of the President and at all levels of government. ▪ Promote and encourage the development of party policies and manifestos, within all political parties, relating to equalization of opportunities for persons with disabilities. |
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| | | <ul style="list-style-type: none"> ▪ The Cambodian Mine Action and Victim Assistance Authority (CMAA) in collaboration with the MoSVY, to convene a Victim Assistance Forum in 2006 bringing together mine survivors, relevant ministries, NGOs, and DAC, to develop a plan of action to meet the aims of the Nairobi Action Plan. |
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Albania

| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
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| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>A total of 238 landmine survivors have been recorded in the Kukes region, with 92.5 percent males and 7.5 percent female. A total of 27 percent were children at the time of their accident, 70 percent were in the economically active group, and 3 percent were elderly.</p> <p>Most survivors still live in their mine-affected villages on the border between Albania and the Province of Kosovo although some have migrated to urban centres or other European countries.</p> <p>The Institute of Statistics of Albania (INSTAT) is the State entity responsible for collecting data for the government. The extent of injury surveillance nationwide differs according to region and is low in Kukes region. Data collection to date has not taken into account landmine/UXO injuries.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Update the current database of mine casualties outlining the rehabilitation of mine survivors who have remained in the Kukes region, by October 2005. ▪ Identify survivors in other parts of Albania and conduct a priority needs assessment by the middle of 2006. ▪ Analyse results of needs assessment surveys through the database by mid 2005. ▪ Evaluate the needs of survivors |

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| | <p>Information on landmine survivors is obtained through collecting data using IMSMA incident reports starting with those provided in 1999 by the ICRC, Albanian Red Cross and CARE International. Data collection takes place on an ongoing basis in the Kukes region. The Albanian Mine Action Executive (AMAE), a local non-governmental organization (NGO), VMA-Kukesi, and the NGO DanChurch Aid collect mine casualty data in a standardized manner with regular coordination. Summaries of data is shared with all relevant actors, including donors, NGOs, hospitals and relevant government ministries.</p> | <p>throughout Albania based on the needs assessment and identify the means to address these needs by the end of 2006.</p> <ul style="list-style-type: none"> ▪ Share the Albanian Mine Action Programme's (AMAP) data with INSTAT, the Ministry of Health (MoH), the Ministry of Labour and Social Affairs (MoLSA), and all other relevant stakeholders by October 2005. ▪ Ensure that MoLSA and INSTAT include data on mine/UXO survivors when addressing people with disabilities in Albania (i.e., in the National Strategy on Disability). ▪ Encourage INSTAT or MoLSA to collect future data on mine/UXO casualties, expanding data collection to include victims of UXO throughout Albania. |
| <p><i>Part 2: Emergency and continuing medical care</i></p> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and</p> | <p>Status:</p> <p>A total of 30 nurses residing in the mine-affected villages of Kukes received training in emergency first aid in November 2004 and September 2005. Persons injured by landmines/UXO receive</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Upgrade Kukes Regional Hospital to Albanian Regional Hospital standards through provision of |

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| <p>minimizing physical impairments in emergency settings that could result from injury</p> | <p>emergency first aid by the village nurses in the field and are then transported (by public transport) immediately to Bajram Curri, Krume (Has), or Kukes Hospital. Difficult cases are flown by helicopter to the National Trauma Centre at the Military Hospital in Tirana. The average time period between injury and arrival at hospital is 1.5 to 2.0 hours. Emergency first aid is given by nurses in the village within 10 to 15 minutes.</p> <p>Trauma surgery is only available at Kukes Regional Hospital or the National Trauma Centre in Tirana. The typical time period between injury and surgery is 3-4 hours.</p> <p>Kukes regional hospital has surgical capabilities although these are very basic. There are two trauma surgeons (including one orthopaedic surgeon) and one anaesthetist at Kukes Hospital. These specialists received refresher training in 2003 and new surgical equipment was delivered to the hospital. Kukes Hospital employs 26 doctors and 90 nurses. Kukes Hospital installed a private power line in 2004 and is now able to have electricity full time from 08:00 to 14:00 while the rest of the town is without. Infrastructure is adequate but the hospital is very cold in the winter due to poor heating.</p> <p>Bajram Curri Hospital (Tropoja) has very limited surgical capabilities as there is currently no anaesthetist working at the hospital. The hospital employs 7 doctors, including one surgeon. Bajram Curri is 3.5 hours by car from Kukes on poor quality roads. Gjakova Hospital in the Province of Kosovo is 40 minutes by car from the mine-affected areas of Tropoja District. The intensive care rooms are in very poor condition. Difficult surgical cases are sent to the National Trauma Centre in Tirana.</p> | <p>surgical equipment and improving the intensive care department by the end of 2006.</p> <ul style="list-style-type: none"> ▪ Assess the surgical capabilities of Bajram Curri Hospital in Tropoja by October 2005. Build surgical capacity at Bajram Curri Hospital (dependent on the availability of an anaesthetist to work in Tropoja). If potential for building surgical capacity exists, organise refresher training for surgeon by the end of 2006. ▪ Improve transport from the mine-affected villages to the District Hospitals by the end of 2006 through the provision of ambulances. ▪ Continue to advocate for equipment and medical supplies for the district hospitals and for nurses in the mine-affected areas. ▪ Set up an emergency assistance fund to help new mine casualties cover their medical costs. ▪ Review the victim assistance strategy |
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| | <p>Krume Hospital employs 6 doctors and 20 nurses. Krume and Bajram Curri hospitals both have poor heating and often experience power outages. Medical supplies and equipment are low level and outdated. For example, Krume Hospital is using x-ray equipment dating to the 1950s. Bajram Curri Hospital does not have x-ray equipment.</p> <p>There are about 50 nurses working in the 39 mine-affected villages. Nurses in mine-affected areas are in need of basic medical supplies including medicines and intravenous solution.</p> <p>There is nearly always blood available for emergency cases at the blood bank in every regional hospital (Kukes, National Trauma Centre Tirana, etc). A blood testing kit is being used at the blood bank to test blood/serum samples for safety before each donation is taken.</p> <p>Surgeons are trained at the Faculty of Medicine at Tirana University. The training is satisfactory. Refresher training was available to medical doctors under the Communist regime but since communism ended, surgeons can no longer receive refresher training on new techniques. In addition, many qualified doctors are leaving the Kukes region for Tirana or other major cities in Albania as they can make more money in private clinics.</p> <p>Corrective surgery is only available in Tirana at the Mother Theresa Hospital. This is sufficient for the time being for the needs of the population.</p> <p>Rigid dressing materials are available but supplies are often inadequate to cover the needs of the population, especially for the Regional</p> | <p>with all partners in October 2005.</p> <ul style="list-style-type: none"> ▪ Train the optometrist at Kukes Hospital at IGLI Russian private eye clinic in Tirana by December 2005. ▪ Procure basic new equipment for the optometrist at Kukes Hospital by June 2006. ▪ Procure assistive devices for the district hospitals by the end of 2006. ▪ Improve cooperation/referral between the National Prosthetic Centre and physiotherapy department at the Tirana Military Hospital by end of 2005. ▪ Advocate with the Director of the Military Hospital for mine survivors to have the right to use their equipment when required. |
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| | <p>Hospital.</p> <p>Eye and ear care is of poor quality in Albania, equipment is outdated and training is of a low level. There are 17 sight impaired mine survivors who were not able to receive adequate treatment at public hospitals</p> <p>Basic assistive devices are not very common in Albania, especially in the mountainous, mined north-eastern region.</p> <p>It is very rare for mine survivors to be referred to rehabilitative services as they are basically nonexistent in Albania. With the establishment of the community based rehabilitation network in north eastern Albania, survivors are being referred to both medical and rehabilitation services when needed.</p> <p>Healthcare costs are officially covered by the government but many people have to pay additional hidden costs to obtain the health services they require. Medical services are provided on an equal basis with respect to age, gender, et cetera. Survivors are rarely denied services due to costs, although it does sometimes occur as certain equipment (e.g., CAT scan) is expensive and scarce.</p> | |
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Part 3: Physical rehabilitation

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| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>There is only one prosthetic centre in Albania, the National Prosthetic Centre (NPC) in Tirana, a 6 hour commute from the Kukes region. The NPC does not have the technical capacity to make all types of prostheses; difficult cases are sent to the Slovenian Institute of Rehabilitation for prosthetic assistance. (Since 2001, 99 mine amputees have received treatment in Slovenia.) Prostheses are produced at the NPC with ICRC support using polypropylene technology.</p> <p>Mine survivors generally wait a couple of years before they can receive rehabilitative care in the form of new prostheses.</p> <p>In 2005 a Prosthetic Repair Centre was established at Kukes Hospital, with one short-trained prosthetic technician, where mine survivors can receive minor repairs to their prostheses. Repair of assistive devices is also available at the NPC and the Slovenian Institute. Mine survivors receive training on methods for self-care and maintenance of prostheses.</p> <p>Physiotherapy is not very common in Albania. Nurses residing in the mine-affected villages received intensive 6-day training in community based rehabilitation in November 2004 and 5-day training in September 2005, of which physiotherapy was a large component.</p> <p>There is one physiotherapist based at Kukes Hospital who is providing physiotherapy to mine survivors when needed, as a part of the community based rehabilitation network which was established in</p> | <p>Objectives:</p> <ul style="list-style-type: none">▪ Establish a prosthetic/physical rehabilitation centre in Kukes town, by the end of 2006.▪ Treat all mine amputees within Albania, by the end of 2006.▪ Involve the physiotherapy section of the Military Hospital more with the NPC, by July 2005.▪ Provide refresher training for the physiotherapist at Kukes Hospital, by October 2005.▪ Organize and provide further training for all prosthetic technicians at the NPC to International Society for Prosthetics and Orthotics (ISPO) category I, II, or III standards, by the end of 2008. |
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| | <p>January 2005. The physiotherapist at Kukes Hospital received one year of training in physiotherapy following her training as a medical doctor. At a minimum 2 more physiotherapists are needed: one for Has Hospital and one for Krume Hospital.</p> <p>There is a need to establish a rehabilitation/prosthetic centre in Kukes for prostheses and physiotherapy and a need to involve the physiotherapy section of the Military Hospital with the NPC more than is the current situation.</p> <p>There are currently no prosthetic technicians (of the 7 working at NPC) in Albania trained to international standards. However, most technicians have received some training outside of Albania and technicians who have received further training assist those who have not received as much. There is no official and affordable training for physical therapy or prosthetics within Albania. An Italian University started a programme in physiotherapy in September 2004 based in Tirana. It is not likely that the programme will help improve rehabilitation conditions in Albania as trained physiotherapists will likely emigrate elsewhere in Europe following completion of their studies. Additionally, the programme is taught in the Italian language by Italian specialists and costs €5,000 per year for 3 years.</p> <p>Wheelchairs are being produced by the Albanian Disability Rights Foundation (ADRF) in Tirana but not many people in the mountainous Kukes region use wheelchairs. A few double mine amputees use wheelchairs while in their house.</p> <p>Landmine survivors and sometimes their families are fairly regularly included in the planning of rehabilitation interventions. Many older</p> | |
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| | <p>landmine survivors initially do not understand the aim of rehabilitation whereas younger mine survivors readily accept and appreciate it.</p> <p>Mine survivors are not denied services or assistive devices due to cost or other reasons. Services or devices are nearly always available equally to meet the particular needs of all genders and age groups.</p> <p>Regular countrywide coordination involving all relevant actors is facilitated through AMAC and AMAE monthly coordination meetings.</p> | |
| Part 4: Psychological support and social reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>Counselling is not regularly available in Albania and has only recently become available for mine survivors. In addition, counselling is a very new service in Albania and is not widely accepted by the public.</p> <p>In November 2004 and September 2005, 30 nurses from mine-affected villages received an intense training in matters that included counselling and they are now providing counselling to mine survivors in their villages when needed.</p> <p>The Ministry of Health has plans to insert social workers into hospital structures in the near future. Hospitals currently have no trained social workers. There is one neurologist working at Kukes Hospital who is visiting mine victims as a part of the community based rehabilitation project to provide some basic counselling.</p> <p>Social services were decentralized in 2002 and there are now social workers in some of the mine-affected villages but it is unknown whether or not they are providing counselling services to mine victims.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Raise awareness amongst mine victims about the aims of counselling and where it is available, by October 2005. ▪ Train social workers in the mine-affected region in counselling, by the end of 2005. ▪ Train social workers in the mine-affected areas in the specific problems that mine survivors may face and how they can assist in these areas, by the end of 2005. ▪ Advocate for the Director of Kukes Regional Hospital and the Director of Social Services to include social |

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| | <p>It is foreseen that there will be training of social services personnel on the rights of persons with disabilities although to date no training has been received.</p> <p>Under the community based rehabilitation project, landmine survivors are being provided with awareness materials on coping strategies and the problems that may arise as a result of their injuries.</p> <p>A mine survivor is working with the NGO VMA and is visiting mine victims on a regular basis in the field to encourage them and offer advice. Peer support is also provided while mine casualties are in hospital. Other than this, there is no peer support programme for landmine survivors. As most mine survivors are from the same small villages, they provide unorganized peer support to one another.</p> <p>Most people in the mine-affected region are employed in the grey sector in farming or agriculture. Adult mine survivors are encouraged to complete educational programmes if interested but to date no vocational training/support has been given. Most children disabled by landmines discontinued their studies after the accident. However, almost all the children have now resumed their studies with support (transportation, private tutors, etc.) from donors. Very few teachers have received training on the problems of children with disabilities</p> <p>Individuals are not denied services due to cost or other reasons and the few services that are available, are available equally to women, men, boys, girls, and elderly although it is more likely for women to take advantage of them.</p> <p>Regular countrywide coordination involving all relevant actors is</p> | <p>workers in the structure of the District Hospitals.</p> <ul style="list-style-type: none"> ▪ Train mine survivors on their rights, by the end of 2005. ▪ Increase peer support in the field through establishing a peer support network by end of 2005. ▪ Follow up with Landmine Survivors Network about expanding its peer support programme, by December 2005. |
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facilitated through AMAC and AMAE monthly coordination meetings.

Part 5: Economic reintegration

Goal:

To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.

Status:

There is currently one project for the socio-economic reintegration of landmine survivors in establishing home-based economies through vocational training and a revolving loan fund. The home based economies are in animal husbandry, as agriculture and livestock breeding are the main economic activities of the Kukes region. The local NGO VMA is implementing this programme.

To date, 44 survivors and their families have received assistance in establishing home based economies under this programme. Mine survivors who are interested in benefiting from the project are required to make a plan before they receive their loan. Vocational advice is provided by VMA but is specific to animal husbandry activities.

The vocational training programme is affordable for mine survivors and is physically accessible. However, mine survivors who do not make loan repayments or who do not provide the small amount needed for a down-payment on their livestock will not be selected to benefit from the project. This programme takes into account the economic realities of the Kukes region. In addition, services are designed to equally meet the needs of women, men and children.

Existing job and recruiting services rarely ensure access for people with disabilities, partly due to very high unemployment throughout Albania, especially in the Kukes region, but also due to attitudes. By law, one out of every 25 employees hired should be a person with a disability. However, this law is poorly implemented. Few employers

Objectives:

- Assist another 30 mine/UXO survivors by the end of 2005 through the provision of a loan and training to establish home-based economies.
- Establish a revolving loan fund by the end of 2006.
- Advocate for equal opportunities in employment for persons with disabilities and aim to achieve effective implementation of legislation by 2007.
- Start a vocational training programme in Kukes in business training, computers, high tech applications, and tourism and hospitality by the middle of 2006.
- Advocate, on an ongoing basis, for the employment of persons with disabilities in the workplace.
- Support, on an ongoing basis, the National Strategy on Disability,

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| | <p>are sensitized to ensure that landmine survivors are not denied opportunities because of discrimination.</p> <p>Most mine casualties were not officially employed at the time of their accident. They worked in the grey economy in which the majority continue to work following their accident, mainly in livestock breeding. For the few who were officially employed as border control policemen, none have returned to their original job.</p> <p>The new National Strategy on Disability (2005), endorsed by MoLSA aims to promote adequate employment opportunities for people with disabilities, yet implementation in achieving these ambitious goals is yet to be seen.</p> <p>Regular country wide coordination involving all relevant actors is facilitated through AMAC meetings and ADRF.</p> | <p>specifically in the Kukes Region.</p> |
| <p><i>Part 6: Laws and public policies</i></p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>There is a lawyer employed and working at ADRF who has received training in human rights for people with disabilities. She is available to assist any mine survivors in need of legal support. ADRF has published a book titled ‘Rights of People with Disabilities’ specific for Albania.</p> <p>Laws are in place for equal opportunities, care, access to services, education, vocational and employment opportunities, etc but are not often respected. Laws passed for accessibility include Law 8308, “On Road Transport” (18/03/1998), which entitles persons with disabilities to free urban transport and reduced prices for inter-urban transport.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Advocate for the rights of persons with disabilities and support the National Strategy on Disability in all work from 2005-2009. ▪ Raise awareness amongst persons with disabilities and the general public about the rights of persons with disabilities from 2005-2009. ▪ Inform mine survivors of their rights. |

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| | <p>Approval of town planning and architectural rules and norms to abolish the barriers to accessibility for persons with disabilities made it legally binding that all building activities take into account accessibility for people with disabilities. However, these laws are usually not enforced.</p> <p>Persons with disabilities including mine survivors have little access to a formal statutory complaint mechanism to protect their rights, although mine survivors can approach the lawyer working at ADRF for support with formal complaints. However few persons with disabilities are aware of their rights.</p> <p>To date the government has raised very little awareness on the rights and needs of persons with disabilities and countering stigmatisation.</p> <p>There is little support from the government to local organizations to advocate on behalf of and provide services to persons with disabilities. There is also little government support for self-help groups or associations of people with disabilities.</p> <p>Laws and public policies against discrimination take into account the particular needs of children, the elderly and gender.</p> | <ul style="list-style-type: none"> ▪ Raise awareness amongst mine survivors of their rights in relation to accessibility by June 2006. ▪ Raise awareness in the courts on discrimination of people with disabilities (ongoing from 2005). ▪ Prepare and distribute information on persons with disabilities at the national, regional, and local level. ▪ Raise awareness in mine-affected communities on the rights of people with disabilities through pamphlets and trainings (by end of 2005). ▪ Provide support for education programmes for persons with disabilities (ongoing from 2005). |
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Angola

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| <p>Goal:</p> <p>Define the scale of the challenge, identify</p> | <p>Status:</p> <p>The number of mine casualties or the available services in the country is not exactly known although it is estimated that there are 70,000 to</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Conduct a nation-wide survey on mine casualties. |

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| <p>needs, monitor the responses to needs and evaluate the responses</p> | <p>80,000 mine survivors in the country, of which 85 percent are young people of working age and around 70 percent are illiterate.</p> <p>There is no nation-wide injury surveillance mechanism.</p> <p>Due to the war, the population's access to health care and social assistance has been considerably reduced, thus impairing the collection of data regarding mine survivors and their specific disabilities.</p> <p>Mine survivors are registered by the Ministry of Assistance and Social Reintegration, Ex-Combatants and War Veterans, the Ministry of Health, national and international NGOs, social solidarity institutions, etc. Almost two-thirds of mine survivors are concentrated in Luanda, followed by the more mine contaminated provinces (Bié, Huambo, Malange and Moxico).</p> | <ul style="list-style-type: none"> ▪ Identify government and private institutions/ organizations involved in collecting mine casualty data. ▪ Implement the use of IMSMA forms for registering mine casualties by all actors involved in mine victim assistance. ▪ Improve communication among relevant actors in mine victim assistance. ▪ Establish a Joint Commission to conduct accident surveillance at national and provincial levels. |
| <p><i>Part 2: Emergency and continuing medical care</i></p> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>Health care services to address the needs of mine casualties are covered by the National Health System (SNS).</p> <p>Due to the protracted war, more than 70 percent of primary health care units have been totally or partially destroyed, and there has been an exodus of qualified health workers seeking safer areas.</p> <p>Due to the war, the social assistance budget, which includes health care represented less than 4 percent of the Overall State Budget, and its</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Achieve broader coverage of basic health care throughout the country. ▪ Improve accessibility to existing hospitals. ▪ Support transportation to and from hospitals, especially to and from orthopaedic centres. |

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| | <p>implementation rate is less than 70 percent.</p> <p>The number of Angolan orthopaedic surgeons is still very limited.</p> | <ul style="list-style-type: none"> ▪ Increase the number and qualifications of health workers involved in mine victim assistance and social reintegration. ▪ Increase the budget allocated to social assistance including health care. ▪ Establish first aid teams, especially in medium and high mine impact risk areas. |
| <p><i>Part 3: Physical rehabilitation</i></p> | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>The Ministry of Health (MINSA), through the National Physical Rehabilitation Programme, runs 11 orthopaedic centres with activities oriented towards physical rehabilitation, production and fitting of prostheses, orthoses, crutches, prosthetic feet, and assembly and repair of wheelchairs for persons with disabilities including mine survivors. Production capacity does not meet existing needs. In 2004, 1,962 mine survivors accessed the orthopaedic centres.</p> <p>Most orthopaedic centres are located in urban areas, far away from the mine-affected communities and beneficiaries. Insufficient financial resources limit access to the centres. In some orthopaedic centres, national and international NGOs have conducted awareness-raising campaigns to facilitate the access of mine</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Improve the capacities of existing orthopaedic centres, including through the training of national technical personnel. ▪ Increase the scope of community-based rehabilitation projects. ▪ Ensure that mine victims have access to assistance and social and economic reintegration as close as possible to their area of residence, i.e. at province level. ▪ Establish a multipurpose centre for mine |

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| | <p>survivors to physical rehabilitation centres. Some air and road transportation services have been implemented by national and international organizations to facilitate the access of persons with disabilities from remote areas to the centres.</p> <p>People who live in more remote areas are likely to have no access to centres and are more vulnerable, live in harsher conditions, are mobility impaired, and poor.</p> <p>Personnel providing rehabilitative care in the orthopaedic workshops include 85-90 technicians trained to a basic level; 26 are located in Luanda.</p> | <p>survivors and other persons with disabilities oriented towards providing health care, physical rehabilitation and psychological support, vocational training, legal advice and socio-economic reintegration.</p> |
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Part 4: Psychological support and social reintegration

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| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>In Angola, amputation and the associated physical and psychosocial trauma is a public health concern, as is socio-economic reintegration. Because it affects a young population, and the possible number of mine survivors, it will remain a problem for some years.</p> <p>The majority of persons with disabilities live in difficult situations due to existing physical and social barriers that hinder their full participation in the various spheres of life, making them more vulnerable and prone to social exclusion.</p> <p>The loss of status as the main provider for the family sometimes leads to personality disorders such as aggressiveness, over-defensiveness, complexes, depression, impulsiveness, etc.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Raise awareness within public and private organizations, and civil society in general, of existing physical and social barriers that hinder the full participation of persons with disabilities in the social, political and economic life of the country. ▪ Adopt appropriate measures in order to promote the integration of persons with disabilities in all spheres of the country's socio-economic life. ▪ Establish counselling and psychological support systems at the community level. |
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| | Some individual or group psychological support actions have been developed at the community level to promote self-esteem through education sessions. | <ul style="list-style-type: none"> ▪ Remove barriers and reinforce self-esteem and dignity. |
| Part 5: Economic reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>The economic reintegration of mine survivors is an integrated action of the Ministries of Labour and Social Affairs, although there is no national strategy.</p> <p>The number of economically integrated mine survivors with an acceptable livelihood is still limited compared to the wider population. Obstacles include: the high incidence of working age persons with disabilities; the high concentration of mine survivors in urban areas; high levels of unemployment nationally; high illiteracy levels among people from rural areas displaced to urban areas; low levels of vocational training or the need to change occupation due to the disability; and, rapid marginalisation and social exclusion of mine survivors and other people with disability.</p> <p>The general state of the economy and the macroeconomic context is defined by the following factors: irregular economic growth; dependency on the oil sector and the capital intensive nature of the oil sector; limited investment in industry and other sectors; important diminution of the agriculture and fisheries sectors; insignificant private investment; and, political stability.</p> <p>Persons with disabilities are often denied employment or are given subordinate and lower paid jobs. In times of crisis, persons with disabilities including mine survivors are often the first to be</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Enhance community awareness of the benefits of integrating persons with disabilities into the social and economic life of the country, in government and private institutions. ▪ Press for the adoption and implementation of the first employment bill, establishing directions and priorities for the specific disability programmes, in order to allow young persons with disabilities to access employment and become socially and professionally integrated. ▪ Ensure that the economic reintegration of mine survivors is included in the fight against poverty. ▪ Promote training opportunities for mine survivors, according to their needs. ▪ Consider the needs of mine survivors in literacy training, in both rural and urban |

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| | dismissed and the last to be hired. | <p>areas.</p> <ul style="list-style-type: none"> ▪ Devise and implement a strategy to promote the recruitment of mine survivors by public and private employers. |
| <i>Part 6: Laws and public policies</i> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>The Ministry of Health (MINSA) under law n°21-B/92 and the 1992 national health policy document, defines persons with disabilities, including mine survivors, as one of the particularly vulnerable groups towards which efforts must be directed as a priority.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Ensure legal protection in accordance with the needs of mine victims. ▪ Reduce discrimination and social exclusion. ▪ Restore the dignity of mine survivors. |

Bosnia and Herzegovina

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>As of July 2005, there were 3,919 landmine survivors registered in Bosnia and Herzegovina.</p> <p>The number of survivors has been extracted from the existing ICRC and BH MAC mine casualty databases. The databases contain information on the location of the accident with grid references, the gender and age of the mine casualty, the hospital which assisted the</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Creation and standardization of an information system for mine victim assistance in Bosnia and Herzegovina. ▪ Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009. |

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| | <p>casualty, and the injuries suffered.</p> <p>The Mine Action Centre, Civilian Protection, BH Red Cross and the police collect data on injuries, including mine injuries. There is a unique form for reporting on mine and UXO accidents. The Mine Action Centre completes a report form for each new mine accident or incident. The report is then forwarded and entered into the database.</p> <p>Mine casualty data collection in Bosnia and Herzegovina began in 1996. The ICRC and Mine Action Centre are responsible for data collection. An agreement has been made between ICRC, BH MAC, BH Red Cross Society, HOPE 87, and JRS for establishing a unique mine casualty database.</p> <p>Coordination is realised through a nation-wide coordination group on mine victim assistance, which meets on a quarterly basis. The Mine Action Centre provides data to all relevant actors through regular reports or upon request. Additional data is also distributed at routine meetings.</p> <p>Landmine survivors are involved in data collection through non-government organizations, which provide assistance to mine victims.</p> | <ul style="list-style-type: none"> ▪ Develop a mechanism to improve reliability, monitoring and complexity of information in overlapping activities. |
| Part 2: Emergency and continuing medical care | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and</p> | <p>Status:</p> <p>There is a well-established health care system in Bosnia and Herzegovina, which has proved to be sustainable at a considerably good level. There are 24 general hospitals and 5 clinical centres</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Increase efficiency by 2009 in relation to medical interventions to assist the injured by cutting down the intervention |

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| <p>minimizing physical impairments in emergency settings that could result from injury</p> | <p>with the capacity for physical medicine and rehabilitation.</p> <p>Persons injured by landmines have ready access to trained first aid and other health practitioners from the primary level to the tertiary level of health support. Trauma specialists are available as well as all other profiles of medical personnel, who are qualified in the care, treatment and rehabilitation of the injured.</p> <p>Transportation and expeditious evacuation is guaranteed for every person following a call to the nearest first aid facility. Transportation is in an ambulance, or in unreachable areas helicopters can be engaged for transportation. There is always a doctor included in the transportation personnel, as well as specialised orderlies.</p> <p>During the planning of clearance activities, a medical service is always provided in case of accidents, which intervene immediately.</p> <p>The time period between injury and arrival at the hospital/clinic depends on the location of the accident and the accessibility of the site. The period from acceptance into the hospital to the provision of surgical care is short, as there are specialist teams on duty ready to provide treatment.</p> <p>Health teams are trained and the number of health workers in Bosnia and Herzegovina is sufficient to meet existing needs. Health facilities have both equipment and infrastructure to meet existing needs; though the renewal of equipment may be an issue due to continuous use and obsolescence.</p> | <p>time in order to increase the chances of survival and minimize the severity of physical disability.</p> <ul style="list-style-type: none"> ▪ Develop a mechanism to improve coordination between those providing emergency and continuing medical care. |
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| | <p>There are adequately trained surgeons, as well as trauma specialists and plastic surgeons. Training is available, although more international education would be beneficial. There is access to corrective and reconstructive surgery.</p> <p>The non-government volunteer sector in Bosnia and Herzegovina has limited capacities and there are only a few organizations with the capacity to provide specialised care.</p> <p>Blood supplies are available in Bosnia and Herzegovina. All casualties in need of transfusions will receive blood. Existing blood reserves are kept and used in accordance with EU standards. Rigid dressing materials are available, as well as all other necessary materials. There is absolute access to pain relief.</p> <p>Access to eye care, auditory medical care and other specialised surgical and medical services is available at hospitals, clinics and other non-hospital facilities for eye, auditory and other specialist care.</p> <p>Each clinic has basic orthopaedic devices, assistive devices, crutches, etc. It is possible to provide crutches upon leaving the hospital.</p> <p>All mine survivors are referred to rehabilitation services after surgical treatment. Many start rehabilitation while in the hospital, immediately after surgery and continue in one of 38 CBR (community based rehabilitation) centres or other rehabilitation centres.</p> | |
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| | <p>Mine casualties are not denied services due to cost as there is no charge. Medical treatment for people in life threatening situations and those with medical insurance is free of charge (they are all insured on a certain basis). Services are equally available to everyone, regardless of sex, age, religion, nation or race.</p> <p>Coordination is realised through a nation-wide coordination group on mine victim assistance, which meets on a quarterly basis.</p> | |
| <p><i>Part 3: Physical rehabilitation</i></p> | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>All services are available free of charge. Rehabilitation services are provided in hospitals immediately after surgical treatment, until they are released from hospital. Further rehabilitation services are available through rehabilitation centres and CBR centres. These centres were intentionally built for the support and basic rehabilitation of all war victims, including mine survivors as indirect war victims.</p> <p>Prosthetic and orthopaedic assistance is set by the law. People with disability have the right for their devices to be maintained and repaired. During the first fitting of the assistive device they are introduced to methods of maintenance.</p> <p>There is a local production capacity for prosthetics in Bosnia and Herzegovina, though small in number and limited. The main components are mostly imported.</p> <p>All mine survivors are instructed on rehabilitation and exercises they can do alone, after the first session at the CBR centre.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Every mine survivor will be provided with quality prosthetics, if needed, and rehabilitation to facilitate their reintegration into society, and thereby reduce the social costs to the community. |

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| | <p>There are 27 orthopaedic workshops in Bosnia and Herzegovina. This represents a sufficient number of centres in the community, as well as sufficient numbers of trained personnel, capable of meeting the needs of survivors. The centres were established to cover a specific target area (approximately 50,000 to 80,000 inhabitants per area).</p> <p>There are currently 2,280 mine survivors who suffered amputation of limbs in mine/UXO accidents.</p> <p>There are no cases of denied services as all are provided free of charge. Services and devices are available to all ages and sex equally.</p> <p>Coordination is realised through a nation-wide coordination group on mine victim assistance, which meets on a quarterly basis.</p> | |
| Part 4: Psychological support and social reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a</p> | <p>Status:</p> <p>There is a network of mental health facilities within communities that have been developed along with the CBR centres for physical rehabilitation; 60 CBR centres have been established for rehabilitation and mental health. All mine survivors have access to mental health facilities that deal with post-traumatic stress issues.</p> <p>Psychological counselling exists at the level of primary medical care and within mental health facilities, which are available for those in need of such treatment. These facilities can provide significant help in adjusting to a new situation. Hospitals have staff</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Every mine survivor will have access to psychological support services, if needed, by 2009. ▪ Develop a strategy to increase cooperation within the local community on the promotion of mental health, with the aim of integrating persons with disabilities into the daily life of the community. |

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| <p>healthy and positive outlook on life.</p> | <p>trained to meet the psychological needs of mine casualties.</p> <p>Peer support and volunteer organizations do not provide assistance within medical facilities but their programmes assist survivors after leaving the hospital, and facilitate the integration of disabled persons back into the society. Landmine Survivors Network implements a peer support programme to assist mine survivors overcome the physical and psychological trauma caused by a mine injury.</p> <p>All child mine survivors are included in education programmes within their communities. Teachers are mostly trained in issues relating to support for children with disabilities.</p> <p>Cost is not an obstacle as assistance is provided through the health care system. All services are available and designed to meet the needs of all in need of help, including men, women and children.</p> | <ul style="list-style-type: none"> ▪ Enable access to regular education and the schooling system for children with disabilities. |
| <p><i>Part 5: Economic reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>Mine survivors and other persons with disabilities have the right to employment in the job market under general and specific conditions. For example, under specific conditions persons with at least 40 percent disability and persons with at least 70 percent disability have the right to employment.</p> <p>Employment departments have resources allocated for training and employment of disabled persons, which are to be realised through agencies covering the entire territory of Bosnia and Herzegovina.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Enact and implement improved laws, training and regulations to facilitate the economic reintegration of persons with disabilities. ▪ Facilitate vocational training and economic reintegration opportunities for mine survivors. |

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| | <p>In accordance with the employment law, resources for employment are provided by organizations, agencies and other physical and legal enterprises where a person was employed prior to his / her disablement.</p> <p>In accordance with the Law employers are obliged to return the person with disability to their previous position, or to offer some other option where that person can work.</p> <p>The Government is working through employment agencies on the Entity levels to promote adequate employment for mine survivors and other persons with disabilities. The agencies can also provide significant help in adjusting to the new situation of being disabled.</p> <p>Persons with disabilities are sometimes self-employed or employed in a family business.</p> <p>The Poverty Reduction Strategy Paper (PRSP) presents a good opportunity for improved cooperation between government and non-government sectors, in order to mobilise resources in the fight against poverty, as well as to produce reforms which would improve efficiency of social services and health care.</p> <p>There is a discrepancy between rights and benefits within the laws at the state level in Bosnia and Herzegovina.</p> <p>Services are available equally to both men and women.</p> <p>Coordination is realised through a nation-wide coordination group on mine victim assistance, which meets on a quarterly basis.</p> | |
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| Part 6: Laws and public policies | | |
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| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>There are laws and regulations relating to the legal protection of disabled former soldiers, civilian victims of the war, disabled military personnel and the families of those killed in action during defensive wars. The existing laws protect the rights of people with disabilities and the families of those killed in mine accidents, as well as those disabled by other causes. The laws are fully implemented.</p> <p>The Government has produced a comprehensive strategy aimed at meeting the needs of mine victims by 2009. One of the main goals is the reintegration of mine survivors back into civil society.</p> <p>The government supports the non-government sector involved in mine victim assistance programmes, which function as a supplement to existing services, trying to fill the gaps that exist in the support system in Bosnia and Herzegovina. The government also supports self-help groups and associations of disabled persons through regular coordination meetings of the key actors in mine victim assistance.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Enable the full reintegration of mine survivors into society through a wide range of assistance programmes, which include integrated social, medical and other specialist services. ▪ Raise the level of consciousness about the needs of mine survivors and other persons with disabilities, which would lead to changes in community attitudes related to this issue. ▪ Enact and implement improved laws and regulations related to rights and benefits for disabled persons, all within the implementation of the poverty reduction strategy, as well as the EU process of stabilisation and integration. |

Cambodia

| Part 1: Understanding the extent of the challenge faced | | |
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| <p>Goal:</p> <p>Define the scale of the challenge,</p> | <p>Status:</p> <p>Since 1994, the Cambodia Mine/UXO Victim Information System (CMVIS) has maintained a system for data collection, storage and</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Continue to maintain and coordinate a sustainable information-gathering and |

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| <p>identify needs, monitor the responses to needs and evaluate the responses</p> | <p>dissemination of information relating to mine/UXO casualties nation-wide and has issued reports on a monthly basis to all relevant stakeholders. This process covers all provinces in Cambodia and utilises 18 full-time data gatherers and 3 half time data gatherers in 17 provinces / municipalities and volunteer data gatherers in the remaining 7 provinces / municipalities.</p> <p>Based on the information available, Cambodia is on of the worst mine-affected countries in the world. Each year over 800 new mine/UXO casualties are recorded, which add to a total of 45,000 survivors in the country in 2005.</p> | <p>referral network on mine/UXO casualties in Cambodia.</p> <ul style="list-style-type: none"> ▪ Continue to analyse and disseminate mine/UXO casualty information nationally and internationally to assist in the planning and monitoring of mine action and victim assistance programmes. ▪ Support the capacity and development of the Cambodian Red Cross in undertaking data collection and information management with a view to ensuring maximum autonomy. |
| <p>Part 2: Emergency and continuing medical care</p> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>The health care system in Cambodia is structured on health centres (coverage 10,000 people), referral hospitals (coverage 100,000 people or more), and national level hospitals. The referral hospital is the point where a landmine casualty can receive appropriate medical care.</p> <p>Transportation to reach medical facilities is often inadequate and in some areas in Cambodia it may take a day or more for a mine casualty to access an appropriate health facility. Many landmine casualties die before reaching a hospital due to excessive bleeding, lack of transport or availability of first aid, blood transfusion, etc.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Assess and analyse the state of medical rehabilitation in Cambodia in order to develop guidelines and strategies to develop the sector. ▪ Assist the Ministry of Health, allied government ministries, WHO and other relevant bodies, on policy and planning relating to medical rehabilitation. ▪ Share information and knowledge among stakeholders about landmines and |

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| | <p>There is a lack of training of health care workers in Cambodia. Some programmes include the training of community based Village Health Volunteers to respond to the emergency medical needs of landmine and other traumatic injuries. Volunteers also disseminate relevant information about available health facilities and agencies that can assist.</p> <p>In Cambodia, medical care is often more of a luxury than a right, and some payment is usually required. Furthermore, the long-term medical and rehabilitation cost of treating landmine injuries adequately continues to be prohibitive.</p> | <p>what government and non-government services are available to address emergency and continuing medical care.</p> |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>At the end of 2004, there were 12 physical rehabilitation centres providing services to mine survivors and other people with physical disabilities. Five agencies are directly involved into the operation of the centres: Cambodia Trust (CT), Handicap International-Belgium (HIB), Handicap International-France (HIF), International Committee of the Red Cross (ICRC), and Veterans International (VI).</p> <p>Services available through the physical rehabilitation centres include the production/supply of prosthetics, orthotics, wheelchairs, walking aids, physical therapy, and psychosocial care. In addition, supporting services such as accommodation, meals, and transportation allowances are provided.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Promote improved standards and quality of services provided by rehabilitation centres according to the long term plan for the sector. ▪ Ensure maximum equitable distribution of quality physical rehabilitation services to all physically disabled persons in Cambodian society, taking into account their expressed needs and priorities with regard to their social, cultural and economic development. |

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| <i>Part 4: Psychological support and social reintegration</i> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>There is only one psychological support centre in the country to provide training to health centre staff and at the referral level on basic psychological support and care after the mine casualty recovers from surgery.</p> <p>There are a few non government organizations (NGOs) providing psychological support to mine victims. NGO activities have included: raising community awareness on psychosocial and mental health in general; training community resource persons and care givers on identifying signs and symptoms of stress, anxiety, and depression; providing information on and encouraging community use of existing resources (e.g., monks, traditional healers, respected persons in community, village health volunteers, etc.) to effectively help survivors and their families to overcome psychological distress, and to restore their hope and self-esteem; and, providing training in basic counselling skills to community workers and volunteers who regularly visit and provide support to landmine victims.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop plans and guidelines for best practice to address the psychosocial needs of mine survivors and their families. |
| <i>Part 5: Economic reintegration</i> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find</p> | <p>Status:</p> <p>Persons with disabilities in general have lower education levels than the rest of the population with only 10 to 15 percent reaching a reasonable standard. Landmine survivors usually come from the military or farming communities and have traditionally only received basic education.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Capacity building of people with disabilities and their families through the development of self help groups and promoting capacities and full participation of people with disabilities |

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| <p>suitable employment.</p> | <p>In general, the outlook for mine survivors in rural communities is said to be poor, unless they have access to life education and health care services. What rural poor need more than anything else is access to fertile land to enable them to produce their own food. People in the villages need basic farming skills or advanced techniques to improve animal raising, rice or other crop productions.</p> <p>Some success has been achieved through the efforts of the National Centre for Disabled Persons (NCDP), which has set up a disabled workers database. The database is primarily for urban disabled seeking work. However, out of the 1,500 registered persons with disabilities, only 125 are placed per year. NCDP in collaboration with the Business Advisory Council (BAC) has been successful in lobbying major companies in Phnom Penh to consider employing workers with disabilities.</p> <p>Follow-up on people who have used vocational training and rehabilitation services provided by NGOs found that there are high success rates in increasing their knowledge base, but a very low success rate in employment placements. Discrimination may play a role because even if a disabled person possesses the appropriate skills they are often ignored.</p> <p>The children of mine casualties often cannot access education because their families cannot afford the related costs, such as paying the teachers or buying school uniforms. An estimated 400,000 children cannot go to school for one reason or another, usually because of cost or excessive distances to schools.</p> | <p>in mainstream development activities.</p> <ul style="list-style-type: none"> ▪ Create opportunities for income generation for persons with disabilities through skilled employment and self employment activities. ▪ Identify new skills and services to meet market demand and create opportunities for income generation for persons with disabilities. ▪ Assist children with disabilities to reach their full potential and have the same opportunities as all other children to active and valued participation in their home and community life. ▪ Develop and implement integrated, comprehensive community programs/projects that will allow the maximum number of children with disabilities to remain in the community while providing essential care for more severely disabled children in specialised centres. |
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| | <p>Promotion of inclusive education opportunities for disabled children started with technical support from the Disability Action Council (DAC) in 1999. The Special Education Bureau was set up to oversee and manage all educational programs for vulnerable children including minority children, children with disabilities, etc. The current program is looking at three areas: disability awareness raising among teachers and school children; production and dissemination of teaching materials for use by teachers who have children with disabilities in their classes; and assisting the Ministry of Education in the development of policy on inclusive education.</p> | |
| <p>Part 6: Laws and public policies</p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>The Constitution of the Kingdom of Cambodia (article 31) states that “every Khmer citizen shall be equal before the law, enjoying the same rights, freedom and fulfil the same obligations regardless of race, colour, sex,” Cambodia is a signatory to the UN Decade of Disabled Persons and the Asia and Pacific Decade of Disabled Persons (1993-2002).</p> <p>Cambodia does not currently have a separate disability law, but disability issues have been addressed in some existing Cambodian Laws and Regulations.</p> <p>Draft legislation on the rights of persons with disabilities has been being finalised and submitted for approval. The legislation was developed with the aim of promoting the integration of persons with disabilities into mainstream development programs/activities to ensure the protection and promotion of their rights and prohibition</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ The adoption and implementation of the draft legislation to protect the rights of all people with disabilities, including women and children, regardless of the cause of disability. ▪ Review other existing laws with a view to identifying discrimination against persons with disabilities. ▪ Raise awareness in the community of the rights and needs of persons with disabilities. |

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| | of abuse, neglect and discrimination. | |
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Colombia

| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
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| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>The number of known mine survivors in the country is based on a data collection system using IMSMA. The system is administered and coordinated by the Anti-personnel Mines Observatory (AMO) of the Vice-Presidency of the Republic, under article 13 of law 759 of 2002 which states that “the observatory, as the basis of an information system for action against antipersonnel mines, will be in charge to compile, to systematise, to centralise and to update all the information on the subject, as well as to facilitate the decision making in prevention, marking, elaboration of maps, removal of mines and attention to victims.”</p> <p>The nation-wide information management system was implemented in 2002. The database is continuously being updated as information on new mine/UXO and casualties from earlier incidents are recorded. It includes information on the location of the accident, the age and sex of the casualty, the activity at the time of the accident, the health facility where the casualty received assistance, and other relevant information.</p> <p>The AMO receives information from primary sources in the regions such as local agents, departmental and municipal authorities, the Army, the Police, the Administration Department of Social Protection (DAS), the media, and others. FISALUD, in partnership</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Consolidate the information management system at different levels in the country (i.e. local, municipal, departmental etc) ▪ Decentralize the information management system at the different levels in the country. |

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| | <p>with the Ministry of Social Protection, has also established a process of gathering information on mine and UXO casualties who are classified as victims of the conflict.</p> <p>The AMO cooperates with associations of mine survivors at the municipal, departmental, and national level on the collection of information on issues relating to mine survivors and other persons with disabilities. Information is shared with all relevant actors and is available on the AMO website.</p> | |
| Part 2: Emergency and continuing medical care | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>First aid is available through the Colombian Red Cross, Civil Defence, and Firemen. The Ministry of Interior coordinates the Committee of Prevention and Assistance of Disasters which are located in municipal centres, usually several hours from where mine/UXO accidents happen. The Ministry of Social Protection network includes information on first aid brigades. There are difficulties in accessing first aid services due to the location of mine accidents and there is a need to establish community-based first aid capacities.</p> <p>Level II, III and IV hospitals have access to properly regulated blood supplies that comply with the norms established by the Ministry of Social Protection.</p> <p>If a mine accident occurs in an area with a network of emergency health facilities the means for expeditious evacuation of the casualty to an equipped health facility are available. However, in zones with the presence of armed non-state actors, providing</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Reduce the number of casualties and provide effective health care to survivors. ▪ Design a national strategic plan for the integrated care of mine/UXO survivors. |

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| | <p>emergency assistance is difficult. An ambulance network exists in the country, and in Antioquia there is an air ambulance. When the ambulance network is not available casualties are transferred to hospital by other available means. The time taken to reach the hospital depends on the location of the accident, and accessibility of the site.</p> <p>Level III and IV hospitals have the capacity to provide surgical assistance for landmine-related injuries. The time between injury and emergency surgery depends on the degree of the injury and accessibility to services. Level III and IV health facilities also have the capacity to provide corrective surgery including cleaning of projectiles, debridements, preparations, remodelling of stumps, etc.</p> <p>The Ministry is strengthening the capacities of qualified health personnel in rural areas, and providing medical equipment and ambulance services. In addition, level III and IV hospitals have implemented plans to deal with emergency situations.</p> <p>Health facilities in mine-affected areas have the infrastructure, equipment and supplies to satisfy existing needs.</p> <p>In the health system there is a program of rotation of qualified personnel and of continued education to ensure that there are sufficient numbers of experienced personnel to handle traumatic injuries.</p> <p>This is a system of referrals to direct survivors to appropriate rehabilitation services. However, in some cases the rehabilitation needs are not always met.</p> | |
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| | <p>All the hospitals in the country must provide free and immediate assistance, including hospitalisation, surgery, medicines, bandages, and assistive devices, to meet the needs of casualties. The Ministry of Social Protection, through FOSYGA (Social Solidarity and Guarantee Fund) and FISALUD, assumes the cost of services. The military is covered by a special regime.</p> <p>Services are available equally to men, women, and children. The monitoring of quality services is the responsibility of the National Supervision of Health situated in the Ministry of Social Protection in Bogota.</p> <p>Activities are coordinated by the Vice-Presidency of the Republic, in cooperation with the Ministry of Social Protection and others including associations of persons with disabilities. Survivors participate occasionally.</p> | |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>Colombia has legislation that covers physical rehabilitation during the first 6 months after the accident and for another 6 months if required. Services are free. Nevertheless it appears that there are difficulties in accessing services due to ignorance of available services and problems with documentation and following the procedures. The Ministry of Social Protection, through FOSYGA and FISALUD, assumes the costs of assistance.</p> <p>Of the 32 departments in Colombia, there are rehabilitation centres in 6 cities: Bogota, Medellin, Cali, Cartagena, Neiva, and Cucuta.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ |

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| | <p>The Ministry of Social Protection, through FOSYGA and FISALUD, covers the cost of the first prosthesis or orthosis. It is sometimes possible in special circumstances for the municipalities to cover the cost of replacement devices, but there is no fixed allocation of resources to cover the costs.</p> <p>Training is available for rehabilitation medicine, physical therapy and occupational therapy.</p> <p>The monitoring of quality services is the responsibility of the National Supervision of Health located in the Ministry of Social Protection in Bogota. Coordination at the central level is implemented by the technical subcommittee on mine victim assistance.</p> | |
| <p>Part 4: Psychological support and social reintegration</p> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>Legislation provides for psychological support for one year after the accident. Survivors occasionally receive psychological support to assist in adjusting to their new situation. There are some pilot programs which provide psychological support, but these are not yet implemented on a continuous basis.</p> <p>The 2003 Ministry of Education resolution no. 2565 deals with the inclusion of people with disabilities within the Colombian education system, and includes the provision to train teachers on the special needs of disabled children. There are few classrooms that are accessible to children with disabilities.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ |

Part 5: Economic reintegration

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| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>Mine survivors and other people with disabilities have the right to free vocational training through the National Learning Institute (Servicio Nacional de Aprendizaje, SEINA), located in urban centres. Agreements are in place with specialized organizations to provide employment qualifications and placement for people with disabilities. The courses are adapted to the interests and capacities of persons with disabilities.</p> <p>Until 2002, the Ministry of Communications and Culture conducted a sensitization campaign on the issue of disability and employment.</p> <p>The 2004 Decrees no. 2340 and 2344 created subsidies for unemployment for a period of 6 months and prioritization of vulnerable groups for food, health, qualifications, recreation and work through the equalization funds.</p> <p>Micro-financing is available to persons with disabilities for the implementation of income generating projects.</p> <p>FISALUD, like the Social Solidarity Network (Red de Solidaridad Social) and FOSYGA pay compensation to survivors or the families of those killed in mine/UXO accidents.</p> <p>Coordination at the central level is implemented by the technical subcommittee on mine victim assistance.</p> | <p>Objectives:</p> <ul style="list-style-type: none">▪ |
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| Part 6: Laws and public policies | | |
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| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>Colombia has adopted legislation to protect the rights of people with disabilities. However, the effectiveness of implementation is less than 50 percent.</p> <p>Law 361 of 1997 addresses issues of rehabilitation, economic integration, social welfare, housing and accessibility.</p> <p>Law 762 of 2002 approved the “Inter-American Convention for the Elimination of all Forms of Discrimination against People with Disabilities.”</p> <p>The 1991 Colombian Political Letter established two legal mechanisms for the defence and protection of human rights, including for persons with disabilities: the Right of Petition and the Action of Trusteeship. These mechanisms are under the direction and institutional endorsement of the municipal ombudsmen.</p> <p>The Ministries of Communications and Culture, Education, and Social Protection conduct activities to raise awareness of the rights and needs of persons with disabilities.</p> <p>Organizations like the Ministry of Social Protection, Presidency of the Republic, the Network of Social Solidarity, and organizations assigned to the Ministry of Education, provide financial support and capacity building for associations and networks of persons with disabilities.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ |

Croatia

| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
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| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>The Croatian Mine Action Centre (CROMAC) database has recorded 1,756 mine and UXO casualties from 1991 to 2005, including 1,323 survivors, in mine-suspected areas. In addition, 355 UXO/ERW casualties, including 286 survivors, were recorded outside of mine-suspected areas. Data collection began in 1992 when UN forces were deployed in Croatia. This data was handed over to CROMAC in 1999. The database is regularly updated and verified as new data are inserted and duplicated records are deleted.</p> <p>Sources of information include hospitals, police, army, media, and sometimes mine survivors. The database has information on age, gender, type of injury, and location; however, only 50 percent of registered casualties have complete information. Emergency services, including the police, throughout the country are obliged by law to register every injury, especially traumatic injuries, but the cause of injury is not always noted, or in the case of explosions it is not clear what type of device caused the incident.</p> <p>The Ministry of Family, Veteran’s Affairs and Intergenerational Solidarity maintains a database on those killed and injured in the war, including casualties due to landmines. The ministry also maintains data on military deminers killed or injured during clearance operations.</p> <p>In order to improve information on mine casualties, and to assist in the</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Completely update the CROMAC database, incorporating information from other databases as required by the end of 2006, and include children (up to 18 at the time of b incident) whose parents were killed by mines/UXO. ▪ Expand existing injury surveillance mechanisms to include the category of “mine explosion” as a cause of injury by the end of 2006. ▪ Establish/restart a national coordination body for mine victim assistance by the end of 2006, and restart regional mine action coordination bodies by the end of 2005. ▪ Include mine survivors in the work of national and regional |

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| | <p>development of a National Strategy for Mine Victim Assistance, the Croatian Institute for Health Insurance (CIHI) and hospitals could use the World Health Organization’s International Classification of Illness and similar health problems (10th Revision), category Y368 “War operations after the ceasefire” when registering patients to identify those injuries caused by mines and better understand the services that mine survivors are accessing.</p> <p>CROMAC shares information on mine casualties with other interested parties, including the Croatian Mine Victims Association (CMVA) and donors.</p> <p>CMVA has interviewed 500 mine survivors, or the families of those killed, to assess their needs.</p> | <p>coordination bodies.</p> <ul style="list-style-type: none"> ▪ Develop a strategy for better and stronger cooperation between all interested parties in mine victim assistance. ▪ Establish a network to coordinate the activities of surveillance, monitoring and sharing of information. |
| <p><i>Part 2: Emergency and continuing medical care</i></p> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>In large regional centres (Split and Osijek) there are independent emergency facilities, while in other towns, most medical centres have 24-hour emergency services, including ambulance transportation. There are 180 emergency response teams in mine-contaminated counties with 338 ambulances, 168 medical doctors and 11 specialists. Existing resources are adequate to meet the needs in mine-suspected areas, but increasing the number of emergency response teams in the tourist season could be beneficial.</p> <p>Every county general and general hospital located in mine suspected areas has capacity to administer blood transfusions to mine casualties. Medications to relieve pain are available, with the costs covered by the CIHI.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop Standard Operational Procedures, by 2008, for the evacuation of mine casualties from mined areas. ▪ Establish an emergency helicopter service. ▪ Develop a strategy to ensure the regular upgrading of ambulances and medical equipment in health institutions. |

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| | <p>The speed of evacuation after a mine explosion depends on accessibility of the site, and road and weather conditions. It is planned to establish an emergency helicopter service that would provide the fastest and most expeditious transport. Until it is established, the resources of Ministry of Defence and Ministry of Interior are used. In inaccessible areas, units of the Mountain Rescue Service assist injured persons.</p> <p>Within the Ministry of Interior, the State Administration for Protection and Rescue, an umbrella organization, has recently been established to develop Standard Operational Procedures relating to expeditious evacuation of injured persons and improving existing procedures.</p> <p>All types of surgical interventions are available in larger regional centres in Rijeka, Split, Osijek and Zagreb. Surgery is also performed in all county general hospitals and general hospitals in mine-suspected areas. Education on the care of traumatic injuries starts during undergraduate education at medical colleges, and continues during specialist surgical education. All trainee surgeons gain experience in county general hospitals and hospitals that have specialised units for trauma management. Health institutions in the mine-suspected areas are mainly well equipped for the management of landmine injuries. However, in the future, it is necessary to upgrade ambulances and surgical equipment in general and county hospitals.</p> <p>Every county general hospital has well developed specialist services. There are 4,900 medical doctors, including 783 physical medicine and rehabilitation doctors, 197 general surgeons, 115 anaesthetists, 33 orthopaedic surgeons, 18 neurosurgeons, and 11 maxilla-facial</p> | <ul style="list-style-type: none"> ▪ Introduce a system of continuous education for practitioners in the emergency treatment of landmine casualties. ▪ Train the population in emergency first aid for injured persons. |
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| | <p>surgeons, and 11,624 nurses in 27 hospitals (5,242-bed capacity) in mine-suspected counties. In addition, there are 2,402 doctors working in the 4 main clinical teaching hospital centres in Zagreb, Split, Rijeka and Osijek (comprising of 14 hospitals) with a capacity of 8,520 beds.</p> <p>Survivors are referred to rehabilitation services on the recommendation of a specialist. CIHI approves treatment and pays the costs.</p> <p>All citizens have equal access to emergency and ongoing medical care.</p> | |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>All four regional medical centres (Zagreb, Split, Rijeka and Osijek) and one general hospital provide physical medicine and rehabilitation services. In addition, there are 14 specialised hospitals for physical rehabilitation, one Institute for Rehabilitation and Orthopaedic Devices, and numerous private prosthetic workshops. None of the centres fitting prostheses have workshops for the production of orthopaedic devices. Croatia has 400 registered contract companies for the supply of orthopaedic and assistive devices.</p> <p>Medical secondary schools offer a 4-year training course for physiotherapists. There are 783 physiotherapists working in mine-suspected areas. Prosthetic technicians are trained abroad, but there are plans to provide on-the-job training for medical high school students interested in this field.</p> <p>All Croatians covered by the Croatian Institute for Health Insurance (CIHI) are entitled to physical rehabilitation and orthopaedic devices in accordance with their needs. CIHI has developed the Book of Rules</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Revise the Book of Rules on orthopaedic and other assistive devices to take into account technical and medical advances as well as the experiences of persons with disabilities. |

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| | <p>that is regulated by Law NN 64/01. Medical and physical rehabilitation for mine survivors and other persons with disabilities is conducted in accordance with the provisions of the Book of Rules on conditions and access to hospital treatment and physical therapy at home (NN 26/96, 79/97, 31/99, 51/99, 73/99), orthopaedic and other assistive devices (NN 25/05, 41/05, 88/05), and medicines (NN 5/05, 19/05, 51/05, 116/05).</p> | |
| <p>Part 4: Psychological support and social reintegration</p> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>There is a network of 80 Centres for Social Services in Croatia equipped with social workers, psychologists, special-education teachers (therapists), lawyers, and education and career counsellors, who assist persons in need.</p> <p>The Government has recognized the importance of sports for the disabled and supports programs implemented by the Croatian Sport Association of Persons with Disabilities, an umbrella organization for disabled sportspersons in Croatia. These sporting activities also raise public awareness on potentials and capacities of persons with disabilities. Sporting activities include national and international competitions, such as the European and World Championships, and the Paralympic Games.</p> <p>The NGO, Croatian Mine Victims Association (CMVA) provides psychological support and social reintegration activities for mine survivors, including through an annual summer camp programme. The Ministry of Foreign Affairs and European Integration, through its advisor for mine action, supports the work of CMVA mostly by organising and ensuring adequate funds and office space for the</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Continue developing programmes for psychological support to landmine survivors. ▪ Complete reconstruction of the DUGA centre by mid 2006, and start offering programmes for children and adults from the entire South East Europe region and other mine-affected countries. |

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| | <p>organization to exist and to function. The Croatian Red Cross (CRC) cooperates with and advises the CMVA, assisting and supporting through seminars, and local branches of the CRC organise campaigns to raise funds for mine survivors.</p> <p>Reconstruction of the “DUGA” regional centre for the psychosocial rehabilitation of child mine victims in Rovinj began in July 2005 and is due to become operational in July 2006. The centre will function year-round and have the capacity to host around 600 children and adults each year, providing psychosocial support and rehabilitation through positive activities and interesting/useful workshops geared to increasing knowledge, experience and self-confidence.</p> <p>By Law, children with disabilities have the right to education programmes that are adequate to meet their needs and abilities either in the regular education system, or in special facilities. Special assistance provided by psychologists, teachers, or the school doctor, is available to deal with stress. However, teachers are not adequately trained on the special needs of children with disabilities. Professional upgrade training is available to teachers and counsellors through the Institute for Education.</p> | |
| Part 5: Economic reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>Adult mine survivors, and other persons with disabilities, are entitled to a complete education programme adapted to their needs and abilities, through the system of adult education, depending on certain criteria and tests. Programmes are approved by the Ministry of Science, Education and Sports based on rules regulating adult education. Associations of persons with disabilities have partnered</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ |

with the Ministry to advocate for the passing of laws and by-laws for the programmes through various symposiums, seminars, expert working groups, and committees.

The Ministry of Family, Veteran's Affairs and Intergenerational Solidarity has a Program of Vocational Training and Employment of Homeland War Defenders to assist unemployed veterans and the children of those killed, imprisoned or missing find suitable employment. Disabled veterans and injured deminers are also eligible for the programme. The programme has 6 components: the Ministry co-finances 90 percent of vocational training costs for an employer hiring a veteran; up to 7,000 kuna (about 1,000 euro) is available for an unemployed veteran to undertake vocational training; promoting self-employment; a 2 percent subsidy on interest rates for the grant programme offered by the Ministry of Economy, Labour and Entrepreneurship to start new businesses or expand existing businesses; promoting the development of cooperatives; and supporting individual business projects that are creating new employment.

If suitably qualified, disabled war veterans and injured deminers are given priority in employment within public institutions, authorities and companies.

The first beneficiary of the "Ritz International School of Hotel Management" has successfully completed her first year of study. For the academic year 2005/2006, the school is offering half-stipends for two mine survivors. Three mine survivors are being trained at the orthopaedic firm "Bauerfeind." Four young mine survivors are currently employed on a six month basis with CROMAC.

| <i>Part 6: Laws and public policies</i> | | |
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| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>There are several laws that relate to persons with disabilities, including mine survivors: Law on Rights of Homeland War Defenders and Their Family Members; Law on Medical Protection; Law on Social Care; Law on Protection of Military and Civilian Victims of War; and various Rules and Regulations on methods of establishing degrees of disability for military and civilian victims of war. Legislation is implemented by the relevant ministries.</p> <p>In 2003, the National Strategy of Unique Policy for the Disabled 2003-2006 was passed by the Croatian Parliament (NN 13/03), with the goal of raising awareness on rights and needs of persons with disability and their full and equal participation in community life. The Strategy also includes provision to improve accessibility to buildings and public transport.</p> <p>There is a Governmental Council for assistance to persons with disabilities that holds regular meetings in order to improve the status of persons in need; several members are disabled.</p> <p>One Member of Parliament is a person with a disability, and also a member of the Board for Protection of Human Rights.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Fully implement the National Strategy of Unique Policy for the Disabled 2003-2006, and develop a new strategy for the period after 2006. |

Democratic Republic of the Congo (DRC)

| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
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| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>Based on information collected from an ongoing survey, 1,002 people have fallen victim to anti-personnel mines and unexploded explosive ordnance (UXOs) to date with at least 60 percent men and 30 percent women. Sixty (60) percent are aged between 16 and 45. Partial results of the nation-wide survey indicate casualties in the following provinces: Equateur Province (343); Sud-Kivu (317); Province Orientale (134); Nord-Kivu (115); Katanga (103); Maniema (97); Kasai Orientale (82); Kasai Occidentale (14); Bas-Congo (6); Bandundu (5); and Kinshasa (4).</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Establish a data collection and community-based monitoring system to enable the rapid gathering of information on landmine- and UXO-related accidents. |
| <i>Part 2: Emergency and continuing medical care</i> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>The DRC's health care system includes more than 400 hospitals and 6,000 health centres, dispensaries, maternity clinics, polyclinics and rehabilitation centres for the disabled to provide health care for the population. Overall, the infrastructure is in need of renovation. Each health zone has a central bureau to ensure coordination, planning and implementation of health programmes, one general referral hospital to provide complementary health care, and a host of health centres and other units, including those designed for rehabilitation.</p> <p>Insecurity reigns in some health zones in the eastern part of the country, hindering quality work in those zones. The zones are at varying stages of crisis and not all have the infrastructure or technical staff capable of dealing with persons with disabilities.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Reduce landmine accident and mortality rates by providing suitable medical care and raising awareness of the dangers of handling anti-personnel mines and UXO. ▪ Provide health centres located in mine-affected areas with surgical, rehabilitation and orthopaedic fitting equipment. ▪ Provide health structures with |

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| | <p>Owing to the deterioration of the economy and the social and health infrastructure, the population no longer has access to care. Problems include the lack of financial resources, long distances to be covered in order to reach health services, and the lack of basic medicines and specific inputs. Orthopaedic surgery units, physical rehabilitation and prosthetic-orthotic centres and services are virtually nonexistent and if available at all, are not reinforced.</p> <p>Swift evacuation to a health care structure depends on the site of the accident. Mines are often emplaced in agricultural areas where means of quick transportation are lacking. Health centres are the nearest structures to communities requiring emergency health care. Serious cases are referred to a hospital. However, this causes many problems because of a lack of swift means of evacuation, of medicines for post-accident care in health structures providing the first point of contact, surgery inputs, anaesthesia and skilled staff to deal with traumatic injuries.</p> <p>There are less than ten trauma surgeons in the DRC, and they work in three major hospitals in the capital. The army also has a few surgeons who are trained in amputation procedures. Further, tertiary hospitals have surgeons who can perform corrective surgery and provide care for landmine and UXO survivors, but there is often a dearth of equipment, material and surgical inputs, making it difficult to provide effective care for stumps.</p> <p>The injured are often evacuated on men's backs, bicycles, canoes or on stretchers. It generally takes more than 12 hours to reach a hospital or health centre, and up to 24 hours before a casualty can be seen by a</p> | <p>logistical means for quick evacuation of the wounded to referral hospitals that are better equipped to provide more elaborate care.</p> <ul style="list-style-type: none"> ▪ Train health care staff in mine-affected areas to provide emergency and continuing medical care for mine/UXO casualties and other accidents. |
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| | <p>health care professional.</p> <p>Accident cases requiring amputation or emergency surgery are only admitted in general referral hospitals where a doctor is on duty. In most cases it takes at least 48 hours for such a procedure to take place. These procedures, often performed quickly by a health care professional with little experience in trauma surgery, later require corrective surgery to prepare the stump for an orthopaedic device.</p> <p>There are no specialised schools in the DRC that offer trauma surgery training. The few survivors who succeed in receiving care later find themselves in a situation in which they are unable to continue post-operative treatments up to rehabilitation and fitting of prostheses if needed, owing to financial problems, the distances involved in reaching specialised services, poor guidance from care providers and ignorance or beliefs. There are, however, two physical rehabilitation centres in Kinshasa and Goma that are adequately equipped with physiotherapy and provide corrective surgery and practical training for physiotherapists and nurses to deal with those suffering from various types of motor disabilities.</p> <p>The national health policy outlines the principles upon which are based all health initiatives in the DRC. Among others, it covers the quality of care and services, intra- and inter-sectoral coordination of services provided by health units, community participation and the incorporation of specialised services in primary health care.</p> <p>Health establishments in urban areas are very heterogeneous. Private and para-state centres have mushroomed, posing problems of coordination and follow-up with regard to the quality of health care</p> | |
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| | services. | |
| <i>Part 3: Physical rehabilitation</i> | | |
| Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices. | Status: In 2003, framework documents were drawn up relating to the establishment of rehabilitation centres in health zones. There are two physical rehabilitation centres in Kinshasa and Goma that are adequately equipped with physiotherapy and prosthetic-orthotic units. The centres also provide practical training for physiotherapists and nurses to deal with those suffering from various types of motor disabilities. | Objectives: <ul style="list-style-type: none"> ▪ Set up physical rehabilitation centres and prosthetic-orthotic centres in mine-affected areas affected to provide care, support and guidance for the disabled with a view to giving them a fresh start. ▪ Strengthen capacity of national community based rehabilitation programme. |
| <i>Part 4: Psychological support and social reintegration</i> | | |
| Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life. | Status: There are no directives assigning responsibility for the provision of psychosocial support for mine victims. In addition, there is a lack of clearly defined standards to assist health personnel in providing psychological support to assist mine survivors to adapt to their new situations. There are some pilot programmes in the country to provide psychosocial support for people with sight impairments and motor disabilities. There is no exclusion of people with disabilities from education. Certain facilities provide reductions by half in the payment of school expenses. Physical disability does not pose problem for attending | Objectives: <ul style="list-style-type: none"> ▪ Support social reintegration of mine survivors through psychosocial support and guidance. ▪ Build capacity of social workers and psychologists working in mine-affected areas. |

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| | <p>school if the school is near the place of dwelling. However, for auditory or visual disabilities it is more difficult. Teachers in schools with an integrated CBR programme receive special training to assist with the special needs of children with disabilities.</p> <p>National coordination is provided by the CBR task force.</p> | |
| Part 5: Economic reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>There are some public and private training centres for the reintegration of persons with disabilities. These centres provide training in areas such as joinery and tailoring. They exist only in some urban centres and their capacity is very limited.</p> <p>Psychosocial support sessions provided during medical care, evaluate the possibilities for future income generating activities.</p> <p>In the public service, it is possible for mine survivors to return to their previous occupation, but in the private sector, where the employer aims at high productivity, it is difficult for a person with a physical disability to return to his or her job.</p> <p>The economic situation does not make it possible for the government to support the creation of employment for mine survivors and other people with disabilities. There are no particular facilities available for persons with disabilities to access micro-credits or develop small businesses.</p> <p>An economic survey is necessary to identify market needs and opportunities for income generating activities for persons with</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Support the economic reintegration of mine survivors through training, micro-credit, employment and education. ▪ Set up vocational training centres in mine-affected areas to provide care, support and guidance for the disabled with a view to giving them a fresh start. ▪ Develop income-generating activities to assist the economic reintegration of mine survivors. |

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| | disabilities. | |
| Part 6: Laws and public policies | | |
| Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities | Status: A 1975 law guarantees free health care, legal protection, social benefits, free public transport, and equal opportunities in employment for persons with disabilities. However the law is not fully implemented or applied. There are no legal provisions to facilitate access to public buildings or public transport for people with disabilities. Generally, persons with disabilities are organized in officially recognized associations, through which they can present complaints and raise other issues. Certain associations of the disabled and centres for people with disabilities receive support from the State budget. On 3 December every year, the country organises a national day for people with disabilities during which the population is sensitized. | Objectives: <ul style="list-style-type: none"> ▪ Improve the quality of life of the disabled through the same opportunities as the rest of the population. |

El Salvador

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| Part 1: Understanding the extent of the challenge faced | | |
| Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses | Status: The Fund for Protection of the Disabled and Wounded as a Result of the Armed Conflict (<i>Fondo de Protección de Lisiados y Discapacitados a Consecuencia del Conflicto Armado</i> – Fund for Protection) has registered 2,874 landmine survivors, including at least 165 women through national censuses and periodic updates. The majority of survivors are aged between 31-40 years (about 56 percent). | Objectives: <ul style="list-style-type: none"> ▪ Coordinate inter-institutional efforts to update and verify statistics on mine survivors before 2009. ▪ Coordinate and carry out assistance programmes that will |

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| | | improve the quality of life of mine survivors and other persons with disabilities. |
| Part 2: Emergency and continuing medical care | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>The healthcare system in El Salvador is divided into 3 levels. At the first level, health units are located throughout the country offering primary healthcare as part of the Basic Services for Integral Health (SIBASIS) programme. At the second level, there is a hospital in each of the 14 departments, but these do not all have specialized personnel and suitable instruments for emergency surgery and amputations. At the third level are specialist hospitals in the capital, San Salvador, with the medical and technological capacity to treat any surgical emergency. In addition, the Salvadoran Institute of Social Insurance (ISSS) has a network of facilities with the capacity to provide emergency care.</p> <p>In urban areas, access to fast and effective first aid is usually available from qualified paramedics. However, in the countryside difficulties of access and limited personnel make prompt emergency assistance difficult. For people with serious injuries from any cause emergency rescue teams, ambulances, police vehicles, or other vehicles, are available to provide transport to health facilities. In remote and difficult to access areas, helicopters of the Salvadoran Air Force are sometimes used for emergency evacuations.</p> <p>Transfer times and the provision of emergency/surgical assistance vary from less than 30 minutes to two hours or more, depending on the distance from the nearest hospital and the accessibility of the place where the accident happened.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop and implement a programme to conduct periodic visits to at least 700 landmine survivors annually to assess their state of health. ▪ Conduct at least two training seminars per year for medical and paramedical personnel working in the SIBASIS programme in emergency treatment of traumatic injuries causing amputations. |

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| | <p>In hospitals within the national network of the Ministry of Health and the ISSS, qualified trauma/surgical specialists are available to respond to emergencies. In rural areas specialized assistance is very limited, and casualties must be transferred to a suitably equipped hospital to receive attention. Blood transfusions are usually available for those suffering from traumatic injuries, including mine casualties. However, access depends to a great extent on the reserves of blood supplies at hospitals and the Red Cross, which supports emergency needs. All blood donations are laboratory tested to ensure safe transfusion. Basic medicines including pain relief are available in all health facilities.</p> <p>Healthcare for persons with disabilities is coordinated through the work of SIBASIS and CONAIPD. The Law for the Fund for Protection of the Disabled and Wounded as a Result of the Armed Conflict ensures free access to health services and basic assistive devices for those disabled as a result of the conflict, including mine survivors.</p> | |
| <i>Part 3: Physical rehabilitation</i> | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>Physical rehabilitation services are coordinated and provided by the Ministry of Health, the Fund for Protection, the Salvadoran Institute for the Rehabilitation of the Disabled (ISRI), and ISSS. However, there is a shortage of materials and orthopaedic components to meet the demand for prostheses and other assistive devices.</p> <p>A programme for integrated rehabilitation has been developed that establishes coordination between all rehabilitation providers in the country. It is in the process of being approved by the President. The</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop and implement a strategy from 2005 to 2009 to improve the process of rehabilitation for mine survivors and other persons with disabilities through coordination and the provision of prostheses, orthoses, assistive devices and medicines. |

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| | <p>programme includes a strategy for community based rehabilitation (CBR) which aims to offer support to persons with disabilities and their families to maximise access to opportunities and services, and to promote and protect the rights of persons with disabilities through positive changes in the community. In 2005, a pilot project for community based rehabilitation was planned for 15 municipalities.</p> <p>ISRI provides specialised rehabilitation services at a centre in the capital and two regional centres, at hospitals in the main cities, and in some rural municipalities through the CBR programme.</p> <p>The Fund for Protection contracts private companies to provide rehabilitation services. Costs for services are defined by a socioeconomic study. The Fund provides all physical rehabilitation services including travel allowances and mobility aids, according to the Law of the Fund for Protection, for persons who are between 60 and 100 percent disabled.</p> <p>Other organizations providing physical rehabilitation, including prosthetics and other assistive devices, include the Centre for Professional Rehabilitation of the Armed Forces (CERPROFA), the prosthetic/orthotic workshop at the Don Bosco University, and Foundation Telethon Pro-Rehabilitation (FUNTER).</p> <p>The Project for the Strengthening of Integral Rehabilitation through Technical Orthopaedics in the Central American Region (<i>Proyecto de Fortalecimiento de la Rehabilitación Integral a través de la Ortopedia Técnica en la Región Centroamericana</i>) provides a range of technical programs for training orthopaedic technicians to ISPO standards from El Salvador and the world, through the Don Bosco University in San</p> | <ul style="list-style-type: none"> ▪ Extend the network of services through the SIBASIS CBR strategy, in 15 municipalities suffering from high to extreme levels of poverty in 2005-2006. |
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| | Salvador. A university degree in physiotherapy is also available in the capital and the western region of the country. | |
| Part 4: Psychological support and social reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>Psychological support and social reintegration services for persons with disabilities are facilitated through the Fund for Protection’s program of mental health and economic reintegration in areas with a high concentration of war disabled. The programme assists beneficiaries in coping with post traumatic stress. It is conducted in coordination with various actors at the local level (schools, hospitals, health units, churches, local authorities, associations of disabled military personnel, and others), and includes group or individual counselling, literacy training, schooling, vocational training, recreation, and cultural activities. The Fund provides equipment and hires specialised personnel to conduct activities.</p> <p>CONAIPD is raising awareness on the rights and needs of persons with disabilities within the general community, with health and rehabilitation personnel, and civil servants to encourage understanding, acceptance, social inclusion, and an improved quality of life for disabled people. CONAIPD also assists associations of disabled persons to undertake activities including sport, painting, and outdoor activities.</p> <p>CONAIPD, in collaboration with Landmine Survivors Network, provided training for 60 people from a network of hospitals in psychological support for amputees and their families. Other organizations providing psychosocial support within their rehabilitation programs include ISRI, FUNTER, and ISSS.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Continue the work of the Fund for Protection to provide psychological support and economic reintegration to mine survivors, family members and the community, through technical support, counselling, and recreational activities. ▪ Promote sporting and cultural activities for persons with disabilities, including within the National Institute of Sport and other sporting organizations. ▪ Contribute to psychosocial reintegration through implementation of the CBR programme in targeted communities. ▪ Coordinate and strengthen efforts of the Ministry of Education and other organizations to promote inclusive education for people |

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| | <p>The Ministry of Education is focusing attention on the special needs of children with disabilities. CONAIPD's Commission of Education, in coordination with the Ministry of Education, is developing a plan of action to promote the inclusion of disabled students in the regular education system. In 2004, CONAIPD collaborated with the 30 universities in El Salvador to hold eight workshops on integrating persons with disabilities into the higher education system, resulting in two universities signing agreements with CONAIPD.</p> <p>The coordinated work of the Ministry of Education, associations of people with disabilities, and CONAIPD has contributed to raising awareness and opening up opportunities for disabled children to gain an education, but much work still needs to be done to change attitudes of teachers towards disabled students.</p> <p>The Fund for Protection also facilitates access to education programs for beneficiaries and their families.</p> | <p>with disabilities through development of the plan of action of the Unit for Attention to Special Education.</p> <ul style="list-style-type: none"> ▪ Develop and implement a strategy in 2006 and 2007 to promote a change in attitudes of society in general towards disabled persons, through raising awareness on the rights of persons with disabilities. |
| Part 5: Economic reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>The Fund for Protection provides economic benefits including a single compensation payment, travel allowances, economic reintegration activities (vocational training and job placements) and funeral costs.</p> <p>The Salvadoran Institute of Professional Formation (INSAFORP), in coordination with CONAIPD, provides training for people with disabilities taking into consideration their needs, and the demands of the labour market. Three adapted courses have been developed: computer studies for sight-impaired people in San Salvador, computer</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Coordinate and implement financial compensation and pension programmes for mine survivors by 2009, through the work of the Fund for Protection, and other related organizations. ▪ Develop and implement alternative micro-enterprise |

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| | <p>studies for hearing-impaired people in the west of the country; and massage therapy in San Salvador.</p> <p>Other organizations providing vocational training and employment support include ISRI, CERPROFA, and FUNTER.</p> <p>The Law of Equal Opportunities for People with Disabilities includes provisions relating to employment and vocation training.</p> | <p>projects for 50 mine survivors during the second semester of 2006, including rotating funds adapted to the needs of mine survivors.</p> <ul style="list-style-type: none"> ▪ Develop and implement a coordinated strategy with the Ministry of Labour and Social Security from 2005 to 2009 to ensure that companies fulfil their obligations under the Law of Equal Opportunities for People with Disabilities to employ persons with disabilities, and sensitize employers to the capacities of disabled persons. ▪ Develop free vocational training courses adapted to the special needs of people with disabilities in coordination with INSAFORP, starting in 2005. |
| <p><i>Part 6: Laws and public policies</i></p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that</p> | <p>Status:</p> <p>CONAIPD was created by decree No. 111 of 6 December 1993, and is the coordinating body for various actors working with and for persons with disabilities, including mine survivors. CONAIPD also offers financial support for activities undertaken by organizations and</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Protect the rights of mine survivors and other persons with disabilities. |

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| <p>guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>associations of persons with disabilities, and conducts mass media campaigns on the rights of people with disabilities.</p> <p>The 1996 Law for the Fund for Protection of the Disabled and Wounded as a Result of the Armed Conflict provides a variety of benefits for military and civilian victims of the conflict including medical and rehabilitation services, pensions, subsidies and economic benefits, and vocational training and economic reintegration programs.</p> <p>The Law of Equal Opportunities for People with Disabilities, Decree No. 888 of 24 May 2000, includes provisions relating to health, education, employment, vocational training, and accessibility to the physical environment, transport and communications. The Law has begun to be implemented in some aspects, such as in education, where the Ministry of Education has established a priority for attention to the special needs of students with disabilities.</p> <p>Other regulations and policies protecting the rights of persons with disabilities include:</p> <ul style="list-style-type: none"> ▪ National Policy of Equal Opportunities for People with Disabilities (April 2000). ▪ Plan of Action of the National Policy of Equal Opportunities for People with Disabilities, 2002. ▪ Regulation of Law of Equal Opportunities for People with Disabilities, Decree No. 99 of 1 December 2000. ▪ City-planning, Practical Architectural Standards of Accessibility, Transport and Communications, Decree No. 31 of 17 February 2003. ▪ Practical Standards of Rehabilitation in Health of People with Disabilities, 2004 | <ul style="list-style-type: none"> ▪ Design and implement a strategy to coordinate public organizations working with and for persons with disabilities to ensure the full implementation of the provisions of the Law of Equal Opportunities for People with Disabilities. ▪ Design and implement a mass media campaign to raise awareness, including within the media itself, on the rights and capacities of people with disabilities during 2006 and 2007. |
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| | <ul style="list-style-type: none"> ▪ Instructions for the Employment of People with Disabilities, October 2001. ▪ Plan of Government: “Safe Country” (2004-2009). | |
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Eritrea

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>The Landmine Impact Survey (LIS) identified 4,749 landmine survivors. However, based on the National Survey on People with Disability there are an estimated 100,000 people with a disability, including 40,000 landmine survivors.</p> <p>IMSMA has been installed at the Eritrean Demining Authority (EDA).</p> <p>An interactive database is under development to monitor the reintegration process of landmine survivors.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop a nationwide surveillance and reporting system for landmine/UXO casualties. ▪ Develop indicators to capture data that is measurable and relevant. ▪ Initiate data-based decision making at the Ministry of Labour and Human Welfare (MLHW) regarding the expansion of services for mine survivors and other persons with disabilities. ▪ Monitor and update data yearly on indicators for all persons with disabilities. ▪ Download victim support data to EDA according to Proclamation 123 on landmine survivors. |

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| Part 2: Emergency and continuing medical care | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>Deaths from landmine accidents are reported at about 50 percent. The distance between mine-affected areas and health facilities is a huge issue.</p> <p>Follow-up and ongoing care is an issue due to poverty.</p> <p>Many types of medication are not available.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Reduce death and complications by providing training to high and medium impact mine-affected communities in emergency care. ▪ Train and support surgeons in saving limbs, flap closure and other aspects of amputation surgery. ▪ Develop infrastructure, provide training and emergency equipment and supplies in health centres in or near highly mine-affected communities. |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>There is a referral system being implemented to facilitate access to physical rehabilitation.</p> <p>Mobile units provide services to rural areas.</p> <p>Safe accommodation is available at one workshop. This will expand in future to all 3 workshops.</p> <p>No raw materials for the manufacturing of prostheses are available. Often people travelling long distances to workshops cannot get what they need due to shortages.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Strengthen the referral system and provide accommodation at all workshops for persons with disability. ▪ Procure sufficient raw materials for production of lower and upper limb prostheses, orthoses, and splints. ▪ Link the mobile unit and assessment clinics with community based rehabilitation (CBR) and mine risk |

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| | <p>According to the LIS, only 2 percent of recent casualties have had access to workshops. There is a waiting list of 40,000 for rehabilitation services.</p> | <p>education programmes to impact landmine survivors in highly affected communities.</p> <ul style="list-style-type: none"> ▪ Provide assessment and rehabilitation services for 80 percent of known recent landmine survivors. ▪ Provide landmine survivors with mobility aids that are designed to meet their particular needs and environment ▪ Make information available on basic care and repair of equipment in all Eritrean languages. ▪ Develop direct linkages between physiotherapy services and orthopaedic workshops to benefit landmine survivors and other persons with disability. |
| <p><i>Part 4: Psychological support and social reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope</p> | <p>Status:</p> <p>Community based rehabilitation (CBR) is available in 40 percent of the sub-regions but not in all mine-affected communities.</p> <p>As of May 2005, 500 people had been trained in basic counselling skills, and 1,120 volunteer local supervisors in basic skills in referral, counselling, mobility, physiotherapy etc.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop and expand the integrated model of community based mine action into most highly affected sub-regions. ▪ Decentralize mental health and counselling services in 50 percent of the |

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| <p>with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Mine-affected communities openly discuss the psychological pressure of living with landmine and the fear of an accident.</p> <p>Discrimination against people with disability is extreme and addressing this problem is an area of focus in the CBR programme.</p> <p>Peer to peer support training is being encouraged.</p> | <p>sub-regions.</p> <ul style="list-style-type: none"> ▪ Establish a database and community structures to monitor the process of psychological support and social reintegration. ▪ Advocate for inclusive education for children with disabilities through the Ministry of Education. ▪ Adapt the teacher training curriculum to accommodate the needs of children with disabilities. |
| <p><i>Part 5: Economic reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>Mine-affected areas are mostly rural with agriculture-based economies.</p> <p>Vocational training programmes are currently overwhelmed with the number of demobilised soldiers, limiting the opportunities for persons with disabilities to access services.</p> <p>Through affirmative action, in areas with the CBR programme, what limited employment may be available is often given to a person with disability rather than their able-bodied peer.</p> <p>It is proposed to use indicators in the database to monitor employment and poverty amongst the disabled population.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Provide seed money loans to 1,800 persons with disabilities and monitor the economic reintegration process. ▪ Monitor landmine survivors and other persons with disabilities and their return to original occupation and develop affirmative action for placement and recruitment. ▪ Develop awareness within vocational training programmes and have affirmative action schemes for students |

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| | <p>Some micro-enterprise programmes consider persons with disabilities as risks and therefore these individuals cannot access loans to start income generating activities.</p> <p>A seed money loan pilot project has been completed and was successful. A donor has been identified to expand the seed money loans programs for landmine survivors.</p> | <p>with disabilities especially survivors.</p> <ul style="list-style-type: none"> ▪ Advocate for the university to offer classes and facilities for students with disability and loans/scholarships to cover living costs. |
| <p><i>Part 6: Laws and public policies</i></p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>Many top level decision makers at the national and regional level are persons with disabilities, including war disabled and landmine survivors.</p> <p>The government is raising awareness on the rights of persons with disability and working on discrimination through the CBR programme.</p> <p>The government is encouraging expansion of organizations of persons with disabilities.</p> <p>The terrain is very difficult for persons with disabilities. In the cities most buildings are not accessible to persons with disabilities, including government offices.</p> <p>The disability policy is at a stalemate in the government mainly within the Ministries of Health and Education.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Formulate and implement national disability legislation that is in line with the draft international convention on persons with disabilities ▪ Reduce the stigma against persons with disability at the community level. ▪ Ensure that new schools and buildings in recovery projects are accessible to persons with disabilities. |

Ethiopia

| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
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| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>Although verification and update is required, the Ethiopia Landmine Impact Survey (ELIS) recorded 1,295 recent mine/UXO casualties and 15,321 less recent casualties. The information will be enhanced in the future through the implementation of a surveillance system.</p> <p>Casualties of all age groups and sex are distributed throughout the country. Afar, Somalia and Tigray are the top three mine-affected regions, with the highest proportion of casualties. Most casualties are herders and farmers.</p> <p>Limited mine casualty data is being collected by different health organizations and associations (Ministry of Health, Landmine Survivors Network (LSN), RaDO, social rehabilitation organization, etc).</p> <p>The government has given EMAO the mandate and responsibility to collect and analyse mine casualty data. EMAO uses IMSMA to record casualty and other mine action data. EMAO has prioritized data collection in the two most mine-affected regions of Afar and Tigray. The implementation of the surveillance system is in its infancy and requires capacity building.</p> <p>There is limited sharing of data between stakeholders, including the Ministry of Economic Development & Finance, the World Bank,</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Conduct a needs assessment of mine survivors and set up a continuous surveillance system for accurate mine casualty data collection. |

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| | UN agencies, RaDO, LSN, etc. | |
| Part 2: Emergency and continuing medical care | | |
| Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury | Status: | Objectives: <ul style="list-style-type: none"> ▪ Make medical treatment and emergency support available on time by providing proper awareness to the affected communities and local medical centres. |
| Part 3: Physical rehabilitation | | |
| Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices. | Status: | Objectives: <ul style="list-style-type: none"> ▪ Create opportunities to improve access to physical rehabilitation for landmine/UXO survivors. ▪ Establish victim assistance clinics and strength the existing war victim support centres. |
| Part 4: Psychological support and social reintegration | | |
| Goal: To assist landmine survivors, including children, to resume their role in the | Status: | Objectives: <ul style="list-style-type: none"> ▪ Create opportunities to improve access to psychosocial counselling for landmine/UXO survivors. |

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| <p>community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | | |
| <p>Part 5: Economic reintegration</p> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Create opportunities to improve access to economic assistance, formal education and vocation training for landmine/UXO survivors. ▪ Establish and strengthen vocational training centres for mine survivors and other persons with disabilities. |
| <p>Part 6: Laws and public policies</p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>The constitution of the Federal Democratic Republic of Ethiopia has granted the rights of the disabled in a manner compatible with the rights of other citizens.</p> <p>The principal disability law that relates to landmine survivors is proclamation No. 101/1994, the rights of persons with disabilities for fair employment. This rule secures the right of disabled civil servants to receive a pension and other benefits and services. Legal</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Protect and promote the rights of landmine survivors and other people with disabilities. ▪ Update and enforce existing laws and regulations in favour of mine survivors and other people with disabilities. |

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| | <p>protection for persons with disabilities against any discrimination is fully addressed by the legislation.</p> <p>The social welfare policy gives a priority to people with disabilities and recognizes the rights and dignity of people with disabilities.</p> <p>Directives and circulars are distributed to alert employers and civil service institutes to react positively to disabled job seekers and professionals.</p> <p>Messages that develop the self reliance of survivors and that create behavioural change in the attitudes of the public are continuously disseminated in the public media including for those with hearing problems.</p> | <ul style="list-style-type: none"> ▪ Develop new rules and regulations insuring better access to education, health services, job opportunities, buildings, residential areas, transportation services, and media services for mine survivors and other persons with disabilities. ▪ Protect the disabled against any discrimination and stigmatisation. ▪ Develop a strategic plan for mine victim assistance with interagency/organizational cooperation. |
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Guinea-Bissau

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>According to the 2005 national survey of colonial and civil war casualties conducted by the National Mine Action Centre (CAAMI) through local NGOs, 667 mine/UXO casualties were recorded: 612 people were injured and 55 were killed; 104 were children, 124 were women, and 439 were men. Casualties were recorded in Northern province (35 percent), Bissau (25 percent), Eastern province (21 percent), and Southern province (19 percent).</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop, maintain and coordinate a surveillance and reporting system for landmine/UXO casualties that is integrated into a nation-wide injury surveillance reporting mechanism by 2009. |

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| <i>Part 2: Emergency and continuing medical care</i> | | |
| Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury | Status: There are only 2 working hospitals and few clinics, all with a lack of qualified doctors and other medical personnel, and poor transport and other infrastructure for accessing medical facilities. The cost of treatment is a major hurdle for many mine casualties, and even when they do have access to a public hospital, the hospital itself frequently suffers from inadequate resources. | Objectives: <ul style="list-style-type: none"> ▪ Develop a strategy to enhance first-response support to mine casualties and their families by 2007. ▪ Develop a strategy to strengthen the capacity of the National Hospital and community based organizations that deal with the rehabilitation of landmine/UXO survivors by 2007. |
| <i>Part 3: Physical rehabilitation</i> | | |
| Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices. | Status: There is only one functioning rehabilitation centre in Guinea-Bissau. Other programmes and facilities which operated previous to the civil war were closed at the onset of the conflict. The only functioning centre provides rehabilitation care and prostheses and orthotic devices for survivors and other persons with disabilities. The centre has the capacity to produce 16 prosthetic devices per month, and to provide physiotherapy services for 26 people. | Objectives: <ul style="list-style-type: none"> ▪ Develop a strategy to improve access for physically disabled persons and increase the national capacity in health services mainly in physiotherapy and orthopaedics by 2009. |
| <i>Part 4: Psychological support and social reintegration</i> | | |
| Goal: To assist landmine survivors, including children, to resume their role in the community by | Status: There are no special service providers in psychological and social support. In the past there was a department with the National Hospital, but this was destroyed during the most recent conflict. The population as a whole faces significant challenges in ensuring that | Objectives: <ul style="list-style-type: none"> ▪ Create a capacity within the hospital for psychosocial assistance by 2008. ▪ Continue to support sporting activities for survivors in the period |

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| <p>helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>their children have access to education and social opportunities.</p> | <p>2006-2009.</p> |
| <p><i>Part 5: Economic reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>With the economic situation in Guinea-Bissau, reintegrating mine/UXO survivors is a significant challenge. Landmine survivors must compete in a depressed economy for scarce jobs.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop a strategy to reduce discrimination faced by survivors in the work place, by 2007. ▪ Provide opportunities for 50 percent of known mine/UXO survivors aged between 18 and 50 to create sustainable livelihoods and integrate into the economy through training, micro-credits and education. |
| <p><i>Part 6: Laws and public policies</i></p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons</p> | <p>Status:</p> <p>Legal and institutional structures are weak and there is a poor level of education about disability issues.</p> <p>There are limited communication structures for the dissemination of appropriate messages on disability issues, and limited organizational structures for survivors.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Enact legislation to reinforce Article 5 of the National Constitution by 2009, in order to include landmine/UXO victims in the category of “war victims” so that they can access the same rights for compensation, and ensure non- |

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| with disabilities | Currently, mine victims are not explicitly included in the category of “war victims” in Guinea-Bissau. As a result, there is not as much legal and socio-economic support for mine/UXO survivors as for other war victims. | <p>discrimination between the victims of the Liberation war and the victims of the 1998-99 conflict.</p> <ul style="list-style-type: none"> ▪ Develop a complete and comprehensive national plan which includes awareness campaigns on the needs of people with disabilities by 2007. ▪ Develop a strategy to ensure legal and social recognition of the rights of the disabled within society in Guinea-Bissau in 2006. |
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Mozambique

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> | <p>Objectives:</p> |

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| Part 2: Emergency and continuing medical care | | |
| Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury | Status: | Objectives: |
| Part 3: Physical rehabilitation | | |
| Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices. | Status: Landmine survivors have access to rehabilitation services in hospital wards, where they are provided with physical therapy and to mobility devices at orthopaedic centres afterwards. These services are provided by the Ministry of Health. Physical rehabilitation starts immediately after the acute stage and orthopaedic assistance begins after healing of the stump. However, many survivors do not go through these stages due to a lack of available means. Landmine survivors and other persons with disabilities face many barriers in transportation to and from orthopaedic/physiotherapy centres, in accommodation and, occasionally, in getting referrals, making it very difficult for them to know about the existence of rehabilitation services. Rehabilitation services are available at all central, general, provincial | Objectives: <ul style="list-style-type: none"> ▪ Expand rehabilitation services to all provinces of Mozambique. ▪ Build capacity of rehabilitation centres through training of personnel and improved infrastructure and supplies. ▪ Improve information and referral systems to enable all known survivors to receive rehabilitation services by 2009. ▪ Develop a transportation system for access to rehabilitation centres. |

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| | <p>and rural hospitals and health centres (clinics) with surgical facilities. However, some still lack orthotic services.</p> <p>There are 9 orthopaedic centres and 60 physiotherapy centres. All provincial capitals, except Manica and Gaza, have orthopaedic centres. Landmine survivors have access to repair, replacement and fitting through the orthopaedic centres.</p> <p>Technical aids and other devices are supplied under the State's General Budget. They are made by national technicians at the orthopaedic centres. When mobility devices are imported there are customs and excise barriers.</p> <p>Rehabilitation professionals (physiotherapists and prosthetic technicians) are found in hospitals and health centres (clinics). Currently, there are 19 prosthetic/orthotic technicians, including 4 first-year Technical College technicians (ISPO I) and 15 second-year Technical College technicians (ISPO II), and 30 assistants. There are 140 physiotherapists, including 2 chief physiotherapists, 73 medium-trained physiotherapists and 63 assistants. Physiotherapy and orthopaedic training is provided at medical colleges. This is administered by more qualified, more experienced technicians. Technicians of ISPO I, II and III standards (1st, 2nd and 3rd year at Technical College) have provided assistance to less qualified technicians in retraining and capacity building sessions as well as on-the-job training.</p> <p>Landmine survivors and their families have not been included in the planning of rehabilitation actions.</p> | <ul style="list-style-type: none"> ▪ Improve coordination between all actors in mine victim assistance. |
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| | <p>Rehabilitation services for war-wounded and landmine survivors are free, and are available for all on an equal basis, addressing the specific needs of everyone.</p> <p>There is limited coordination at the national level between the Ministry of Health, the Ministry of Women and Social Action, and the National Demining Institute.</p> | |
| <p><i>Part 4: Psychological support and social reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>In all Day Care/Transit Centres where survivors stay during rehabilitation treatment, there are Social Welfare (Action) technicians who provide psychosocial support. No specific training has been provided to technicians, although some technicians also have a disability.</p> <p>In the majority of the districts, there are some activists who assist persons with disabilities, as well as their families, with ways of dealing with disability. Their activities include preparing and implementing activities that take into account the local reality. Peer support projects are carried out by the Association of Persons with Disabilities where mine survivors and others can share their experiences with each other.</p> <p>There is inclusive education for children with disabilities. However, there is a shortage of trained teachers capable of dealing with children with special needs.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Improve counselling services for persons with disabilities to help them adapt to their situations. ▪ Strengthen organizations of persons with disabilities. ▪ Ensure the mobility of children with physical disabilities and stimulate inclusive education. |

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| <i>Part 5: Economic reintegration</i> | | |
| Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment. | Status: Income generating projects are offered in order to teach persons with disabilities to provide their own subsistence. | Objectives: <ul style="list-style-type: none"> ▪ Identify economic opportunities for persons with disabilities, including income generating activities and micro-credits. |
| <i>Part 6: Laws and public policies</i> | | |
| Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities | Status: The government has a ministry responsible for issues relating to persons with disabilities. A National Action Plan for Disability is in the process of being developed. | Objectives: <ul style="list-style-type: none"> ▪ Create a National Coordination Group for Disability. |

Nicaragua

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| Goal: Define the scale of the challenge, identify needs, | Status: As of 7 November 2005, 832 mine survivors have been registered in 9 Regions of Nicaragua. The sources of information include: hospitals, the National Demining Commission (CND), NGOs, the | Objectives: <ul style="list-style-type: none"> ▪ Develop a strategy to guarantee the management of mine casualty data beyond 2006. |

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| <p>monitor the responses to needs and evaluate the responses</p> | <p>Organization of American States (OAS) Victim Assistance programme, mine risk education (MRE) activities, local communities, and the Army of Nicaragua, among others. Of the known survivors, 90 percent are male and predominantly from rural communities, and were engaged in agricultural work at the time of the accident.</p> <p>Data collected includes the type of injury sustained, and the process of socioeconomic reintegration. Data collection began in 1996, but since 2000 has been systematised through the use of IMSMA. Since then, the data collection process is permanent, standardized, organized and quality assured.</p> <p>Monthly reports based on the results of information management are sent to the CND, and posted on the website of the CND/OAS programme. Information is also provided in response to specific requests.</p> <p>There are NGOs of persons with disabilities involved with CND, and some MRE programmes that include disabled persons, that participate in the process of gathering mine casualty data.</p> | <ul style="list-style-type: none"> ▪ Develop a strategy to strengthen the collection of data using national institutions that cover the whole territory. ▪ Work closely in support to the efforts by the Ministry of Health (MINSA) on the certification of people with disabilities using the mechanisms already established for gathering information on mine survivors. ▪ Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009. |
| <p><i>Part 2: Emergency and continuing medical care</i></p> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings</p> | <p>Status:</p> <p>The network of hospitals in urban areas has an acceptable surgical capacity to provide emergency care. However, in mine-affected areas access to adequate care is difficult. The average time to evacuate mine casualties is 9 hours. Within the framework of the mine clearance programme, an air evacuation system has been established which has reduced the evacuation time to reach a</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Continue to strengthen national capacities to address the emergency and ongoing medical needs of mine/UXO survivors through the Integrated Assistance Programme. |

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| <p>that could result from injury</p> | <p>hospital unit to 2 hours. There is a need to strengthen land evacuation capacities.</p> <p>Surgical facilities have blood supplies for emergency cases. However, additional supplies are needed to respond to the traumatic injuries caused by landmines to ensure surgical success. Some health facilities in mine-affected areas lack supplies of basic stocks and medicines.</p> <p>Training has been provided to increase the quality of emergency care. In 2004, CND with OAS support, provided training in emergency care for doctors and paramedics from the national health system working in mine-affected communities and for those working with mine clearance teams.</p> <p>Postgraduate training for doctors is available at the Nicaragua Autonomous National University. Four trauma specialists and 4 rehabilitation specialists have been trained internationally by the Ministry of Health.</p> <p>The supply of surgical services through the National Health System includes procedures for emergency assistance to mine casualties. Operating theatres are well equipped with materials.</p> <p>There is access to specialised services (eyes, ears, other specialised services). However, as most mine survivors live in rural communities and the services are based in urban areas, accessibility is facilitated through the support of the OAS.</p> <p>The provision of assistive devices is insufficient in rural areas.</p> | <ul style="list-style-type: none"> ▪ Develop a strategy to ensure the availability of continuing medical care for mine survivors beyond 2006. |
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| | <p>However, the OAS programme provides assistance to mine survivors in the pre-prosthetic fitting period, including the supply of basic devices.</p> <p>The system of referrals provides an institutional responsibility to refer people to other services including physical rehabilitation as needed.</p> <p>Access to medical care is free, universal and is a constitutional right in Nicaragua.</p> | |
| <p>Part 3: Physical rehabilitation</p> | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>All mine survivors have access to rehabilitation assistance mainly at the Centro Nacional de Ayudas Tecnicas y Elementos Ortoprotésico (CENAPRORTO). There are also 23 rehabilitation units in departmental hospitals and 38 physiotherapy units in health centres. The OAS supports the physical rehabilitation of mine survivors. The principal provider of prostheses and orthoses is CENAPRORTO. Two NGOs also have small production facilities.</p> <p>The Ministry of Health is the main supplier of rehabilitation services and has 16 rehabilitation doctors, 166 physical therapists, one rehabilitation nurse, and 6 prosthetists. Training is available for physical therapists and prosthetics at the Nicaragua Autonomous National University.</p> <p>All the users of MoH physical therapy services receive pertinent directions to complement the rehabilitation process.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Continue to strengthen national capacities for the provision of physical rehabilitation for mine/UXO survivors through the Integrated Assistance Programme. ▪ Develop a strategy to ensure the physical rehabilitation of mine survivors beyond 2006. |

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| | <p>The issue of costs and accessibility is a problem for mine survivors in Nicaragua as many come from rural communities and are very poor. Many cannot afford the cost of the prostheses, and for transport and lodging during the treatment period. CND, with support from the OAS, provides free assistance to mine survivors and access to the fitting, repair, and replacement of prosthetic devices.</p> <p>In Nicaragua, the rehabilitation services are available and are designed in all cases to satisfy the particular needs of women, men, and children.</p> <p>Coordination at national level is through the CND, which has a Sub-Commission on Medical Assistance and Rehabilitation, which includes relevant actors, NGOs, and associations of mine survivors.</p> | |
| Part 4: Psychological support and social reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>Psychological support is available through specialised institutions associated with the CND and is a part of the Integrated Assistance Programme for mine survivors.</p> <p>In the main urban areas there are specialised education centres. However, the number of children disabled by mines is extremely low.</p> <p>In the capital, various services for psychological support and social reintegration are available, but the economic situation does not allow for services in the rest of the country.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Continue to strengthen the national capacities to provide psychological support and social reintegration for mine/UXO survivors through the Integrated Assistance Programme. ▪ Develop a strategy to ensure psychological support, if needed, for mine survivors beyond 2006. |

| <i>Part 5: Economic reintegration</i> | | |
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| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>The CND-coordinated Integrated Assistance Programme has the capacity to support activities for the economic reintegration of mine survivors at the national level until at least 2006.</p> <p>From 2003, the Program of Socio-Economic Reintegration for mine/UXO survivors included components for the diagnosis of needs, capacities, abilities, possibilities for income generating activities in the local communities where survivors live, and training. The program is implemented at no cost to survivors. Five phases of the program have been implemented.</p> <p>The results obtained so far register 95 percent completion of programs leading to technical qualifications. The program is designed so that graduates are able to start their own small businesses with micro-credits and are not dependent on an employer. Follow-up is provided after the business is set up.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Continue to strengthen the national capacities to provide economic reintegration opportunities for mine/UXO survivors through the Integrated Assistance Programme. ▪ Develop a strategy to ensure the continuation of opportunities for the economic reintegration of mine survivors beyond 2006. |
| <i>Part 6: Laws and public policies</i> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>Executive Decree No.50-1997 established the legal framework for improving the quality of life and assuring the full integration of persons with disabilities into society.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ |

Peru

| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
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| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>There are believed to be about 302 mine survivors in Peru. This number does not include survivors of UXO accidents. Information was obtained through collaboration with different organizations including the ICRC, National Police, Peruvian Army, local authorities, Association of Victims and Survivors of Landmines (AVISCAM), and others.</p> <p>Information from the different organizations is cross-checked to avoid duplication. In some cases the age is not known. The aim is to verify the database and to qualitatively consolidate the information so that the needs, location, and present situation of mine survivors is known.</p> <p>Nation-wide information gathering began in 2002 and is a permanent and continuous process. Organizations of civilian mine survivors, such as AVISCAM, actively participate in the process of gathering of information. The main problem identified is the standardization of the process, and the time lapsed since the accident and distances. The oldest registered accident dates from 1991. Once verified, the information will be shared with all organization involved in mine victim assistance.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Verify the information on mine survivors in the database, including through information provided by the OAS AICMA programme by the end of 2006. ▪ Develop a strategy to provide direct and appropriate assistance for all registered mine survivors by 2009. ▪ Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009. |

| <i>Part 2: Emergency and continuing medical care</i> | | |
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| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>According to law, the national hospital infrastructure is obliged to provide assistance to emergency cases and to make greater efforts to save the lives of the injured.</p> <p>The time taken to receive attention varies, depending on where an accident happens with some accidents occurring in remote areas far from medical centres. There are also sometimes difficulties in transferring casualties for immediate attention.</p> <p>Public medical centres have qualified medical personnel, although the availability of medicines and equipment for the emergency care of traumatic injuries is sometimes limited. Surgeons have vast experience in amputation surgery and the care of traumatic injuries. Reconstructive and corrective surgery is also available. There is also national capacity for the treatment of eye and auditory problems.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Elaboration of a directory of health facilities near mine-affected areas to facilitate access to emergency care in the shortest possible time by the end of 2006. ▪ Create a database of doctors specialized in traumatic and reconstructive surgery, as well as eye and ear specialists by the end of 2006. |
| <i>Part 3: Physical rehabilitation</i> | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>The National Institute of Rehabilitation (INR) provides an integrated program of assistance for mine survivors and other persons with disabilities including the fitting of prostheses, physical and psychological rehabilitation, and economic reintegration activities. Experts in the production of prostheses and orthoses are available.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Create a directory of institutions involved in the production and fitting of prostheses and orthoses by the end of 2006. |

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| | The fundamental limitation is that the production of prostheses and orthoses can only be done in the capital, meaning access and costs are issues. | |
| Part 4: Psychological support and social reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>The INR provides psychological support. However, the program is not free.</p> <p>There is no financial support available to assist civilian mine survivors to face issues of post traumatic stress. In the case of the FFAA and police officers, assistance is available for psychological support and social reintegration, although integral cover is not guaranteed.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Work with representatives of survivor groups, like AVISCAM, to facilitate accessibility to services offering psychosocial support, if requested, for all registered mine survivors by 2006. |
| Part 5: Economic reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>The INR provides economic reintegration activities. Other initiatives directed towards training and employment support for people with disabilities also exist.</p> <p>The verification and analyse of information on the needs of mine survivors registered in the database will assist in identifying the activities and support required for economic reintegration.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop a strategy to link all registered mine survivors with existing programs to facilitate their economic reintegration though training, employment and the establishment of small businesses, by 2006. |

| <i>Part 6: Laws and public policies</i> | | |
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| Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities | Status: The 1993 Constitution of the Republic of Peru outlines the rights and equality of all, including persons with disabilities. The Law of People with Disabilities establishes a normative framework on accessibility to the physical infrastructure and other benefits relating to the care and rehabilitation of persons with disabilities. It also created the National Council of Persons with Disabilities – CONADIS. The Plan of Equal of Opportunities of the PCM 2003-2007, addresses issues of equality of people with disabilities. | Objectives: <ul style="list-style-type: none"> ▪ Develop a strategy to facilitate the joint participation of civil society and all organizations/agencies involved in mine victim assistance to execute activities that will benefit mine survivors by 2006. |

Senegal

| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
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| Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses | Status: A total of 679 mine/ERW casualties (including 532 landmine survivors) have been recorded in the areas of Ziguinchor and Kolda since 1997. The information management system includes details of mine and UXO casualties, their location, injuries and social and economic reintegration. The database was installed by Handicap International in 1999, and is continuously updated with information for all mine-affected zones. Although effective the system could be improved as it | Objectives: <ul style="list-style-type: none"> ▪ Increase the effectiveness of the information management system to ensure that all casualties are recorded. ▪ Improve the presentation and analysis of existing information for dissemination to relevant actors involved in victim assistance. |

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| | <p>is probable that not all casualties, particularly those killed, are registered.</p> <p>Data relating to mines and UXO injuries is usually provided by the hospital. The information sheet is used by various programmes throughout the world. There is no coordination at the national level, only in mine-affected areas.</p> <p>The data is shared by all actors including development organizations and official structures.</p> <p>Mine survivors take part in mine risk education (MRE) programmes, including members of the Senegalese Association of Victims of Mines (ASVM). ASVM collects data on mine casualties during the MRE meetings.</p> | <ul style="list-style-type: none"> ▪ Amalgamate the casualty databases of Handicap International Handicap and the Army, and transfer the monitoring system to ASVM. |
| <i>Part 2: Emergency and continuing medical care</i> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>Casualties are usually evacuated by the National Army to the Regional Hospital complex in Ziguinchor (CHRZ). There is also a Regional Hospital complex in Kolda (CHRK). Evacuation times on average are more than 8 hours, with extremes of 20 minutes to 36 hours. It is possible to perform surgical procedures quickly if the accident takes place near road junctions or military camps, or if suitable means of transport are available.</p> <p>The CRHZ has qualified personnel including two surgeons, an anaesthetist, 2 physiotherapists, and 2 orthotic/prosthetic technicians, who are reinforced by the military surgical facility which includes a</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Reduce the times taken to reach emergency medical care. ▪ Improve the technical capabilities of emergency and continuing care providers. ▪ Improve the supply of medicines and consumables to hospitals in the mine-affected areas. |

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| | <p>surgeon, a high-level anaesthesia technician and a male nurse. In 2004 and 2005, surgeons undertook upgrade skills training both in France and in Senegal. The CRHK has a surgeon who is also reinforced by a military surgical facility of the same composition. The number of personnel is appropriate to meet the needs.</p> <p>In all cases, mine survivors have access to corrective surgery and other diagnostic services.</p> <p>The supply of uncontaminated blood or serum is available but remains insufficient. Access to the rigid bandages is available all the time.</p> <p>The CHRZ has the necessary equipment to provide care and there are no problems with the supply of analgesics. However, the situation is not the same for the CHRK. Access is available for ophthalmic care but there is no care available for auditory injuries. The CHRZ surgeons cover the majority of the interventions.</p> <p>Mobility aids are available and all mine survivors are directed towards rehabilitation services as required.</p> <p>No mine casualties are denied treatment which is available through the hospital and the HI programme, and provided equally to men, women and children.</p> <p>Since 2001, Handicap International (HI) has been reinforcing the capacities of the CHRZ in orthopaedics/traumatology (surgery, physiotherapy, equipment).</p> | |
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Part 3: Physical rehabilitation

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| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>Mine survivors have access at all times to acute rehabilitative care both pre- and post-fitting of prostheses. The Centre of Orthopaedic Appliances (CRAO) is in Ziguinchor, and is well located, near the mine-affected areas. Mine survivors have access at all times to the adjustment of their assistive devices, including at satellite centres in Bignona and Oussouye. However, they seldom have access to the replacement of their prostheses. Survivors are taught to become independent. Mine survivors and their families often take part in the planning of their rehabilitation programme.</p> <p>Assistive devices are always locally manufactured by the technicians at the CRAO. There are 2 level II-trained orthotic/prosthetic technicians and 2 physiotherapists in the team at Ziguinchor. Personnel are periodically rotated with staff from the National Centre of Orthopaedic Appliances.</p> <p>Mine survivors are seldom denied assistance which is provided without discrimination.</p> <p>Coordination between all the services seldom takes place.</p> <p>In 2004, HI organised an orthopaedic medicine symposium in Ziguinchor. HI built the CRAO and equipped and trained personnel at the centres in Oussouye and Bignona.</p> | <p>Objectives:</p> <ul style="list-style-type: none">▪ Improve the operation of existing rehabilitation centres.▪ Reinforce the capacity of the centres through updated equipment, training and supplies.▪ Develop a strategy to improve coordination of national structures working in the field of rehabilitation. |
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| Part 4: Psychological support and social reintegration | | |
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| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>The provision of psychological support is lacking in all the area of Casamance. HI formed a network of advisers (42 people including personnel of the CHRZ and mine survivors) capable of providing direct support to mine victims and others. UNICEF also has a network of 14 cells providing support through the area. But the absence of a permanent psychologist and psychiatrist in Ziguinchor prevents the long term follow-up of people in need. Family support and group-based psychotherapy has given some good results.</p> <p>A psychiatrist from Dakar comes to Ziguinchor for one week every 2-3 months.</p> <p>Qualified social assistance services do not have the resources necessary to assist mine survivors. HI reinforces the activities of the CPRS (Centre of Social Action) by making available 4 people to provide support in the area of Ziguinchor.</p> <p>Some CHRZ personnel have been trained in psychological support and the management of the stress.</p> <p>HI supported groups of mine survivors to provide psychological support and visit new casualties in the hospital. Mine survivors are also encouraged by the members of ASVM and other groups including the Federation of Associations of Persons with disabilities of Ziguinchor, CPRS, and HI.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop 2 public cells for psychological support (1 in Kolda and 1 in Ziguinchor). ▪ Restart the psychological support capacity at the hospital complex in Ziguinchor (Kénia). ▪ Reinforce the capacities to provide social services of the CPRS and the welfare officer at CHRZ. ▪ Train teachers in the special needs of students with disabilities. ▪ Ensure the accessibility of community schools and other buildings. |

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| | <p>Children disabled by mines are taken into account, as well as adults. They can receive financial support to go to school, as do other disabled children. Teachers are not trained in inclusive education but are supported by HI who facilitates the integration of disabled children in classes.</p> <p>No coordination exists at the national level for the psychological support of mine survivors.</p> | |
| Part 5: Economic reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>Senegal has a Programme for the Revival of Social and Economic Activities (PRAESC) in Casamance. The National Agency for the Revival of Activities in Casamance (ANRAC) is in charge of implementing and coordinating economic reintegration through PRAESC.</p> <p>The reintegration of vulnerable groups is an element of the Strategic Document of Reduction of Poverty (DSRP) implemented through national development plans. In the chapter on the Improvement of Living Conditions of Vulnerable Groups, the needs of children, women, and persons with disabilities are addressed.</p> <p>The strategic objectives to improve the living conditions of the persons with disabilities include: to improve the medical state and mobility of persons with disabilities; to promote the education and training of persons with disabilities; to improve the economic and social situation of persons with disabilities; and, to fight against unfavourable prejudices against persons with disabilities.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Restart economic activities in Casamance to facilitate opportunities for the employment of disabled people. ▪ Reinforce the national poverty reduction programme to support persons with disabilities through access to credit and training in project management. ▪ Ensure that 15 percent of the activities of PRAESC are devoted to the benefit of disabled people, including mine survivors and other victims of the conflict. |

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| | <p>The government encourages and supports vulnerable groups to be involved in income generating activities. Moreover, the Senegalese State has announced that 15 percent of those recruited in public offices will be persons with disabilities.</p> <p>Mine survivors and other persons with disabilities are often refused access to credit by the banks because of a lack of guarantees. There is no measurable distinction between access to credit structures for men and women. There are special financing programmes for young people and women.</p> <p>There are two programmes of access to micro-credits which makes it possible to finance activities after training in project management, entrepreneurship, and accountancy. In 2004, about 50 persons with disabilities benefited from the programme, including mine survivors.</p> <p>Training courses exist in Ziguinchor but are seldom accessible because of cost.</p> <p>Mine survivors rarely resume their former employment after the accident. The sensitization of employers to employ mine survivors and other persons with disabilities only began recently and it is too early to judge the success of this initiative.</p> <p>The National Agency of Revival of Activities in Casamance is responsible for the coordination of all actors involved in economic reintegration activities.</p> <p>The national army's economic reintegration activities include: (a) maintenance of employment and the allocation of disability pensions</p> | |
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| | for all casualties; (b) creation of the Foundation of Invalids and Mutilated Military Personnel for long term physical and psychological assistance; and (c) setting-up of an agency for the social rehabilitation of soldiers. | |
| Part 6: Laws and public policies | | |
| Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities | Status: In the 7 January 2001 Constitution, article 17 states that “the State and the public bodies have the social duty to take care of the physical and moral health of the family, and in particular of handicapped people and old people.” A representative of the Senegalese Federation of Associations of Persons with Disabilities is one of the advisers to the President of the Republic. The bill for social orientation for the equalization of opportunities should guarantee person with disabilities the same rights and obligations as their fellow citizens. This law, which should contribute to the improvement of the situation of persons with disabilities deals with medical care, economic activities, and other forms of social protection, is still in the administrative channels pending approval. | Objectives: <ul style="list-style-type: none"> ▪ Respect and implement commitments made in official laws. ▪ Ensure that new buildings and infrastructure in Casamance are accessible to persons with disabilities. ▪ Ensure the development and strengthening of social and economic activities for persons with disabilities. |

Serbia and Montenegro

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| Part 1: Understanding the extent of the challenge faced | | |
| Goal: Define the scale of the challenge, identify | Status: The exact number of landmine survivors in Serbia and Montenegro is not known. | Objectives: <ul style="list-style-type: none"> ▪ Create a database that would contain names of persons injured by |

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| <p>needs, monitor the responses to needs and evaluate the responses</p> | | <p>landmines, date of injury, diagnosis, method of treatment and rehabilitation, type of prosthesis, functional level, professional and social status, and recruit an expert team analyse the database.</p> |
| <p>Part 2: Emergency and continuing medical care</p> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>Landmine casualties are treated in health centres, hospitals, and departments for physical therapy and rehabilitation within general hospitals</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Establish ongoing medical care and rehabilitation for landmine survivors. |
| <p>Part 3: Physical rehabilitation</p> | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>Landmine survivors are treated in specialized institutions for prosthetic and orthotic rehabilitation: the Institute for Prosthetics in Belgrade, rehabilitation clinics, health centres, departments for physical therapy and rehabilitation within general hospitals, workshops for fabrication of prosthetic aids, etc.</p> <p>Specialized institutions for rehabilitation are located in Belgrade, Novi Sad, Nis, and Kragujevac. Protocols on a team approach in prosthetic and orthotic rehabilitation are only implemented at the Institute for Prosthetics in Belgrade.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Determine the need for prosthetic aids among landmine survivors. ▪ Develop a plan for the adequate education of members of the prosthetic/orthotic team. ▪ Develop a plan for the implementation of community based rehabilitation and training of |

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| | <p>It is necessary to have referential rehabilitation centres in big towns and workshops in smaller ones, as well as mobile teams that would conduct evaluation and control of aids and services in the field.</p> <p>All persons who are covered by health insurance are entitled to standard aids. The Health Insurance Office maintains data on number of prostheses produced.</p> <p>Prosthetic aids are designed at a standard level, and are not adapted to the individual needs or functional level of prosthesis users.</p> <p>Landmine amputees with prostheses are provided with instructions in prosthetic maintenance and gait training, if they are rehabilitated in a specialized centre. It is necessary to print manuals for a certain type of prosthesis and its maintenance.</p> <p>There is no data about the exact number of personnel in the prosthetic-orthotic teams. Prosthetic/orthotic technicians are not classified according to ISPO standards. There is no longer a regular school for prosthetists-orthotists. There are some who have had two-year after-secondary school training and those who are trained on-the-job and through seminars. Training is provided by experts from the Institute for Prosthetics in Belgrade and others are trained by the manufacturers of orthopaedic aids. There is secondary and after-secondary school training for therapists.</p> <p>The involvement of survivors and their families in the planning of rehabilitation activities is low. It is necessary to increase general social awareness on the implementation of community based rehabilitation</p> | <p>members of CBR teams on the basis of needs identified by the database.</p> |
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| | <p>and UN Standard rules for implementation of rights of disabled persons.</p> <p>Coordination among rehabilitation providers is low. It is necessary to form expert teams for certain areas of rehabilitation and manufacture, as well as a superior coordination team that would control and coordinate the rehabilitation activities for landmine survivors.</p> <p>A new statute is being drafted on the supply of orthopaedic, hearing, optical and other aids.</p> | |
| <p><i>Part 4: Psychological support and social reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>The needs of landmine survivors are usually provided by able-bodied adults.</p> | <p>Objectives:</p> |
| <p><i>Part 5: Economic reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either</p> | <p>Status:</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop a plan for professional rehabilitation of mine survivors. |

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| return to their pre-injury occupation, or prepare for and find suitable employment. | | <ul style="list-style-type: none"> Initiate an income generating project on the basis of the plan for professional rehabilitation. |
| Part 6: Laws and public policies | | |
| Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities | Status: | Objectives: <ul style="list-style-type: none"> Develop a national strategy for improving the quality of life of disabled persons and their families on the basis of needs identified by the database and UN Standard rules for implementation of rights of persons with disabilities. |

Sudan

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| Part 1: Understanding the extent of the challenge faced | | |
| Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses | Status: There are 1,751 mine/UXO casualties registered in IMSMA. Information has been collected by individual reports/incidents, community based surveys in select areas, and the ICRC's patient management system in National Authority for Prosthetics and Orthotics (NAPO) centres. Estimates from the Ministry of Welfare and Social Development (MWSD) and NAPO indicate that there have been 10,000 mine/UXO casualties. Data is collected by UNMAS and NGOs. Mine casualty data is | Objectives: <ul style="list-style-type: none"> Conduct comprehensive and coordinated nation-wide victim assistance surveys and community-based needs assessments in highly affected areas. Establish a comprehensive national injury surveillance, monitoring, reporting and referral system. |

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| | <p>analysed by the UN Mine Action Office (UNMAO) and shared with all mine action partners. Aggregated reports entered into and generated by IMSMA indicate that 83 percent of mine casualties in 5 highly affected states are male, and 17 percent are female. Additional demographics indicate that 18 percent of mine/UXO casualties are children; 11 percent are above 45 years of age.</p> <p>Currently, there is no nation-wide injury surveillance system, and data collection rarely delineates between mine/UXO casualties and injuries sustained through other causes (i.e. gunshot, snake bite, polio, etc). Data collection systems need to be strengthened and implemented consistently throughout the most mine-affected areas of the country. Data collection takes place on an ad hoc basis, due to a lack of resources and the geographic size of Sudan. Data collection takes place in the states of Khartoum, Upper Nile, Blue Nile, Bahr El Jebel, Kassala, and Nuba Mountains.</p> | |
| Part 2: Emergency and continuing medical care | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>In the north of Sudan, communities participate in the evacuation of mine/UXO casualties to the nearest medical care unit and/or facility. According to IMSMA, 55 percent of landmine casualties receive first medical aid within 2 hours or less, whereas 20 percent receive first aid after 5 hours. The National Authority for Prosthetics and Orthotics (NAPO), headquartered in Khartoum and with sub-offices in Kassala, Demazyn, Juba, Kadugli and Dongula, provides first aid services. In Darfur, there is a lack of access to first aid as a result of the on-going conflict.</p> <p>In the south, the health system has been seriously damaged, although a</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop and provide medical transportation and evacuation systems, and supplies, to remote mine/UXO-affected areas. ▪ Develop the capacity of emergency medical care facilities and service providers in remote mine/UXO-affected areas. |

three-level structure for health administration has been created: (a) Peripheral health services that are fixed and Mobile Health Care Units (PHCUs) that serve populations of 4,000 to 5,000; (b) Primary health services that are Primary Health Centres (PHCCs) serving populations of 15,000 to 20,000; and, (c) Secondary health services that are district hospitals serving populations of 75,000 to 100,000. The PHCUs and PHCCs have the capacity to provide first aid, cleaning of wounds and intravenous therapy. However, these medical facilities are often unable to provide appropriate relief and surgical care to mine/UXO casualties.

Currently there are 19 hospitals with surgical capabilities operating in SPLM areas in South Sudan and some 510 PHCUs and 94 PHCCs. Under the supervision of the SPLM Secretariat of Health (SOH), all medical facilities operate with support from local and international NGOs, church groups, ICRC and UN agencies.

The capacity for persons injured by landmines to receive blood transfusions and safe blood / serum supplies on a national or regional scale is largely unknown. There is limited access to supplies of pain relieving medication.

In the North, transportation and expeditious evacuation of persons injured by landmines to hospitals/clinics is available, but is inconsistent in accessibility and/or availability. Casualties are transported by land, via buses, trucks, trains and other land vehicles. The ICRC transports casualties from Malakal, Bantiue, and Wau to NAPO in Khartoum. In the South, there is a lack of ambulances and other transport services. Many casualties are transported by their community on animals, carts, bicycles or homemade stretchers to the nearest medical facility. The only medivac service available is

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| | <p>provided by the ICRC and Operation Lifeline Sudan (OLS) whereby war casualties are transported to the ICRC-run Lopiding Hospital in Lokichokio, Kenya. All the hospitals in southern Sudan have some form of surgical capacity. However, this capacity differs widely in terms of skill and equipment.</p> <p>The exact number of trained health care workers in mine-affected areas in the north of Sudan is largely unknown. Kassala, Juba, Kadugli, Dernayzn, and Nyala (Darfur) have hospitals with trained health workers, who treat casualties prior to referring them to regional NAPO centres. There are currently only 19 trained Sudanese doctors in the South Sudan.</p> <p>Due to the limited information regarding the number and needs of mine/UXO casualties, there are no accurate estimates available of the needs in terms of numbers of trained health personnel in the mine-affected areas.</p> <p>Emergency medical aid and services are free in Sudan. However, the limited availability of ambulances and other transportation has resulted in many mine casualties dying on the way to the nearest medical facility.</p> | |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of</p> | <p>Status:</p> <p>NAPO provides limited access to rehabilitative care, including prosthetics, orthotics and physical therapy in Khartoum and at 6 sub-offices in Kassala, Dermazyn, Dongula, Kadugli, Juba, and Nyala (Darfur). NAPO produces aids and equipment locally within all its centres. Individuals must wait for approximately 4 months to receive</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop the national, institutional and operational capacity of NAPO for the delivery of physical rehabilitation products and services within highly affected communities. |

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| <p>appropriate assistive devices.</p> | <p>rehabilitative care. NAPO centres are also needed in El Fasher, Geniena, Malakal, Port Sudan, and El Gaderef, including mobile workshops for remote towns linked by service roads.</p> <p>Free artificial limbs have been available for landmine survivors since July 2003. All NAPO centres provide landmine survivors with free access to repair, replacement and adjustment services to maintain assistive devices. However, landmine survivors are not trained in methods of self-care and maintenance.</p> <p>On-the-job training in physical therapy is provided to all NAPO staff that assist survivors. Currently there are no ISPO trained technicians available to train technicians with lower-level skills. NAPO and ICRC provide in-country training in physical therapy and prosthetics. NAPO has a total of 16 trained rehabilitation workers in the mine-affected areas: Kadugli (3), Juba (7), Nyala (2), Demazyn (2), and Kassala (2). NAPO requires a total of 90 trained rehabilitation workers to meet the existing needs in these areas.</p> <p>There is little or no planning of rehabilitation interventions that include landmine survivors or their families.</p> <p>Physical rehabilitation services and/or devices are not denied to landmine survivors by NAPO because of cost as services are free-of-charge. Physical rehabilitation services and products provided by NAPO are available equally and are specifically designed to meet the particular needs of men, women, children and older persons.</p> <p>Medical Care Development International (MCDI) has established an orthopaedic workshop and rehabilitation centre in Rumbek.</p> | |
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| <i>Part 4: Psychological support and social reintegration</i> | | |
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| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>In the north, NAPO social workers provide psychological support to landmine survivors and other people with disabilities to assist them in coping with their injuries. In co-operation with NAPO, ABRAR provides support in terms of social and physical rehabilitation of survivors.</p> <p>ABRAR implemented a trauma training programme in which 75 social workers, psychologists, and NGO staff were trained in trauma counselling and developing a trauma curriculum for all Sudan with 50 individuals trained as trainers on the curriculum.</p> <p>While NAPO, ABRAR and Rofida Health Foundation provide counselling to landmine survivors and other people with disabilities, services are limited and vary in degrees of quality and quantity, and are rarely suited to the needs of different individuals and community situations.</p> <p>There is limited to no staff training in hospitals/clinics in the psychological adjustment process and practical issues including discrimination in communities. Landmine survivors and other persons with disabilities are rarely included and/or absent in rural areas but the situation in urban areas has improved.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop and implement psychosocial support and community reintegration programmes for landmine survivors and other persons with disabilities in highly affected communities. |

Part 5: Economic reintegration

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| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>Forty-five (45) percent of landmine survivors lose their jobs, as the majority of civilian survivors are engaged in subsistence level agriculture and animal husbandry.</p> <p>There are no vocational training programmes available to landmine survivors and other people with disabilities in the affected areas. Landmine survivors and other people with disabilities have no access to vocational counselling services to assist them in establishing a vocational rehabilitation plan that is practical and realistic.</p> <p>Job placement and recruiting services do not ensure access of mine survivors and other persons with disabilities to employment opportunities. In addition, there is no sensitization of employers to ensure that landmine survivors and other persons with disabilities are not denied opportunities because of discrimination and stereotypical thinking. However, the Ministry of Industry has encouraged all industries to ensure that 5 percent of their workforce is made up of people with disabilities, by providing them with tax exemptions if they meet this quota.</p> <p>The Women’s Development Centre for landmine survivors and their families was established in camps for internally displaced persons in the south of Sudan. There are also some small projects for income generating activities for landmine survivors. Twenty landmine survivors graduated from ABRAR’s computer centre.</p> | <p>Objectives:</p> <ul style="list-style-type: none">▪ Develop and implement education, vocational training and socio-economic reintegration programmes in highly mine/UXO-affected areas by 2008. |
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| <i>Part 6: Laws and public policies</i> | | |
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| Goal: | Status: | Objectives: |
| <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>The 2002 Act of The Authority of Prosthetics and Orthotics for Handicapped Persons and the 1984 Sudan Law for Disability provided persons with disabilities legal protection against discrimination and guaranteed equal opportunity, including acceptable level of care, access to services, education, vocational and employment opportunities.</p> <p>There are no laws or policies that ensure access by persons with disabilities to buildings and public spaces.</p> <p>Although the transportation system in Sudan is privatised, all persons with disabilities receive free transportation by road and pay only 50 percent of the cost of travel by air. Education for persons with disabilities in Sudan is free.</p> <p>In the North, landmine survivors and other persons with disabilities have access to the Ministry of Welfare and Social Development, as it has a formal statutory complaints mechanism to address their concerns and protect their rights.</p> <p>The victim assistance working group raises awareness for all persons with disabilities through the media, unions, religious institutions, and the academic community. Ten workshops have been conducted to raise awareness and advocate for the international convention on the rights and dignity of people with disabilities and also for activating the Sudan law for people with disabilities.</p> | <ul style="list-style-type: none"> ▪ Develop and implement a national victim assistance support structure, strategy and work plan. ▪ Develop and implement comprehensive national legislation on the rights of mine survivors and other persons with disabilities. ▪ Build and strengthen the Ministry of Welfare and Social Development's capacity to monitor and enforce the nation-wide implementation of public policies that guarantee the rights of landmine survivors and other persons with disabilities. |

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| | Landmine survivors represented Sudan in human rights and skills empowerment workshops. | |
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Tajikistan

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses | Status: As of 28 April 2005, the Tajikistan Mine Action Cell's IMSMA database contained records on 234 mine survivors since 1992. Information on the number of survivors has been obtained from local authorities, Ministries, the Red Crescent Society of Tajikistan (RCST), ICRC, and from the results of a general mine action assessment. RCST volunteer survey teams collect information on mine survivors with the data subsequently transferred into the Tajikistan Mine Action Cell's database. Nation-wide data collection has not yet been fully achieved. Information, including gender, age, and occupation before the incident, is shared with all relevant actors upon request. | Objectives: <ul style="list-style-type: none"> ▪ Gather accurate information to establish the number of mine survivors in Tajikistan by December 2006. ▪ Develop a country-wide injury surveillance, data collection and information management system by December 2006. |
| <i>Part 2: Emergency and continuing medical care</i> | | |
| Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in | Status: All persons injured by landmines have access to expeditious evacuation to hospitals / clinics and medical services. Evacuation to the nearest hospital / clinic is available both by ambulances and other types of vehicles. Ambulances are not always available due to various reasons. The typical time period between injury and arrival at a | Objectives: <ul style="list-style-type: none"> ▪ Develop a strategy to improve emergency response capabilities through improved transportation, the supply of medicines to Central District Hospitals, and the training of |

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| <p>emergency settings that could result from injury</p> | <p>hospital / clinic varies from 30 minutes to 3 hours depending on different situations, such as location or time of accident.</p> <p>Health facilities have adequate infrastructure, equipment and supplies to meet existing needs, but some are very old or out of order. There is access to medication to relieve pain but in insufficient quantities. There is a capacity for persons injured by landmines to receive blood transfusions with safe blood / serum supplies.</p> <p>Persons injured by landmines have ready access to medical services provided by trauma specialists in most areas of the country. The nearest health care facility for the injured is the Central District Hospital (CDH) which has surgical/trauma departments as well as an intensive care unit with trained and qualified staff. However, local specialists are not always aware of the latest medical advances and techniques.</p> <p>Trained health care workers (e.g. trauma surgeons, doctors, nurses) are working in hospitals and clinics across the country. In every CDH there are 5-6 general surgeons, 3-4 trauma specialists, and 4-5 intensive care doctors. Specialists trained to assist with traumatic injuries are available.</p> <p>Within the mine action programme, seven medics have been trained in first aid techniques although it is considered that 50 such trained health care workers are needed. There are no Ministry of Health personnel trained in first aid and emergency response techniques in the mine-affected areas.</p> <p>Amputation / other trauma surgery is available all over the country, but</p> | <p>intensive care, trauma and surgical staff.</p> <ul style="list-style-type: none"> ▪ Provide each Central District Hospital with basic medical equipment in accordance with the Ministry of Health strategy for emergency care. |
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| | <p>training is lacking. There is access to corrective surgery in 40 percent of the districts in the country. The districts, where this service is not available, send their patients to the regional hospitals or to the capital.</p> <p>Mine survivors have the right to free medical services all over the country and services are provided equally to men, women, boys and girls. However, due to insufficient availability of medical equipment and lack of trained medical personnel, available services do not always fully meet the need or expectations. In addition, some survivors face administrative or bureaucratic and other problems in accessing medical services (e.g. passport problems, transit visas, etc).</p> <p>Basic assistive devices are available, but many are very old and some are not in working order.</p> <p>Survivors are referred to rehabilitation services, usually in the capital Dushanbe. There is little possibility of receiving advanced treatment in many districts due to the lack of modern equipment.</p> | |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>Most landmine survivors have full access to prosthetic, orthotic and post-prosthetic physiotherapy care at the National Ortho Centre (NOC) in the capital, Dushanbe. The centre is run by the Ministry of Labour and Social Protection (MLSP), with financial and technical assistance provided by the ICRC. There is no waiting list for the fitting of prostheses or orthoses. In addition, there are three satellite workshops but these are in poor condition. There is a necessity to strengthen the potential of the NOC, as well the regional and district satellite workshops.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop a strategy to strengthen the capacity of the National Ortho Centre and the district satellite workshops, including through training and the recruitment of specialists. ▪ Develop a strategy to ensure the provision of quality services to amputees and other disabled on the |

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| | <p>Since 2005, the UNDP (with Italian funding) has covered part of the expenses for transport and accommodation during treatment at the NOC. Training is also provided on methods of self-care and maintenance.</p> <p>The NOC manufactures prostheses with equipment and materials provided by the ICRC. Elbow crutches are produced by MLSP with equipment donated by the ICRC. Wheelchairs are produced at an MLSP factory in Konybodom, approximately 300 kilometres northwest of Dushanbe.</p> <p>Training in prosthetics is not available in the country. The ICRC provides on-the-job training for technicians. Four prosthetic technicians were trained in Yerevan, Armenia to ISPO Category II standard using Otto Bock technology. The ICRC also provides on-the-job training in physiotherapy at the NOC.</p> <p>No one is denied services due to cost, as it is free of charge.</p> | <p>basis of long-term independent and stable operation of the centre.</p> <ul style="list-style-type: none"> ▪ Establish a self-financing system of operation at the National Ortho Centre. |
| <i>Part 4: Psychological support and social reintegration</i> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and</p> | <p>Status:</p> <p>There are no specialists providing psychological support in hospitals / clinics treating landmine survivors.</p> <p>There are no peer support programmes.</p> <p>The children disabled by landmines have access to educational opportunities in their communities on a general basis. However, teachers are not trained to teach children with disabilities.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop and support psychosocial and peer support programmes in Tajikistan by 2007. |

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| <p>assisting them to regain and maintain a healthy and positive outlook on life.</p> | | |
| <p>Part 5: Economic reintegration</p> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>It is very difficult for landmine survivors to find employment as there is a high level of unemployment in the country.</p> <p>In 2005 the RCST began an income generation project supported by UNDP. The project targets 3 districts in the north and 3 in the central area that are affected by mines. The project will purchase and provide two sheep or goats to landmine survivors for their future use and benefit. Implementation of the project will significantly improve the economic condition of landmine survivors.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Assess the status of employment of mine survivors by the end 2006. ▪ Develop and implement a strategy to support projects that improve the economic condition of 50 percent of registered mine survivors by end 2006. |
| <p>Part 6: Laws and public policies</p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>In accordance with the Constitution and other legislation of the Republic of Tajikistan, the basic rights and freedoms of persons with disabilities, as with all citizens, are equally guaranteed. In order to strengthen the social and legal protection of persons with disabilities, the Government of Tajikistan adopted the “Law on social protection of persons with disabilities” on 24 December 1991.</p> <p>Landmine survivors and other persons with disabilities have access to a formal statutory complaint mechanism to address their concerns and protect their rights in accordance with the legislation “On complaints of citizens of the Republic of Tajikistan.”</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Assess the experience of organizations and agencies assisting mine survivors by the end 2006 to identify the support needed. |

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| | In accordance with Tajik law, the Government allots money to the central and local authorities for support and services to landmine survivors. | |
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Thailand

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>Since its establishment in 1999, the Thailand Mine Action Centre (TMAC) has become the central organization in implementing and coordinating mine action activities including data collection. There are 27 provinces along the borders which are identified as high-risk mine-affected areas.</p> <p>Humanitarian Mine Action Units (HMAUs) collect data on landmine casualties, including their current location and demographics, and report to TMAC in standard formats.</p> <p>Data is shared with all relevant authorities such as ministries, national and domestic institutions, NGOs, associations of landmine survivors, donors, and through the TMAC website.</p> <p>Thailand started a programme of data collection on persons with disabilities in November 1994. As of 30 July 2005, 446,416 persons with disabilities were registered in Thailand; 48 percent are physically disabled. Data on the current location and the demographics (e.g., gender, age and type of disability) of persons registered are maintained by the Ministry of Social Development</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Increase the registration rate of persons with disabilities by 80 percent with information on the causes of disability so that landmine survivors can be identified ▪ Establish a separate data set on landmine survivors in the high-risk mine-affected areas. |

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| | <p>and Human Security (MoSDHS) and can be traced back to the village level of each province.</p> <p>The MoSDHS has provincial-level offices in the country and must cooperate with other local agencies in the mine-affected areas in data collection.</p> | |
| Part 2: Emergency and continuing medical care | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>The health system is divided into 2 levels: at the community level; and at the district and central level. At the community level, the Ministry of Public Health supports village health volunteers and communities to establish community health units comprising of community health posts and health centres with a system for expeditious evacuation of persons injured by landmines to hospitals or clinics by ambulances, rescue team vehicles, or helicopters. For a landmine casualty, if he/she is immediately located, they would be taken from the community health units to the nearest hospital within one hour.</p> <p>At the district and central level, the Bureau of Health Policy and planning are responsible for health manpower development. It constitutes the tertiary health care facilities, such as general or regional hospitals, university hospitals and large private hospitals. Health care at this level is provided by medical and health personnel with various degrees of specialization, such as trauma surgeons.</p> <p>There is a lack of medical and health personnel at the community level. However, at the general or regional hospitals in the mine-</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Establish coordination offices in the mine-affected areas. ▪ Organize a workshop on emergency and medical care for mine casualties. ▪ Increase the number of skilled health personnel and staff at every level. |

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| | <p>affected areas, the infrastructures, equipment and supplies are sufficient to meet the needs.</p> <p>For emergency care, no individual is denied treatment or services. Services are available equally to, and designed to meet the particular needs of, men, women, boys, and girls and the aged.</p> <p>There are public surgical and rehabilitation facilities for landmine casualties in Thailand. The government covers the full cost of hospital treatment, provision of orthopaedic devices, and transport to hospital.</p> | |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>It normally takes at least 6 months for survivors to access post-acute rehabilitative care, including prosthetics, orthotics and physical therapy, depending on their physical condition. Rehabilitation services are generally provided by military hospitals and public health centres.</p> <p>Replacement and adjustment services for assistive devices and self-care training is provided by public institutions and related private organizations. However, some landmine survivors do not access follow-up services due to travel costs.</p> <p>Aids and equipment are regularly produced by the Prosthetics Foundation and the Chatichai Choonhavan Foundation.</p> <p>Only general training is available for prosthetic technicians. None have been trained by ISPO trained technicians. Training for</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Train survivors and their families in self-help physical therapy. ▪ Achieve comprehensive coordination between all concerned organizations. |

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| | <p>physical therapy and prosthetics is provided by the Prosthetics Foundation.</p> <p>No government rehabilitation personnel are working in the affected areas, only at military hospitals and public health centres. A greater number of workers in this field are needed.</p> <p>At present, landmine survivors and their families are not involved in the planning of rehabilitation interventions.</p> <p>Services and devices are available equally to all survivors. However, a small number of individuals cannot access services or devices due to cost or other reasons.</p> <p>There is regular country-wide coordination involving all relevant actors.</p> | |
| <i>Part 4: Psychological support and social reintegration</i> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive</p> | <p>Status:</p> <p>Public health centres, military hospitals and psychiatric hospitals provide counselling to help survivors deal with post-traumatic stress and to adjust to their new situation. To some degree, hospitals / clinics treating landmine survivors have staff trained in the psychological adjustment process and practical issues including discrimination.</p> <p>Peer support programmes offering assistance in hospitals / clinics after surgery and after discharge are available, depending on the conditions at each medical institute.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Build up a network among all concerned agencies. ▪ Coordination of services at the national level. |

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| <p>outlook on life.</p> | <p>Children disabled by landmines have access to educational opportunities in their communities. Teachers have some training on issues relating to children with disabilities.</p> <p>An appropriate level of services is available to, and designed to meet the particular needs of, men, women, boys and girls and older persons. Some individuals are denied services due to cost or other reasons.</p> <p>There is regular country-wide coordination involving all relevant actors.</p> | |
| <p>Part 5: Economic reintegration</p> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>The Ministry of Human Security and Development is the implementing agency for rehabilitation programmes for persons with disabilities. The rehabilitation plan consists of:</p> <ul style="list-style-type: none"> ▪ 9 vocational rehabilitation training centres for persons with disabilities in various provinces (Samut Prakarn, Nonthaburi, Lopburi, Chiangmai, Khonkhaen, Ubol Rajthani, Nongkhai, and Nakhon Srithammarat) with training provided to all persons with disabilities according to their interest and physical condition; ▪ Providing vocational training for all persons with disabilities, including landmine survivors, without any specification of the cause of disability; ▪ Introducing the concept of Community Based Rehabilitation (CBR) to persons with disabilities, depending on their condition and interests. | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Comprehensively provide vocational training for every community with persons with disabilities in the target areas, based on the interests of the person and the needs of the job market. ▪ Greater access for landmine survivors to the Rehabilitation Fund for persons with disabilities, to facilitate self employment opportunities. |

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| | <p>Not many mine survivors return to their previous occupations.</p> <p>With respect to the sensitization of employers to ensure that landmines survivors and other persons with disabilities are not denied opportunities because of discrimination or stereotypical thinking, Thailand enacted the Rehabilitation for Persons with Disabilities Act BE. 2534 (1991). The Act ensures the employment of persons with disabilities by private enterprises (enterprises with more than 200 employees must employ one disabled person for every 200 employees). There is no information available on the number of landmine survivors being employed in private enterprises in Thailand.</p> <p>There are tax incentives to encourage private companies to employ persons with disabilities (salaries paid for persons with disabilities can be deducted from tax payments).</p> <p>Micro-enterprise or other economic development efforts are available to some extent. For example, the Rehabilitation Fund for persons with disabilities has provided no-interest loans of up to 40,000 Baht (about \$975) for persons with disabilities who establish their own income generating activity.</p> <p>The government provides a monthly subsistence allowance of 500 Baht (about \$12) for each person with severe disabilities during their lifetime. The government also covers the cost of vocational training.</p> <p>Individuals are not denied services due to cost or other reasons. There is an equal and appropriate extent of services available</p> | |
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| | <p>equally to, and designed to meet the particular needs of men and women.</p> <p>There is regular country-wide coordination involving all relevant actors, but coordination with the Association of Landmine Disabled Persons is limited.</p> | |
| <p><i>Part 6: Laws and public policies</i></p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>The Rehabilitation for Persons with Disabilities Act BE. 2534 (1991) aims to increase the opportunities and rights of persons with disabilities to access medical treatment, education, vocational training, and employment services as well as social welfare allowances, investment loans, and accommodation for the homeless. The Act also includes measures and tax incentives for concerned agencies to increase and provide facilities and housing for persons with disabilities. Transport facilities have also been improved slightly.</p> <p>The Plan to Develop the Quality of Life of Persons with Disabilities for 2002-2006 is currently being implemented. Persons with disabilities and their families participated fully in the formulation process of the plan. The implementation of the plan consists of 8 strategic areas:</p> <ol style="list-style-type: none"> 1) Promote awareness and constructive attitudes 2) Rights and duties 3) Capacity development 4) Research and development 5) Access to information, service, technology, and the environment 6) Strengthen the capacity of organizations related to persons with | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Increase the number of laws which aim to promote and develop the quality of life of persons with disabilities. ▪ Set up action plans which authorise local authorities to provide comprehensive services for persons with disabilities in their own communities. ▪ Improve the laws related to persons with disabilities, particularly on the right of assurance and protection. ▪ Stimulate the public and private sectors to implement the laws which aim to facilitate the capacity building process for persons with disabilities. ▪ Increase the role of local authorities in the tasks related to persons with disabilities. |

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| | <p>disabilities</p> <p>7) Promote the participation of persons with disabilities, families and the community</p> <p>8) Promote management integration</p> <p>Local authorities have also been empowered, through decentralisation, to take care and develop the quality of life of persons with disabilities. For example, in 2004, management of the welfare and allowances for more than 25,000 persons with disabilities was transferred to local authorities.</p> | |
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Uganda

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>The exact number of landmine survivors is not known. However, there are over 900 known survivors in northern Uganda and 200 in western Uganda.</p> <p>There is no nation-wide surveillance system on mine casualties. Data is collected by some NGOs and government departments but is not standardized. The Ministry of Health has a health management information system; however, it is not possible to identify landmine injuries from this database.</p> <p>The Injury Control Centre Uganda (ICCU) has an injury surveillance system in Northern and Western Uganda. The surveillance tool takes into account injuries caused by landmine and UXO.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Establish a functional efficient and comprehensive nation-wide landmine casualty surveillance system that contains information on mine/UXO casualties, their injuries, assistance received, and their health and economic status by 2007. ▪ Create a directory of actors engaged in assistance to mine survivors and other persons with disabilities by 2006. ▪ Integrate mine casualty data |

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| | Data collected by NGOs is shared in technical committee meetings. | collection into a nation-wide information system by 2006. |
| Part 2: Emergency and continuing medical care | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>Trauma is currently a significant cause of ill health and premature death in Uganda. The majority of the existing health units lack the capacity to effectively handle trauma when it occurs. Uganda has few if any first aid practitioners to address immediate and life-threatening situations. Transport to hospitals in the most affected area – the north – is by army trucks, traders’ lorries and pick-up trucks. The average time between injury and arrival at a health facility is 9 hours.</p> <p>Uganda has 245 health facilities; 67 percent are private. Although plans for each level of health care have been designed, none have been implemented. Public hospitals improvise sections of their outpatient departments to act like casualty units.</p> <p>Most lower-level health units can provide dressings and tetanus injections. However, the health units sometimes lack intravenous fluids. Except for NGO-run facilities, casualty departments in major hospitals are weak. Safe blood is available in all hospitals all the time.</p> <p>Surgeons are available at the regional hospitals in the affected areas; however, amputations in district hospitals are performed by non specialized doctors. Corrective surgery and pre-prosthetic remodelling of stumps is available in regional hospitals. Both mine-affected regions have visiting orthopaedic surgeons.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop and implement a strategy to increase community level capacities to respond to landmine emergencies in the affected communities by 2006. ▪ Develop the emergency care services in all the health units in mine-affected areas to reduce pre-hospital mortality from landmine/UXO injuries by half by 2009. ▪ Establish functional referral systems in affected areas by 2007. |

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| | <p>Medical personnel in regional hospitals in affected districts have received trauma training and equipment for casualty units; however, staff attrition has depleted the levels of trained staff.</p> <p>Post emergency care is weak in Government hospitals. Basic assistive devices are available especially crutches which are also available at district hospitals. Survivors in the North are referred to rehabilitation services. In the West a survey in 1999 revealed that some survivors did not know where the rehabilitation centre was located.</p> <p>Services are available to men, women, boys, girls and older persons equally. Costs reduce accessibility to more organised services that are provided by NGO hospitals.</p> <p>Minimal coordination exists through the Office of the Prime Minister.</p> | |
| Part 3: Physical rehabilitation | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>The government of Uganda is committed to uplifting the standard of living for persons with disabilities by strengthening Community Based Rehabilitation (CBR) services in line with the decentralisation policy.</p> <p>The Ministry of Health (MOH) has established a Rehabilitation and Disability Section whose main mission is to address the medical rehabilitation needs of disabled people. Rehabilitation services are being decentralised; health workers oriented to CBR; and the rehabilitation curricula is being integrated into the basic and in-service training for health workers.</p> <p>CBR services (home care visits) have been offered to persons with</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Provide all registered landmine survivors with rehabilitation services by 2009. ▪ Promote awareness on the effects of landmines and provide information on how to manage disabilities arising from landmines, by 2007. |

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| | <p>disabilities in 13 districts through the National Union of Persons with Disability of Uganda and the Ministry of Labour, Gender and Social Development.</p> <p>The 2 mine-affected regions both have orthopaedic workshops that provide prosthetics and orthotics. The workshop in the north is supported by an NGO and provides better services. The one in the west needs strengthening. Both centres have orthopaedic technicians though only one in the north has ISPO recognized qualifications. Currently, in the north most new survivors are fitted with prostheses as soon as the stump is ready to receive it. However, in the west and to a lesser extent in the north there are a number of survivors who have spent years without a device.</p> <p>Follow-up services for survivors are weak.</p> <p>Physiotherapists (one in the west and 3 in the north) are available at regional hospitals and train survivors in physical therapy techniques. Occupational therapists are available at the rehabilitation centre in the North to train in activities for daily living.</p> <p>There is a large gap in the number of rehabilitation personnel compared to the burden in both regions. There is a need for a total of 5 orthopaedic technologists, 6 technicians, 5 physiotherapists and 4 occupational therapists.</p> <p>Mobility Appliances by Disabled Women Entrepreneurs (MADE) builds locally appropriate wheelchairs.</p> <p>Landmine survivors and their families play a vital role in the</p> | |
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| | <p>rehabilitation process. An information booklet has been developed to provide information on disability and rehabilitation of people with disability so that all Ugandans including disabled persons' participate in the goal of "health for all".</p> <p>The cost of transport and upkeep in hospital reduces accessibility to rehabilitation services especially in western Uganda. Gender and age discrimination to access services has not been noticed but due to the abandonment of female survivors by their husbands, this could be a possibility and needs to be studied further.</p> <p>Coordination of services is currently under the Office of the Prime Minister but is still minimal.</p> | |
| Part 4: Psychological support and social reintegration | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>Psychological support is the weakest area in the service provision chain and yet is crucial for reintegration. Little psychosocial support is provided at the rehabilitation centre in the north. Some is provided at community level through NGOs. The provision is patchy and project oriented. The regional hospital in the north has a psychiatrist and social workers.</p> <p>The National Union of Women with Disabilities of Uganda (NUWODU) develops strategies for the empowerment of women with disabilities.</p> <p>The Ministry of Education and Sports is in charge of disability issues relating to education, in collaboration with the Uganda Institute of Special Education (UNISE), and is responsible for providing a</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Provide regular cost-effective psychosocial support to 25 percent of registered landmine survivors and their families at the rehabilitation centres and in the community, by 2009. ▪ Establish cost-effective community based psychosocial support networks in mine-affected areas by 2007. ▪ Develop and implement a strategy to increase community awareness on the needs and to support mine |

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| | <p>disability-friendly environment as well as service provision for children with special needs undergoing schooling or any kind of training at its various institutions.</p> <p>Child mine survivors are also supported by NGOs to return to school. The universal primary education policy in response to the Millennium Development Goals (MDG) has ensured physical accessibility of school facilities to children with disabilities. New structures are therefore accessible though sanitation facilities need to be improved. Secondary schools are not accessible.</p> <p>Coordination of psychosocial support is at the regional level in the north and through Office of the Prime Minister.</p> | <p>survivors and their families, by 2007.</p> <ul style="list-style-type: none"> ▪ Make 10 secondary schools accessible to children with disabilities. |
| <i>Part 5: Economic reintegration</i> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>Construction of four of the planned 22 technical training institutions is ongoing. Fourteen sites have also been established for the first phase of Community Polytechnics (CP). The Government CP target is one-per sub-country totalling 932. A total of 15 existing technical schools and institutes are being rejuvenated and expanded. In addition, the Government has extended financial support to 26 private providers of technical and vocational education.</p> <p>Vocational centres are available in the north and provide training in tailoring, shoemaking, carpentry and leather works. Training is open to all and is supported by the government, although individuals pay fees. It is not known to what extent landmine survivors use these services. Vocational training is limited by a lack of sponsorship.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop and implement a strategy by 2007 to improve the economic status of the disabled population in mine-affected communities through education, economic development of community infrastructure and creation of employment opportunities. ▪ Develop and implement a strategy by 2007 to provide increased opportunities for income-generation and small-enterprise projects, and to promote and encourage literacy and |

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| | <p>The Employment Exchange Service within the Ministry of Gender, Labour, and Social Development (MoGLSD) facilitates the placement of disabled persons in employment, and provides vocational rehabilitation and resettlement services. One mobile unit exists for the vocational rehabilitation of women with disabilities, providing training around the country.</p> <p>The MoGLSD's CBR programme encourages local employers to facilitate resettlement and selective employment of people with disabilities, in consultation with the National Union of Disabled Persons of Uganda (NUDIPU).</p> <p>The National Union of Women with Disabilities of Uganda (NUWODU) focuses on economic development projects. The Disabled Women's Network and Resource Organization (DWNRO) advocates the economic empowerment of women with disabilities and their inclusion in micro-credit programmes. The Uganda Disabled Women's Association operates a revolving loan scheme with the goal of initiating small businesses.</p> <p>Micro-financing schemes for poverty eradication do reach persons with disabilities in the north; however, the participation of landmine survivors as a group is not known.</p> <p>In the west, survivors have formed a corporative group that farms and sells vegetables and fruits.</p> | <p>vocational training, apprenticeships and job referrals by 2009.</p> <ul style="list-style-type: none"> ▪ Provide 60 landmine/UXO survivors with vocational training, by 2009. ▪ Mainstream 60 landmine/UXO survivors into micro-finance schemes, by 2006. ▪ Develop and implement a strategy to assist in the capacity building of micro-finance institutions (MFIs), especially in rural areas, including through demand-driven training of MFI staff and clientele, product development and promotion of agricultural financing, increased access to rural financial services, and building business culture amongst rural borrowers. |
| <i>Part 6: Laws and public policies</i> | | |
| Goal: To establish, | Status: Persons with disabilities including landmine and UXO survivors are | Objectives: ▪ Lobby for the continuous |

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| <p>implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>represented at village, parish, sub-county, county, district level and in the Parliament.</p> <p>Uganda's 1995 constitution has anti-discrimination and other provisions which explicitly cover disabled people, and a provision which requires that a number of national members of Parliament (MPs) have disabilities. Disabled persons are represented by five MPs. The Minister for Disability and Elderly is a disabled person. Priorities include improving the quality of housing, transportation, healthcare, education, employment, and social services for disabled people.</p> <p>Several laws have been passed to guarantee the rights of persons with disabilities. These include:</p> <ul style="list-style-type: none"> ▪ The disability council law, which ensures disability representation at all levels and follow up on implementation of policies. ▪ The traffic act protects disabled road users. ▪ The policy on inclusive education ensures the education of children with disabilities. ▪ The local government act ensures representation of persons with disabilities. ▪ The child rights statute has an article on children with disabilities. ▪ The up-coming employment act will ensure equal employment opportunities. ▪ The workers compensation act. ▪ The up-coming equal opportunities act. <p>However, implementation is weak particularly in rural regions of the country. There are no apparent mechanisms in place to ensure enforcement of existing legislation.</p> | <p>implementation of the law on affirmative action for persons with disabilities.</p> <ul style="list-style-type: none"> ▪ Strengthen the role of local councillors representing persons with disabilities in the mine-affected northern and western regions by 2006. ▪ Campaign for the participation of landmine and UXO survivors in the representation of persons with disabilities. ▪ Formulate and implement national policies and legislative frameworks for the full and equal participation of landmine survivors and other persons with disabilities by 2007. ▪ Establish mechanisms for the full implementation of existing legislation to protect the rights of persons with disabilities. ▪ Formulate and implement national policies and legislative frameworks for the full and equal participation of landmine survivors and other persons |
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| | <p>There is a Minister of State for Disabled Persons, and a Department for Disabled Persons under the Ministry of Gender, Labour, and Social Development. The Ministry is in the process of designing a National Policy on Vocational Rehabilitation and Employment of Disabled Persons aimed at offering training in appropriate skills to facilitate either paid employment or viable self-employment. A National Council on Disability will be established to coordinate and monitor the implementation of the policy.</p> <p>The Ministry has also formulated a five-year “National Community-Based Rehabilitation (CBR) Strategic Plan 2002-2007” aimed at fully integrating people with disabilities into the community and to equalize opportunities. The Plan has been formulated with reference to the Poverty Eradication Plan and the Social Development Sector Strategic Investment Plan.</p> | with disabilities by 2007. |
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Yemen

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| <i>Part 1: Understanding the extent of the challenge faced</i> | | |
| <p>Goal:</p> <p>Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p> | <p>Status:</p> <p>In 2000, a Landmine Impact Survey (LIS) was carried out in Yemen. Although the total number of mine/UXO casualties is not precisely known, the LIS reported the number of survivors to be as high as 2,344. A large number of casualties are believed to be women and children as farming and grazing are the main activities affected by landmines. In addition, the Yemen Executive Mine Action Centre (YEMAC) has recorded at least 47 persons injured in various incidents between 2001 and July 2005.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Develop a nation-wide landmine surveillance system in 2006. ▪ Visit, interview and register all survivors in the affected communities. |

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| | <p>Landmine casualties are nearly always reported on a regular basis from various sources such as local clinics/hospitals, the Ministry of Public Health and Population (MoPHP), Ministry of Local Administration (MLA), and security personnel, though there is no formal nation-wide surveillance system in place.</p> <p>YEMAC maintains a comprehensive database of landmine/ERW survivors at the national level. The data is shared with all relevant ministries through the National Mine Action Committee (NMAC) and it appears on YEMAC monthly reports to various actors in the country.</p> <p>The draft strategic plan 2002-2012 of the Ministry of Social Affairs and Labour (MoSAL) indicates that in 1999 the total number of disabled persons in Yemen was 655,145; 58 percent were male and 42 percent female. Of the total, 68 percent of disabilities were as a result of wars and unsafe working conditions.</p> | |
| <i>Part 2: Emergency and continuing medical care</i> | | |
| <p>Goal:</p> <p>Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p> | <p>Status:</p> <p>There is nearly always a first aid clinic with trained first aid practitioners available in all the affected communities or in the neighbouring community. In all cases there is a major governorate hospital with trauma specialists available.</p> <p>Seldom do health facilities in mine-affected areas have adequate infrastructure, equipment and supplies. Nearly always, there is access to medication to relieve pain.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Provide and cover the cost of emergency medical services to all landmine casualties in the country and provide ongoing medical care to approximately 2,000 survivors by 2009, serving 500 survivors per year. ▪ Provide assistive devices such as crutches, wheelchairs, prosthetics, eye |

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| | <p>In all cases, the person injured by a landmine has access to safe blood transfusions from their relatives at the governorate hospital.</p> <p>Mine casualties are nearly always evacuated by personnel or a vehicle (when possible) to a first aid clinic. An average time to evacuate injured persons to a first aid clinic is 30 minutes. In all cases, vehicle transportation is available to evacuate injured persons to the nearest major hospital, which takes between one to two hours from the time of the accident.</p> <p>Trauma surgeons and specialist doctors are only available in major hospitals. In all cases, amputation and other trauma surgery is available in major governorate hospitals. Typically, it takes up to one hour to get the injured person ready for surgery. MoPHP, with its international counterparts, is conducting training in the care of traumatic injuries and other related issues on a regular basis.</p> <p>Access to corrective surgery, including cleaning of projectiles, debridement, pre-prosthetics re-modelling of stumps and repair of damage to organs is nearly always available in all major hospitals and major cities. There is fairly regular access to rigid materials to prepare negative moulds of stumps following surgery.</p> <p>There is nearly always access to eye care, auditory medical care and other specialized surgical and medical services in major hospitals in major cities.</p> <p>All basic assistive devices (wheelchair, crutches, orthopaedic shoes, hearing aids and eye glasses) are made available at the medical services. YEMAC provides these from its victim assistance budget.</p> | <p>glasses, hearing aids, medical shoes, et cetera.</p> <ul style="list-style-type: none"> ▪ MoPHP to evaluate, in 2006, the health infrastructure, equipment and supplies in health facilities to determine if they are adequately supplied. ▪ MoPHP to identify ways and means to improve the health infrastructure, equipment and supplies in health facilities found to be inadequately supplied. ▪ Improve coordination and cooperation in the field with survivors, clinics, hospitals, and other relevant actors. |
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| | <p>Survivors are nearly always referred to rehabilitation services by the medical services.</p> <p>No individuals are denied the right to services due to cost. YEMAC reimburses the cost of emergency medical care for mine casualties. This is well known by the people and major hospitals in Yemen. In all cases, services are available to men, women, boys and girls.</p> <p>There is some country-wide coordination involving all relevant actors including YEMAC, landmine survivors, hospitals and prosthetic centres through the MoPHP, as well as donors.</p> | |
| <p>Part 3: Physical rehabilitation</p> | | |
| <p>Goal:</p> <p>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p> | <p>Status:</p> <p>Landmine survivors nearly always have access to post acute rehabilitative care, including prosthetics, orthotics and physical therapy. These are provided by the major hospitals and the MoPHP prosthetic centres in major cities such as Sana'a, Aden, Taiz, Hodaida and Mukalla. These centres cover most of the country. The cost of services is paid for by YEMEC.</p> <p>Landmine survivors nearly always have access to replacement and adjustment services for assistive devices. Nearly all are trained in methods of self care and maintenance.</p> <p>Those assisting survivors are trained in physical therapy and the training is available in the country, provided by Handicap International Belgium and the MoPHP.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Provide physical rehabilitation support to 500 landmine survivors per year and to 2,000 mine survivors by 2009. ▪ MoPHP to undertake an assessment (starting in 2006), with assistance from YEMAC, to determine if the rehabilitation needs of mine survivors are being met. |

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| | <p>Rehabilitation workers are not available in mine-affected areas. However, it is felt that there is not a need for such expertise on a community level as centres in major cities provide sufficient assistance.</p> <p>Nearly always survivors and their families are involved in the planning of rehabilitation interventions.</p> <p>In all cases, services are available to men, women, boys and girls.</p> <p>There is some country-wide coordination, particularly among NMAC, YEMAC and the hospitals and MoPHP rehabilitation centres.</p> | |
| <p><i>Part 4: Psychological support and social reintegration</i></p> | | |
| <p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p> | <p>Status:</p> <p>There are counselling clinics available in Sana'a and Aden. However, landmine survivors are not provided counselling service in the hospitals. Support is provided by the family.</p> <p>The draft strategic plan 2002-2012 of MoSAL indicates that "most disabilities lead to psychological problems such as feeling unsafe, depression, scariness and instability." However, currently no government bodies or ministries provide counselling services to survivors.</p> <p>YEMAC has not dealt with issues relating to psychological support for mine survivors nor does it have the budget to cover the cost of counselling services.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Determine what counselling services are needed and how these services could be realistically and appropriately established. |

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| | <p>Children disabled by landmines nearly always have access to integrated education in their communities.</p> | |
| <p>Part 5: Economic reintegration</p> | | |
| <p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p> | <p>Status:</p> <p>YEMAC established the Yemen Association for Landmine/ERW Survivors (YALS) in 2004. This association is run and managed by landmine survivors with technical assistance provided by YEMAC and financial support provided by the Government of Japan. This association has started to provide 100 survivors (men and women) with training in stitching, handicrafts, management of a telecommunications centre and propane gas selling. Once the training is completed the association will assist survivors to establish small enterprises in their communities in order to reintegrate them into society. Once this group is reintegrated another group will be trained.</p> <p>There are vocational training centres across the country (in major cities) run by MoSAL where all persons with disabilities, including landmine survivors, have access to counselling services to assist them in establishing a vocational rehabilitation plan that is practical and realistic.</p> <p>The Government of Yemen has passed a law to allocate 5 percent of total jobs to persons with disabilities in all sectors of government employment.</p> <p>Mine survivors nearly always return to their prior occupation if that is their wish and if they can do so.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Economically reintegrate 500 survivors, by 2009, by providing training and establishing small enterprises. ▪ Establish six vocational training centres for the disabled, as part of Yemen's 2nd Socio-Economic Plan, bringing the total number of centres to 15. |

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|---|---|---|
| | <p>Yemen's poverty reduction strategy (PRSP) includes rehabilitation of the disabled and the establishment of training centres for the disabled, and making available the necessary equipment to enable them to integrate in society and undertake economic activities.</p> | |
| <p>Part 6: Laws and public policies</p> | | |
| <p>Goal:</p> <p>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p> | <p>Status:</p> <p>The Government of Yemen has comprehensive legal protection for persons with disabilities which is enforced and monitored by the national committee for disabled persons.</p> <p>Article 24 and Article 55 of the Constitution of the Republic of Yemen affirms the rights of equality and equal opportunities and the right to social security.</p> <p>Article 5 of the 1999 Act 61 on the care and rehabilitation of the disabled states that according to individual needs, persons with disabilities are entitled to benefits including welfare, special equipment, education, rehabilitation or training and suitable employment, tax exemption, concession rates on public transport, exemptions from customs duty on any product needing to be imported to assist with their disability and access to mobility in public places. Article 11 outlines the right to all levels of education, and article 21 ensures the right employment in accordance with disability.</p> <p>On 23 January 2002, Presidential Law Number 2 establishing a care and rehabilitation fund for the disabled came into effect. The fund intends to cover the costs of immediate medical care in hospital.</p> | <p>Objectives:</p> <ul style="list-style-type: none"> ▪ Implement the MoSAL five year strategic plan for persons with disabilities once it has been approved by the office of the Prime Minister. ▪ Raise awareness among persons with disabilities on their rights. |

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| | <p>The government has mandated that persons with disability are exempt from paying tuition in universities, and schools are required to be more accessible to persons with disabilities. However, it is unclear to what extent these laws have been implemented.</p> <p>There are several associations for persons with disabilities that have been legally established and are supported by the government of Yemen, including the association for deaf and blind and the association for landmine survivors. All the associations for persons with disabilities operate under MoSAL which has provincial offices in all governorates in Yemen. The government of Yemen through MoSAL supports associations for disabled persons by providing legal authority and limited financial assistance.</p> <p>There is a national committee for persons with disabilities chaired by the Prime Minister of Yemen with members from various associations and ministries including the Minister for Social Affairs and Labour. This committee meets every quarter to discuss issues of interest.</p> <p>A law to ensure access by persons with disability to buildings, public spaces and transportation is under consideration.</p> <p>Landmine survivors and other people with disability can formally lodge complaints through their respective legal associations to MoSAL and to the Prime Minister of Yemen.</p> | |
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Part II - Annex VI

Anti-personnel mines reported retained or transferred by the States Parties for reasons permitted under Article 3, and, a summary of additional information provided by these States Parties

Table 1: Anti-personnel mines reported retained in accordance with Article 3¹

| State Party | Mines reported retained | | Additional information volunteered by the State Party |
|--------------------------|-------------------------|--------|---|
| | 2004 | 2005 | |
| Afghanistan ² | | 1,076 | |
| Algeria ³ | | 15,030 | |
| Angola | 1,390 | 1,390 | |

¹ This table contains only those States Parties which have not, in 2005 or previously, reported zero as the number of anti-personnel mines retained in accordance with Article 3. States Parties not included in this table are: Albania, Andorra, Antigua and Barbuda, Austria, Bahamas, Barbados, Belize, Benin, Bolivia, Cambodia, Central African Republic, Chad, Comoros, Costa Rica, Côte d'Ivoire, Dominica, Dominican Republic, Estonia, Fiji, Gabon, Gambia, Ghana, Grenada, Guatemala, Guinea, the Holy See, Iceland, Jamaica, Kiribati, Lesotho, Liberia, Liechtenstein, Madagascar, Malaysia, Maldives, Malta, Mauritius, Mexico, Monaco, Nauru, New Zealand, Niue, Norway, Panama, Papua New Guinea, Paraguay, the Philippines, Qatar, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Senegal, Seychelles, Sierra Leone, Solomon Islands, Swaziland, Switzerland, Timor-Leste, Trinidad and Tobago, and Turkmenistan.

² In 2004 Afghanistan indicated that it retained 370 inert mines. In 2005 Afghanistan indicated that it has yet to develop a formal policy on the number of mines retained for development and training purposes and that on a case-by-case basis it approves the number and type of anti-personnel mines retained by UNMACA on behalf of the MAPA.

³ In 2003 Algeria reported that it had retained 15,030 mines.

| State Party | Mines reported retained | | Additional information volunteered by the State Party |
|-------------|-------------------------|--------|---|
| | 2004 | 2005 | |
| Argentina | 1,772 | 1,680 | Argentina reported that 92 Type SB 33 mines were used on 15-16 November 2004 to train army engineers in explosive ordnance disposal (EOD). It also reported on development and training projects which are underway and which include the development of a remote-controlled vehicle for the detection and destruction of mines and the use of mines for destroying unexploded ordnance. In addition, Argentina reported that it estimates that mines will be used as follows in coming years: between 2005 and 2011, approximately 90 to 100 Type SB 33 and Type FMK-1 mines per year will be used to train Argentine army engineers; in 2005 and 2006, approximately 150 Type Expal P4B, 50 Type MFK1 and 50 Libyan anti-personnel mines will be used for the development and testing of the remote-controlled detection / destruction vehicle; in 2005 approximately 150 Type FMK1 and 150 Type Expal P4B mines will be used for the destruction of unexploded ordnance; and, between 2005 and 2010 approximately 40 Type Expal P4B, Type MFK1 and Libyan anti-personnel mines per year will be used in basic and advanced humanitarian demining courses, and, for EOD and demining training and for peace keeping forces. |
| Australia | 7,465 | 7,395 | Australia reported that stock levels will be regularly reviewed and assessed, that only a realistic training quantity is held, and that stocks in excess of this figure will be destroyed on an ongoing basis. In addition, Australia stated that training is conducted by the School of Military Engineers. |
| Bangladesh | 15,000 | 15,000 | Bangladesh informed the Standing Committee on the General Status and Operation of the Convention that mines were retained for training purposes, especially for officers and soldiers preparing for UN peacekeeping missions. |
| Belarus | 7,530 | 6,030 | |

| State Party | Mines reported retained | | Additional information volunteered by the State Party |
|-------------------------------------|-------------------------|--------|--|
| | 2004 | 2005 | |
| Belgium | 4,443 | 4,176 | Belgium reported that in 2004, at the Engineering School, 88 mines were used to educate Officers, NCOs and privates as EOD personnel and that 179 mines were used for the training of Engineer Combat Units in demining and mine awareness. |
| Bosnia and Herzegovina ⁴ | 2,652 | 2,755 | |
| Botswana ⁵ | | | |
| Brazil ⁶ | 16,545 | 16,125 | Brazil reported that retained mines are for training to allow the Brazilian Armed Forces to participate adequately in international demining activities. It also indicated that, in 2004, 866 Type NM M409 mines and 9 Type NM T-AB-1 mines had been used for training purposes. |
| Bulgaria | 3,688 | 3,676 | |
| Burkina Faso ⁷ | | | |
| Burundi ⁸ | | | |
| Cameroon ⁹ | | | |

⁴ In 2004, Bosnia and Herzegovina indicated that 439 of the mines reported under Article 3 were fuse-less. In 2005, it indicated that 433 of the mines reported under Article 3 were fuse-less and that the total of Article 3 mines was higher than previously reported because the number included the mines kept by demining companies which had not been previously reported .

⁵ In its report submitted in 2001, Botswana indicated that a “small quantity” of mines would be retained. No updated information has since been provided.

⁶ In its report submitted in 2001, Brazil indicated that all mines retained would be destroyed in training activities during a period of 10 years after the entry into force of the Convention for Brazil, that is by October 2009.

⁷ In its reports submitted in 2004 and 2005 Burkina Faso indicated that “nothing yet” was retained.

⁸ In its reports submitted in 2004 and 2005, Burundi indicated that the decision concerning mines retained is pending.

⁹ In a report submitted prior to ratifying the Convention in 2001, Cameroon reported the same 500 mines under Article 4 and Article 3. No report has since been provided.

| State Party | Mines reported retained | | Additional information volunteered by the State Party |
|--------------------------|-------------------------|------|---|
| | 2004 | 2005 | |
| Canada | 1928 | 1907 | Canada informed the Standing Committee on the General Status and Operation of the Convention that since entry into force it had used 180 Type M-14 mines for research and training, noting the value of this mine for these purposes being its low metal content and that it is found in many mine-affected countries. In addition, Canada informed the Standing Committee that 8 Type PMR-2A mines were used to test and evaluate personal protective equipment given that the fragment velocity and size of this mine is quite different from other mines and because it too is found in many mine-affected countries. As well, Canada indicated that 102 Type PMA-2 mines were used to test and evaluate metal detectors and instrumented prodders as this mine represents a difficult target for detection and to test and evaluate protective equipment. Furthermore, Canada indicated that since the First Review Conference it had used 6 Type PMA-2, 3 Type PP-M1-NA1, 6 Type PMN-2, 3 Type PMR 2A and 3 Type M14 mines in support of the Canadian portion of the International Test and Evaluation Programme (ITEP) project to test mine detectors and mechanical demining vehicles and for research on the blast effects of the human body. |
| Cape Verde ¹⁰ | | | |
| Chile | 6245 | 5895 | Chile reported that in 2004 348 mines were used by the Chilean army and 2 by the Chilean navy. In 2004 retained mines were used for EOD training and evaluation of deminers. |
| Colombia | 986 | 886 | |
| Congo, Republic of | 372 | 372 | |

¹⁰ Cape Verde has not yet submitted a transparency report in accordance with Article 7 of the Convention.

| State Party | Mines reported retained | | Additional information volunteered by the State Party |
|--|-------------------------|-------|--|
| | 2004 | 2005 | |
| Croatia | 6478 | 6400 | Croatia informed the Standing Committee on the General Status and Operation of the Convention that the main purpose in retaining mines was to test demining machines, that 78 mines (i.e., 20 Type PMA-1, 20 Type PMA-2, 20 Type PMA-3, 8 Type PMR-2A and 10 Type PROM-1) were used in 2004 for this purpose. In addition, it indicated that in 2004, the Centre for Testing, Development and Training was established with its primary task being to test demining machines, mine detection dogs and metal detectors, and, to undertake research and development of other demining techniques and technologies. Croatia estimated that 189 mines would be needed in 2005. |
| Cyprus | 1000 | 1000 | |
| Czech Republic | 4849 | 4829 | The Czech Republic reported that 20 mines were used for EOD specialist training in 2004. |
| Democratic Republic of the Congo ¹¹ | | | |
| Denmark | 2,058 | 1,989 | Denmark reported that its retained mines are used as follows: a demonstration of the effects of anti-personnel mines is given to all recruits during training; during training of engineer units for international tasks, instructors in mine awareness are trained to handle anti-personnel mines; and, during training of ammunition clearing units, anti-personnel mines are used for training in ammunition dismantling. |
| Djibouti | 2,996 | 2,996 | |
| Ecuador ¹² | 3,970 | | |
| El Salvador | 96 | 96 | |

¹¹ In its report submitted in 2004, the Democratic Republic of the Congo indicated that the decision concerning mines retained is pending.

¹² No updated information was provided by Ecuador in 2005.

| | | | |
|---------------------------------|-------|----------|--|
| Equatorial Guinea ¹³ | | | |
| Eritrea ¹⁴ | 222 | 9 | |
| France | 4,466 | 4,455 | |
| Germany | 2,537 | 2,496 | Germany reported that 41 mines were used in 2004 by the Federal Armed Forces for neutralization of fuses and for the “Wolf” Light Truck mine protection programme. In addition, Germany reported that mines are retained for demining research and development, dog training and for testing the “Rhino” demining machine. |
| Greece | 7,224 | 7,224 | |
| Guinea Bissau ¹⁵ | | | |
| Guyana ¹⁶ | | | |
| Honduras ¹⁷ | 826 | | |
| Hungary ¹⁸ | 1,500 | See note | |
| Ireland | 103 | 85 | |
| Italy | 811 | 806 | |
| Japan | 8,359 | 6,946 | Japan informed the Standing Committee on the General Status and Operation of the Convention that in 2005 it plans to implement educational training on mine detection and clearance by special units which will involve live demolition training and that Japan will conduct tests pertaining to the development of mine detection technologies in 2005 and 2006. Japan further informed the Standing Committee that for these activities it will use Type 63, Type 67, Type 80, Type 87 helicopter-carried scatterable, and Type M3 anti-personnel mines. |
| Jordan | 1,000 | 1,000 | |

¹³ Equatorial Guinea has not yet submitted a transparency report in accordance with Article 7 of the Convention.

¹⁴ In its report submitted in 2005, Eritrea indicated that the mines retained under Article 3 were inert.

¹⁵ In its reports submitted in 2004 and 2005, Guinea Bissau indicated that it would retain a very limited number of AP mines.

¹⁶ Guyana has not yet submitted a transparency report in accordance with Article 7 of the Convention.

¹⁷ No updated information was provided by Honduras in 2005.

¹⁸ Hungary indicated that on 14 October 2005, it destroyed its 1,500 anti-personnel mines previously retained under Article 3.

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|---|-------|----------|--|
| Kenya ¹⁹ | 3,000 | | |
| Latvia ²⁰ | N/A | 21 | |
| Luxembourg | 976 | 956 | |
| The Former Yugoslav Republic of Macedonia | 4,000 | 4,000 | The Former Yugoslav Republic of Macedonia informed the Standing Committee on the General Status and Operation of the Convention that it is a priority to proceed efficiently with the use of retained mines for training purposes and that it will report progress regarding the status of these retained mines. |
| Malawi ²¹ | 21 | 21 | |
| Mali ²² | 600 | 600 | |
| Mauritania ²³ | 728 | See note | |
| Moldova, Rep. of | 736 | 249 | |
| Mozambique | 1,470 | 1,470 | |
| Namibia | 9,999 | 6,151 | |
| Netherlands | 3,553 | 3,176 | The Netherlands informed the Standing Committee on the General Status and Operation of the Convention that, in 2004, 366 Type 22 and 11 Type DM31 anti-personnel mines were used for the training of 7,000 military personnel in base mine awareness, 400 army engineers in basic mine clearance techniques and 70 army engineers as mine detection and reconnaissance specialists. It also indicated that mines were used to test new mine detection and neutralisation equipment. In addition, the Netherlands indicated that in the future retained mines would be used for the same purposes, and the number and types of mines used for countermining training would not change substantially compared with the number and types used in preceding years. |

¹⁹ No updated information was provided by Kenya in 2005.

²⁰ Information provided by Latvia was volunteered in a report submitted by Latvia prior to it acceding to the Convention.

²¹ In its reports submitted in 2004 and 2005, Malawi indicated that mines reported as retained under Article 3 are in fact “dummy” mines.

²² Although the number reported in the Final Report of the First Review Conference for 2004 was 900, it included 300 anti-tank mines. Hence, the actual number of anti-personnel mines retained by Mali is 600.

²³ In its report submitted in 2005, the mines reported by Mauritania under Article 3 were also reported under Article 4.

| | | | |
|-------------------------------------|--------|--------|---|
| Nicaragua | 1,810 | 1,040 | |
| Niger ²⁴ | 0 | 146 | |
| Peru | 4,024 | 4,024 | |
| Portugal | 1,115 | 1,115 | |
| Romania | 2,500 | 2,500 | |
| Rwanda ²⁵ | 101 | 101 | |
| Sao Tome and Principe ²⁶ | | | |
| Serbia and Montenegro ²⁷ | 5,000 | | |
| Slovakia | 1,481 | 1,427 | |
| Slovenia | 2,999 | 2,994 | |
| South Africa ²⁸ | 4,414 | 4,388 | South Africa reported that in 2004 33 mines were used for development and training techniques. |
| Spain | 3,815 | 2,712 | Spain reported that from 4,000 anti-personnel mines retained in accordance with Article 3, 1,288 anti-personnel mines were used for research and training in demining techniques at the International Center for Demining. |
| Sudan ²⁹ | 5,000 | | |
| Suriname | 296 | 150 | |
| Sweden | 15,706 | 14,798 | Sweden reported that in 2004, 180 Type Truppmina 10 mines, 652 Type Truppmina 49 B mines, and 65 foreign produced mines were used for the training of personnel, and, that 11 Type Truppmina 10 mines were used for the development of mine clearance techniques. In addition, Sweden reported that in 2004, 1500 fuses from Type Truppmina 49 B mines were used in dummy mines for the development of mine clearance techniques. |

²⁴ Although Niger did not indicate that it retained any mines under Article 3 in 2004, it reported 146 mines in 2003, mines which are again reported as retained in 2005.

²⁵ Rwanda has indicated that the 101 mines declared under Article 3 had been uprooted from minefields to be retained for training purposes.

²⁶ Sao Tome has not yet submitted a transparency report in accordance with Article 7 of the Convention.

²⁷ No updated information was provided by Serbia and Montenegro in 2005.

²⁸ In its report submitted in 1999, South Africa indicated that 10992 of the 11247 mines declared under Article 3 were empty casings retained for training of members of the SNDF.

²⁹ No updated information was provided by Sudan in 2005.

| | | | |
|------------------------------|--------|--------|--|
| Tajikistan | 255 | 255 | |
| Tanzania, United Republic of | 1,146 | 1,146 | |
| Thailand | 4,970 | 4,970 | |
| Togo ³⁰ | 436 | | |
| Tunisia | 5,000 | 5,000 | |
| Turkey | 16,000 | 16,000 | |
| Uganda | | | |
| United Kingdom | 1,930 | 1,937 | |
| Uruguay ³¹ | 500 | | |
| Venezuela | 5,000 | 4,960 | |
| Yemen | 4,000 | 4,000 | |
| Zambia | 3,346 | 3,346 | |
| Zimbabwe | 700 | 700 | Zimbabwe reported that retained mines will be used during training of Zimbabwe's troops and deminers in order to enable them to identify and learn how to detect, handle, neutralise and destroy the mines in Zimbabwean minefields. |

³⁰ No updated information was provided by Togo in 2005.

³¹ No updated information was provided by Uruguay in 2005.

Table 2: Anti-personnel mines reported transferred in accordance with Article 3¹

| State | Mines reported transferred | Additional information |
|---|-----------------------------------|--|
| Cambodia | 3079 | 596 mines transferred for training in 2004 |
| Chile | 350 | Mines reported transferred were those destroyed in the course of their use for reasons permitted under Article 3 of the Convention |
| Italy | 8 | No transfer outside of Italian territory |
| Nicaragua | 46 | Transferred by the Army to UTC for mine detecting dogs |
| Tanzania, United Republic of ² | | |

¹ This table includes only those States Parties that reported mines transferred in accordance with Article 3 since the First Review Conference.

² The United Republic of Tanzania reported that it intends to import 1,000 deactivated anti-personnel mines from Mozambique to be used in the APOPO project at Sokoine University of Agriculture in Morogoro for research purposes.

PART III

THE ZAGREB DECLARATION

(As adopted at the final plenary meeting on 2 December 2005)

1. We, the States Parties to *the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction* have gathered in Zagreb, Croatia, to reaffirm the commitments made one year ago at the landmark Nairobi Summit on a Mine Free World.

2. We remain as determined as ever to secure our achievements to date, to sustain and strengthen cooperation under the Convention, and to spare no effort to meet our challenges in universalizing the Convention, ending the use of anti-personnel mines globally, destroying stockpiled mines, clearing mined areas and providing mine risk education, as well as assisting the victims.

3. Our sense of responsibility has also been heightened by the fact that we are meeting for the first time in South Eastern Europe - a region heavily affected by anti-personnel mines. We welcome the fact that despite recent conflicts, all countries of the region have joined the Convention. We draw inspiration from their cooperation in applying its provisions and from their determination to free this region from the scourge of anti-personnel mines.

4. Through the vigorous pursuit of the provisions of the Convention and the aims of the Nairobi Action Plan, we indeed will achieve major progress towards ending, for all people and for all time, the suffering caused by anti-personnel mines.

5. We have noted with great satisfaction the progress made over the past year in applying the Nairobi Action Plan:

- Since the Nairobi Summit, Bhutan, Ethiopia, Latvia and Vanuatu have ratified or acceded to the Convention, bringing to 147 the number of States that have accepted the Convention's comprehensive approach to ending the suffering caused by anti-personnel mines.
- Algeria, Bangladesh, Guinea-Bissau, Mauritania and Uruguay have confirmed that they have destroyed their stockpiles, bringing the number of States Parties that now no longer possess stockpiled anti-personnel mines to 134.
- Suriname and Guatemala have reported fulfillment of their obligation to clear all anti-personnel mines from mined areas under their jurisdiction or control, joining others that have achieved this important milestone.
- Many of the 24 States Parties that have reported the responsibility for significant numbers of landmine survivors have developed concrete objectives to guide our assistance efforts between now and the Convention's Second Review Conference in 2009.

6. We are committed to overcome together the great challenges that persist:

- 47 States have yet to ratify or accede to the Convention, including some that continue to use, produce, or possess large stockpiles of anti-personnel mines, or otherwise warrant

special concern. In addition, several armed non-State actors continue to use anti-personnel mines.

- 13 States Parties still need to fulfill their obligations to destroy stockpiled anti-personnel mines.
- 45 States Parties have not yet reported having fulfilled their obligations to clear all anti-personnel mines from mined areas under their jurisdiction or control, including 22 which are obliged to do so by the end of 2009.
- The 24 States Parties with the responsibility to assist significant numbers of mine victims need to continue to do their utmost to respond in a concrete, measurable and meaningful way, and those in a position to assist them should respond to the priorities for assistance as articulated by those States Parties in need.

7. The 70 action points agreed to in the Nairobi Action Plan are the road map to overcoming these challenges. In addition, we welcome the Zagreb Progress Report and its identification of priorities for 2006, which will focus our efforts in the coming year.

8. We recognize the urgency of fulfilling all our obligations under the Convention as well as our responsibilities to mine-affected communities, to landmine survivors and to future generations to whom we have promised a world free of anti-personnel mines.

Annex I

AGENDA OF THE SIXTH MEETING OF THE STATES PARTIES
(As adopted at the first plenary meeting on 28 November 2005)

1. Official opening of the Meeting
2. Election of the President
3. Address by or on behalf of the Secretary-General of the United Nations, the President of the International Committee of the Red Cross and Nobel Peace Prize laureate Jody Williams
4. Adoption of the agenda
5. Adoption of the Rules of Procedure
6. Adoption of the budget
7. Election of the Vice-Presidents of the Meeting and of other officers
8. Confirmation of the Secretary-General of the Meeting
9. Organization of work
10. General exchange of views
11. Consideration of the general status and operation of the Convention
 - (a) Universalizing the Convention
 - (b) Destroying stockpiled anti-personnel mines
 - (c) Clearing mined areas
 - (d) Assisting the victims
 - (e) Other matters essential for achieving the Convention's aims
 - (i) Cooperation and assistance
 - (ii) Transparency and the exchange of information
 - (iii) Preventing and suppressing prohibited activities and facilitating compliance
 - (iv) Implementation Support
12. Consideration of matters arising from / in the context of reports submitted under Article 7
13. Consideration of requests submitted under Article 5
14. Consideration of requests submitted under Article 8

15. Date, duration and location of the Seventh Meeting of the States Parties
16. Any other business
17. Consideration and adoption of the final document
18. Closure of the Sixth Meeting of the States Parties

Annex II

AMENDED ARTICLE SEVEN REPORTING FORMAT
 (As adopted at the final plenary meeting on 2 December 2005)

Form D Anti-personnel mines retained or transferred

Article 7.1 "Each State Party shall report to the Secretary-General ... on:
 d) The types, quantities and, if possible, lot numbers of all anti-personnel mines retained or transferred for the development of and training in mine detection, mine clearance or mine destruction techniques, or transferred for the purpose of destruction, as well as the institutions authorized by a State Party to retain or transfer anti-personnel mines, in accordance with Article 3"

State [Party]: _____ reporting for time period from _____ to _____

1a. **Compulsory:** Retained for development of and training in (Article 3, para.1)

| Institution authorized by State Party | Type | Quantity | Lot # (if possible) | Supplementary information |
|---------------------------------------|-------|----------|---------------------|---------------------------|
| | | | | |
| | | | | |
| TOTAL | ----- | | | |

1b. **Voluntary information:** (Action #54 Nairobi Action Plan)

| Objective | Activity / Project | Supplementary information |
|-----------|--------------------|--|
| | | (Description of programmes or activities, their objectives and progress, types of mines, time period if and when appropriate, ...) |
| | | “Information on the plans requiring the retention of mines for the development of and training in mine detection, mine clearance, or mine destruction techniques and report on the actual use of retained mines and the results of such use” |

NOTE: Each State Party should provide information on plans and future activities if and when appropriate and reserves the right to modify it at any time

2. **Compulsory:** Transferred for development of and training in (Article 3, para.1)

| Institution authorized by State Party | Type | Quantity | Lot # (if possible) | Supplementary information: e.g. transferred from, transferred to |
|---------------------------------------|-------|----------|---------------------|---|
| | | | | |
| TOTAL | ----- | | | |

3. **Compulsory:** Transferred for the purpose of destruction (Article 3, para.2)

| Institution authorized by State Party | Type | Quantity | Lot # (if possible) | Supplementary information: e.g. transferred from, transferred to |
|---------------------------------------|-------|----------|---------------------|---|
| | | | | |
| | | | | |
| TOTAL | ----- | | | |

Annex III

**REPORT ON THE FUNCTIONING OF
THE IMPLEMENTATION SUPPORT UNIT,
NOVEMBER 2004 – NOVEMBER 2005**

Background

1. At their Third Meeting (3MSP), taking place in Managua in September 2001, the States Parties endorsed the President's Paper on the Establishment of the Implementation Support Unit (ISU) and mandated the Geneva International Centre for Humanitarian Demining (GICHD) to establish this Unit. The 3MSP also encouraged States Parties in a position to do so to make voluntary contributions in support of the ISU. In addition, the States Parties mandated the President of the 3MSP, in consultation with the Coordination Committee, to finalise an agreement between the States Parties and the GICHD on the functioning of the ISU. The Council of Foundation of the GICHD accepted this mandate on 28 September 2001.

2. In accordance with the above-mentioned actions taken by the States Parties at the 3MSP, an agreement on the functioning of the ISU was finalised between the States Parties and the GICHD on 7 November 2001. This agreement indicates i.a. that the Director of the GICHD shall submit a written report on the functioning of the ISU to the States Parties and that this report shall cover the period between two Meetings of the States Parties. As the First Review Conference was a formal meeting of the States Parties, this report has been prepared to cover the period between the First Review Conference and the Sixth Meeting of the States Parties.

Activities

3. The adoption by the States Parties of the Nairobi Action Plan gave the ISU clear and comprehensive direction for the post-Review Conference period. Since the First Review Conference, the ISU supported the President, Co-Chairs, Contact Group Coordinators and individual States Parties in their pursuit of the aims of the Nairobi Action Plan. In particular, the ISU supported the Coordinating Committee in ensuring the success of the June 2005 meetings of the Standing Committees, in part by preparing, on behalf of the Coordinating Committee, a comprehensive package of background materials for these meetings.

4. Certain Co-Chairs and Contact Group Coordinators launched particularly ambitious initiatives and the ISU responded accordingly. For example, the Co-Chairs of the Standing Committee on Victim Assistance sought to assist the 24 most relevant States Parties in establishing concrete victim assistance objectives for the 2005-09 period. This involved the ISU developing a comprehensive information gathering tool for these States Parties to use and saw the ISU provide substantive and organizational

support to two regional conferences. At the request of the Coordinator of the Resource Mobilization Contact Group, the ISU conducted research on the flow of mine action resources. In addition, for the Coordinator of the Universalisation Contact Group Coordinator, the ISU has prepared a compilation of key documents from the First Review Conference.

5. The ISU provided its traditional substantive and organizational support to the President-Designate of the Sixth Meeting of the States Parties (6MSP), working closely with the UN Department for Disarmament Affairs (UNDDA).

6. Providing advice and information to individual States Parties on implementation matters continued to be a central feature of the work of the ISU. The ISU responded to an average of 20 to 40 such requests each month in addition to requests for information from States not parties, the media, and interested organizations and individuals.

7. The GICHD continued to administer the Sponsorship Programme established by some States Parties to the Convention.¹ This Programme aims to support widespread participation in meetings related to the Convention. During the June 2005 Standing Committee meetings, the GICHD administered sponsorship to 45 delegates. In accordance with the mandate to provide assistance in administering the Sponsorship Programme, the ISU provided advice to the Programme's donors' group and information to sponsored delegates on how to maximise their participation in the Intersessional Work Programme. This assistance contributed to an increase in the number and quality of presentations made by States Parties which are in the process of fulfilling obligations.

8. The ISU continued to collect a large number of pertinent documents for the Convention's Documentation Centre, which is maintained by the ISU as part of its mandate. The Documentation Centre currently contains over 5,000 records and continues to be used by States Parties and other interested actors as an important source of information on the Convention. In addition, in 2005 the ISU expanded the content on the GICHD's web site concerning the Convention and its implementation.²

Financial Arrangements

9. In 2005, the permanent staffing of the ISU remained unchanged: a full-time ISU Manager, a full-time Implementation Support Officer, and a half-time Administrative Assistant.

10. As indicated in the President's Paper on the Establishment of the Implementation Support Unit (ISU) and the agreement between the States Parties and

¹ The Sponsorship Programme's donors group retains the responsibility for making all decisions related to sponsorship. The Programme is funded on a voluntary basis by these donors through contributions made to a separate trust fund.

² www.gichd.ch/mbc or www.apminebanconvention.org.

the GICHD, the GICHD created a Voluntary Trust Fund for activities of the ISU in late 2001. The purpose of this fund is to finance the on-going activities of the ISU, with the States Parties endeavouring to assure the necessary financial resources.

Contributions to the ISU Voluntary Trust Fund^a
1 January 2004 to 31 October 2005

| | Contributions received in 2004 | Contributions received in 2005 ^b |
|----------------------------|-----------------------------------|--|
| Australia | 29,011 | 38,572 |
| Austria | 70,380 | 70,840 |
| Belgium | | 23,094 |
| Bosnia and Herzegovina | | 2,560 |
| Canada | 47,789 | 57,137 |
| Chile | 11,500 | 24,300 |
| Croatia | 2,580 | |
| Czech Republic | 37,295 | 38,010 |
| Germany | 37,500 | |
| Hungary | 12,400 | 12,700 |
| Iceland | 10,000 | 1,300 |
| Italy | 60,000 | |
| Luxembourg | | 23,100 |
| Malaysia | 1,833 | |
| Mexico | 7,500 | 5,750 |
| Netherlands | 63,000 | 7,000 |
| Nigeria | | 2,460 |
| Norway | 101,667 | 108,958 |
| Turkey | | 1,200 |
| United Kingdom | 11,168 | |
| Total contributions | 503,623 | 416,981 |

11. In accordance with the agreement between the States Parties and the GICHD, prior to the First Review Conference the Coordinating Committee was consulted on the 2005 ISU budget.³ As of 7 November 2005 preparations were underway to consult the Coordinating Committee on a 2006 ISU budget covering the period from 1 January to 31 December 2006. The 2005 ISU budget, which had been distributed to all States Parties by the President of the Fifth Meeting of the States Parties prior to the First Review Conference, was again distributed to the States Parties in 2005 by the President of the First Review Conference.

12. In accordance with the agreement between the States Parties and the GICHD, the Voluntary Trust Fund's 2004 financial statement was independently audited (by PriceWaterhouseCoopers). The audit indicated that the financial statement of the Voluntary Trust Fund had been properly prepared in accordance with relevant accounting policies and the applicable Swiss legislation. The audited financial statement, which indicated that the 2004 expenditures of the ISU totalled CHF 576,074, was forwarded to the Presidency, the Coordinating Committee and donors in summer 2005.

^a All amounts in CHF.

^b As of 31 October 2005.

³ Basic infrastructure costs (e.g. general services, human resources, accounting, conference management) for the ISU are covered by the GICHD and therefore not included in the ISU budget.

Annex IV**LIST OF DOCUMENTS OF THE SIXTH MEETING OF THE STATES PARTIES**

| SYMBOL | TITLE | PREPARED/PRESENTED BY |
|---|--|--|
| APLC/MSP.6/2005/1 | Provisional Agenda | Presented by the Co-Chairs of the Standing Committee on the General Status and Operation of the Convention |
| APLC/MSP.6/2005/2* | Provisional Programme of Work | Presented by the Co-Chairs of the Standing Committee on the General Status and Operation of the Convention |
| APLC/MSP.6/2005/3 | Draft Rules of Procedure for the Sixth Meeting of the States Parties | Presented by the Co-Chairs of the Standing Committee on the General Status and Operation of the Convention |
| APLC/MSP.6/2005/4 | Estimated Costs for Convening the Sixth Meeting of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction | Note by the Secretariat |
| APLC/MSP.6/2005/5 | Final Report | |
| APLC/MSP.6/2005/L.1* ENGLISH ONLY | Achieving the aims of the Nairobi Action Plan: The Zagreb Progress Report | Presented by Austria and Croatia |
| APLC/MSP.6/2005/L.1/Add.1 ENGLISH ONLY | Achieving the aims of the Nairobi Action Plan: The Zagreb Progress Report. Addendum | Presented by Austria and Croatia |
| APLC/MSP.6/2005/L.2 | Report on the Functioning of the Implementation Support Unite, November 2004- November 2005 | Prepared by the Director of the Geneva International Centre for Humanitarian Demining |
| APLC/MSP.6/2005/L.3 | Draft Zagreb Declaration | Prepared by the President |

| | | |
|---|--|--|
| APLC/MSP.6/2005/WP.1 | Proposal to amend the Article Seven reporting format | Presented by Argentina and Chile |
| APLC/MSP.6/2005/WP.1/Corr.1 ENGLISH ONLY | Proposal to amend the Article Seven Reporting Format. Corrigendum | Presented by Argentina and Chile |
| APLC/MSP.6/2005/INF.1 ENGLISH ONLY | Organizations requesting Observer Status in accordance with Rule 1.4 | Presented by the President of the Sixth Meeting of the States Parties |
| APLC/MSP.6/2005/INF.2 ENGLISH ONLY | List of States Parties that have submitted their reports to the Secretary-General of the United Nations in accordance with Article Seven of the Convention | Note by the Secretariat |
| APLC/MSP.6/2005/INF.3 ENGLISH/FRENCH/SPANISH ONLY | List of Participants | Prepared by the Secretariat |
| APLC/MSP.6/2005/MISC.1 ENGLISH/FRENCH/SPANISH ONLY | Provisional List of Participants | |
| APLC/MSP.6/2005/MISC.2 ENGLISH/SPANISH ONLY | Information on the implementation of the Ottawa Convention | Presented by the Argentine Republic and the United Kingdom of Great Britain and Northern Ireland |
| APLC/MSP.6/2005/MISC.3 ENGLISH ONLY | Report of the Expert Group on Mine Action Technologies | |
| APLC/MSP.6/2005/CRP.1 ENGLISH ONLY | Draft Final Report | |