December 2002

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

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understand how to interact with amputees in a respectful way. Also, it is necessary to have a basic understanding of how a traumatized person "ticks." Agricultural extensions need to have a wide-based knowledge of mine awareness, what should be done when an unknown device is detected or what should be done in case of an explosion. A surgeon should not only analyze the stumps, but also be able to see that a woman is pregnant and anemic. 

5. Specific care: Actively motivate clients to go for physical rehabilitation, pay specific attention to gender issues, and look for specific needs of other groups such as children, the elderly and those most vulnerable—for example, people with little or no family support. 

6. Sport and culture: Life is not only about survival. Offer activities for sports, leisure and culture. Sports should include modalities in mixed groups to improve acceptance and self-esteem. 

7. Strengthen local organizations: Promote organizations for the disabled, human rights, community development, health improvement and community-based organizations. Include a flexible tool for funding community initiatives or the single needs of more vulnerable cases. We call this tool an "Open Fund for Community Support," which serves to support local development activities that are not an integral part of Medico, such as improving the condition of the picture. As the Luena experience exemplifies, different expertise is used to offer the best services in each field of mine action. But if we put people first, then we need a proper understanding of the people and culture; we need to be able to use participatory tools in order to reach them—with respect. For this, social workers, community liaison persons and community mobilizers are a prerequisite in any field.

In regards to the traumatized person, who needs to see a psychiatrist, we also think this to be appropriate for the conditions of Luena and the cultural context. We did not bring in psychologists with clinical training (only once, and with too little impact). We do, however, know that the psychosocial approach outlined above has been applied in cases of seriously traumatized (direct) landmine survivors tremendously, others to a lesser extent, and has led to a higher awareness and acceptance of survivors and community level and neighborhood.

Instead of a Summary: A Best Case

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

References

1. To promote this comprehensive development-oriented approach the Red Cross Foundation was designed by Medico in conjunction with the Ministry for Social Affairs (MINAS). 1997, the framework can be retrieved in German, English, French, Portuguese, Spanish, Russian, Chinese and Arabic under: www.landmine.de. 

2. Medico received funds for the first three years from the German Government. In 1999 and in 2000 very little funding could be secured, only from Dec. 2001 to March 2002 the last years China, Princess of Wales Foundation (DMF) has agreed to fund us. 

3. US $ 550,000. MAC has received funding to launch their activities from the German Federal Office via Medico since October 2001.

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Published by JMU Scholarly Commons, 2002
Inadequate documentation of the scale of the mine victim problem.

Unavailability of the high capital and technical resources that are required for the execution of mine victim assistance projects. (For example, limited national health budgets and over-comparing priorities are made worse by the HIV/AIDS epidemic and other crises).

Victims end up stuck in the general pool of persons with disabilities competing for the limited resources with the rest of the populace. (For example, limited national health budgets and over-comparing priorities are made worse by the HIV/AIDS epidemic and other crises).

Legislation protecting the rights of mine victims that is already in place in many affected countries in the region and donor organizations calling for more sharing of the project costs with national governments as provided for in Article 6 on that very point.

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

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

During the course of an EU-funded mine clearance project by a commercial demining company (Koch Mine Safety) in northeast Zimbabwe (1999-2000), a total of 41 landmine trauma victims were successfully evacuated for surgery by the demining company's medical crew. Nine of the victims were from the local communities who resided in villages situated along a 167 km front (8,350 sq km), the medical evacuation was successful for the first nine cases within a time interval of at least one day from accident to surgery. The main reason for success was the effective, well-organized and efficient response to an emergency evacuation to a hospital by the NGO’s medical team. This concept has since been successfully adapted in a number of minefields in Africa and other regions of the world. The concept has been tested in the field and has been found to be highly effective in reducing the number of mine victims who are taken to hospitals via difficult and dangerous routes with high risk of additional injuries and deaths.

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The Concept

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

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

- Carrying out a mine victim census within the area of responsibility, documenting accurate identification of survivors by name, national, age, sex and physical local position, when and where the victims were injured, the type of medicine received, survivors' pre- and post-injury status, victim's self-assessment, community views towards victims and their prothetic needs.

- Identifying what skills are still available and how survivors can participate in self-help projects such as carrying arms to the blasts victims. This reduced delay in evacuation and prompted early surgery, thereby increasing the chances of victim survival.

Projected Setup Costs of MRS

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

The medical crew mentioned above assisted landmine victims spread over a surface area of 8,350 sq km. Angola and Mozambique are mined in all their provinces and districts, and reaction sticks would be spread across their mainland. The surface area for Angola is 1,247,800 sq km and for Mozambique is 799,380 sq km. Communities living close to minefields in Zimbabwe reside along an approximate 28,000 sq km belt. Factoring in 8,350 sq km as area

MRS Assets—A Guide

1. 4 x 4 vehicle

For use by MRS for reacting to call outs as emergency evacuation, transport for conducting MACs.

2. High-frequency radio, Global Positional System

Communication to be compatible with in-country MAC.

3. Ridge tent, three pavilion tents

Accommodation and office use.

4. Demolition box

One detector, one set of personal protective equipment and a visor, portable, tray, vehicle, cable, exploder.

5. Mine awareness signs

Dummy mines, posters, danger warnings signs, demarcation tape.

6. Medical stores

Stretchers, bandages, emergency trolleys.

Table in the annex.

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

Towards Implementation of the MRS Concept

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