

Landmine/UXO Casualties

- In 2002 and through June 2003, Landmine Monitor found new landmine casualties reported in 65 countries; up from 61 countries reported in Landmine Monitor Report 2002. Landmine Monitor also registered mine casualties in seven other areas that it monitors because of their significant landmine problem. Landmine/UXO incidents occurred in every region of the world: in 20 countries in sub-Saharan Africa, in 15 Asia-Pacific countries, in 15 countries in Europe and Central Asia, in ten countries in the Middle East and North Africa, and in five countries in the Americas.
- In 2002-2003 new casualties caused by unexploded ordnance (UXO) left over from earlier conflicts were also reported in Republic of Congo, Czech Republic, El Salvador, Estonia, Latvia, Lithuania, Nigeria, Poland, and Slovakia.

COUNTRIES/AREAS WITH NEW LANDMINE CASUALTIES IN 2002/2003				
AFRICA	AMERICAS	ASIA-PACIFIC	EUROPE/CENTRAL ASIA	MIDDLE EAST/NORTH AFRICA
Angola	Chile	Afghanistan	Albania	Algeria
Burundi	Colombia	Burma(Myanmar)	Azerbaijan	Egypt
Chad	Ecuador	Cambodia	Belarus	Iran
DR Congo	Nicaragua	China	Bosnia & Herzegovina	Iraq
Eritrea	Peru	India	Croatia	Jordan
Ethiopia		Indonesia	Georgia	Kuwait
Guinea-Bissau		Korea, DPR	Greece	Lebanon
Kenya		Korea, RO	Kyrgyzstan	Syria
Malawi		Laos	Macedonia FYR	Tunisia
Mauritania		Nepal	Russia	Yemen
Mozambique		Pakistan	Serbia & Montenegro	<i>Palestine</i>
Namibia		Philippines	Tajikistan	<i>Western Sahara</i>
Niger		Sri Lanka	Turkey	
Rwanda		Thailand	Ukraine	
Senegal		Vietnam	Uzbekistan	
Somalia			<i>Abkhazia</i>	
Sudan			<i>Chechnya</i>	
Uganda			<i>Kosovo</i>	
Zambia			<i>Nagorno-Karabakh</i>	
Zimbabwe				
<i>Somaliland</i>				

Non-States Parties to the Mine Ban Treaty

- Comprehensive data on landmine/UXO casualties is difficult to obtain, particularly in countries experiencing ongoing conflict, or with minefields in remote areas, or with limited resources to monitor public health services. Landmine

Monitor estimates that there are between 15,000 and 20,000 new landmine/UXO casualties each year.

- In calendar year 2002, over 11,700 new landmine/UXO casualties were identified, including at least 2,649 children (23 percent) and 192 women (2 percent). Less than 15 percent of reported casualties were identified as military personnel. This figure represents the reported casualties and does not take into account the many casualties that are believed to go unreported, as innocent civilians are killed or injured in remote areas away from any form of assistance.
- The reported casualty rate declined in 2002 from 2001 in the majority of mine-affected countries. Where an increase was reported in 2002 this generally appears to be due to population movements within affected areas, or to a new or expanded conflict. In other mine-affected countries, the increase appears to be largely the result of improved data collection. Although Landmine Monitor considers the reported casualty figures to be incomplete, findings from the Landmine Monitor Report 2003 for calendar year 2002 include:
 - In Chechnya, 5,695 mine and UXO casualties reported, up from 2,140 in 2001;
 - In Afghanistan, 1,286 casualties recorded, down from 1,445 in 2001. It is still, however, estimated that there are around 150 new casualties each month;
 - In Cambodia, 834 casualties recorded, up from 829 in 2001;
 - In Colombia, 530 casualties reported, up 145 percent from the 216 reported in 2001;
 - In India, 523 casualties reported, up from 332 in 2001;
 - In Iraq, 457 casualties recorded in the northern governorates, up from 360 in 2001;
 - In Angola, 287 casualties recorded, down from 673 in 2001, however, NGOs and UN sources report a dramatic increase in mine incidents;
 - In Chad, 200 casualties reported, up from 10 recorded in IMSMA in 2001;
 - In Nepal, 177 civilian mine and improvised explosive device casualties reported, including 46 children;
 - In Vietnam, 166 casualties reported, down from 237 in 2001, however, estimates include 1,110 people killed and 1,882 injured every year on average;
 - In Sri Lanka, 142 casualties recorded, down from 207 in 2001, although the data is reportedly incomplete;
 - In Burundi, 114 civilian casualties, down from 116 in 2001;
 - In Burma (Myanmar), 114 casualties reported, up from 57 in 2001, although the data is incomplete;
 - In Pakistan, 111 casualties reported, up from 92 in 2001;
 - In Laos, 99 casualties recorded, down from 122 in 2001, however, it is not clear whether the reduction is due to fewer incidents or a reduced capacity to collect data;
 - In Eritrea, 78 casualties recorded in the Temporary Security Zone, down from 154 in 2001;
 - In Bosnia and Herzegovina, 72 casualties recorded, down from 87 in 2001;
 - In Ethiopia, 67 casualties reported, down from 71 in 2001 (data is only available for the Tigray and Afar regions);
 - In Mozambique, 47 casualties recorded, down from 80 in 2001;
 - In Lebanon, 42 casualties reported, down from 85 in 2001;
 - In Kosovo, 15 casualties recorded, down from 22 in 2001;
 - In Thailand, 36 casualties reported, up from 24 in 2001;
 - In the Republic of Korea, 15 casualties reported, up from 4 in 2001.
- In 2002-2003, mine/UXO casualties included nationals from 39 countries killed or injured while abroad engaged in military or demining operations, peacekeeping, or other activities. These countries include: Afghanistan, Albania, Algeria, Australia, Bosnia and Herzegovina, Burundi, Cambodia, Canada, Croatia, Denmark, France, Gambia, Germany, India, Iraq, Italy, Kazakhstan, Morocco, Mozambique, Namibia, Netherlands, New Zealand, Norway, Pakistan, Per, Poland, Romania, Russia, Serbia and Montenegro, Somalia, South Africa, Switzerland, Syria, Turkey, Uganda, United Arab Emirates, United Kingdom, United States of America, and Zimbabwe.
- In 2002 and the first half of 2003, mine accidents during clearance operations or in training exercises caused casualties among deminers and soldiers in Abkhazia, Afghanistan, Azerbaijan, Belarus, Cambodia, Colombia, Croatia, DR Congo, Georgia, India, Indonesia, Iraq, Jordan, South Korea, Kuwait, Laos, Lebanon, Mozambique, Nicaragua, Per, Philippines, Russia (Chechnya), Slovenia, Sri Lanka, Thailand, US, Vietnam, and Yemen. There were also unconfirmed reports of demining casualties in other countries.
 - Landmines and UXO continue to claim new casualties in 2003, including:
 - Afghanistan 412 new casualties reported to 30 June;
 - Bosnia and Herzegovina 27 new casualties to 9 May;
 - Cambodia 371 new casualties reported to the end of May;
 - Sri Lanka 12 new casualties were reported in January;
 - Iraq the mine/UXO casualty rate rose considerably due to the hostilities. During March and April the number of reported casualties increased by 90 percent in the north compared to the same period in 2002. In 2003 through

May, 493 new mine/UXO casualties were recorded in the northern region.

- Casualties are not the only indicator of the landmine problem the socio-economic impact of landmines on mine-affected communities must also be considered.

Survivor Assistance

With new casualties reported each year the number of landmine survivors continues to grow. Survivors are found not only in countries reporting new casualties but also in countries whose nationals have been injured while abroad, in countries no longer mine-affected, and in countries that host large numbers of refugees. Therefore, as displayed in the table, almost two-thirds of the countries in the world, 124 countries, are affected to varying degrees by the issue of landmine survivors. A limited survey conducted by the Landmine Survivors Network found that 82 percent of landmine survivors needed continuous follow-up and support.

Key Issues in Survivor Assistance

- Landmine survivor assistance is a complex and long-term issue.
- The needs of landmine survivors are long-term, in many instances lasting a lifetime. A landmine survivor will require ongoing medical and rehabilitation services, and services assisting their socioeconomic reintegration and psychological well-being.
- The ultimate responsibility Assistance to landmine survivors, and other persons with disabilities, should be viewed as a part of a country's overall public health and social services system.
- Deliberate care must be built into the health and social services system to ensure that all persons with disabilities, including landmine survivors, receive the same opportunities in life as other members of the community
- In many mine-affected countries the assistance available to address the needs of survivors is inadequate and it would appear that additional outside assistance is needed in providing for the care and rehabilitation of mine survivors.
- Landmine Monitor has identified 48 mine-affected countries with new mine casualties in 2002 where one or more aspects of survivor assistance are reportedly inadequate.

Some General Observations From Landmine Monitor Report 2003

- Even when services exist, they are often long distances from mine-affected areas, making them inaccessible to many survivors, are too expensive for survivors to afford, or are bureaucratically off-limits to one group or another;
- The majority of resources continues to be directed towards medical and physical rehabilitation;
- The availability of assistance in psycho-social support and economic reintegration continues to be limited;
- International organizations, NGOs, and UN agencies continue to play a key role in the delivery of services to mine survivors;
- Local NGOs often lack the financial resources to continue programs after international organizations have withdrawn;
- On-going conflict, and the consequent security concerns, in some mine-affected countries severely limits the ability of the government and international agencies to provide assistance to landmine survivors;
- The economic situation of many mine-affected countries remains an obstacle to the provision of adequate assistance to landmine survivors.

Sample of Positive Findings in 2002-2003

- More mine-affected States are now taking, or have taken, steps to develop a plan of action to address the needs of mine survivors, or more generally to improve rehabilitation services for all persons with disabilities.
- In 2002, ICRC prosthetic/orthotic centers produced 16,921 prostheses (including 10,098 for landmine survivors), 13,365 orthoses (including 101 for mine survivors), 17,052 pairs of crutches, and 1,598 wheelchairs. Other NGOs and agencies working in mine-affected countries also produced or distributed at least 20,651 prostheses, 9,480 orthoses, 13,705 crutches, 3,019 wheelchairs, 25,206 other assistive devices and components, and repaired 975 prostheses; at least 5,727 devices were for mine survivors.

In Afghanistan, the Transitional Islamic Government established the National Disabled Commission, which will draft a comprehensive law on the rights of persons with disabilities.

- In Russia, the St. Petersburg Elks participated in the first World Standing Amputee Ice Hockey Championships in Helsinki; seven mine survivors are on the team.
- In Sri Lanka, the UNDP Disability Assistance Project started in Jaffna to promote the economic reintegration of mine survivors and other persons with physical disabilities.
- A United Nations General Assembly Ad Hoc Committee has established a Working Group to prepare and present a draft text for the Comprehensive and Integral International Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities. The Working Group, comprised of 27 governmental representatives and 12 NGO representatives, is scheduled to meet for ten days in early 2004 to prepare the draft text.

Sample of Disappointing Findings in 2002-2003

- There had been no significant increase in survivor assistance funding since 1999, with less than 12 percent of total mine action funding being allocated to victim assistance programs.
- In Angola, less than 30 percent of the population has access to health care, and few facilities are available for mine survivors and other persons with disabilities.
- In Iraq, some health facilities lack running water and constant electricity supplies, equipment has not been properly maintained, and there is a lack of well-trained and experienced health care workers.
- In Nepal, three of the eight hospitals providing assistance to mine/IED casualties reported difficulties in providing treatment due to financial constraints.

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