

Facing Life After the Landmines are Gone

Dr James Kearney, Advocacy Director

At the end of 2017, AOAV travelled to Mozambique where we interviewed victims of landmines from Ethiopia, Mozambique and Uganda in an attempt to answer the question: 'when the landmines are gone, what challenges remain for those who have been maimed by them?' This is a record of their testimonies.

Introduction: an international challenge; a personal trial

I was travelling in a public commuter bus in one of the districts in Northern Uganda at the height of the [Lord's Resistance Army - LRA] insurgency in 1998. Our journey only lasted 15 minutes. When we got to the highway that leads from Gulu to Kitgum, just around a sharp bend, the next thing I heard was a big explosion. I thought we had burst a tyre; I didn't realise the explosion had ripped off my leg. When we heard gunshots, that was when we realised it was a rebel ambush. I tried to extricate myself from the [bus]. I dragged myself into the tall grass...but the fragments from the shattered leg kept wrapping themselves around the twigs and grasses and pulling me back. Then I gave up and just lay there until the rebels got to me. One of them found me and tried to undress me...I pretended to be dead. But he wanted to know if I was alive or not, so...he got his gun and hit me. **MO**

In 1998, a young Ugandan woman, Margaret Oreh, had a new life forced upon her. In Margaret's own words, "I was discharged and started my new life with disability." Margaret is one of thousands of landmine victims who have had to cope, adapt and move on from that day when they were badly injured.

The challenges faced by Margaret Oreh in the years after 1998 were not only related to health, income and social issues, they were also connected to the continuing national economic and social deprivation in Uganda. There are landmine victims, but those victims also often face underlying challenges linked to the damage caused by conflict and ever present fiscal instability.

Yet, as governments and international media celebrate the total removal of mines in their country, as was the case with Mozambique in 2015 and Uganda in 2012, attention has shifted away from the complex challenge facing such victims and their communities. For, when the mines are gone, not only are victims of landmines (and other explosive weapons) frequently sidelined, but the complexity of the issue is often ignored by governments and international organisations alike.

Landmine clearance is to be celebrated, but not at the expense of appreciating the ongoing problems facing victims.

Perspectives on National and International Support

Mine-affected countries are ultimately responsible for caring for mine victims - countries where health and social facilities are often underdeveloped or destroyed by poverty and war respectively. The Convention on the Prohibition of Anti-Personnel Mines (Ottawa Convention) recognizes the challenges faced by mine-affected countries in providing care by urging all States Parties to assist mine victims. This same obligation is also emphasised in the Protocol on Explosive Remnants of War.

These are treaties – statements – and, however noble, are meaningless if left unfulfilled.

UNMAS – The United Nations Mine Action Service – sets victim assistance at its heart:

Victim assistance is a core component of mine action and an obligation of States Parties under the Antipersonnel Mine Ban Treaty.¹

The degree to which this support is forthcoming, or the extent to which a national government or other States Parties fulfil their promise, varies. As Ambassador Alberto Augusto (Director of the

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Mozambique National Demining Institute and Director, Directorate for Africa and Middle East in the Ministry of Foreign Affairs of Mozambique) told AOAV:

During the process of demining in Mozambique, the flow of finance was easier, but now with victim's assistance it is much more difficult. **AA**

Did the international community walk away upon the announcement that Mozambique had been cleared of all landmines, AOAV asked him?

Yes. We are involved in the residual issues, but almost no-one else is involved. It is very difficult to call them [donors] back... we feel even UNDP is no longer with us. **AA**

With a national survey on disability indicating that landmine and war casualties account for 6.8% of the disability causes in Mozambique, the national government itself has, in partnership with the UN, formulated plans of action on promoting the rights of persons with disabilities.² The proposal, from 2012, stated that a national survey to improve data collection would be put in place.³ AOAV asked Ambassador Alberto Augusto if the scale of the problem was now understood.

We do not have a specific number, we're talking about 10,000 people who were victims of mines, but it's not a very scientific number. And even last year we found mines on the border of Tanzania, even after the country was declared free of mines. We need more help from civil society. **AA**

During the Mine Ban Treaty (MBT) Review Conferences of Nairobi (2004) and Cartagena (2009), the Government of Mozambique iterated that Victim Assistance was a priority. As the immediate threat posed by landmines slowly diminished, the challenges relating to victim assistance remained.

Miguel Aurélio Maússe, then National Director of Social Action, Ministry of Woman and Social Action, wrote in 2013 that a 'Needs and Capacities Assessment Report' was needed to allow the government "to define and implement necessary policies to create an inclusive society in Mozambique."⁴ The report itself was aimed to touch on health, rehabilitation, psychological support, social protection and standards of living.⁵ Five years on, had the document been published?

We are in the process of drafting an action plan. The principles have been agreed and the ministers have approved the plan. There is strong political will, but Mozambique is facing a national crisis as a country. So, when you look at the priorities – hospitals, education – so the [landmine] victims don't come first. **AA**

Such problems are not specific to Mozambique.

On 10th December, 2012, Uganda officially declared itself free of landmines. The achievement was the result of extensive work by the National Mine Action Programme in Uganda in collaboration with the Danish Demining Group (DDG).⁶

But in the months to come, there were many victims who were not celebrating. What followed was an almost immediate extrication of NGOs from the country. As Margaret Orech stated: "When, in 2012, Uganda declared that it had already completed [demining], that is when everything went off for us. Everything just stopped".

AOAV asked her if the Ugandan government was aware of the scale of the problem affecting landmine victims: "They are. They attend the meetings in Geneva, and the people who attend the meetings are from the Ministry for Gender and Disability, the Office of the Prime Minister, the Minister for Disaster Relief and the Minister of Health."

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Margaret Orech, landmine survivor from Uganda, Director at Uganda Landmine Survivors Association; and Bekele Gonfa, survivor of an explosion caused by an artillery shell, Ethiopia Director, Landmine Survivors Network.

The situation in northern Uganda has another layer of complexity. During the insurgency carried out by the Lord's Resistance Army, it has been estimated that 90% of the population of the northern Uganda were forced by the government to move into 'protected villages and towns'. There that population would remain for almost two decades until they were abruptly disbanded.⁷

When those camps were disbanded, there were people with disability who had to [leave]. To this day, there are lot with disability who have nowhere to go to. The government has the responsibility of providing for them. There was a civil society group that got money from the Norwegian government, but that funding has since ended. **MO**

AOAV asked Margaret if she had ever received financial support from the Government of Uganda? "Not even a coin..." she replied.

Health: mental and physical support services

Health support for landmine victims varies according to the accessibility of clinics, the affordability of services and the quality of care provided. Even where a country has received considerable external support to de-mine and develop support services for the victims, it is frequently the victims and the victim's families who bear the financial cost of care.⁸

The reality is that after Mozambique was declared free of landmines, what happened was that there was a decrease in terms of donor investment in Mozambique when it comes to the landmine disability issues, including in assistance to the survivors... the donors are not prioritising Mozambique when it comes to landmine-related issues. **LSW**

Landmines have caused life-changing injuries to so many in, for example, Ethiopia, Mozambique and Uganda, that these countries simply cannot cope in practical and financial terms. Already struggling economies have little capacity to shift fiscal resources from other areas of health budgets and - afflicted by conflict - expertise and technical memory has been diminished, as have administration

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and bureaucratic systems that would normally possess an overview of the scale and location of the problem areas.

These three countries' populations are largely rural and this also presents key challenges for disabled people seeking health provision.

The major pain of this situation for people who are survivors, is that they are living in the wrong areas, where there is no facility. It is not easy for them to get the right health facility ... Those services are available at the provincial capitals where they have to go for 200 to 400 kilometres to get those services. **LSW**

Founded in 2005 by Luis Silvestre Wamusse (LSW) and another landmine survivor, Rede para Assistência às Vítimas de Minas (RAVIM, the Assistance Network for Landmine Victims) is one of the only Mozambican organizations working to provide support to landmine survivors within the country. With a handful of staff, RAVIM seeks to identify and record landmine survivors with the aim of connecting survivors to appropriate health services. RAVIM has also provided practical support – including proffering wheelchairs – to survivors through grants from donors.

AOAV asked Luis if there were particular services or types of care that were frequently unavailable or inaccessible for landmine victims:

Surgery to remove some of the weapons pieces that might be remaining in the body; psychosocial support to help them overcome the trauma caused by the situations they basically came from.

Hospital bed density in Ethiopia, Mozambique and Uganda is 0.3, 0.7 and 0.5 beds per 1000 people. This compares poorly to, for example, the UK or Ireland (2.8 beds each per 1000 people).⁹ Such existent pressures in terms of access and quality of health care, are going to put an inevitable stress on the level of care afforded landmine victims.

There are medical centres [in Uganda], but they are centres located in other areas... At one time these centres were run by NGOs, and the only thing you had to do to access the service was to get there. The centre would take people from a particular district at a time. These people all had to be transported as a group. So, the local, district government had to provide the transport for these people...but they would say they didn't even have money to transport these people. **MO**

Not uncommonly, where aid programmes exist, they have been formulated in a manner that does not take into account the particular characteristics and challenges on the ground. In most basic terms, they also do not see victim assistance as a primary area requiring immediate intervention, even after demining has been 'completed'.

Although the UK Department for International Development's 2013 action plan on tackling landmines – 'Clearing a Path to Development' – acknowledges the importance of victim assistance within its "five pillars of clearance"¹⁰, when the word 'access' is used – it is used seven times in an 18-page document – it refers to facilitating access to land and the use of roads through demining. It does not refer to access in the context of supporting victims' ability to reach services essential to managing and treating their landmine-caused disability.¹¹

Bekele Gonfa, speaking of the situation confronting landmine victims in Ethiopia, commented that, "The number one fact is that many of the victims are in rural areas, while the centres of service providers are in the cities and capitals, so it is really not that easy to access those infrastructures and services."

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Albino Forquilha spoke similarly of the situation in Mozambique: “It is very difficult. Many people affected by landmines are not living close to cities. To move from where they are to a hospital is very, very complicated. They have no wheelchairs, they cannot go long distances.”

Stigma, Relationships and Opportunity

The biggest challenge is being accepted, and I found that was the case with most women [in Uganda]. They were abandoned by their husbands because of their disability, and for those [husbands] who decided to stay on because they had children, the husbands took on second wives. **MO**

In Margaret’s eyes, her status as a woman, and someone who could contribute to society, was diminished when she lost her leg. In the UK, for example, the picture and culture is quite different. Organisations such as ‘Help the Heroes’ in the United Kingdom, draw attention to the plight of servicemen and servicewomen who have lost limbs or have suffered other life-changing injuries as a result of landmines, improvised explosive devices (IEDs) and other explosive mechanisms. These victims have in place resources – albeit of varying quality – within the UK’s National Health Service, in addition to other state support and the support provided by charities such as those mentioned. Rather than care being ‘mainstreamed’, veteran’s care in the UK is streamlined, that is, such care benefits from having access to both existent systems and services that have been specifically established and tailored to the nature of a specific physical injury or mental trauma.

However, this national approach within the UK, is not reflected in DFID’s view that from,

...the UK’s experience, support and assistance to victims of landmines and ERW is best provided through broader social and economic development programmes in affected countries, rather than through targeting particular groups. The UK works to strengthen health systems in many of its partner countries, as well as mainstreaming social inclusion across its broader development interventions.

The assumption that by strengthening health systems as a whole, the plight of landmine victims is answered, seems to ignore the specific challenges facing landmine victims (ones that the UK itself has seen). You may improve a hospital, but have you improved the means by which a landmine victim may access it?

Without access to care, many victims of landmines are seen as burden, as someone who can no longer contribute. There is no quick fix to changing attitudes or outlooks to those with disabilities – to different degrees when a person is seen without a limb, they are mentally characterised as a victim. Victimisation is frequently accompanied by stigmatisation. Margaret herself lost her job in Uganda – “The organisation I was working for just left me – I had no job,” - while Bekele Gonfa witnessed first-hand the difficulties facing a landmine victim in terms of getting a job in the first instance:

When I was applying for a post, I was one among three finalists...one of the panellists asked ‘can you do this job’ – this was aimed specifically at my disability. No one else was asked that question – it was deliberately aimed at my physical situation.

The challenge remaining

Ambassador Alberto Augusto told AOA that in Mozambique, “More than money, we need medical expertise and prosthetics. I don’t want to touch money – bring everything. I don’t want to manage donor money, I want to manage the product. The best way is to provide tools – if you provide them [landmine victims] with the tools, they are able to produce, themselves”.

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AOAV asked him if there was a model, a positive example of well-organised, sustained support for victims of landmines on the African continent. He replied, “I am still looking for an example”.

The International Coalition to Ban Landmines (ICBL) identified just over 73,000 casualties from landmines, explosive remnants of war and IEDs in the 10 years following 1999. These figures are staggering yet probably inexact and even under-reported.

Drawing attention to the fact that many countries have also not fulfilled their landmine-related treaty obligations, ICBL have iterated that, “victim assistance has made the least progress of all major action”, citing “funding and actual action as the most prominent problems.”¹² Similarly, the Landmine and Cluster Munition Monitor iterates that, “Most States Parties to the Mine Ban Treaty with significant numbers of mine victims suffered from a lack of adequate resources to fulfil the commitments of the 2014–2019 Maputo Action Plan.”¹³

The gross discrepancy between commitments and a capacity to fulfil treaty obligations lies at the heart of the culture that does not see support for landmine victims on a par with mine clearance.

This is really a fundamental issue – landmines may be cleared but victims continue to the end of their life; as long as we have victims this problem will continue. The needs are still there, the accessibility issues are still there. Support should not cease after the landmines are gone.

- Bekele Gonfa

Interviewees:

- AA:** Ambassador Alberto Augusto, Director of the Mozambique National Demining Institute; Director, Directorate for Africa and Middle East in the Ministry of Foreign Affairs of Mozambique
- AF:** Albino Forquilha, former child soldier; Executive Director, FOMICRES – a Mozambique-based Disarmament Organisation
- BG:** Bekele Gonfa, survivor of an explosion caused by an artillery shell; Director, Landmine Survivors Network, Ethiopia
- MO:** Margaret Orech, landmine survivor from Uganda; Director, Uganda Landmine Survivors Association
- LSW:** Luis Silvestre Wamusse, landmine survivor; Head, Rede para Assistência às Vítimas de Minas (RAVIM, the Network for Assistance to Mine Victims), Mozambique

¹ <http://www.mineaction.org/issues/victimassistance>; also see: <http://www.mineaction.org/sites/default/files/publications/UN%20Policy%20on%20Victim%20Assistance%20in%20Mine%20Action%202016%20Update.pdf>

² See: file:///C:/Users/user/Downloads/plano_nacional_de_ac_o_para_rea_da_defici_ncia_-_pnad_ii_2012-2019_national_plan_of_action_for_the_area_of_disability_-_pnad_ii_2012-2019.pdf

³ file:///C:/Users/user/Downloads/UNPRPD_Mozambique.pdf, Executive Summary

⁴ http://www.hiproweb.org/uploads/tx_hidrtdocs/ShatteredDreams.pdf, Foreword

⁵ Ibid., p. 66

⁶ See: <https://reliefweb.int/report/uganda/uganda-free-landmines-%E2%80%93-milestone-accomplishment>

⁷ See: <http://www.unhcr.org/uk/news/briefing/2012/1/4f06e2a79/unhcr-closes-chapter-ugandas-internally-displaced-people.html>

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⁸ See: *Long-term consequences of landmine injury: A survey of civilian survivors in Bosnia-Herzegovina 20 years after the war*, Ryken, Katherine O. et al. *Injury*, Volume 48 , Issue 12 , 2688 – 2692

⁹ See: <https://www.cia.gov/library/publications/the-world-factbook/>

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/260365/mine-action-policy.pdf , p. 3

¹¹ *Ibid.*, p. 2

¹² Referenced in: <http://www.globalissues.org/article/79/landmines>

¹³ <https://reliefweb.int/sites/reliefweb.int/files/resources/Landmine-Monitor-2016-web.pdf> , p. 19