SPECIAL REPORT

MINE ACTION 2002

ICRC

Executive Summary

Landmines are a long-term problem. They continue to maim and kill thousands of people each year, in spite of the substantial progress made by worldwide efforts to reduce their impact. Measures implementing the Ottawa treaty are now saving lives and helping reduce the economic damage wrought by antipersonnel landmines, but there is still much work and commitment required to ensure universal adherence to and full compliance with the treaty, and it will take decades to clear the mines already laid.

Similar in effect to landmines, other kinds of explosive devices, described as explosive remnants of war (ERW), pose a serious threat to civilians around the world.

As part of its mandate to protect and assist victims of armed conflict, the ICRC helps thousands of mine/ERW victims each year. It contributes to global efforts through its involvement in three areas of mine action: promoting international humanitarian law treaties relating to landmines and the development of new rules on ERW; conducting mine awareness programmes; and providing medical care and rehabilitation services to the war-wounded.

In 2002 the ICRC:

- gave hospital surgical care to some 1,500 mine/ERW victims, who accounted for over 10% of the more than 14,000 war-wounded treated in hospitals that it supported or ran
- provided mine/ERW-injured amputees with 10,000 prostheses, which accounted for nearly 60% of the prostheses provided in the physical rehabilitation centres it ran or supported; extended support to 16 more projects, and supported and followed up others through the Special Fund for the Disabled
- worked with National Red Cross/Red Crescent Societies to conducted mine/ERW-awareness activities in 16 countries, setting up new programmes in Iraq, Angola, and Kyrgyzstan
- encouraged the ratification and implementation of the Ottawa Treaty and the amended Protocol II of the Convention on Certain Conventional Weapons (CCW): organized and participated in national, regional and international conferences on the subject; advised governments and gave technical support as they developed national legislation and took other measures to meet treaty obligations
- commissioned a comprehensive external evaluation of ICRC mine awareness programmes in the Balkans regions (see country sections and annex IV for more information)
- worked with States Parties to the CCW to develop a mandate for the negotiations of a new protocol to address the ERW problem
- spearheaded the implementation of the International Red Cross and Red Crescent Movement's strategy on landmines

TABLE OF CONTENTS

For other relevant information on mines, explosive remnants of war and the ICRC 2002 Annual Report on its Physical Rehabilitation programmes, please visit the ICRC website at www.icrc.org

Introduction

Background of the ICRC's Special Appeal for Mine Action

Left behind by recent conflicts, millions of landmines, as well as unexploded bombs, shells, grenades, and other lethal devices continue to maim and kill civilians around the world. Their presence hampers the recovery of economies disrupted by conflict: it reduces civilian access to fields, pastures and forests, and inhibits transport, travel, trade, and the provision of humanitarian assistance. Once fighting has ended, it often takes decades before mines and other explosive devices are cleared.

For over a century, the International Committee of the Red Cross (ICRC) has worked to protect and assist the victims of war, on the basis of a specific mandate conferred upon it by States party to the Geneva Conventions and their Additional Protocols. Through its extensive operations in areas of conflict, particularly the provision or support of medical and rehabilitation services for war-wounded, the ICRC has become acutely aware of the brutal and widespread effects of mines and more generally of explosive devices (such as unexploded grenades, shells or cluster bomblets). Previously referring to these as unexploded ordnance (UXO), the ICRC has now adopted the broader term *explosive remnants of war* or ERW[1] to describe these weapons. In this regard, the ICRC has accumulated a great deal of experience in treating mine/ERW injuries, providing physical rehabilitation to victims, and raising awareness in communities about the dangers posed by mines/ERW.

With a commitment fuelled by its practical experience, the ICRC was at the forefront of efforts in the early 1990s to achieve an international ban on anti-personnel landmines, along with the International Campaign to Ban Landmines (ICBL) and many governments. The outcome was the adoption in 1997 of the Convention on the prohibition of anti-personnel mines—also known as the Ottawa treaty[2].

In 1997 the ICRC launched its first Special Appeal, *Assistance for Mine Victims*. The tremendous response to this appeal led to an additional Special Appeal in 1998. This was followed in 1999 by the launching of a five-year *Special Appeal for Mine Action 1999-2003*, which was made in order to mobilize resources for the ICRC's long-term mine action strategies. The same year, the International Red Cross and Red Crescent Movement adopted a five-year *Movement Strategy on Landmines*, aimed at promoting coherent long-term action by the different components of the Movement[3] in activities aimed both at reducing the suffering of people living in mine-affected countries and eliminating anti-personnel mines altogether. The ICRC plays a lead role in implementing the Strategy.

Overview of ICRC Mine Action 2002

The similar effects of landmines and ERW on civilian populations call for similar humanitarian responses, including protecting affected communities, raising their awareness of the dangers posed by these devices, providing care and assistance to victims, and facilitating mine and ERW clearance for affected communities. To reduce the devastating humanitarian impact of both landmines and ERW, the ICRC carries out a range of mine action activities, including:

- providing or supporting curative care to tens of thousands of war wounded, including mine/ERW victims, in the form of pre-hospital care (including first aid), hospital assistance, and surgical and medical assistance;
- providing or supporting physical rehabilitation projects benefiting tens of thousands of war-disabled, including mine/ERW victims;
- carrying out or supporting mine/ERW awareness programmes in order to reduce the risks to communities created by mines and ERW that remain scattered in present and former battlefields around the world;
- promoting adherence to the Ottawa treaty and the CCW, and working with governments to ensure

[1] "Explosive remnants of war" or ERW refers to the wide range of explosive munitions (unexploded or abandoned) which remain in an area after an armed conflict has ended. These include artillery shells, grenades, landmines, mortar bombs, submunitions, rockets and missiles and other forms of explosive ordnance. The main source of the problem is unexploded ordnance (UXO), a technical term commonly used by clearance organisations to describe munitions that have been fired, deployed or otherwise used but have not exploded as intended.

[2] Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Antipersonnel Mines and on their Destruction was adopted in Oslo on 18 September 1997, opened for signature in Ottawa on 3 December 1997, and entered into force on 1 March 1999, six months after the deposit of the fortieth instrument of ratification.

[3] The International Red Cross and Red Crescent Movement is composed of the ICRC, the national Red Cross and Red Crescent Societies and their International Federation.

the full implementation, and advocacy for the development of new rules to reduce the risk to civilians posed by landmines other than anti-personnel mines and by ERW.

This report outlines the progress made in relation to each of the above-mentioned activities. It does not cover all countries where ICRC activities benefit mine/ERW victims, but rather focuses on countries where there is both a significant mine/ERW problem and substantial ICRC programmes of preventive action or victim assistance. A more exhaustive account of all of the ICRC's activities can be found in the ICRC annual report 2002; related operations are also summarized in the table on page 54.

Ottawa treaty: progress toward eliminating landmines

The year 2002 saw the fifth anniversary of the adoption of the Ottawa treaty. This was an opportunity to take stock of the progress made towards the universalization of the norm banning antipersonnel landmines, and the fulfilment of the promises made by the treaty to mine-affected communities worldwide. Progress has been substantial.

By the end of 2002:

- over two-thirds of the world's governments had outlawed the use, production, stockpiling and transfer of antipersonnel mines by adhering to the Ottawa treaty[4]
- some 41 nations — including States not yet party to the Ottawa treaty — had declared that they had ceased to produce mines
- 33 States Parties had announced the total destruction of their anti-personnel mine stockpiles, and another 22 were in the process of doing so
- by the end of 2002, States Parties had destroyed 27 million anti-personnel mines as required by the Ottawa treaty. This represents around 80% of the 34 million anti-personnel mines destroyed worldwide over the previous decade
- significant mine-clearance activities were ongoing in most of the 44 States Parties that had reported mined areas or were known to be affected by mines.

In countries like Bosnia and Herzegovina, Cambodia and Croatia, where the treaty's norms were being implemented, the ICRC and National Red Cross and Red Crescent Societies have observed that mine casualty rates have fallen by two-thirds or more. These examples illustrate that where the treaty is being implemented, lives and livelihoods are being saved.

[4] See Annex I for a list of State adherence to the Ottawa treaty as at 31 December 2002.

Angola and Afghanistan adhere to the Ottawa treaty

Among the eight States that adhered to the treaty in 2002 were Angola and Afghanistan — two of the most severely mine-affected countries in the world. The ICRC maintained large-scale operations in both countries, including both mine/ERW awareness activities and victim assistance. In both Angola and Afghanistan, improvements in security conditions have opened up areas that were formerly inaccessible, creating new opportunities to expand mine action work. At the same time, the return of IDPs/refugees has increased the risks of mine/ERW related accidents.

The ICRC leads a group of ambassadors, international officials and donor representatives on an awareness-raising mission to mined fields in Stobarda, Albania

Landmines and ERW threaten millions

In spite of these achievements, anti-personnel mines still cause tremendous suffering, menacing civilians in many parts of the world.

In addition, anti-vehicle mines can have effects that are just as devastating as anti-personnel mines if not used with appropriate precautions to minimise the risk of civilian casualties. Some such precautions are stipulated in Amended Protocol II to the 1980 Convention on Certain Conventional Weapons (CCW).[5] The ICRC considers the rules of this protocol the minimum humanitarian standards on the use and clearance of these weapons.

The landmine problem is further compounded by the presence of explosive remnants of war (ERW) in many existing and former theatres of armed conflict. The ICRC and others active in mine action have witnessed the enormous extent and impact of ERW infestation, which cause as many civilian casualties as do landmines – or more. The ICRC previously used the term “unexploded ordnance” (UXO) to cover munitions that have been fired, deployed or otherwise used but have not exploded as intended. Recently, the broader term “explosive remnants of war” (ERW) has been adopted[6]. It is estimated that over 80 countries are affected by ERW. These include countries in Southeast Asia, which remain heavily contaminated decades after the wars in Indochina, as well as Serbia and Montenegro (Kosovo) and Afghanistan.

[5] The Convention on the Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to have Indiscriminate Effects, adopted in 1980. Its Protocol on Prohibitions or Restrictions on the Use of Mines, Booby-Traps and Other Devices (Protocol II) was amended on 3 May 1996.

[6] See footnote 1 above.

I. Mine injuries and assistance

Mines cause three patterns of injury. A buried mine can tear off the foot or leg of a person who steps on it. A fragmentation mine, detonated by a trip wire, can leave injuries over many parts of the body. When handled, mines and ERW blow off fingers, hands, arms, or parts of the face; they can also blind their victims or cause injuries to the chest or abdomen.

People injured by mines often require immediate and extensive medical care. This includes evacuation, first aid, transport, surgical treatment and rehabilitation. Appropriate first aid and timely transfer to a hospital saves lives, and proper surgical intervention improves prospects for rehabilitation. Prostheses and/or orthoses can help those who remain disabled to recover their mobility, but they then have a lifelong need for the regular repair and replacement of their appliances. Their psychological trauma and loss of self-image may ease with time, but the disabled depend on vocational training, family and community support, and useful employment to recover their productivity. Each of these services is a link in a chain of care whose outcome depends on the strength of all the other links.

Pre-hospital care: evacuation, first aid and transport

Many mine/ERW victims are injured while they are alone and in remote rural settings. They may be fetching wood or water, working in fields or herding sheep. Victims may lie for hours with shattered limbs, and die before help arrives. When help does come, the rescuers must take care not to put their own lives at risk. Evacuation may involve transport without medical care, and may mean a bumpy ride in a truck or animal-drawn cart through mountains, desert or paddy fields. It is hardly surprising that in some societies affected by conflict, many mine/ERW victims die before reaching any health facility.

Good first aid saves lives: its prompt and appropriate application is the most effective way to prevent complications, disability or death. Inappropriate first aid, on the other hand, can make injuries worse. Tourniquets, devices for stopping the flow of blood through an artery, are still used far too often in many parts of the world. Applied too high on a limb or left on for too long, they may necessitate the amputation of the entire limb or lead to kidney failure. The use of a tourniquet is to be censured.

In many countries, first-aid volunteers of National Red Cross or Red Crescent Societies are involved in the management and transfer of war-wounded, including people injured by mines/ERWs, and often provide training for military stretcher bearers. The ICRC supports National Society first-aid activities in conflict areas, giving financial, technical or material assistance, especially for first-aid training. It also distributes dressing material and other supplies and equipment to first-aid posts treating the wounded before they reach the hospitals where they can get surgery.

ICRC support to first aid posts in 2002:
- first-aid posts supported: 24
- war-wounded receiving first aid in posts supported: 1,600
- primary health care (PHC) facilities supported: 267
- consultations given in PHC facilities: 2.7 million

Hospital assistance

Mine/ERW injuries require skilled surgery, large amounts of blood for transfusion, antibiotics and other drugs and dressing materials, and prolonged hospitalisation. The surgeon's task is to remove dead and contaminated tissue and any foreign materials (such as dirt, plastic casing from the mine, or bone fragments) that have been driven into the wound, and in many cases to amputate severely damaged limbs.

It was the absence of adequate care and treatment for the war wounded that prompted the founding of the ICRC. Providing surgical care for war-wounded civilians and combatants has traditionally been one of ICRC's main activities. In the past two decades, ICRC-run hospitals have treated tens of thousands people who were wounded in conflicts. The ICRC has also offered protection and assistance to hundreds of other hospitals in the world's conflict zones, sometimes permitting them to stay open when the breakdown in the lines of supply, staff security, and other problems would otherwise have forced them to close.

The ICRC provides direct assistance to hospitals and surgical facilities that care for the war wounded. This includes the rehabilitation of infrastructure, water and sanitation facilities; the supply of equipment, medicines and other consumable surgical items; incentives and training for doctors, nurses, and other hospital staff; and reinforcement of support services

such as blood banks and radiographic services. This sort of assistance requires that local health staff are present to provide services.

When there is no staff available locally, the ICRC sends expatriate hospital teams to provide needed care. In 2002, nine ICRC medical teams worked in hospitals in Afghanistan, Kenya (Lokitchokio); Liberia, Sudan, Sierra Léone and Somalia. They performed over 7,000 operations, treated over 16,000 inpatients and made more than 16,500 outpatient consultations. Further, ICRC staff shared their expertise management and patient care in hospitals in conflict zones around the world.

In 2002 the ICRC began supporting new hospitals in Liberia and Afghanistan, and ended support it provided to hospitals in Yugoslavia, Ethiopia, Eritrea, and East Timor.

ICRC hospital support in 2002:
- hospitals supported: 67 (in 18 countries)
- war-wounded treated: more than 14,400
- mine/UX0 victims treated: more than 1,500
- operations performed: more than 90,000
- outpatient consultations given in supported hospitals: more than 460,000

Mine/ERW victims accounted for over 10% of the war-wounded treated in hospitals run or supported by the ICRC in 2002.

Training

Appropriate care for those injured by mines and ERW requires techniques and procedures that are often not familiar to surgeons in civilian practice. Through its world-wide activities, the ICRC has accumulated much experience in the treatment of the war-wounded. Through seminars and on-the-job training, the ICRC trains surgeons, nurses and other health professionals caring for the war wounded. It gives training in-house, and organizes regional, national and international courses, seminars, and conferences, as well as developing educational materials.

The ICRC's annual war-surgery seminar was held in March 2002 in Geneva, and attended by 34 surgeons from around the world. The ICRC also organized 14 seminars on the treatment of war-wounded. Held in 12 different countries (Eritrea, Indonesia, Jordan, Great Britain, Israel, the occupied and autonomous areas, Liberia, Macedonia, Nepal, Russia, Sierra Léone, Sri Lanka, Sudan), they were attended by both civilian and military surgeons. All of these seminars presented sessions devoted to the treatment of mine injuries; the seminar in Jordan focused exclusively on the treatment of mine/ERW injuries.

Physical rehabilitation

The ICRC set up a unit for the physical rehabilitation of war victims in 1979. Since then, it has supported centres providing the disabled with prostheses (devices to replace a missing body part), orthoses (devices to support a malfunctioning body part), other orthopaedic appliances and physiotherapy. As needed, the ICRC helps them finance investment and running costs for imported materials, gives technical input to help develop patient management guidelines and to introduce polypropylene prosthetic technology, and improves staff training through in-house courses or sponsorships. Over two-thirds of its projects are run in close cooperation with government authorities. In others, the ICRC works with local NGOs or National Red Cross/Red Crescent Societies. When there is no local partner available (such as when there are frequent changes of government, or when services can only be offered over a border) the ICRC works without a partner.

Prostheses and orthoses have an average lifespan of three years. For newly amputated patients it is shorter, and for growing children, prostheses and orthoses last only six months. The disabled need their prostheses or orthoses repaired and replaced for their whole lives, so once they have been started, rehabilitation services must be able to continue.

Most programmes require uninterrupted, full-time assistance for many years before the ICRC's partners can achieve full technological, managerial and financial autonomy. Gaining financial autonomy is often particularly difficult, because physical rehabilitation is rarely a health priority in countries where ICRC works. Issues of cost and quality of appliances influence the impact and sustainability of services. Prostheses made with good-quality materials last longer and need fewer repairs, reducing the cost and burden of follow-up services for both patients and facilities. After the ICRC has withdrawn, its Special Fund for the Disabled provides monitoring and smaller-scale assistance to help programmes maintain patient services.

Physical rehabilitation activities since 1979

Appliances supplied:
- 194,772 prostheses
- 87,458 orthoses
- 14,834 wheelchairs
- 497,168 pairs of crutches
- Total projects: 74 in 32 countries
- Completed projects : 21

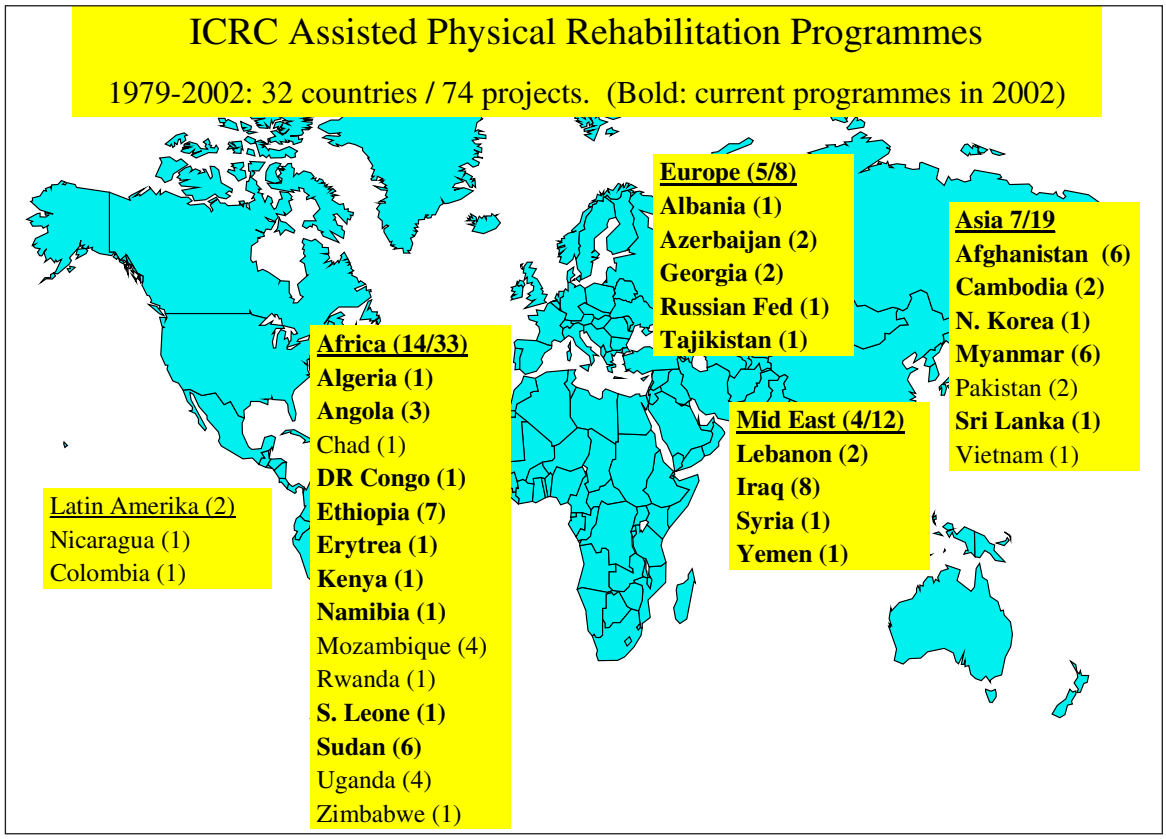
Mine victims receive some 60% of the prostheses delivered by ICRC's prosthetic activities.

Rehabilitation services in 2002

ICRC-supported rehabilitation services grew in 2002, treating a larger number of disabled people than in previous years. A 16% increase in the number of people fitted for orthoses accounted for much of this growth; most of this increased demand came from Afghanistan, Cambodia, Ethiopia, Iraq, and Sudan. Mine victims remained about 60% of all of the amputees treated.

During the year, the ICRC increased the number of projects it assisted by one third. It began assisting projects in North Korea (Pyongyang), Myanmar (Hpa An), Ethiopia (Addis Ababa, Arba Minch), Eritrea (Keren), Sudan (Kassala, Dongola, Nyale), Namibia (Rundu), Russia/northern Caucasus (Sochi, Grozny), Sierra Leone (Freetown), Albania (Tirana), Yemen (Sana'a), Azerbaijan (Ganja) and Algeria (Algiers). Before they began receiving direct support from ICRC's operational delegations, some of these projects had already been assisted by the ICRC's Special Fund for the Disabled. A growing number of projects, including ones in Sierra Leone, Albania, Yemen, and Algeria, operated without a full-time expatriate presence.

Physical Rehabilitation statistics for 2002:
- delivered: 16'921 prostheses; 13,365 orthoses
- distributed: 1,598 wheelchairs and 17,052 pairs of crutches
- total projects: 53 in 21 countries
- new projects: 16
- projects handed over: 0
- expatriate specialists employed: 42
- national staff employed: 1,229 (727 technical staff)



Support activities from ICRC headquarters included the following:

- yearly follow-up and needs assessment reviews of projects in Algeria, Afghanistan, Chad, China, the Democratic Republic of the Congo, Ethiopia, Eritrea, Namibia, Tajikistan and Sudan
- assistance to the Ethiopian government as it prepared a formal training course in prosthetics and orthotics
- participation in two working groups with the International Society for Prosthetics and Orthotics (ISPO) on cost/price calculations and on project assessments related to prosthetic orthotic projects
- delivery of lectures in ISPO seminars in Cambodia and Niger
- organization of a short training course in the use of polypropylene components at the Tanzanian Training Centre for Orthopaedic technologists (TATCOT) in Moshi, Tanzania in preparation for an ISPO test on prosthetic polypropylene componentry
- sponsorship of three local teams from prosthetic/orthotic centres in Chad, Mali and Mauritania to attend a regional seminar in Niger.

Programme Developments

For the period 2000-2005, ICRC's physical rehabilitation programme identified three priorities for strengthening the quality and sustainability of care in its projects. They are:

- to establish a policy and methodology for training national prosthetic/orthotic staff
- to develop project and treatment guidelines
- to increase the availability of good quality, affordable raw materials, including prosthetic components

In 2002 the ICRC, in consultation with the International Society of Prosthetics and Orthotics (ISPO), continued to develop a basic training course designed to enable national staff members to upgrade their qualifications to an internationally-recognized level. It revised its Orthopaedic Reference Manual and updated project and treatment guidelines.

CR Equipements SA (Coppet, Switzerland) continued to produce prosthetic components for ICRC-assisted projects, also supplying components at cost price to other humanitarian organizations assisting projects in low-income countries. The regional train-

For this 8-year-old boy, demining is too late. Now he will need a long hospitalization, with several operations

Components delivered by the ICRC to non-ICRC projects (2002)				
	Feet	Knee joints	Alignment systems	Orthotic knee joints (pairs)
Afghanistan	0	501	717	0
Cambodia	0	797	3,392	1,745
Ethiopia	33	3	771	309
Sri Lanka	155	52	151	0
Totals	**188**	**1,353**	**5,031**	**2,054**

ing centre of the Special Fund for the Disabled in Addis Ababa, Ethiopia, organized seven one-month training courses in the use of these polypropylene components.

The ICRC-assisted component factory in Phnom Penh, Cambodia, which has achieved a high degree of technical and managerial self-sufficiency, continued to provide components for the national market.

Plans for 2003

New projects are being considered in China (Kunming), Eritrea (Asmara, Asab), Zambia (Lusaka) and Yemen (Mukallah). Projects formerly aided in Chad (N'Djamena), Lebanon (Beit Chebab, Sidon) and Syria (Damascus) will receive part-time follow-up assistance. The assistance programme in Namibia (Rundu) is due to be completed in 2003.

Projects of the Special Fund for the Disabled (SFD)

From their inception, prosthetic/orthotic programmes need to be planned in a way that will ensure that services can be sustained after the ICRC's withdrawal from the country. Countries whose governments and economies have been disrupted by conflict often have difficulty maintaining physical rehabilitation services. The ICRC's Special Fund for the Disabled supports physical rehabilitation centres after the ICRC has handed facilities over to the government or other partners.

The Fund was created in 1983 in response to Resolution XXVII of the International Red Cross and Red Crescent Conference recommending "that a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons". In 2000 the ICRC Assembly took a resolution to transform the SFD into an official foundation under Swiss law, independent of the ICRC, and to open the SFD's board to non-ICRC members. By virtue of its new status, the SFD has two main objectives:

- to ensure the continuity of programmes of the ICRC on behalf of the war disabled
- to support physical rehabilitation centres in developing countries

In 2001 the SFD became an independent foundation and opened its board to members outside the ICRC. Mine victims still represent a significant proportion of amputees assisted by the SFD, in particular in Vietnam and Nicaragua

Assistance

In 2002, through its three regional projects in Addis Ababa (Ethiopia), Ho Chi Minh City (Vietnam) and Managua (Nicaragua), the SFD extended technical, training, material and financial assistance to 34 physical rehabilitation centres in 16 countries.

The SFD started a new action in Bangladesh where no satisfactory orthopaedic facilities exist for the numerous amputees of the country. The aim of this action was to assist the NGO, "Bangladesh Rural Advancement Committee" (BRAC) to set up a modern orthopaedic workshop in Dhaka. To reach this aim, the SFD assisted BRAC with provision of orthopaedic equipment, expertise and with training of Bengali prosthetists in India.

Countries where the SFD supports projects in 2002			
Africa	**Asia**	**Latin America**	**Middle East & North Africa**
Cameroon Kenya Mali Nigeria Tanzania Zambia Zimbabwe	Bangladesh India Viet Nam	Colombia Guatemala Nicaragua	Lebanon Mauritania Syria

SFD-supported projects produced almost 6,000 prostheses in 2002.

Training

The regional training centre of the Special Fund for the Disabled in Addis Ababa, Ethiopia, organized seven one-month training courses, mainly for national technicians from assisted projects, but also staff of the ICRC, Handicap International, and Comprehensive Community Based Rehabilitation in Tanzania.

ICRC prosthetic/orthotic programmes: production statistics for 2002

Countries	First-time patients (prosthetics)	Prostheses*	Prostheses for mine victims	First-time patients (orthotics)	Orthoses*	Crutches	Wheelchairs
Afghanistan	1,188	4,525	**3,351**	3,796	7,311	6,291	764
Angola	1,034	2,091	**1,670**	31	75	2,995	141
Algeria	73	77	**61**	1	1	0	0
Chechnya	0	0	**0**	0	0	600	29
Cambodia	385	1,318	**1,231**	508	847	1,235	206
D.R.Congo	75	182	**2**	12	14	222	0
Ethiopia	898	1,733	**898**	997	1,549	2,166	112
Eritrea	0	68			14		
Georgia	163	478	**120**	352	968	398	42
Iraq	930	2,405	**1,160**	905	1,635	1,276	24
Kenya	137	380	**78**	125	194	788	25
Myanmar	1,018	1,530	**1,080**	0	0	437	0
Namibia	77	85	**49**	16	14	0	1
North Korea	221	230	**32**	4	4	80	37
Sri Lanka	103	323	**180**	5	67	41	23
Sudan	58	798	**117**	169	628	0	0
Tajikistan	122	306	**29** 3	2	44	198	28
Yemen	388	392	**41**	0	0	325	166
Totals	**6,870**	**16,921**	**10,098**	**6,953**	**13,365**	**17,052**	**1,598**

II. Preventive Action

ICRC preventive action refers to activities aimed at reducing, and ultimately eliminating, the victimisation of civilians by landmines, and more generally, by explosive remnants of war (ERW). Preventive action includes promoting adherence to and implementation of the relevant international standards (the Ottawa treaty and the CCW), raising awareness about the dangers of mines/ERW in affected communities to encourage a change in behaviour, and making representations to the authorities in order to protect civilians at risk.

A. Promoting international standards

As guardian of international humanitarian law, the ICRC has a mandate and responsibility to promote the development, universal adherence to, and full implementation of the treaties of international humanitarian law, including conventions prohibiting or limiting the use of landmines and other weapons. Through its headquarters in Geneva and its delegations in countries around the world, the ICRC is actively involved in promoting these standards and working with governments and military authorities to ensure their full implementation.

Meetings of States parties to the Ottawa treaty
Throughout 2002, the ICRC continued to play a lead role in efforts to put an end to the scourge of anti-personnel landmines by promoting adherence to and full implementation of the Ottawa treaty banning these weapons. The ICRC actively participated in the annual Meeting of States Parties to the Ottawa treaty, held in Geneva in September 2002, and in the biannual meetings of the four Standing Committees dealing respectively with: victim assistance; mine clearance; stockpile destruction; and the general status and operation of the treaty. In the context of the latter Standing Committee, the ICRC continued to express its concern on a number of issues relating to the interpretation and application of the treaty. These include the problem of anti-vehicle mines with sensitive fuses, which can be detonated by the presence, proximity or contact of a person. The ICRC considers such systems to be prohibited as anti-personnel mines under the Ottawa treaty.

Implementation of the Ottawa treaty
During the period under review, the ICRC has continued to encourage States Parties to the Ottawa treaty to fulfil their obligations of victim assistance, stockpile destruction and mine clearance. In this connection, the ICRC has highlighted the need for mine-affected States Parties to develop national programmes to implement these obligations, and to carry out assessments of the resources they will need to implement these programmes within the timelines imposed by the treaty, in particular the 10-year mine clearance deadlines which will start falling in 2009.[7] It encouraged mine-affected States to be prepared to present their programmes and assessments by the First Review Conference of the Ottawa treaty in 2004. It also impressed upon donor States the importance of renewing their commitments to mobilize resources for mine action, bearing in mind that the period between the 2004 Review Conference and the mine clearance deadlines of many mine-affected States in 2009 will be crucial in ensuring that the promises of the treaty to affected communities are fulfilled.

National and regional events
In November 2002, the ICRC organized a regional conference in Moscow on landmines and explosive remnants of war. The aims were to raise awareness in Russia and in other members of the Commonwealth of Independent States (CIS) about the impact of landmines and ERW and to promote adherence to and implementation of the Ottawa treaty and the Convention on Certain Conventional Weapons (CCW). The conference brought together for the first time government officials, clearance specialists and representatives of mine action NGOs. The ICRC also hosted a regional conference on International Humanitarian Law in Pretoria, South Africa for government legal experts of the 14 member States of the South African Development Community (SADC). A major theme of this conference was the implementation of the Ottawa treaty.

In September 2002, on the occasion of the fifth anniversary of the adoption of the Ottawa treaty, the Norwegian Red Cross co-organized with the Norwegian government, the International Peace Research Institute, and the Norwegian People's Aid an international conference on the future of humanitarian mine action. The ICRC actively participated in this conference, with its President delivering a keynote address.

[7] Pursuant to Article 5 of the Ottawa treaty, a State Party that has mined areas under its jurisdiction or control is required to clear them of mines within 10 years of entry into force of the treaty for the State Party. The mine clearance deadlines of many mine-affected States Parties, for whom the treaty entered into force in 1999, therefore fall in 2009.

In addition to ICRC- and Red Cross-organized events, the ICRC supported the following meetings through the participation of its representatives as expert-speakers and the provision of documentation:

- regional seminar for North African States on the Ottawa treaty, organized by the governments of Tunisia and Canada, held in Tunis;
- regional seminar for East Asian States on landmines, organized in Bangkok by the government of Thailand, with the support of the governments of Australia, Canada and Japan;
- national workshop on the ratification and implementation of the Ottawa Convention in the Democratic Republic of Congo (DRC), held in Kinshasa and organized by the governments of the DRC and of Canada;
- national conference on landmines organized by the International Campaign to Ban Landmines (ICBL), Kabul, Afghanistan;
- national conference on banning anti-personnel mines, capacity building and cooperation in the South Caucasus, organized by the governments of Armenia and Canada and the OSCE, in Yerevan, Armenia
- seminar on the application of Article 7 of the Ottawa Convention in Central Africa, hosted by the Belgian Ministry of Foreign Affairs, held in Brussels.

Legal advice and support

In many countries around the world, the ICRC provides legal advice and support on ratification procedures and the drafting, adoption and amendment of national legislation to implement IHL instruments, including the Ottawa treaty and the CCW. With regard to the Ottawa treaty, in 2002 the ICRC developed model legislation for common law States to assist them in developing implementing legislation, as required by article 9 of the treaty. Moreover, the ICRC's *Information Kit on the development of national legislation to implement the Convention on the Prohibition of Anti-personnel Mines*, which it produced in 2001, continued to serve as a useful tool to all States in preparing their national implementing legislation.

Encouraging reflection within armed forces

Through its dissemination and training programmes in international humanitarian law (IHL) for armed forces and other arms bearers around the world, the ICRC promoted better understanding of the international standards relating to landmines and ERW. In particular, the ICRC continued to encourage reflection on the limited military utility of anti-personnel mines as compared to their high human costs, on the basis of the study, *Anti-personnel Landmines: Friend or Foe?*, commissioned by the ICRC in 1996.

Other activities aimed at promoting the Ottawa treaty

In addition, in 2002 the ICRC:

- contributed insights on the negotiating history of the Ottawa treaty to a commentary set to be published in early 2004;
- distributed a wide variety of documentation and videos on the Ottawa treaty, including a video on the ICRC's mine awareness programmes produced in 2002 entitled Safer Villages;
- published a booklet containing the full text of the CCW, incorporating the latest amendments and Protocols, in all UN languages;
- sponsored travelling exhibitions (in English and Arabic) on the Ottawa treaty, and worked with National Red Cross and Red Crescent Societies in Australia, Malaysia, Thailand, and Russia to organize such exhibitions;
- gave technical or financial support to a variety of activities organized by National Societies to raise awareness of the devastating human costs of anti-personnel landmines.

Promoting the CCW

In all its efforts, the ICRC also continued to encourage adherence to amended Protocol II of the Convention on the CCW. Even with the entry into force and widespread adherence to the Ottawa treaty banning anti-personnel mines, amended Protocol II remains an important instrument as it regulates anti-vehicle mines, booby traps and other devices not covered by the Ottawa treaty but which can have just as indiscriminate and devastating effects.

Promoting a new protocol to address threats of ERW

Brought face to face with the severe and long-term consequences of ERW, the ICRC has proposed to States that a new protocol to the CCW be adopted, with a view to reducing the human casualties and the socio-economic impact of ERW.

In 2002, the ICRC actively participated in and submitted a number of working papers to the three meetings of the group of governmental experts established by the Second Review Conference of the CCW (December 2001) to examine the ERW problem. In December 2002, the States Parties to the CCW approved the group of government experts' recommendation that a new instrument on ERW be negotiated. The ICRC participated in this meeting of the States Parties and hailed their decision to begin negotiation of a new ERW instrument as an important first step towards addressing the problem.

B. Mine/ERW awareness

In order to support themselves or their families in economies disrupted by war, civilians are often driven to collect water and firewood, carry out farming and graze livestock, or conduct other types of activities in areas that they know are infested with mines or ERW. Data on mine/ ERW accidents has revealed that in many areas, victims were already aware of the risks they were taking at the time when they were injured. In these circumstances, simply telling people about mine/ERW dangers, or the location of contaminated areas, is not enough: the challenge is to find strategies to change behaviour that is largely dictated by economic or social factors.

The overall goal of mine/ERW awareness programmes is to reduce the number of casualties by promoting safe behaviour in mine/ERW-contaminated environments. Since the ICRC began mine/ERW-awareness activities in 1996, it has developed an approach based on three main principles: information collection, community involvement, and integration with the humanitarian sector at large. Through this approach, it seeks to help change patterns of risk-taking behaviour, helping communities identify alternative solutions suited to their particular needs. To support this, the ICRC advocates for demining to take place, but never carries out actual demining.

Information collection
In order to deliver appropriate preventive messages to a population at risk, the ICRC first carries out an assessment of needs, taking into account the knowledge, perception and attitudes of local people as regards mine/ERW-related dangers. Information collection on mine/ERW casualties, also part of the assessment, enables the ICRC to determine the profiles of victims, the locations and circumstances of incidents, and the types of behaviour that lead to the accidents. It can then develop a mine awareness strategy tailored to the local situation, and evaluate the impact of activities that have been implemented. The data collected, which is analyzed and shared with others involved in mine action, helps other organizations target their assistance, clearance and awareness activities. Along with other organizations involved in mine action, the ICRC and National Societies use the IMSMA (Information Management System for Mine Action) mine accident form, as a means to ensure that data collected from different sources, by different organizations, can be meaningfully collated, compared and analyzed.

Formerly displaced people, who have recently returned to their village of Tuzla in Bosnia, work with a Red Cross mine awareness field officer to identify the chief risks, problems and solutions for their community

ICRC/National Society mine/ERW awareness activities, 2002

Country or region	Participate in Data Collection	Mine-awareness activities
Afghanistan	x	x
Albania	x	x
Angola		x
Bosnia-Herzegovina	x	x
Croatia		x
Ethiopia		x
Eritrea	x	
Iraq (southern)	x	x
Israel (occupied and autonomous territories)		x
Kosovo	x	
Kyrgyzstan	x	x
Lebanon		x
fYROM	x	x
Namibia	x	
Nagorny Karabakh	x	x
Nicaragua		x
Peru		x
Russian Federation (inc. Chechnya and Dagestan)	x	x
Serbia (southern)	x	x
Tajikistan	x	x

Community involvement
Using “passive” means such as posters, leaflets, lectures or presentations to present mine-awareness messages is not necessarily enough to prevent accidents resulting from high-risk behaviour. When socio-economic and social pressures are important factors, it is essential to involve the communities concerned in order to identify what the real problems are, find practical solutions, and develop appropriate educational strategies.

Integration with mine-action programmes
ICRC and National Societies’ mine awareness teams collect requests from communities seeking to have mined or dangerous areas cleared, marked or rechecked; they then pass requests on to the demining organizations concerned. These communities are subsequently involved in setting priorities for mine/ERW clearance activities.

As part of its data collection activities, the ICRC also investigates the specific needs of mine/ERW victims and passes the information on to organizations that provide assistance for the injured, when it does not provide such assistance itself.

Mine/ERW awareness in 2002
In 2002, the ICRC conducted mine/ERW awareness activities directly or through the National Red Cross/Red Crescent Societies in over 16 countries/regions around the world, setting up new programmes in Angola, Kyrgyzstan, and Iraq. It conducted mine/ERW assessment missions in Colombia, Eritrea, Jordan, Namibia, Syria and Kyrgyzstan to support the Red Cross/Red Crescent National Societies in implementing mine/ERW-awareness programmes, and began discussions with the Indian Red Cross Society to explore the possibilities for conducting mine/ERW awareness activities. At the end of the year, the ICRC ended its mine/ERW activities in Nagorny Karabakh after gradually turning them over to de facto Civil Defence authorities.

Evaluation of ICRC Mine Awareness Programmes
ICRC commissioned an external evaluation of the Mine Awareness Programme (MAP) in October 2001. This unique research was undertaken between December 2001 and April 2002. The purpose of the evaluation was to capture the knowledge generated by the pilot programmes in the Balkans region, and provide verifiable information on achievements to date in Croatia, Bosnia & Herzegovina, and the Province of Kosovo for future planning (see annex IV for main conclusions).

The evaluation focused on impact, detailing a number of areas that the ICRC needs to develop and improve. It concluded that ICRC’s intervention in anti-personnel mines is highly coherent with its mandate and capacities, and that the impact has justified the investment.

III. Cooperation within the Movement

The International Red Cross and Red Crescent Movement's global network provide it experience in the field and contacts with communities enable it to effectively reach civilian populations endangered by mines and ERW. In most of the countries where it has operations, the ICRC works with National Societies to conduct mine/ERW-related projects. These include mine/ERW-awareness projects in Afghanistan, Croatia, Lebanon, Nicaragua and Tajikistan (see assistance and preventive action by country). The five-year Movement Strategy on Landmines, adopted by the Council of Delegates, a statutory body of the Movement, in October 1999, provides the framework for this cooperation. Urging the ICRC to spearhead the Movement's mine/ERW action and encourages National Societies to contribute to activities such as promotion of the Ottawa treaty, mine/ERW awareness and assistance to mine/ERW victims. The Strategy acknowledges the National Societies' role as vital advocates of the Red Cross/Red Crescent, at the country level, and calls on the ICRC and the International Federation to assist them in acquiring the requisite skills and resources to play that role and carry out long-term mine/ERW action effectively. It offers general guidelines for the promotion of international norms, mine/ERW awareness, the protection of civilian populations, care and assistance to mine/ERW victims, and ways of taking concerted action in the future.

The main objectives of the Movement Strategy on Landmines are to:

- achieve universal adherence to and effective implementation of the norms established by the Ottawa treaty and amended Protocol II ;
- reduce civilian casualties in mine/ERW-contaminated areas through community-based education programmes about mine/ERW risks;
- remind parties to armed conflicts of their obligation to comply with humanitarian law with reference to landmines, and of the humanitarian consequences of the use of mine/ERW;
- ensure that mine/ERW victims have equal and impartial access to proper care and assistance;
- assist the National Societies of the most affected countries in incorporating mine/ERW-related activities and services into their regular programmes, and to support National Society endeavours on mine/ERW issues;
- cooperate with mine/ERW-clearance organizations according to humanitarian priorities, by developing mine/ERW-awareness activities and providing medical assistance to clearance teams.

The role of National Societies, with their branch networks on the ground and extensive knowledge of local needs and environment, is crucial to the operational effectiveness of the Movement in mine/ERW-related activities.

IV. Assistance and preventive mine/ERW action by country

AFRICA

ANGOLA

After nearly three decades of conflict, Angola is considered the most heavily mined country in Africa, and one of the most heavily mined in the world: at least 15 of its 18 provinces are affected by ERW and mines, and in 2001-2002 there were approximately 1,000 mine casualties. After the ceasefire was signed in April 2002, areas that had been controlled by the opposition became accessible. As roads opened, tens of thousands of refugees who had fled over the borders to Zambia, Namibia, and DRC, started to return home, as did many IDPs. Mine accidents increased sharply: of over 200 mine accidents known to have occured in 2002, the vast majority were in the last quarter of the year. Half were on or near roads. Mine contamination kept many areas inaccessible and created considerable barriers to IDP/refugee return, demining, and humanitarian assistance: a joint assessment conducted by the ICRC and the Angolan Red Cross (see Mine/ERW awareness, below) showed that mines/ERW limit freedom of movement, interfering with farming and grazing, as well as with access to water sources, health care, and schools.

Mine clearance has been going on in Angola since 1994, but until the ceasefire it was generally limited to areas around main towns. With fighting stopped, demining began to be extended to some new areas.

There are a number of national and international groups working in mine action in the country, and the government and some international organizations help with the economic reintegration of mine victims. The ICRC's focuses on the physical rehabilitation of mine victims.

In July 2002 Angola ratified the Ottawa Treaty. It is not party to the Amended Protocol II of the CCW.

Medical assistance

The ICRC provided medical, surgical and paediatric supplies and technical support to the Huambo hospital for the treatment of the war-wounded and the sick, and made repairs. It also temporarily reinforced Ministry of Health staff with an expatriate doctor.

At the end of 2002, the ICRC ended its support to the surgical department. After completing a gradual handover of responsibility, it distributed enough drugs and surgical materials to cover needs for the first three months of 2003.

Hospital support, 2002:
- admissions: over 21,000 (surgical, ob/gyn, paediatric)
- surgical operations: 1,861
- weapon-wounded admissions: 167 out of whom 51 (over 30%) mine-injured
- outpatient consultations: nearly 10,900

Physical rehabilitation

Since 1979, the ICRC has collaborated with the Ministry of Health in the support of three centres (located in Luanda, Huambo and in Kuito) providing physical rehabilitation services in Angola. It provided material and components needed to manufacture prostheses, orthoses and crutches, as well as supporting the physiotherapy department and delivering wheelchairs. It also covered transport costs for some of the disabled treated. Until the end of 2001, the ICRC also provided prosthetic components to six centres assisted by other organizations, giving the components free of charge. In collaboration with the Ministry of Health, the ICRC has set up two crutch-manufacturing units (Luanda and Huambo), which provide crutch components free of charge to all centres in Angola.

ICRC assistance has periodically been interrupted by conflict: after the longest of these suspensions, between 1992 and 1994, it had to renovate the centre in Huambo and rebuild the Kuito centre from scratch. It has recently concentrated on improving patient access, quality of fit, and durability of prostheses. Between 1979 and 2002, these rehabilitation services provided over 26,000 prostheses to amputees in Angola.

In 2002 the Ministry of Health paid almost all of the centres' running costs. Patient access improved with the ceasefire, but security problems, poverty, and lack of information still kept some amputees from getting services. The ICRC covered transport costs for over 400 disabled patients and provided air transport for more than 50. To raise awareness of physical-

rehabilitation services available it collaborated with the Ministry of Health, to broadcast radio messages about the centres. ICRC-supported centres made about half of the prostheses produced in the country.

Physical rehabilitation assistance in 2002:
- delivered: some 2,000 prostheses (80% for mine victims); 75 orthoses (24% for mine victims)
- distributed: over 2,500 pairs crutches; 130 wheelchairs
- new patients fitted: 1,034 amputees; 31 others

Mine/ERW awareness

In 2002, the ICRC started supporting the Angola Red Cross's efforts to implement long-term mine-awareness activities. In sessions organized primarily during aid distributions, the ICRC and the Angolan Red Cross raised awareness of mine/ERW dangers. In July, the ICRC and the Angolan Red Cross made a needs and capacity assessment, which included interviews with people living in affected communities. On the basis of survey results, the ICRC and the Angolan Red Cross worked together to train a network of Red Cross volunteers, and they set up mine/ERW activities in their communities, starting with pilot projects in the provinces of Benguela and Bié. In addition to traditional awareness-raising activities, the programme cooperates closely with demining efforts in order to help them prioritized activities to most effectively prevent civilian injuries. The ICRC made plans to further develop this programme in 2003, and extend it to reach refugees returning from Zambia, Namibia, and possible the DRC.

BURUNDI

For years, fighting has occurred in flash points around Burundi, often causing displacement. In 2002, flares of violence were concentrated in the south and in areas around Bujumbura. While the extent and nature of mine use in Burundi remains unclear, there is some infestation: ICRC-supported hospitals treated 25 mine victims there in 2002. The medical system, weakened and overburdened by persistent conflict, has difficulty meeting health needs.

Burundi has ratified neither the Ottawa Treaty nor the Amended Protocol II of the CCW.

Medical assistance

In 2002 the ICRC continued to provide medicines and other medical supplies to seven hospitals and 12 health-care centres in Bujumbura, Gitega, Kirundo, Muyinga, Ngozi and Ruyigi, and renovated water, sanitation, sewerage and electrical systems in several of these establishments.

In conjunction with Bujumbura's Prince Régent Charles Hospital, ICRC medical experts conducted a seminar on war surgery for 24 Burundian and expatriate specialists.

Hospital support, 2002:
- hospitals supported: 7
- admissions: over 19,000 (surgical, medical, ob/gyn, paediatric)
- operations performed: 2,715
- war-wounded admitted: 713 out of whom 25 (over 3%) mine-injured

CHAD

For many years there has been fighting in northern and north-eastern areas of Chad, focused around Tibesti and Faya Largeau. Hostilities were suspended early in 2002 by a peace agreement signed at the beginning of the year, but broke out again in mid-year. Most of the war amputees treated by ICRC rehabilitation centres are military, but in northern areas mines and ERW do contaminate fields and pastures, water resources, housing areas, and major roads, posing risks for civilians. In areas where fighting no longer prevents access, demining has progressed well, but Tibesti remains contaminated.

Chad ratified the Ottawa Treaty in 1999, and reported that by 2002 it had destroyed thousands of mines. It developed a "National Strategic Plan To Fight Mines and ERW: 2003-2015." Chad is not party to the Amended Protocol II of the CCW.

Medical assistance

In 2001 the ICRC trained first-aid post personnel in Tibesti, shared expertise in a seminar for war surgeons in Chad, and reinforced the stock of the hospital at Faya-Largeau by providing materials for treating the war-wounded. In April, 2002 the ICRC made an assessment of health-care facilities in N'djamena and the Faya-Largeau. In order to restore its surgical capacity, the ICRC offered to provide training for the medical staff at Faya-Largeau, and recommended several measures to strengthen its capacity.

Physical rehabilitation

Since 1982 the ICRC has provided financial, material and technical support to the prosthetic/orthotic centre run by the NGO *Secours catholique pour le développement* (SECADEV) in N'djamena; it also helped renovate the facility. In 2002, the centre fit 90 mine victims with prostheses. In an effort to extend the service to those who lived in provinces outside of N'Djamena, the ICRC mounted a radio campaign to raise awareness of the centre's services.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

Since the mid-nineties, fighting has affected large parts of the DRC. Recent peace initiatives have established a zone of disengagement between the western part of the country and opposition-controlled areas of the east; with fighting suspended, access there has improved. Intense fighting in the eastern part of the country continued throughout 2002. While there is no comprehensive information on the extent or nature of mine/ERW infestation in the country, contamination has recently been confirmed in the disengagement zone in Equateur and Province Orientale. In some areas it has interfered with civilian access to fields, forests, water sources, homes, and health care.

The Democratic Republic of Congo acceded to the Ottawa treaty on 2 May 2002 and the treaty entered into force there in November. A Mine Action Coordination Center (MACC) was established in February 2002. The DRC is not party to the Amended Protocol II of the CCW.

Medical assistance

First aid
The ICRC works with the Red Cross Society of the Democratic Republic of the Congo (RCDRC) to train first-aid volunteers and stretcher-bearers. In 2002 it supported RCDRC-trained first-aid team leaders around the country, so that they could go on to train first aid instructors in their own districts. The ICRC also provided teaching materials for first-aid training, and tabards, flags, first-aid kits and stretchers to be used providing first-aid services.

First-aid support, 2002:
- first-aid volunteers trained: 2,200
- army stretcher-bearers trained in first aid: over 500
- first-aid posts supplied: 9
- number of wounded treated at posts: 188

Hospital support
Even in areas where peace initiatives have reduced or stopped fighting, hospitals in the DRC still did not have the materials and skilled staff needed to give the war-wounded appropriate treatment.

In the east, the ICRC continued to its regular support for hospitals in Kisangani, Uvira and Kalemie, and gave ad hoc support to other facilities. It also assist-

ed hospitals treating the war wounded in Kinshasa, Kamina and Lubumbashi, in the west. An ICRC surgeon spent one month working with Congolese surgeons and giving on-the-job training in government controlled areas, while another made several teaching missions to cities in the East.

Hospital support, 2002:
- hospitals supported: 8
- admissions: over 14,000 (surgical, medical, ob/gyn, paediatric)
- operations performed: some 3,200
- weapon-wounded admitted: over 590 out of whom 6 (over 1%) mine-injured
- outpatient consultations: over 36,000

Physical rehabilitation

The Kalembe-Lembe prosthetic/orthotic centre serves both civilian and military amputees and is the only centre providing prosthetic services in Kinshasa. Most of the disabled treated there are from Kinshasa and Bas Congo. The ICRC began supporting the centre, then run by the DRC National Society, in 1998: it renovated the facility, installed new equipment, trained staff and supplied materials.

In 2002 the ICRC continued its support to Kalembe-Lembe centre; it focused on improving patient access and the quality of services by helping reorganize fitting and appliance production, putting in place a new management structure and building a new machine room. The ICRC studied possibilities for extending assistance to other areas of the country.

Physical rehabilitation assistance, 2002:
- delivered: 182 prostheses (less than 1% for mine-injured); 14 orthoses
- distributed: over 200 pairs of crutches
- new patients fitted: 75 amputees; 12 others

ERITREA

Eritrea's thirty-year struggle for independence left the country littered with mines, particularly in the northern and northwestern provinces. The two-year conflict with Ethiopia that ended in 2000 left many new mines and ERW along the border. With the cessation of hostilities, the progressive return of IDPs increased risks of mine injuries, and mine accidents continued steadily through 2002: over 70 casualties were reported during the year.

Demining began in 1991, but it is expected that it will take over 20 years to completely clear the country. Clearance activities advanced slowly in 2002. Prioritizing first roads, then villages, then areas around villages and water points, demining efforts had much work to do before reaching fields and grazing areas: many people were injured while herding.

Eritrea acceded to the Mine Ban Treaty in 2001. It is not a party to the Amended Protocol II of the CCW. In July 2002, the government formed a new authority, the Eritrean Demining Authority (EDA) to take over mine action in the country, including demining and data collection. Most NGOs active in mine action there were asked to leave, but HALO Trust maintained its activities through the end of the year; by the end of 2002, the EDA was not yet operational.

Medical assistance

Upgrading the ambulance services
The Eritrean Red Cross ambulance service responded free of charge to medical emergencies countrywide. The ICRC worked to help upgrade the service and make it self-financing. Continuing to provide funds and expertise to maintain the 21 vehicles and some 50 drivers and mechanics, it donated two new ambulances and carried out a technical assessment of the fleet.

Training medical staff
As medical training was centred in Addis Abeba before independence, there is no medical school in Eritrea; the country has a shortage of trained surgeons. In cooperation with the Ministry of Health, the ICRC held two four-day courses on trauma management for 19 health-care professionals. The aim was to improve and standardize emergency procedures, with the participants then training their own hospital staff. The ICRC also conducted a three-day seminar on war surgery attended by some 130 military and civilian doctors, nurses and other health-care professionals.

Physical rehabilitation

In 2002, Eritrea's three prosthetic/orthotic centres (Keren, Asmara and Assab) were not yet able to cope with the over 35,000 disabled people registered for rehabilitation in the country. The ICRC supported the rehabilitation facility in Asmara from 1982-1986 (before independence) and again from 1992-1995. In March 2002, the ICRC launched a new project at the government-run rehabilitation facility in Keren. It provided materials and trained staff in ICRC-developed polypropylene technology. Late in 2002, after discussions with government officials, ICRC support for the centre in Keren was discontinued; materials were provided to the Asmara centre for use nationwide, and the ICRC worked to redefine the scope of the training programme.

To help develop physical rehabilitation services countrywide, the ICRC, together with the Ministry of Health, initiated a physiotherapy course in 1999. In 2002, 12 students graduated from the 18-month course and were placed in hospitals where the ICRC provided supervision for around six months. To help set up physiotherapy units in 11 hospitals, the ICRC donated equipment and reference books and organized a seminar for 51 medical personnel on the integration of physiotherapy into hospital care.

Physical rehabilitation assistance, 2002:
- delivered: 68 prostheses (over 40% for mine victims); 14 orthoses

Mine/ERW awareness

The Eritrean Red Cross was given the responsibility for maintaining data collection until the EDA is operational. With ICRC support, it made a survey to determine the need for further mine-awareness activities and identify what role Red Cross branches could assume. The survey found that many people knowingly took risks in order to support themselves and their families. Eritrean Red Cross then began to make plans to develop a small-scale mine/ERW casualty data-collection programme at branch level, focusing on health facilities.

ETHIOPIA

Already littered with a number of different kinds of mines and ERW from hostilities of recent decades, Ethiopian areas bordering Eritrea were further contaminated with mines and ERW during the conflict there in 1998-2000. Border conflicts on the Somali and Sudanese borders have also left behind explosive remnants of war. Some mined areas are near populated areas, and accidents still wound both people and livestock. Tens of thousands of people remain displaced from the war, and mines/ERW are one factor discouraging their return to areas most affected, particularly Tigray and the Afar region. An Ethiopian NGO, the Rehabilitation and Development Organization, conducts mine-awareness activities in these regions.

In December, 2001, the Ethiopian Mine Action Office (EMAO) was established to coordinate and implement mine action in the country. An 18-month Landmine Impact Survey was initiated in February 2002, to provide the information needed to develop a national strategy to minimize the impact of mines in the country. The EMAO has received credit from the World Bank to develop mine action in Tigray and Afar regions, and the UN and other international organizations trained EMAO deminers. A clearance programme began under EMAO auspices in May, 2002.

Ethiopia signed the Ottawa Treaty in 1997, but has not ratified it. It is not party to the Amended Protocol II of the CCW.

Physical rehabilitation

It is estimated that some 22,000 people, mostly veterans, have been left disabled by past conflicts in Ethiopia. In 1979, the ICRC helped establish prosthetic/orthotic centres in Dessie, Addis Ababa, Harar and Mekelle. After the situation stabilized, the ICRC ended its direct assistance in 1995, and the SFD monitored the centres and provided more limited assistance. During the 1998-2000 war with Eritrea the ICRC resumed its direct assistance. While the centres kept their autonomy of management and function, the ICRC covered part of their costs for prosthetic/orthotic appliances, physiotherapy, transport/accommodation and food, as well as monitoring the quality of the services. Since it began in 1979, ICRC assistance has enabled Ethiopian centres to produce some 12,000 prostheses.

In 2002 the ICRC continued this assistance to the four main centres, as well as three smaller facilities

(Arba Minch, Alert Hospital and Micili Land). To boost the number of qualified staff, four Ethiopian technicians enrolled under ICRC sponsorship in a three-year course at the Tanzania Training Centre for Orthopaedic Technologists.

Physical rehabilitation assistance, 2002:
- produced: over 1700 prostheses (more than 50% for mine victims); over 1,500 orthoses (2% for mine victims)
- distributed: over 2,000 pairs of crutches; 112 wheelchairs
- reimbursed costs for fitting: 1,073 people
- new patients fitted: 898 amputees and 997 others

Special fund for the disabled (SFD) project in Addis Ababa
In 1995 the SFD set up a training centre on the premises of the POC in Addis Ababa. SFD prosthetists based at the centre carry out yearly technical inspections of former ICRC centres and other prosthetic-orthotic centres in Africa, training staff and providing supplies and equipment.

Activities of the SFD training centre in Addis Abeba, 2002:
- supplied 24 centres in 11 countries with prosthetic/orthotic equipment, technical expertise and training
- organized seven one-month courses in Addis Abeba on ICRC prosthetic techniques: courses were atteded by 26 trainee prosthetists from 14 countries
- fit 24 Djiboutian amputees with new prostheses
- donated orthopaedic components to the orthopaedic centre of Gatagara, Home de la Vierge des Pauvres in Rwanda
- sponsored one professional team each from Mali and Mauritania to attend a seminar on amputation surgery and low-cost technology for producing prostheses; the seminar was organized by the International Society for Prosthetics and Orthotics (ISPO), Handicap International and the African Federation of Orthopaedic Technicians
- sent spare parts for the manufacture of elbow crutches to the Orthopaedic Centre of the Somaliland Red Crescent in Hargeissa
- renovated and extended the SFD premises in Addis Abeba

Mine/ERW awareness

To assist the Ethiopian Red Cross in Tigray with its mine-awareness project, an ICRC expert worked with the branch to develop its capacity and expertise. The ICRC supported the production of a mine-awareness video for use by mobile teams in the war-affected zones, and donated a four-wheel-drive vehicle for their use. The project was approved in November 2002 by the Disaster Prevention and Preparedness Department of Tigray and the Rehabilitation and Social Affairs Office.

NAMIBIA

Conflict in Angola has pushed a large number of refugees over the border to northern Namibia, particularly in Kavango and the Caprivi strip. Until the ceasefire in April improved the security situation dramatically, hospitals in the area regularly treated people wounded in the Angolan conflict. The Rundu hospital treated 15 war-wounded patients in 2002; about half of them were landmine/ERW victims.

Namibia ratified the Ottawa treaty in 1998. It is not party to the Amended Protocol II of the CCW.

Medical assistance

The ICRC provided the Ministry of Health with one surgical kit for 100 war-wounded people. When influxes of war-wounded stopped after the ceasefire in Angola, it cancelled plans for a war-surgery seminar.

Physical rehabilitation

In a new programme based on a Memorandum of Understanding signed in 2001 with the Ministry of Health, the ICRC helped renovate and set up the Rundu prosthetic/orthotic workshop, installing new machinery, employing four technicians, and introducing a new patient-registration system. Prosthetic/orthotic production began in April 2002. The ICRC prepared to end its assistance to the centre in March 2003.

The ICRC continued to train the centre technical staff throughout the year, and sent four Namibian technicians to the SFD course in Addis Ababa, Ethiopia, to learn ICRC-developed technology. In addition, it gave practical training at the Rundu workshop for 15 trainee technicians in their final year at the National Prosthetic/Orthotic School.

With ICRC assistance, a first prosthetic/orthotic clinic was held in Katima Mulilo to provide artificial limbs for

the disabled who live in the Caprivi region, far from other prosthetic/orthotic services.

Hospital support, 2002:
- delivered: 85 prostheses (64% for mine victims); 14 orthoses
- distributed: 1 wheelchair
- new patients fitted: 77 amputees; 16 others

Mine/ERW awareness
The ICRC supported the Namibian Red Cross (NRCS) in developing a mine-awareness strategy for the Kavango region, near the border with Angola, and to train staff members and volunteers. It also worked with the NRCS to raise awareness of mine/ERW dangers among Angolan refugees in camps in Namibia in sessions organized primarily during aid distributions.

SIERRA LEONE

A decade of fighting, ending in 2002 has affected most of the country, led to massive displacement, and caused many civilian casualties. Mine use, however, has not been common. Many people have been disabled by other injuries and by rising rates of polio, made worse by poor sanitation and the collapse of the immunization system. Peace initiatives begun in January halted fighting in 2002, enabling many IDPs and refugees to return home.

Sierra Leone became party to Ottawa Treaty in 2001; it has not ratified the Amended Protocol II of the CCW.

Medical assistance

In 2002 the ICRC continued its support for the 48-bed surgical ward that it built in the Kenema Government Hospital. It began a gradual process of phase-out of expatriate nursing staff in June, and the expatriate surgical team left before the end of the year. In December the ICRC completed the handover to the Ministry of Health and left its last consignment of medicines.

At the end of its three-year assignment in the hospital, the ICRC medical team reported that nursing standards in the Kenema General operating theatre and surgical ward were acceptable. Though improvements were still required in certain areas, the hospital was capable of providing safe surgical care for all patients with life-threatening surgical pathologies.

Hospital support in 2002:
- surgical patients admitted: 1,309
- operations performed: over 2,000

Physical rehabilitation

The Ministry of Health runs a limb-fitting centre in Freetown. The ICRC provided it with raw materials to fit 100 patients. It also sponsored the training of two technicians in Addis Ababa in ICRC-developed polypropylene technology.

SOMALIA

There is little reliable information on the extent or nature of the problem of explosive remnants of war in Somalia, but there is some infestation and in 2002, ICRC-supported hospitals treated 28 people injured by mines/ERW.

Medical assistance

Health posts
The ICRC donated first-aid kits to 25 health posts run by the Somali Red Crescent. The posts offer primary health-care services but also provide basic treatment for the war-wounded before transferring them to hospital. Medical supplies are also dispatched on an ad hoc basis to other health-care facilties to help them treat an influx of war-wounded.

Hospitals
Without external humanitarian assistance, medical facilities in Somalia would be unable to give adequate care to the war-wounded, including mine/ERW victims. In 2002, the ICRC was the only international organization supporting surgical care in Mogadishu, providing extensive assistance to the 110-bed Keysaney Hospital in North Mogadishu (opened by the ICRC in 1992 and now run by the Somali Red Crescent), and the the 55-bed Medina Hospital in Mogadishu South. It also supported Galkayo, the regional hospital in Mudug, and Baidoa hospital, both located in areas where there was fighting. The ICRC distributed medicines and medical supplies to these hospitals, where over half of the surgical patients treated were war-wounded; in Keysaney and Medina it also provided food and covered some running costs.

Hospital support, 2002:
- hospitals assisted: 4
- admissions: over 8,500 (surgical and medical)
- operations performed: over 8,000
- weapon-wounded admissions: over 3,900 out of whom 28 (less than 1%) mine-injured
- outpatient consultations: over 15,000

SUDAN

Conflict in southern Sudan has devastated the region for 19 years. In spite of the revival of peace initiatives in 2002, sporadic fighting continued there, and there were also clashes in other areas of the country. Little is known about mine/ERW contamination in Sudan, but it appears to be localized; in 2002 ICRC-supported hospitals treated 127 people injured by mines.

Sudan has not ratified either the Ottawa Treaty or the Amended Protocol II of the CCW.

Medical assistance

The conflict in southern Sudan has damaged and destroyed clinics and hospitals in both government- and opposition-held areas. If they still provide health services at all, damaged health facilities do not have the expertise or materials to treat the war wounded. Poor management in the field and long delays in evacuation lead to a high rate of infection and lead to amputation for many war injuries other than mine injuries. In 2002 the ICRC continued providing regular support to hospitals in Juba and Lopiding (Kenya), and gave additional ad hoc support to two other hospitals.

In Juba, the ICRC provided the Ministry of Health Teaching Hospital with staff, medical supplies and food for patients and staff. It launched a training programme designed to improve nursing practice and management, and supported 35 Sudanese medical students who started a 10-month clinical training programme in the hospital. Health authorities gradually assumed full responsibility for hospital maintenance work, with the ICRC providing materials.

The ICRC, working with the Sudanese authorities, organized a seminar on war-surgery for some 100 Sudanese medics and paramedics. It was held in Khartoum in October.

To provide comprehensive treatment for the war-wounded from opposition-controlled areas of southern Sudan, as well as for Kenyans living in the area, the ICRC continued to run Lopiding Hospital, in Lokichokio, Kenya. In 2002 it upgraded the hospital's electricity supply and water and drainage systems, and established guidelines for maintenance, cleaning and waste management.

Hospital support, 2002:
- hospitals supported: 4
- admissions: over 15,000 (surgical, medical, ob/gyn, paediatric)
- surgical admissions: over 5,000
- operations performed: over 6,500
- weapon-wounded admissions: over 1,100 out of whom 127 (over 10%) mine-injured
- outpatient consultations: over 16,000

Physical rehabilitation

In Sudan there are government-run prosthetic/orthotic workshops located in Khartoum and Juba. There are no centres in opposition-controlled areas. Many disabled persons are unable to get appliances because security problems, bad weather conditions and poor roads, long distances and poverty limit access to these facilities.

The ICRC began supporting the government's Prosthetic and Orthotic Cooperation Centre (POC) in Khartoum in 1990. It renovated the premises and trained staff before handing the project over in 1996. Continuing to monitor and provide materials, the SFD found that the POC had difficulty retaining trained technicians, and this lowered its prosthesis output and quality. In 1999, the ICRC resumed its full-time involvement with the centre. The ICRC organizes transport and accommodation for patients treated at the centre, and in 2002 transported 18 disabled people from as far as Wau and Malakal to the centre.

In 2002, the ICRC continued to train centre staff and worked with authorities to help set up satellite centres in Kassala, Dongola, Nyalla and Damazin. It trained hospital staff from Juba, Kassala and Dongola in physiotherapy for amputees.

The ICRC also provided training and materials to Juba Orthopaedic Centre, which almost doubled its production to fit over 100 patients with prostheses.

To provide rehabilitation services for disabled people from the rebel-held areas in southern Sudan as well as for Kenyans living in the area, the ICRC set up a rehabilitation centre in its Lopiding hospital in Kenya. Starting in 1992, it built and equipped the centre and trained staff to work there; it has run the centre ever since. By the end of 2001 the centre had fitted over 3,000 prostheses, and introduced a Patient Management System to provide better follow-up for patients and appliances.

Physical rehabilitation assistance, 2002:
- provided: 1,178 prostheses (17% for mine victims); over 800 orthoses
- new patients fitted: 195 amputees; nearly 300 others

TANZANIA

While there is no mine/ERW problem on Tanzanian territory there are mine/ERW victims in Tanzania among the refugees from both Burundi and the Democratic Republic of the Congo. Hospitals treat a steady flow of war-wounded from conflicts in these countries, but have neither the resources nor the expertise to cope to provide adequate treatment. In response, the ICRC expanded its medical aid programme, arranging for up to 50 amputees a year to be fitted with artificial limbs at the Tanzanian Training Centre for Orthopaedic Technicians.

Tanzania ratified the Ottawa treaty in 2000. It is not party to the Amended Protocol II of the CCW.

Medical assistance

The ICRC monitored services and provided medical supplies and financial support for hospitals (Kigoma, Heri and Kibonda) and first-aid posts.

Hospital support in 2002:
- wounded treated at first-aid posts: 824
- hospitals supported: 4
- surgical admissions: over 340
- surgical operations: 570
- weapon-wounded admitted: 255 out of whom 26 (10%) mine-injured
- outpatient consultations: over 500

UGANDA

Civilians and fighters are wounded in two different internal conflicts in Uganda, one in the north and one in the southwest; further, Ugandan facilities treat Ugandan People's Defence Force (UPDF) soldiers wounded in fighting in the DRC. In 2002, encouraging trends toward peace continued in the southwest, and as fighting diminished, IDP returns increased. However, in the second half of the year there were indications that a new rebellion could be emerging there. Conflict in the north escalated and there were new reports of mine injuries.

There is some mine contamination in northern and western areas. Information on mine injuries is limited, but the government reports that over the past decade there have been hundreds of mine injuries treated in hospitals.

Uganda ratified the Ottawa treaty in 1999, but has not ratified the amended Protocol II of the CCW.

After the murder of six ICRC staff members in north-eastern Democratic Republic of the Congo (DRC) in April 2001, the ICRC had to suspend all activities in its sub-delegations in Uganda and has since maintained a reduced expatriate presence confined to the capital, Kampala. Throughout 2002, the ICRC sought to obtain a thorough investigation by the Ugandan authorities into the killings. On the other hand, it maintains a level of knowledge about the situation in the field in order to monitor the needs of the population and be in a position to respond in the event of a major life-threatening emergency. The Uganda Red Cross Society operated throughout the country and the ICRC gave it financial and technical support to help strengthen its capacity to assist victims of conflict and respond at branch level to emergencies.

Medical assistance

The ICRC donated surgical supplies on an ad hoc basis to regional hospitals treating the war-wounded. It provided drugs and dressing materials to three hospitals in the south-west (in Kasese and Bundibugyo), six hospitals in the north (in Gulu and Kitgum), and a medical camp in Mbale.

Hospital support, 2002:
- admissions (surgical): over 4,300
- surgical operations: 5,710
- weapon-wounded admissions: 274 out of whom 18 (7%) mine-injured

ASIA

AFGHANISTAN

Over the past two decades, mines and ERW have been scattered throughout Afghanistan. More than 90% of known sites of contamination are in fields, pastures, roads, irrigation systems and residential areas. In 2001, air strikes by the US-led coalition left new ERW contamination (including cluster bomblets) around highly-populated areas.

Despite over a decade of demining by a number of organizations, Afghanistan remains among the countries most severely affected by explosive remnants of war. Clearance activity was set back by events in late 2001; it picked up steadily in 2002 when previously inaccessible areas opened up for survey and demining.

In 2002, over 1,200 people were victims of mines or ERW accidents in Afghanistan: nearly half were killed or disabled. Up to 88% of all victims were civilians, and because of widespread ERW contamination, some 45% were children. Most victims were injured while herding, farming, playing, collecting wood, or travelling; less than 10% of them reported that they knew that they were in contaminated areas, or had attended mine-awareness sessions. Mine/ERW accidents were reported in most areas of the country; the greatest concentrations of accidents reported were in Kabul, Nangahar and Kandahar provinces.

For years, many organizations have been involved in mine-awareness activities in Afghanistan, but in 2002 there remained remote regions that they had not reached, and there were new, unfamiliar risks, particularly from ERW. A large-scale return of refugees added to risks as many returned to former combat zones and tried to take up farming, herding or other activities in areas that were previously inaccessible. In a period that offered new possibilities for economic recovery and reconstruction, mine/ERW contamination remained a serious constraint.

Afghanistan acceded to the Ottawa treaty in 2002.

Medical assistance

Debilitated by decades of war, Afghan medical facilities have been dependent on external aid for years: damaged and poorly maintained, disorganized, underfunded, understaffed, and poorly supplied, many have been unable to meet even very basic needs for health care. In 2002 the newly-formed government's Ministry of Public Health, charged with rebuilding the system, was still developing the resources and capacities needed for this enormous task.

The ICRC opened a surgical hospital in Kabul (Karteh Seh) in October 1988. During the civil war in the early-to-mid-'90s it turned responsibility for the Karteh Seh hospital over to the authorities, continuing to provide support which it extended to other major surgical referral centres around the country. It worked with the Afghan Red Crescent Society (ARCS) to set up first-aid posts sending patients to these major hospitals. As front lines shifted, the ICRC also assisted other hospitals which treated the war wounded in or near combat zones. Over the years, this extensive support has been essential to sustaining the surgical services needed to treat the country's many mine victims and other war-wounded.

In 2002 the ICRC continued its regular aid to six referral hospitals (two in Kabul and one each in Kandahar, Jalalabad, Ghazni, and Gulbahar). Aid included medicines, other supplies, equipment, staff incentives, maintenance training and technical assistance. At the same time, it continued support initially designed to help northern hospitals treat the war-wounded, gradually scaling it back over the year.

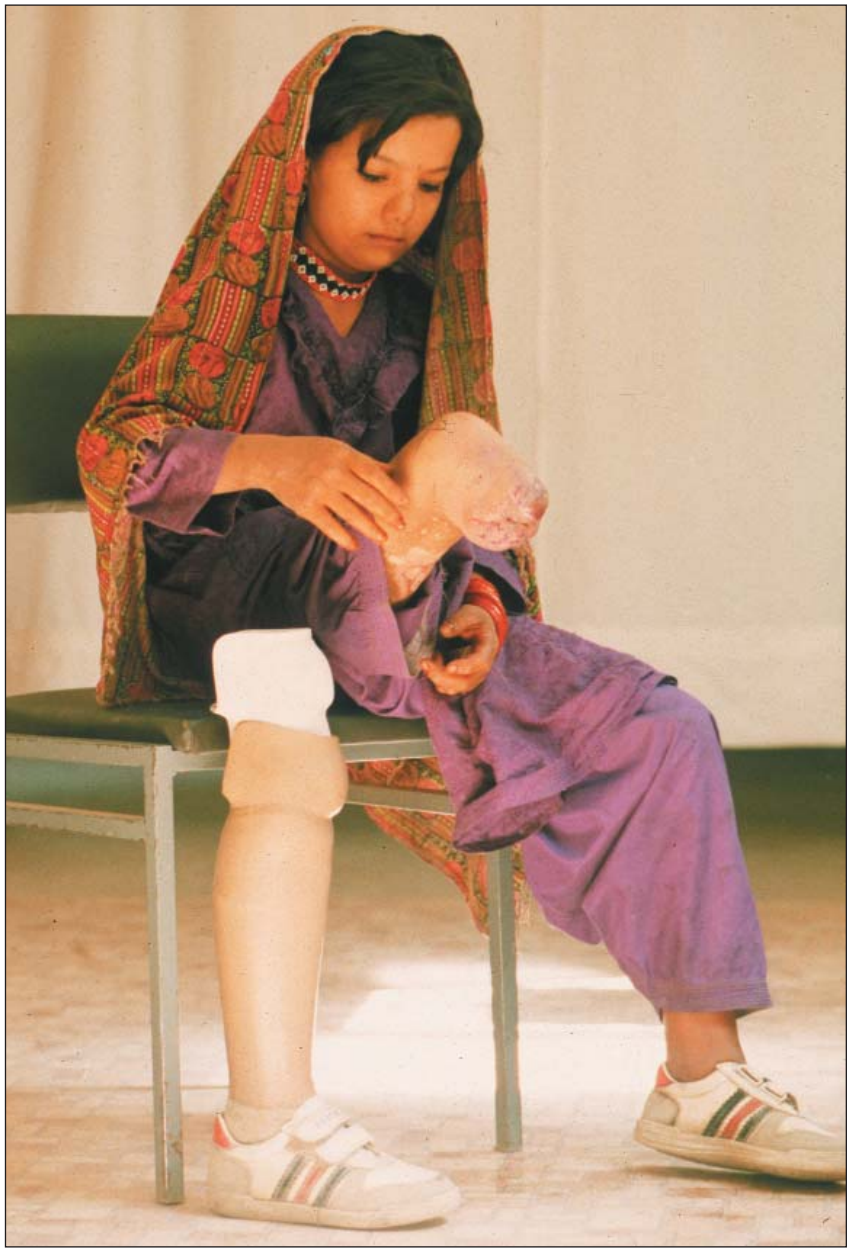
In Kunduz, Bamiyan, Samangan, Shiberghan and Taloqan, the ICRC rebuilt and repaired facilities and provided equipment, supplies, medical staff, training and other aid as needed to restore hospital services disrupted and damaged during the recent conflict to oust the Taliban. It also upgraded blood transfusion and X-ray services in hospitals it supported, assisted the ambulance services in Kabul, upgraded buildings and furnished equipment and supplies to four clinics providing basic health care in the areas where it worked.

ICRC-supported hospitals treated over 770 mine-injured patients in 2002.

Hospital support, 2002:
- hospitals regularly supported: 20
- admissions: 72,489 (surgical; medical; ob/gyn; paediatric)
- surgical operations: 40,844
- weapon-wounded admitted: 5,519 out of whom 779 (14%) mine-injured
- outpatient consultations: 362,212

Physical rehabilitation

Mine accidents have left large numbers of amputees in Afghanistan, and many people are disabled by other causes, including polio: over 52,000 Afghans (27,000 amputees) need prostheses, orthoses, or other orthopaedic appliances. Government services have not provided physical rehabilitation services, and for years the ICRC's physical rehabilitation centres located around the country have been the primary suppliers of physical rehabilitation prostheses, orthoses, wheelchairs, crutches and physiotherapy for the disabled in Afghanistan. The ICRC began these services in Afghanistan in 1988, and since then it has delivered more than 45,000 prostheses and 21,000 orthoses to disabled people around the country.



Mine victim, 9 year old Shima, waits for adjustments to her prosthesis at the ICRC orthopaedic workshop in Kabul.

In 2002, the ICRC continued to run its six prosthetic/orthotic centres, located in Kabul, Herat, Jalalabad, Mazar-i-Sharif, Gulbahar and Faizabad. In addition to providing physical rehabilitation services, the centres helped patients reintegrate into their families and communities, offering education, job training, job placement and microcredits and providing home care to persons with spinal cord injuries.

Physical rehabilitation assistance, 2002:

- delivered: 4,525 prostheses (76% for mine-injured); 7,311 orthoses
- other appliances distributed: over 760 wheelchairs, 6,291 pairs of crutches
- paraplegics receiving home care: 900
- disabled people receiving education, training, job placement, or microcredits: 900
- new patients fitted: 1,188 amputees; 3,796 others

Mine/ERW awareness

The ICRC began supporting ARCS mine-awareness activities in 1994, and in 1998 it began a mine/ERW data collection programme involving health facilities around the country. In 2002 it added about 90 more health-care facilities to its extensive information-gathering network. It also built up a network of volunteers from mine-ERW affected communities to report cases missed by clinics and hospitals because the victims died or did not seek care. Information on contaminated areas was passed to specialist local teams that would mark sites and clear the mines as well as NGOs and the ARCS who worked with communities to promote correct behaviour and prevent injury. The information was then entered into a database which provided the UN Mine Action Programme in Afghanistan with 90% of its information on new injuries.

In the central part of the country, the ICRC continued to support eight ARCS mine-awareness teams covering Parwan and Bamiyan provinces, taking an active role in their training, supervision and evaluation. It helped the National Society set up a programme for women and girls, and its all-female team reached some 63,000 women in Red Crescent and other clinics in Kabul, Parwan and Logar provinces. In eastern Afghanistan, the ICRC set up mine-awareness teams in May; these reached some 12,000 people in remote villages in Nangahar province. In November, two teams were created to work in nine northern provinces and another programme to be run there by and for women was launched through the Red Crescent. Combining mine-awareness work and data collection in a new unit – the ICRC Mine Action Programme (MAP) – improved the effectiveness of both activities, and an agreement with the HALO Trust set up a mechanism to allow a more direct response to requests by communities for quick response technical surveys, marking or clearance of contaminated areas.

MAP activities, 2002:
- new mine/ERW accidents recorded: 1,237
- health-care facilities collecting data: 400
- persons attending mine-awareness sessions: 201,000
- villages reached by mine-awareness workers: 1,700

CAMBODIA

Three decades of conflict have left Cambodia littered with mines and unexploded ordnance. The Landmine Impact Survey in 2002 found contamination to be higher than previously estimated, and reported that nearly half of all the country's villages, and all of its provinces, were known or believed to be infested by mines. Worst affected are the north and northwest (Pailin, Banteay Meanchey, Pursat and Oddar Meanchey provinces): of the over 780 mine accidents reported in 2002, more than 55% were in this region.

The Cambodian Mine Action Centre (CMAC), formed in 1993, is engaged in mine action, and a number of organizations are active in demining, mine awareness and victim assistance.

Cambodia ratified the Ottawa Convention in 1999, adopted legislation implementing the treaty in the same year, and has reported destroying all of its antipersonnel mine stockpiles. It is also party to the CCW and its Amended Protocol II.

Physical rehabilitation

Since 1991, the ICRC has supported the physical rehabilitation centre in Battambang and the component factory in Phnom Penh, both under the responsibility of the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MOSALVY).

Battambang Physical Rehabilitation Centre
The Battambang centre, located in the north of the country, was built with ICRC assistance in 1991. Since then the centre has provided more than 14,000 prostheses and 2,500 orthoses. After running the project for three years as a delegated project, the Japanese Red Cross ended its involvement in 2002.

In 2001 the centre was recognized by the government as a regional fitting centre, making it the only rehabilitation centre in the country officially recognized as part of the national physical rehabilitation structure. It produced about a quarter of the prostheses manufactured in the country in 2002. Because more than half of the amputees living in the remote regions covered by the centre could not afford transportation to the centre, centre staff made 18 field trips to remote areas, repairing over 1,000 prostheses.

In collaboration with the Cambodian School of Prosthetics and Orthotics (CSPO), the ICRC hosted the third continuing-education course for prosthetic/orthotic technicians, held at the Battambang centre and attended by technicians from all of the country's rehabilitation centres. In 2002, the Japanese Red Cross completed a three-year term running the centre as a delegated project, and ICRC resumed its direct assistance.

Phnom Penh Orthopaedic Component factory
In 2002, the ICRC-supported component factory in Phnom Penh remained the sole supplier of orthopaedic components and walking aids in Cambodia, supplying them free of charge to all 14 physical rehabilitation centres in the country and for the CSPO. During the year the government began covering 17% of the factory's basic running costs.

Physical rehabilitation assistance, 2002:
Phnom Penh component factory
- manufactured components for: some 5,500 prostheses; 2,500 orthoses; 4,500 pairs of crutches

Battambang centre
- delivered: over 1,300 prostheses (91% for mine victims); 847 orthoses
- other appliances distributed; 206 wheelchairs; 1235 pairs of crutches
- new patients fitted: 385 amputees; 508 others

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA (DPRK)

There is little information available on mine contamination in the DPRK, but there are likely to be some mines left in the Demilitarized Zone; information on about casualties, demining, or any other mine action is also unavailable.

The DPRK is party to neither to the Ottawa treaty nor the CCW or its protocols.

Physical rehabilitation

Official figures report approximately 36,000 amputees in the DPRK; the country's rehabilitation facilities are able to accommodate only 4,600 patients per year. In 2002 the ICRC began supporting the new physical rehabilitation centre in Songrim, 30 km south of the Pyongyang. It renovated the facility and provided the needed equipment and materials. The centre opened in July, run on the basis of a three-year agreement signed with the Red Cross Society of the DPRK and the Ministry of Public Health. During the year, the ICRC provided the technical staff with training.

Physical rehabilitation assistance, 2002:
- delivered: 230 prostheses (14% for mine victims; 4 orthoses)
- distributed: 37 wheel chairs; 80 pairs of crutches
- new patients fitted: 221 amputees; 4 others

For the rest of their lives, these boys will need regular replacement and repair for their prostheses

KYRGYZSTAN

Following clashes in Batken in 1999 between groups of the Islamic Movement of Uzbeksitan (IMU) and government forces, Kyrgyz borders with Uzbekistan and Tajikistan were mined to prevent further IMU incursions. The clashes also left some unexploded ordnance and other explosive remnants of war. In June 2001, the government of Kyrgyzstan issued a decree for the clearance of mined areas in the country, and some areas have been cleared since. Questions of border delineation hindered clearance in some areas, particularly the Sokh enclave. Contamination in pastures and areas for collecting firewood posed the greatest dangers to civilians, particularly shepherds and children.

The Ministry of Ecology and Emergency Situations is responsible for compiling mine information, but by the end of 2002 had not yet set up a structure for comprehensive data collection. The Ministry of Defence is responsible for clearance.

Kyrgyzstan is neither party to the Ottawa treaty nor to the CCW or its protocols.

Mine awareness
The Red Crescent Society of Kyrgyzstan (RCSKg) and the Ministry of Ecology and Emergency Situations requested that the ICRC support a mine-awareness programme in Batken Oblast. The programme began at the end of 2002, when the ICRC helped the RCSKg train mine-awareness volunteers in communities around the Sokh enclave.

MYANMAR

For 50 years, armed groups and military forces have used mines and improvised explosive devices (IED) in their activities in eastern border areas of Myanmar. These devices contaminate nine of the 14 states and districts in the country: Shan, Kaya, Kayin and Mon states and Taninthayi division are among those most infested. In some areas, villagers displaced as a consequence of armed operations face risks of injury if they return to their homes. IEDs are also commonly used for non-military purposes, including fishing and the “protection” of illegal activities such as drug trade.

The military and private companies are engaged in some demining. There is no systematic data collection on casualties and international organizations’ access to many of the areas most affected by mines is limited. A number of amputees wounded in Myanmar live in refugee camps in Thailand.

Myanmar is party to neither the Ottawa Treaty nor the CCW or its protocols.

Medical assistance
There is little comprehensive information available on the number of war wounded, or on health care services in areas affected by fighting. To improve the capacity of the health-care system in the areas where it worked, the ICRC provided medical supplies and instruments to three hospitals (three in eastern Shan state and one in Kayin state), renovated hospitals (four in southeastern areas, and two in eastern Shan state), conducted waste management and disease-control training for the staff in two hospitals, and bore the cost of medical treatment of war-wounded patients treated in Thailand and Myanmar.

Physical rehabilitation

While there has not yet been a comprehensive survey, conservative estimates put the number of amputees in the country at 6,000; most have been injured in connection with armed conflict. There are five government-supported physical rehabilitation centres in the country (two in Yangon, one each in Mandalay, Maymo and Yenanthar), but they are far from the remote border areas affected by conflict, and most amputees cannot afford to travel to them.

Between 1990 and 1995, the ICRC and the Myanmar Red Cross Society worked together to improve patient access to physical rehabilitation centres in a programme that identified patients in remote areas,

transported them to prosthetic workshops, and provided lodging and food while they were fitted. After the ICRC withdrew its full-time presence in 1995, the programme continued on a smaller scale, and the ICRC made periodic follow-up visits from Cambodia. In 1999 it resumed its full-time involvement, providing materials, staff training, technical advice, centre renovation and equipment as needed to upgrade the quality of services and level of productivity. It continued the joint outreach programme. This involvement during the periods 1986-1995 and then 1999-2001 enabled government centres to fit some 13,000 prostheses for patients who would otherwise not have been able to get artificial limbs; these have accounted for 80% of the prostheses produced in the country in recent years.

Still the only international organization directly involved in fitting prostheses in Myanmar, the ICRC continued its assistance in 2002. In addition, it opened a new rehabilitation centre in Hpa-an (Kayin state). The centre, which opened in September of that year, is intended to better reach the physically disabled in the south-eastern part of the country, particularly Mon and Kayin states. It was set up in cooperation with the Myanmar Red Cross and Ministry of Health, by agreement with the Ministry of Home Affairs.

Physical rehabilitation assistance, 2002:
- delivered: some 1,500 prostheses (70% for mine victims)
- other appliances distributed: 407 pairs crutches
- new patients fitted: 1,018
- patients fitted through outreach programme: over 500

SRI LANKA

The conflict in Sri Lanka has left mines scattered in the northeast, particularly the Jaffna peninsula and the Vanni. In 2002, new peace initiatives led to a ceasefire and the lifting of restrictions on movements of people and goods to and from the northeast. Many displaced people were able to return to their homes, some of them in mine-infested areas. According to the UN Support to Mine Action Programme of UNDP there were 142 mine casualties reported in Sri Lanka in 2002.

The government and the LTTE, as well as a number of humanitarian organizations, are involved in demining. It will take years before all infested areas are cleared. The ICRC helped facilitate coordination between the two sides for demining of the highway linking the Jaffna peninsula to the rest of the country, and collected data on mine injuries. Several UN agencies and NGOs were involved in mine-awareness activities.

Sri Lanka is party to neither the Ottawa Treaty nor the CCW and its Additional Protocols.

Medical assistance

With hostilities suspended throughout the year there were few casualities. Government hospitals provided surgery for the war wounded in Sri Lanka, with some support from NGOs.

To exchange expertise on the treatment of war injuries, the ICRC, the Sri Lankan armed forces and the College of Surgeons of Sri Lanka organized a war surgery seminar in Colombo. The second of its kind, it was attended by 150 surgeons.

Physical rehabilitation

The ICRC estimates that there are some 15,000 amputees in Sri Lanka. A workshop run by the Friends in Need Society (FINS) produces artificial limbs on the Jaffna peninsula, and the NGO White Pigeon fits prostheses in the Vanni; both have traditionally used the Jaipur foot technology. In 1999 the ICRC started assisting the FINS workshop, providing it with training, materials and equipment needed to adopt the polypropylene technology; since then, ICRC assistance has helped the FINS workshop to deliver 900 prostheses.

In 2001, when amputees in the Vanni could not leave the area to be fitted with prostheses elsewhere, the ICRC began helping the White Pigeon workshop to obtain materials to produce Jaipur foot prostheses. When restrictions on movement were lifted in 2002, amputees in the Vanni to could travel to Jaffna, and White Pigeon was able to obtain its materials without assistance. The ICRC ended its assistance to White Pigeon, but continued to assist FINS, helping the centre meet the increased demand from amputees who, able to leave the Vanni for first time in years, travelled to Jaffna to be fitted with the lighter and more comfortable polypropylene prostheses available there. Seventy-five percent of the prostheses fitted by the workshop were polypropylene. The ICRC sent two technicians at the centre to Addis Abeba for training in polypropylene technology.

Physical rehabilitation assistance, 2002:
- provided: 323 prostheses (56% for mine victims); 67 orthoses
- other appliances distributed: 23 wheelchairs; 41 pairs crutches
- new patients fitted: 103 amputees; 5 others

TAJIKISTAN

In 2000, mines were laid on the Tajik-Uzbek border in order to prevent armed incursions into Uzbekistan. In Soughd Oblast and the Tursun Zade district of Tajikistan, where people frequently crossed borders for trade, family business and other activities, the mines caused a number of civilian injuries and deaths. In the less-densely populated mountain passes of Rasht Valley, mined areas remain from the civil war period (1992-1997). According to information collected by the Red Crescent Society of Tajikistan, there have been some 90 persons killed in mine incidents in Tajikistan since 2000, and a similar number injured. The number of casualties reported has fallen steeply in 2002.

In 2002, the government of Tajikistan developed a national strategy for mine action which was presented at the Conference on Landmines and Explosive Remnants of War organized by the ICRC in Moscow. It also established a working group for mine information and mine action activities. The Working group is responsible for collecting mine data, and a decree issued late in the year gave the group access to military information needed to get a complete picture of the mine problem.

On 23 September 1999, the president of Tajikistan signed a decree of accession to the Ottawa treaty and the CCW.

Medical care

Like other public services in Tajikistan, the health-care system suffered after independence, when the new government had few resources to maintain facilities and equipment, provide medicines and supplies, and pay staff. The civil war created more stress on the system. During and after the civil war the ICRC assisted surgical facilities, providing them with medicines and supplies that they needed to treat the war-wounded. This assistance was gradually reduced and in 2002 was discontinued altogether.

Physical rehabilitation

Prosthetic workshops in Dushanbe and Khojent provided artificial limbs in Tajikistan during the Soviet period. After independence, the centres closed because of a lack of funding. When a survey showed that there were many amputees who needed rehabilitation services, the ICRC, on the basis of an agree-

ment with the Ministry of Social Protection and the Red Crescent Society of Tajikistan (RCST), began to renovate, equip, and provide materials and training needed to re-establish rehabilitation services at the centre in Dushanbe. After the centre reopened in 1999, the ICRC continued to cooperate with the government to run it, and delegated the project to the Canadian Red Cross. With the government and the RCST, the centre set up an outreach programme in order to identify patients from remote areas, transport them to the centre and provide accommodation while they were fitted.

By 2002, the centre had fitted more than 1,030 people with prostheses. An ICRC/RCST survey found 1,000 persons, mostly polio patients, who needed orthoses, and the centre began training technicians to manufacture and fit orthoses; before the end of the year it had started to produce them on a small scale. The centre also gave a three-month course to train staff in physiotherapy, and supported three satellite centres for prosthesis maintenance in Khodjent, Kulob and Khorog.

Physical rehabilitation assistance, 2002:
- fitted: 306 prostheses (9% for mine victims); 44 orthoses
- provided: 28 wheelchairs; 200 pairs of crutches
- new patients fitted: 122 amputees; 32 others

Mine/ERW awareness

In 2001 the ICRC began supporting the Red Crescent Society of Tajikistan in launching community-based mine-awareness activities, in coordination with the Ministry of Emergency Situations and Civil Defence. In 2002 these covered the affected districts in Soughd Oblast and Tursun-Zade, and seven affected districts in Rasht Valley. The programme trained Red Crescent mine-awareness volunteers, who in turn trained teachers, administrators, religious leaders and other community members to tell people about the dangers and how to avoid them. They worked with communities to organize discussions, distributed printed materials, aired mine-awareness messages, organized contests, and placed billboards to remind people about mine danger. The ICRC and the RCST advised the government as it developed a system for gathering data on mine accidents.

.

Mine-awareness activities, 2002:
- people reached by mine-awareness presentations: 10,000 (60% children)
- RCST volunteers trained in mine awareness: some 35

VIETNAM

There is still a considerable amount of mine/ERW contamination in Vietnam, most left from conflict in the 60's and early 70's. There is no comprehensive information available on mine casualties, but they continue to be reported in the press. The government estimates that clearance will take decades.

Vietnam is party to neither the Ottawa Treaty nor the CCW or its Protocols.

Physical rehabilitation

There are an estimated 75,000 amputees in Vietnam. Between 1989 and 1995, the ICRC worked with the Ministry of Labour, Invalids and Social Action (MOLISA) to set up manufacture of prosthetic components at the Ho Chi Minh City Rehabilitation Centre and ensured the production of prostheses for amputees in the southern provinces. In 1993 the ICRC introduced polypropylene technology to the centre. In 1995 the ICRC ended its direct support and the SFD followed the project in Ho Chi Minh City, switching its emphasis to the provision of prostheses for destitute amputees. This category includes veterans of the former opposition army or their families, often poor, who were classed as civilians and not eligible for public prosthetic services. In 2001 the SFD and the Vietnam Red Cross started a programme that identified amputees and transferred them to the Ho Chi Minh centre for treatment. The SFD also introduced polypropylene technology to orthopaedic centres in Can Tho, Qui Nonh, Da Nang, Than Hoa and Vinh. Between 1988 and 2002, the ICRC/SFD contributed to the manufacture of over 27,900 prostheses in Vietnam, over 13,700 of which were for people categorized as "destitute amputees". Over half of the amputees assisted by the programme were mine-injured.

In 2002, the SFD continued to provide materials and technical assistance to the five prosthetic/orthotic workshops, which produced prostheses for all categories of amputees. It continued to reimburse the costs of prostheses for destitute amputees fitted in Ho Chi Minh City, and expanded this assistance to reach amputees fitted in Danang and Can Tho.

Physical rehabilitation assistance, 2002:
- covered costs of prostheses: 2,920 destitute amputees (1,332 new amputees)

Latin America

COLOMBIA

Colombia's decades-old internal struggle intensified in 2002: there were some heavy aerial bombing operations, an increase of attacks using explosive devices, and a sharp rise in internal displacement. With this escalation of fighting, more areas were registered as mine-affected and mine casualties increased. Landmine Monitor estimates that all but a few of the country's departments are mine-affected, with casualties particularly high in Antioquia and Arauca.

The army carries out mine clearance. The government Programme for the Prevention of Antipersonnel Mine Accidents and Victim Assistance (PAAV) is responsible for collecting mine information and for coordinating victim assistance. It reported over 200 mine/ERW casualties in 2001, most from antipersonnel mines.

Colombia ratified the Ottawa treaty in 2000, and national legislation implementing the treaty came into effect on July, 2002. The National Interministerial Commission on Antipersonnel Mine Action (CINAMA) is responsible for implementation of the Ottawa treaty. Colombia is also a State Party to Amended Protocol II of the CCW.

Medical assistance

While the government provides secondary or higher-level medical services to populations living in conflict-affected areas, many people are unaware of their rights or have administrative difficulties when registering as beneficiaries; in some cases, health centres refuse to provide free services as stipulated by the law. Furthermore, some costs of specialized care are not covered by the health insurance system. In 2002 the ICRC continued to orient patients injured in violence to the national health system, and when necessary it covered their costs of transport, housing, food, medicines, surgery or physical rehabilitation. In 2002, the ICRC facilitated access to appropriate specialized medical care for 304 civilian war-wounded.

Physical rehabilitation

In 1992, the ICRC began assisting the Centro Integral de Rehabilitación de Colombia (CIREC), a prosthetic/orthotic workshop in Bogotà. It set up a unit for the production of polypropylene prostheses components, and ended its direct assistance in 1994. Since then, the SFD has provided the centre with raw material, trained staff, and offered technical advice in yearly visits. Continuing this support in 2002, it sponsored centre staff to attend training courses at the Don Bosco GTZ (German Technical Corporation) centre in El Salvador.

NICARAGUA

An estimated 135,000 mines/ERW were scattered in northern and central Nicaragua during the internal conflict in the eighties, an estimate that only concerns those laid by government armed forces. So far, half of all mines – both in the field and in stock – have been destroyed. Clearance is expected to be completed by 2005. There were 23 mine/ERW victims in 2002. The North Atlantic Region is area most affected.

Nicaragua ratified the Ottawa treaty in 1998, and adopted legislation implementing the treaty in 1999. It is also party to the CCW and its Amended Protocol II.

Physical rehabilitation

Nicaragua is one of the poorest countries in Latin America. It has some 3,000 amputees.

In 1984 the ICRC began, in collaboration with the Ministry of Health, to run a prosthetic/orthotic programme in Managua; at the time it was the only centre producing prostheses and orthoses in the country. The project, *Centro Nacional de Production de Ayudas Tecnicas y Elementos Ortoprotesico*s (CENAPRORTO), produced over 2,900 prostheses for over 1,700 amputees before the ICRC handed it over to the Ministry of Health in 1993. The SFD then provided some assistance and made yearly follow-up visits. When management problems were identified, an SFD prosthetist began working full time to reorganize the centre in order to improve the quality and quantity of appliances produced. Begun in 1999, the restructuring was completed in 2001: lower limb production costs were reduced by 25%, and upper limb costs by over 60%.

In 2002, the SFD continued to train centre staff and to finance or donate prostheses, wheelchairs and crutches. The Nicaraguan Red Cross (NRCS) continued to helped the centre identify, collect information on and transport amputees living far from the centre. The SFD also provided materials and technical advice for a small local foundation (Walking Unidos) producing prostheses in Leon, and SFD staff based in Nicaragua also trained 12 staff members from a centre in Guatamala.

Thirty percent of the amputees treated in the CENAPRORTO centre were mine victims, and an additional 15% had other kinds of war wounds.

Physical rehabilitation assistance, 2002:
- appliances produced with SFD support: 473 prostheses, 935 orthoses
- appliances delivered: 523 pairs crutches; 114 wheelchairs

Mine/ERW awareness

The ICRC began supporting Nicaraguan Red Cross (NRCS) mine-awareness activities in 1998. Its child-to-child mine/ERW-awareness programme (*De Niño a Niñ*o) teaches children in schools in the North Atlantic Region. Some 30 Red Cross instructors were trained in the programme and teaching material was arranged and translated into the Miskito language. The newly trained instructors then held group sessions on mine awareness and first aid for 120 pupils.

In 2002, the ICRC continued to fund Nicaraguan Red Cross ambulances/first aid staff which accompanied army demining teams.

PERU

During the decades-long internal conflict in Peru, landmines were laid in the 1980's and early 1990's around electrical pylons in two coastal departments (Lima and Ica) and three departments in the Andean Highlands (Ayachucho, Huancavelica, Junín). Since 1992, these mines have injured more than 70 people, mostly children. In addition, the border conflict with Ecuador in 1995 also left approximately 120,000 mines along the border

The army conducted mine clearance along the border with Ecuador. The National Police and electrical companies are working to clear mines around electricity pylons. It is estimated that clearance will be finished in 2004.

Peru ratified the Ottawa treaty in 1998, and in 2001 reported that it had completed the destruction of its antipersonnel mine stockpiles. CONTRAMINAS, a public body composed of representatives from different ministries, was formed in December, 2002. In July, the national IHL committee (*Comisión Nacional de Estudio y Aplicación del Derecho Internacional Humanitario*, CONADIH), drafted a law to criminalize the use of anti-personnel landmines. A subgroup of the CONADIH, made up of representatives of the Ministry of Home Affairs, the Ministry of Justice, *Defensoria del Pueblo* and the ICRC, established to May 2002, proposed guidelines for a national plan to address the dangers of landmines.

Peru is also party to the CCW and its Amended Protocol II. In 2001 the ICRC organized a seminar on the CCW and its protocols and other topics related to the issue of ERW; it was attended by representatives of the government and of international organizations concerned

Medical care/rehabilitation

Starting in 1989 the ICRC helped cover the cost of medical or surgical care provided by the Ministry of Health to those who have been injured in armed violence, including mine accidents. After 1998 national health benefits covered most hospitalization costs, though expenses for prostheses were still not covered. In 2002, the ICRC continued to make representations to the authorities on behalf of mine victims who were unable to pay for treatment and rehabilitation, and provided prostheses for two people.

Mine awareness

In 2002, the ICRC:

- ran a press campaign to raise awareness of the danger of mines near electricity pylons and urging the government and electricity companies to demine there
- with the Peruvian national police, organized discussions and a puppet show to raise mine awareness in 14 mine-affected villages in Junin and Huancavelica provinces; reaching more than 7,000 people, the puppet show was translated and performed in Quechua
- coordinated and participated in meetings convened by CONTRAMINAS, giving input for the development of a national mine awareness plan

Europe

ALBANIA

During the 1998-1999 crisis in Kosovo, some 74 kilometres of the border with Albania were mined; some areas were also left with unexploded cluster bomblets. Unmapped and unrecorded, mines were laid in fields, forests, and pastures, as well as on common travel routes in the north of the country, endangering the lives and limiting the economic activities of over 100,000 civilians living in the extremely poor, rural communities in the districts of Tropoja, Has, and Kukes. Before this, the looting and several explosions of arms depots during riots in 1997 had left other ERW contamination in locations around the country. The mine/ERW-accident rate was highest in 1999, when 191 people were injured or killed; by the end of 2002 the total number of victims recorded since 1997-8 had risen to over 240. About one quarter of the victims were children; and about half of the accidents recorded occurred while victims were farming, herding, or going to school; 90 of the survivors had lower limbs amputated. Casualties have significantly declined: in 2002, seven mine/ERW casualties were reported.

Demining, which has cleared about half of the contaminated area, has proceeded slowly; it is estimated that it will not be completed until 2005. The Albanian Mine Action Executive was formed in 1999 and is responsible for collecting data on mine injuries. It is developing a national mine-action programme.

The Republic of Albania became a State Party to the Ottawa Treaty in August 2000, and in the same month it ratified the Convention on Certain Conventional Weapons, its Protocols I, III and IV, and its amended Protocol II.

Medical care

Recognized as a leading agency by the Albanian Mine Action Body in victim assistance, the ICRC coordinates with other humanitarian organizations (including the American, French, and German Red Cross Societies, SOS Albania, the Hammer Forum and the Institute for Rehabilitation), which are working in the country to provide medical care needed by the mine-injured.

Physical rehabilitation

Amputees in Albania receive prostheses at the National Prosthetic Centre in Tirana. Since 2000, the ICRC has assisted the centre, which previously was assisted by the Swiss Red Cross. ICRC assistance included raw material and components for the production of prostheses, and support for the training of technicians. In a joint ICRC/Albanian Red Cross programme, the ICRC covered costs of transport and accommodation for patients treated at the centre. This assistance continued throughout 2002.

Physical rehabilitation assistance, 2002:
- delivered: 168 prostheses (42% for mine victims); 124 orthoses

Mine/ERW awareness

The ICRC works in Albania to link mine/ERW-awareness activities with clearance and with humanitarian work in general, and to involve authorities and the international community. In June the ICRC helped draw up a national mine-action plan in a workshop organized by the Albania Mine Action Committee in cooperation with the UNDP. It also engaged in humanitarian diplomacy to raise international awareness of this threat, to attract demining agencies to the area and to encourage donors to fund their activities. These efforts bore fruit in 2002 when four mine-clearance teams from the Swiss Federation for Mine Action, Danish Church Aid and Humanitarian Mine Action began to operate in the neglected Tropoja district. The ICRC initiated a mine-action field trip in the north of the country to bring donors and mine-action organizations into contact with one another.

The ICRC and Albanian Red Cross began arms/ammunition-awareness activities in June 1997, and with ICRC support, the Albanian Red Cross launched a more comprehensive mine/ERW-awareness programme in 1999. Using experienced staff from its programme in Croatia, the ICRC trained some 15 Albanian volunteers and staff, and they then set up mine-awareness activities in their communities.

Mine-awareness activities, 2002:
- presentations given: 215
- “be aware of mines” games distributed: 1,000

ARMENIA AND AZERBAIJAN

Beginning in the late eighties and lasting until the ceasefire in 1994, the Nagorny Karabakh conflict between Armenia and Azerbaijan left antipersonnel and antitank mines and ERW scattered over the area of fighting and in particular the region of Nagorny Karabakh. In 1999, the *de facto* authorities of the region formed the Mine-Awareness Working Group (MAWG), which includes representatives from organizations concerned with mine action, and are responsible for mine/ERW-data collection and the dissemination of information collected. Demining is ongoing, but will take several more years to complete. In 2002, mines and ERW injured 15 people, including four children. Forty communities were affected by mines and ERW and had to identify alternative areas for grazing and gathering wood.

In Azerbaijan, the Azerbaijan National Agency for Mine Action is responsible for survey and marking of mined areas, clearance, and mine/ERW-awareness activities. In Armenia, the national Mine Action Centre is responsible for mine action, including demining and mine/ERW awareness activities.

Neither Armenia nor Azerbaijan has ratified the Ottawa Treaty or the Convention on Certain Conventional Weapons.

In November, both Armenia and Azerbaijan sent representatives to the regional conference on landmines and explosive remnants of war organized by the ICRC in Moscow.

Medical assistance

The ICRC kept stocks of drugs and surgical materials so that it could assist health facilities in the event of an emergency. It arranged for three surgeons to be trained in war surgery at a seminar in Moscow.

Physical rehabilitation

While the capacity of Azerbaijan's rehabilitation services was reduced after the dissolution of the Soviet Union, the situation in the Nagorny Karabakh region increased the demand for prostheses. A survey conducted jointly by the government and the ICRC in 1996 estimated that there were about 2,000 amputees in Azerbaijan.

In 1994 the ICRC began to reinforce rehabilitation services in Azerbaijan by assisting the Darnagul centre run in Baku by the Ministry of Labour and Social Proctection (MoLASP). The ICRC provided the centre with equipment, material, and components, and in 1998 launched a three-year training programme. Seven persons graduated from the programme to receive internationally-recognized (ISPO) qualifications before the ICRC handed the Darnagal centre over to the authorities at the end of 2001. Between 1995 and 2001, the ICRC assistance had enabled to fit over 1,400 amputees with over 2,000 prostheses.

In a policy to decentralize prosthetic services, in 2002 the MoLASP then closed the centre and transferred equipment and material from Darnagal to Ganja and Nakhichevan. Supporting the policy in a new agreement with MoLASP, the ICRC helped finance the construction of the centre in Ganja and provides material and components both for Ganja and Nakhichevan centres.

Mine/ERW awareness

The ICRC, working in close cooperation with the MAWG, began a mine-awareness programme in the region of Nagorny Karabakh in 1999. The programme included:

- a **school programme**, including child-to-child activities: trained 113 teachers and provided support materials for mine-awareness activities in the classroom (reached 22,000 pupils in 228 schools in mine-affected areas); in addition, trained 120 children as puppeteers and then organized mine-awareness puppet shows (reached 1,500 children).
- **community-based mine/ERW awareness**: supporting communities in their efforts to identify solutions to their mine problems, trained a network of the "de facto" Civil Defence representatives in mine-awareness skills and worked with them to distribute 95 luminescent white boards which warned of mine/ERW dangers throughout the territory
- a **public education** campaign: produced six television mine-awareness spots broadcast to 50,000-60,000 residents of the region

In 2002, there were half as many mine/ERW victims as there had been when the programme started in 1999; the casualty rate for children was down by more than 60%. Over the year, the ICRC ended its involvement with the mine-awareness programme: community-based activities maintained by the *de facto* Civil Defence authorities and the *de facto* educational authorities continued mine education in the schools, using the mine-awareness curriculum developed jointly with the ICRC. The ICRC provided the *de facto* Civil Defences authorities with video equipment

and a computer for the production of TV spots, organized training workshops and distributed teaching and promotional materials. For the school programme, it supplied printed and audiovisual teaching materials and organized practical workshops for teachers, children and representatives of the *de facto* education authorities.

BOSNIA AND HERZEGOVINA

Bosnia and Herzegovina is the country with the heaviest mine/ERW infestation in Europe. Left during conflict between 1991-1995, explosive remnants of war are concentrated around former front lines which criss-crossed urban and rural areas in much of the country. They have already injured or killed over 4,700 people, and while accident rates have fallen steadily, there were still 72 mine/ERW casualties in 2002. All of the victims were civilians, and more than a quarter were children; ERW caused over 35% of the accidents. After extensive mine-awareness activity, most people in the country have good knowledge of dangers and areas of contamination, but some take risks knowingly; mine-awareness instructors report that many are indifferent about mine risks, believing that if they survived the shelling and threat of mines during the war, they have little to fear from mines now. They frequently know what mines look like and how they work. Men between ages 19 and 39 were the group most often injured, and accidents occurred most often in spring and late summer, the seasons for planting and harvesting, showing that efforts to improve mine/ERW awareness should include discussing the economic alternatives to using dangerous land.

In spite of extensive demining there, it is estimated that the country will not be cleared for over seven years. The remaining contamination hampers reconstruction and slows the reintegration of refugees and IDPs.

Bosnia and Herzegovina ratified the Ottawa treaty in 1998, and in 1999 reported that it had destroyed its stockpiles. A Demining Law was adopted on a national level in 2002. The Bosnia and Herzegovina Demining Commission is the national policy-making body. Many different sorts of organizations are involved in mine action in the country, and the government has formed a Mine Action Committee (BHMAC) to coordinate them.

ICRC/Diffidenti, Giovanni

Tomislav Dusanic, a local artist from Osijek, Croatia, with more than 200 caricatures illustrating the risks posed by explosive remnants of war. He designed materials specifically to reach adult males identified, through analysis of Red Cross data, as the group most at risk.

Mine/ERW awareness

ICRC/Red Cross Society of Bosnia and Herzegovina (RCSBiH) mine/ERW-awareness activities began in 1996. It is the only mine/ERW-awareness programme that is not limited to a single target group and covers the whole country through a local network.

Its **community-based programme** has trained a total of 128 instructors to give mine-awareness presentations and lead discussion groups. Working with communities to identify problems and priorities, they communicate these to other organizations involved in mine action and help communities come up with their own strategies for reducing risk-taking behaviour.

ICRC/RCSBiH **school programmes** started training primary school teachers to conduct mine/ERW-awareness activities for children in 1997 and then in 2000 began to work with educational authorities to prepare a curriculum for secondary schools and develop instructional materials. They trained 150 teacher-trainers. The ICRC and the RCSBiH also organized an annual mine/ERW-awareness competition for over 500 schools.

A **media campaign** highlights mine/ERW risks in radio and television broadcasts including talk shows, spots, interviews, and quizzes. The ICRC contributed to a media seminar on mine/ERW awareness, which was organized by the Bosnia and Herzegovina Mine Action Centre and attended by 50 journalists from throughout the country.

The ICRC/RCSBiH programme provides the only systematic **data collection** on mine/ERW accidents in the country: local Red Cross staff and volunteers follow up all reports on mine/ERW accidents in their communities and submit the details to ICRC staff which enter them in a data base. The ICRC analyses information and shares it with others to improve the effectiveness of mine action and help plan work for reconstruction and refugee/IDP return.

In 2002, the ICRC/RCSBiH programme:
- reached 99,500 people in over 6,500 mine-awareness sessions
- worked with educational authorities in the Republika Srpska to develop an entity-level mine/ERW-awareness curriculum (Serbian language) for secondary schools
- conducted workshops for mine-awareness coordinators and others involved in mine action, to help them assess the needs of communities in mine-infested areas
- distributed over 60,000 leaflets and other materials with mine-awareness messages
- forwarded information on mine victims to help agencies that assist them – like the Landmine Survivor Network and the Jesuit Refugee Service – in selecting beneficiaries
- continued to highlight mine/ERW risks in radio and television broadcasts, and contributed to a media seminar on mine/ERW awareness attended by 50 journalists from across the country

The year the programme started, there were 632 mine casualties; by 2002 this number had fallen by more than 80%. A **comprehensive external evaluation** of ICRC mine/ERW-awareness programmes in the Balkans (see annex IV), completed in 2002, found that groups at risk were well aware of mine/ERW dangers and recommended that mine-awareness activities focus more on the highest risk groups (adult males, engaged in woodcutting, forestry and other activities).

The ICRC continues to work toward handing the programme over to the RCSBiH.

CROATIA

Mines and ERW, left over from conflict there in the early ‘90s, affect a large part of Croatia and remain an important obstacle to reconstruction and economic revival in the country. Laid along former front lines and in other strategic positions, they affect well over half of the counties of the country. By 2000, they had killed or injured a total of over a thousand people. Since then, casualty rates have stabilized at about 20 people a year. Most mine victims are injured working in the fields, chopping wood or tending to their livestock.

The ICRC centralized all the data on mine/ERW accidents collected by different organizations around the country until mid-2002, when it handed the data base over to the Association for Mine Victims. Many organizations, including private companies, the army, and NGOs are involved in demining the country, but it will take years before it is entirely cleared.

Croatia ratified the Ottawa treaty in 1998, and has announced that it has destroyed a number of its stockpiles. In December 2000 the Croatian parliament and government adopted a national mine-action programme whose object is to clear all mine-contaminated areas in Croatia by 2010. In 2001, the national parliament adopted the Law on the Croatian

Red Cross (CRC), which made the CRC the State's auxiliary in implementing mine-awareness activities.

Mine action
In 1996 the ICRC and the CRC launched a mine/ERW awareness programme (MAP) working through Red Cross branches in mine/ERW-affected areas. The programme, which is the only systematic and continuously operating mine-awareness programme in the country, focuses on high-risk groups such as returnees, hunters, farmers, fishermen and children. In 1998 the MAP introduced a community-based approach to support local initiatives in mine-affected areas.

In 2002, the MAP:
- reached over 17,600 adults and nearly 15,200 children in over 1,300 presentations given by over 55 instructors
- held refresher courses for 87 mine-awareness instructors and Red Cross branch secretaries
- developed radio and television broadcasts to convey mine-awareness messages to population groups at risk, working in collaboration with the Croatian Mine Action Centre
- supported mine-related activities such as the formation of a mine-victim section in the National Association of Invalids
- participated in the first national assessment of civilian mine victims
- created a photo reportage on children injured by mines to help secure funding for the Association for Mine Victims
- helped organize a seminar in Dubrovnik on implementation of the Ottawa treaty, in collaboration with the Croatian government and NGOs
- sponsored sports and other youth competitons, plays, and multimedia exhibitions to transmit mine-awareness messages
- provided children with safe playgrounds in mine-contaminated areas
- commissioned a comprehensive evaluation of the mine awareness programme in Croatia (see annex IV)

FORMER YUGOSLAV REPUBLIC OF MACEDONIA (fYROM)

While mine use was not extensive during the internal conflict in 2001, the fighting, which was concentrated in the northern areas around Tetovo, and Kumanovo, and areas around Skopje left behind considerable ERW contamination. This was localized in "hot spots", particularly areas that had been bombarded: there were 11 casualties in 2001 and there was one in 2002. ERW contamination presented an obstacle to refugee/IDP return.

In 2001 the UN opened a Mine Action Office (MAO) in Skopje. The MAO collects mine/ERW data. The government and some NGOs began clearance in 2001.

Progress in clearance and good coverage of mine-awareness reduced overall ERW/mine dangers in 2002; in towns and villages that were still contaminated, returning IDPs and children were the groups facing the highest risks of injury.

The fYROM ratified the Ottawa treaty in 1998. It is not yet party to the Amended Protocol II of the CCW, although it has ratified the CCW and its original Protocol II.

Mine/ERW awareness

After conducting an evaluation of the mine/ERW threat, in August 2001 the ICRC launched a mine/ERW-awareness programme with the Macedonian Red Cross. The programme used experienced mine-awareness staff from other areas of the Balkans to train over 35 instructors and community representatives from mine affected areas. The newly trained instructors went on to give presentations.

In 2002 the programme:
- gave over 200 presentations to over 1,500 adults and 2,000 children, using theatre to convey messages to children
- collected data on mine accidents and shared them with the UN MAO
- distributed printed materials, video cassettes and CDs warning of mine dangers

GEORGIA

Landmines and ERW have been left behind by the fighting between Georgia and its breakaway region of Abkhazia that broke out in 1992-3 and has flared up sporadically since then. Explosive remnants of war contaminate fields, orchards, and industrial areas. They seriously interfere with economic activity, particularly in Abkhazia; Ochamchira and Gali are the regions most affected. People displaced from fighting in Abkhazia and now living in western Georgia are also at risk, because they often travel through mined areas to return to their homes in Abkhazia.

The HALO Trust began mine clearance work in Georgia in 1997 and, together with the local authorities, set up the Abkhaz Mine Action Centre (AMAC) in 1999. AMAC coordinates mine action. The Abkhaz Committee of the International Campaign to Ban Landmines is involved in the collection of mine/ERW data, and the Association of Invalids with Spinal Injuries maintains a mine-victim database.

Georgia has not ratified the Ottawa treaty. It is party to the CCW and its original Protocol II, but has not ratified the Amended Protocol II on landmines.

Medical assistance

In western Georgia, the breakdown of the economy has left the medical system without the resources to provide services for the war-wounded, and many people cannot afford the medical care they need. Hospitals in Abkhazia have similar problems, and the availability of drugs and medical equipment is limited by restrictions on goods entering the territory.

To ensure that patients with weapon-related injuries and emergency surgical patients had access free of charge to proper care and safe blood transfusion, in 2002 the ICRC continued its regular support to referral and first-line hospitals in western Georgia and Abkhazia. It provided them with equipment, supplies and medication. In some of the hospitals it gave materials for blood banks. In western Georgia, the hospitals supported included the Republican Hospital in Zugdidi, the regional referral hospital, and two facilities in Darcheli and Jvari. In Abkhazia, it gave similar support to three referral hospitals (in Sukhumi, Agudzera and Tkvarcheli) and two first-line hospitals. These hospitals treated 16 mine-injured patients in 2002, the large majority of them in Abkhazia.

Five surgeons from Georgia, including two from Abkhazia, went to Moscow to attend the ICRC war surgery seminar held there in October 2002.

Hospital support, 2002:
- hospitals assisted regularly: 8
- patients who received blood transfusions: 620
- admissions: 7,274 (surgical, medical, ob/gyn, paediatric)
- weapon-wounded admitted: 89
- surgical operations: 2,900
- surgical patients admitted: over 4,600
- outpatient consultations: 11,672

Physical rehabilitation

Two main centres, one in Tbilisi and one in Gagra (Abkhazia), provide physical rehabilitation services in Georgia. The ICRC has supported both since 1995, upgrading infrastructure and equipment, providing material and components, and training 17 staff members in a formal three-year training programme, six of whom made further study to receive internationally-recognized (ISPO) qualifications. In 2000, specialist teams began to visit remote areas in an outreach programme serving those who could not get to the centres. Between 1995 and 2002, ICRC assistance helped the centres provide prostheses for over 2,000 amputees.

In 2002, the ICRC team playing an advisory role and in consultation with the authorities concerned, started to work on a withdrawal strategy.

Rehabilitation assistance, 2002:
- provided: 478 prostheses (25% for mine victims); 968 orthoses
- delivered: 398 pairs crutches; 42 wheelchairs
- new patients fitted: 163 amputees; 352 others

Mine/ERW awareness

In 2000 and 2001, the ICRC worked with the HALO Trust to organize mine-awareness presentations for displaced people in western Georgia. When a survey showed that people knew in general about the risk of mines but were still not aware of what they could do to minimize the risk, the ICRC worked with HALO Trust staff to find ways to make mine-awareness activities more effective, and gave training on aspects of the community-based approach. In 2002 the ICRC arranged for HALO Trust staff to visit ICRC mine/ERW-awareness programme in the Nagorny

Karabakh region. Working throughout Abkhazia, ICRC field staff are often given information about areas infested with mines or ERW, which they pass to the HALO Trust for follow up.

RUSSIAN FEDERATION (CHECHNYA)

Since the mid-nineties, recurrent conflicts in Chechnya have caused mine contamination in the region as well as in the areas of Novolak and Botlikh in Daghestan. Large numbers of Chechen IDPs live in Ingushetia and Daghestan.

Comprehensive data on mine accidents in Chechnya is not yet available; in 2002 ICRC-supported hospitals treated 445 mine injuries.

Security risks remained a major constraint for humanitarian organizations working in Chechnya. ICRC movements are therefore very limited within the republic. Activities there are mainly carried out by national staff, with expatriate staff who are based in Nalchik (Kabardino-Balkaria) present as regularly as possible.

The Russian Federation is not party to either the Ottawa treaty or the Amended Protocol II of the CCW.

Medical assistance
In Chechnya, several years of violence have left medical facilities severely damaged, with few resources to maintain their services. The ICRC supplies nine hospitals in Chechnya and one referral facility each in Ingushetia and Daghestan, providing medicines and surgical materials and equipment. In 2002 it increased the quantities and variety of medicines provided, and sponsored the participation of a Chechen surgeon in an ICRC seminar on war surgery in Moscow.

Hospital support in 2002:
- hospitals: 12
- admissions: over 19,000 (surgical, medical, ob/gyn, paediatric)
- surgical operations: nearly 15,000
- weapon-wounded admitted: 974 out of whom 445 (46%) mine-injured

Physical rehabilitation

Conflict has left many people in Chechnya disabled: the ICRC estimates that there are up to 7,000 amputees in the republic. Through its surgical programme, it continues to provide wheelchairs and crutches to the disabled. To address longer-term needs for physical rehabilitation, the ICRC supported the physical-rehabilitation centre reopened in Grozny by the Ministry of Labour and Social Development. It provided the equipment needed to produce prostheses, and supported the training of eight technicians planned to staff the centre. The training took place in Sochi Orthopaedic Centre (in southern Russia), with the collaboration of the St Petersburg School of Prosthetics and Orthotics. Technicians in training began working at the centre, under the supervision of an experienced technician, in 2002.

Physical rehabilitation assistance, 2002:
- wheelchairs delivered: 29
- crutches (pairs) delivered: 600

Mine/ERW awareness

Since 2000, the ICRC has worked with high risk groups to increase their knowledge about the danger of mines in Chechnya and affected areas of Daghestan. Since these areas are difficult to reach, efforts have focused on the internally displaced in Ingushetia, whose frequent visits back home to villages not only put them at risk, but also give them an opportunity to spread mine-awareness messages in the affected areas that are inaccessible to ICRC staff. In group discussions on mine risks, IDPs were encouraged to distribute mine-awareness leaflets and share information in their home villages. In 2002 the ICRC continued these activities and also began to work with village *imams* (community leaders) to teach them about mine risks and get them to try to alter risk-taking behaviour in their communities.

The ICRC also developed and used a number of activities to target children, including puppet shows, a television series and cartoons featuring the well-known character *Cheerdig*, and a “child-to-child” approach aimed to teach youngsters how to avoid accidents and pass life-saving information on to their peers. The information reached thousands of Chechen children in Chechnya itself, in IDP camps in Ingushetia or on State-sponsored vacation in sanatoriums in the northern Caucasus, and schoolchildren in mine-affected communities in two regions of Daghestan. School activities were coordinated closely with UNICEF and carried out in collaboration with the Ministry of Education.

FEDERAL REPUBLIC OF YUGOSLAVIA

Kosovo
Hostilities in Kosovo in 1999 left a large number of mines and ERW; cluster bomblets from aerial bombardment accounted for about half of this contamination. In 1999 over 400 people were killed or injured in Kosovo by mines/ERW. Adult males were most often injured, but children under 15 were one quarter of those injured. Casualty rates have declined quickly since, and by 2002 there were 31 mine/ERW casualties.

The UN Mine Action Coordination Centre (MACC) worked with a number of organizations involved in mine action. In December 2001, MACC handed over responsibility for mine action to local bodies. Working with the MACC and coordinating with WHO, the ICRC took the lead in data collection. Many agencies have been involved in mine/ERW awareness, which had been integrated into the school curriculum by 2001.

Mine/ERW awareness

In response to the Kosovo crisis, the ICRC launched a mine/ERW awareness information campaign in the Macedonian and Albanian refugee camps in May 1999. When refugees began to return to Kosovo a month later, it began its community-based mine/ERW awareness programme there, training volunteers to visit seriously threatened villages and help communities identify needs and develop solutions. It also initiated mine/ERW-data collection in hospitals and communities, worked to speed up clearance in the most dangerous areas by providing demining agencies with information needed to prioritise their activities, and passed data on to organizations assisting mine victims. The ICRC continued this work in 2002, reaching 120 villages with its mine-awareness activities. Between the time it started and the end of 2002, the programme trained over 250 volunteers and held discussions in over 500 mine/ERW affected villages. During 2002 the ICRC commissioned an external evaluation of the mine-awareness programme in Kosovo (see annex IV for further details).

Mine-awareness activities, 2002:
- villages visited: 120
- materials distributed: 14,400 notebooks, posters, etc

FRY/SOUTHERN SERBIA

The 1998-1999 conflict in Kosovo, NATO bombing and the conflict in 2000 and 2001 between ethnic Albanian armed groups and the Yugoslav Joint Security Forces (YJSF) have left pockets of mine and ERW contamination in parts of southern Serbia. The most highly affected areas are in the municipalities of Presevo, Bujanovac and Kursumlija. Mines and ERW killed or injured 21 people there in 2000. Most were men, often tending livestock or gathering wood, but over one third of the victims were children. Most common were mine accidents, followed by those caused by unexploded cluster bomblets, which along with ERW accounted for the high number of children injured. The police and army have been responsible for clearance. In 2002 the number of casualties had dropped to three.

The Federal Republic of Yugoslavia has initiated the process to accede to the Ottawa treaty and has begun destruction of its stockpiles. It established a mine action center in Belgrade in April 2002. It is party to the CCW and its original Protocol II, but not to its Amended Protocol II.

Mine/ERW awareness

When fighting broke out between ethnic Albanian armed groups and the government in 2000, the ICRC distributed mine-awareness leaflets and posters in affected areas as it assessed risks in accessible areas. When the fighting ended in 2001, it trained Yugoslav Red Cross (YRC) volunteers from areas near Kosovo as mine-awareness instructors, and they spread knowlege about dangers in Presevo, Bujanovac and Medvedja. In 2002, the ICRC stepped up mine-awareness activities for children, distributing leaflets notebooks and posters in primary schools and working with two theatre companies to present play of “Little Red Riding Hood” with mine-awareness messages. It also held monthly meetings with members of both Serb and Albanian communities in Presevo and Bujanovac, as well as local authorities, members of police and civil defence forces and the army, to find solutions to mine/ERW problems. It also worked with the YRC form teams for implementing mine-awareness projects in their communities.

The external evaluation of mine-awareness activities in the Balkans, conducted in 2002, confirmed that the population was well aware of the danger posed by mines and ERW; this was also suggested by the significant drop in injuries since 2000.

Mine awareness activities, 2002:
- trained: 41 National Society staff and volunteers
- mine-awareness theatre performance attendance: over 4,200 children and more than 500 adults

Middle East and North Africa

IRAQ

In 2002, many areas of Iraq were still heavily infested with ERW. These were left over from the Iran-Iraq war (1980-88), the 1991 Gulf war, US/UK air strikes and, in the north of the country, internal fighting. In the north, ERW are concentrated in the governorates of Dohuk, Arbil, and Sulaymaniyah, and in particular in districts along the border with Iran: the UN estimates that 1,100 communities are affected by the contamination, and mine clearance and mine awareness activities have been established there. ERW also continue to injure civilians, especially farmers and herders, on the border with Kuwait in the south. In the four governorates of southern Iraq that are highly contaminated, cluster bomblets pose a special threat to children.

Iraq is not party to either the Ottawa treaty or the Convention on Certain Conventional Weapons.

Medical and surgical/hospital assistance

Once amongst the most modern in the Arab world, the health-care system in Iraq is suffering the consequences of past wars and years of comprehensive international sanctions. Hospitals have not been properly maintained and often lack trained staff, in particular nursing and maintenance personnel; doctors have not been able to keep their knowledge up to date. Since 1999, the ICRC has upgraded 10 hospitals and 23 other facilities around the country, combining repairs of health-care facilities with management, nursing and maintenance training for staff. This has improved medical services for a large part of the country's 23 million inhabitants. In 2002, the ICRC finished major renovation at Basra Teaching Hospital and Baghdad's Al-Rashid psychiatric hospital.

Physical rehabilitation

WHO estimates that the Iran-Iraq war, the Gulf war and internal violence have left some 30,000 Iraqis with lower-limb amputations. International sanctions severely weakened Iraq's ability to sustain the prosthetic/orthotic services it once provided.

In 1993 the ICRC began assisting prosthetic/orthotic centres in Iraq. It helped them to adopt appropriate polypropylene technology in order to provide good quality prostheses with affordable and easily accessible materials and simple technology. It continued to provide the centres with materials, components, maintenance assistance, and staff training; by 2002 the organization was supporting seven centres, three in Baghdad and one each in Basra, Najaf, Mosul and Arbil. These were government-run, except for the Iraqi Red Crescent Society (IRCS) centre in Mosul. Between 1993 and 2002, this assistance enabled the facilities to provide over 18,000 prostheses and 10,000 orthoses to the disabled in Iraq. The ICRC also assisted the Baghdad prosthetic/orthotic school and supervised a local component-production facility. The centres in Arbil and Mosul were run as projects delegated to the Norwegian Red Cross.

In 2002 the ICRC continued this assistance while working to promote the centres' autonomy and sustainability by helping to define policies and standards and by training technicians. It helped renovate the centre in Basra and the prosthetic/orthotic school in Baghdad. It also organized three seminars on physiotherapy and work safety regulations.

Physical rehabilitation assistance in 2002:

- delivered: 2,405 prostheses (48% for mine victims); 1,635 orthoses
- distributed: 1276 pairs crutches; 24 wheelchairs
- new patients fitted: 930 amputees; 905 non-amputees

Mine/UXO awareness

An ICRC/IRCS survey conducted in 2001 identified four governorates of southern Iraq, which had high concentrations of UXO contamination, and no international organizations active in mine action. The ICRC and IRCS then launched a mine-awareness programme: starting in Basra, Al-Muthanna and Missan, they worked with local authorities to organize events raising awareness of the problem. In January 2002 the ICRC and IRCS signed a cooperation agreement, and in September an ICRC mine-awareness specialist began training IRCS staff hired to run the programme.

JORDAN

Mines were laid along Jordan's western and northern borders during the 1967 war. Information on mine/UXO casualties in Jordan is available from medical facilities and groups concerned with the mine threat, but there has been no systematic data collection. A national demining programme was begun in 1993 and since then many of the top priority areas have been cleared, but in 2002 several thousand of hectares were still contaminated. The military forces, the sole authority responsible for demining, also carry out some mine- awareness activities. The National Demining and Rehabilitation Committee (NDRC) is responsible for integrating all aspects of mine action. Official sources report that there have been over 600 mine casualties since the end of the 1967 war. There are still a few accidents that occur each year; most victims are adult males.

Jordan ratified the Ottawa treaty in 1998, and in 2002 continued the destruction of its stockpiles of antipersonnel mines. It is party to the CCW and its amended Protocol II.

Mine/ERW awareness

The Jordanian Red Crescent Society (JRC) is a member of the National Demining and Rehabilitation Committee (NDRC). In 2002, the ICRC supported the JRC in its preparations for launching mine awareness activities, in cooperation with the NDRC, in affected areas. In May 2002, the ICRC in Jordan hosted a five-day mine-awareness workshop attended by representatives from 20 National Societies. The workshop focused on the problem of mines in the Middle East.

Mines and explosive remnants of war (ERW) awareness activities target schoolchildren in Basra, Iraq - a country where ERW in particular is a major problem

ISRAEL, THE OCCUPIED AND THE AUTONOMOUS TERRITORIES

Continuing hostilities in Gaza and the West Bank in 2002 left certain areas littered with unexploded ordnance. Military operations intensified in March: the use of explosive devices increased extensively, and there were corresponding increases in mine/ERW casualty rates. While there has been some mine use in certain areas, ERW cause the most deaths and injuries among the civilian population, particularly children.

For several years, UNICEF has run a mine-awareness programme implemented by, the Palestine Red Crescent Society (PRCS). There are also some NGO-run mine awareness activities.

Mine/ERW awareness

In view of the growing number of ERW-related incidents in 2002, the ICRC began, on the basis of a common agreement with the organizations involved, to back and complement the UNICEF/PRCS mine-awareness programme. The aim was to help the PRCS set up a sustainable mine-action programme that was well integrated and coordinated with other organizations involved in mine action. The ICRC conducted a mine/ERW-assessment mission in spring and then started a training programme for Red Crescent staff and volunteers in both Gaza and the West Bank.

A core group of PRCS volunteers was trained to conduct mine-awareness activities, and remained on standby responding to new ERW risks. By September 2002, the PRCS had over 60 trained volunteers and had integrated UXO awareness into its Youth and Volunteers programmes. The ICRC also provided follow-up training, information materials and distinctive uniforms for the volunteers, and developed materials for distribution and posting (e.g. billboards) to educate the general population about the dangers of UXO.

The ICRC supported the construction of two safe playgrounds for children in Jenin.

LEBANON

Decades of conflict have left thousands of anti-personnel landmines and many UXO scattered around Lebanon: the Lebanese army reported in 2002 that it had identified more than 2,000 mined areas. The worst-affected areas are in southern Lebanon along the former front lines, along the border with Israel and in and around former military positions. Parts of the Bekaa valley, Mount Lebanon and some areas of northern Lebanon are also contaminated. When Israel ended its 22-year occupation of areas of southern Lebanon in May 2000, mine/UXO accident rates there shot up as former military installations and other areas previously off-limits became accessible; since then the contamination has hampered IDP return to the area. In addition to anti-personnel mines, UXO, particularly cluster bomblets, endanger civilians. There was no precise data on mine/UXO victims in Lebanon during the entire period of the conflict, but over 1,500 people have been injured and at least 1,000 killed. Of these, some 650 were in southern Lebanon. The large majority of victims in Lebanon have been males who were often tending livestock or farming; around 5% were children. In 2002 there were 18 civilian casualties, as well as a number of casualties among deminers.

The Lebanese army's National Demining Office (NDO) was created in 1998; in 2001 the NDO created the National Mine Awareness Committee in order to co-ordinate mine awareness activities in Lebanon. While demining is ongoing and some progress has been made, it will take some years before all contaminated areas are cleared. The Landmine Resource Centre of the University of Balamand in Beirut collects data on injuries.

Lebanon is not party to the Ottawa treaty; officials stress that it will accede to the treaty once its neighbours do. In February 1999, the ICRC and the Landmine Resource Centre organized a regional seminar on landmines in Beirut, and there is a plan to organize a meeting on this issue in spring 2003, in co-operation with the Canadian and Dutch embassies and with the support of the UN Special Representative for the Secretary General for southern Lebanon.

Medical assistance

In collaboration with the International Federation, the ICRC continued to help fund the training of Lebanese Red Cross Society (LRCS) first-aiders, and helped

maintain a network of first-aid centres throughout the country by purchasing materials for ambulances. The programme trained 4,000 volunteers in 2002.

Physical rehabilitation

Starting in 1982 the ICRC set up and ran physical rehabilitation centres in Beit Chabab, Sidon and Tripoli. These were handed over to private organizations in 1995. Through the SFD the ICRC continued in 2002 to give technical and material support to the centres in Beit Chabab and Sidon.

Rehabilitation assistance in 2002:
- delivered: 63 prosthoses; 6 orthoses

Mine/UXO awareness

In 1998 the ICRC began to work with the NDO to address the country's mine problem. In June 2000, the ICRC and the Lebanese Red Cross launched an emergency mine-awareness programme to respond to the increase in risks that was associated with renewed access to infected areas. This included training LRCS volunteers from mine-affected areas, distributing brochures to raise awareness of mine/UXO risks, and organizing presentations for children in summer camps, as well as for thousands of adults. In 2001, under the coordination of the NDO, the ICRC and LRCS launched an integrated community-based programme to link communities, mine-clearance agencies, local authorities and organizations assisting mine victims. In 2002, the ICRC continued to offer training and technical support as the LRCS further developed the programme, which is being carried out throughout the country.

The Maghreb
During the Western Sahara conflict, some 2,000 km of border area were mined. Today, some 150,000 Sahrawi refugees (UNHCR figures) are still living in difficult conditions in camps in the region of Tindouf (Algeria); there, they have no access to physical rehabilitation services. Sahrawi mine victims and other amputees are fitted at physical rehabilitation centres in Algeria.

Over the past years, violence in Algeria has caused many people to be injured; some have been amputated as a result of their injuries. Most of those amputated are not mine victims, but people injured by explosive devices. Not all of them can afford the medical treatment that they need.

Algeria ratified the Ottawa treaty in 2001. It is not party to the CCW.

Medical assistance

First aid
Since 1999, the ICRC has worked with the Algerian Red Crescent Society to strengthen its first-aid services. Working with the Ministries of Health and of Interior Security, in 2002 it organized a training session for 48 first-aid trainers, produced a basic first-aid manual for the Red Crescent, and funded and helped organize two first-aid refresher courses.

Physical rehabilitation

In January 2002 a prosthetic/orthotic unit using ICRC polypropylene technology opened in Algeria's largest physical rehabilitation centre, located in the Ben Aknoun hospital in Algiers. Intended to produce prostheses for Sahrawi ex-combatants and civilians as well as victims of violence in Algeria, the unit was set up on the basis of an agreement signed in 2001 by the Algerian Ministry of Health and Population, the Algerian Red Crescent and the ICRC. Starting in mid-January 2002, an ICRC technician provided six weeks of training in the use of ICRC prosthetic/orthotic technology for Algerian and Sahrawi staff at the centre. In June, an ICRC specialist conducted a follow-up assessment of the centre and its staff. Finally, the ICRC visited the Sahrawi refugee camps in July to monitor the progress of amputees fitted at the Ben Aknoun centre. In its first year the centre provided appliances to 58 Sahrawi and 16 Algerian amputees.

Physical rehabilitation assistance in 2002:
- prostheses provided: 77 (83% for mine victims)
- orthoses provided: 1
- new patients fitted: 74 amputees

YEMEN

Large areas of Yemen are still infested by mines left from the numerous conflicts and armed clashes that have afflicted the country over the past four decades. A Landmine Impact Survey conducted in 2000 found a total of 592 communities affected by mines/UXO: a total population of 36,000 people were living in the 14 communities deemed to be highly affected, and a total of 791, 400 people were living in the 578 communities considered to be moderately or lightly affected. Landmines/ERW limit the land available for farming and grazing. Over the past ten years there have been a total of 5,000 mine/ERW casualties: 200 casualties in the past two years. A large proportion of the casualties were women and children.

Yemen started its Mine Action Programme in 1998. The National Mine Action Committee, established in 1998, is a policy steering body, and is responsible for national mine action strategy. The Yemen Executive Mine Action Centre , established in 1999, is in charge of implementing and coordinating mine action all over the country. The UNDP supports mine action in Yemen and works to strengthen national capacities in that domain.

Seven national mine clearance units are in operation and mine clearance is ongoing. So far, six out of the 14 highly mine-affected communities have been cleared. With respect to demining, the objective of the mine action programme for the second phase (2003-2006) is to survey and clear 45,700,000 square meters of common-use agricultural land.

Yemen ratified the Ottawa treaty in 1998 and reported destroying the last of its antipersonnel mine stockpiles in 2002. It is not party to the CCW.

Physical rehabilitation

There are, by official estimates, over 1,000 amputees in Yemen. War wounds, either mines or other kinds of war wounds that did not receive proper treatment, disabled most of them. The government-run National Artificial Limbs and Physiotherapy Centre in Sana'a provides most of the artificial limbs fitted in Yemen. In an effort to improve access to care, the government is working to decentralize prosthetic/orthotic and physiotherapy services by opening several new centres to serve populations in isolated areas: the first, in Mukalla, was opened in late 2002 to serve amputees and other disabled persons from the remote Hadramout governate. There are no professional prosthetic/orthotic training facilities in Yemen.

In 2001 the ICRC provided the Sana'a centre with the equipment, components, and training needed to begin producing prostheses using polypropylene technology, and the centre initiated production. The new technology uses simple technology and affordable, easy-to-obtain materials to provide good-quality prostheses at a low cost. In 2002 the ICRC increased its assistance, enabling the centre to step up production. The ICRC agreed to extend its training and assistance to the Mukalla centre in 2003.

Physical rehabilitation assistance in 2002:
- delivered: 392 prostheses (over 10% for mine-injured)
- distributed: 325 pairs crutches; 166 wheelchairs
- newly fitted: 388 amputees

ICRC

International Committee of the Red Cross, External Resources, 19 Avenue de la Paix, 1202 Geneva, Switzerland, T + 41 22 734 6001, E-mail: rex.gva@icrc.org, www.icrc.org