



Disaster relief is emergency assistance designed to fill short-term gaps, but when it dries up people are often left as vulnerable as they were before the disaster struck. The victims of disasters want to run their own lives, not to be dependent on hand-outs. Equipping people with the skills to build their own future should be a central part of any post disaster rehabilitation programme.
Armenia, 1993. Ian Berry/Magnum

facturers and belligerents to halt the devastation caused by the indiscriminate use of mines, including immediate government and legal measures be taken to limit and control the production, availability and use of anti-personnel mines. National Societies have followed up the joint appeal with public statements and media coverage of the issue and by private interventions with governments, among them the American Red Cross, The Netherlands Red Cross, the Norwegian Red Cross and the Swedish Red Cross.

NGOs are increasingly active on mines issues, in particular, an international core coalition of six organisations. In the United States, they are the Vietnam Veterans of America (VVA), Human Rights Watch, and Physicians for Human Rights (PHR); and in Europe, The Mines Advisory Group (MAG) in the UK, Handicap International (HI) of France and Medico-International in Germany. At VVA's initiative, a conference of NGOs was held in London in June 1993. Participants agreed to a campaign to influence the public and governments to ban the manufacture and use of anti-personnel mines; to press for a UN fund for the de-mining programmes and mine awareness programmes; and to urge anti-personnel mine producing countries in particular to contribute to the UN fund. Other NGOs have also acted: the Lutheran World Federation's annual General Conference in 1992 called for further ratification of the 1980 Weapons Convention and advocacy which would lead to a ban on the manufacture of mines.

In the past two years, a growing number of governments and inter-governmental organisations have taken preliminary steps toward developing greater controls over these weapons. In the United States in 1992, Congress enacted a one-year moratorium on exports of anti-personnel mines, a ban then extended in 1993 for a further three years. The European Union, European Parliament, the UN Commission on Human Rights and UNICEF have all called for new controls or an outright ban.

Most significantly, at the autumn

1993 session of the United Nations General Assembly, three resolutions calling for action on anti-personnel mines were passed: on 19 October, requesting the Secretary General to submit a comprehensive report on the effects of mines and the advisability of a voluntary fund for mine-clearance activities; on 30 November, calling on states to enact moratoriums on the export of anti-personnel mines; and, on 16 December, requesting the Secretary General to convene a Review Conference of the 1980 Convention. The Review Conference, initially proposed by the French government, will be held in 1995.

Focus 5 World mines survey

This survey, carried out in 1993, identifies those countries which have anti-personnel mine problems threatening civilian populations in present or future post-conflict situations. Individual country reports are given below for those states with severe or significant threats from mines. The assessment also attempts to estimate the present levels of assistance for mine victims and the needs for international assistance in the provision of medical and social services and in de-mining programmes.

AFRICA

Estimates of the total number of mines in the region range from 18 million to 30 million in 12 mine-impacted countries. Five countries face a very severe threat from mines and five countries a significant threat. Only two countries have negligible, or small, controlled situations: Djibouti and Namibia. A possible rapid expansion in the use of anti-personnel mines could arise in Angola, Liberia, and Sudan.

Angola

Anti-personnel mines in Angola are estimated at nine million. Characteristic of this war has been the intent to destabilise economic and social life. The most common usage of anti-personnel mines seems to have been random dissemination around villages, rendering paths, fields, and the villages themselves unusable and terrorising the people. Thousands of hectares of farmland, pasture, and forest have been rendered unusable, particularly in the fertile Mavinga Valley in the south. Roads, bridges and fords cannot be used, obstructing movement and commerce. Use for defined military purposes is also evident but only rarely have locations been mapped.

First aid for civilian victims is rudimentary but usually available

within two to six hours. The transit/waiting time for hospital treatment is approximately 36 hours. Hospital care is of variable quality, and the supply of orthopaedic centres inadequate. ICRC operates two centres - Huambo and Kuita. The latter is near Jamba in insurgent-controlled territory and has five repair branches associated with it. The Swedish Red Cross and The Netherlands Red Cross have orthopaedic centres near Luanda. Social rehabilitation programmes are virtually non-existent, but The Netherlands Red Cross has initiated a pilot project in tailoring.

Chad

More than a decade of strife has left a significant, but unknown, number of mines in the country, particularly along its northern border with Libya. As a result of internal strife, mine concentrations are found in eastern Chad around Tine. De-mining assistance would be required. ICRC's orthopaedic centre in N'Djamena, opened in 1981, was transferred in 1993 to the Secours Catholique et Développement.

Ethiopia and Eritrea

From 500,000 to one million mines may be found in Ethiopia, with major minefields in the areas fought over by Ethiopian and Eritrean forces around Gondar and Dessie, in the north Shewa region, and along the Awash to Djibouti road. In addition, the former government used mines extensively in the Ogaden around towns and emplaced a mine barrier along the Somali border. In western Ethiopia minefields can be found in the Welega region and western Arosa. Medical and social services are in short supply. The ICRC has been involved with the government's orthopaedic centre for ex-service-men in Debre Zeit since 1979 and the Prosthetic-Orthotic Centre in Addis Ababa, which treats civilians

was well, since 1990. In 1992, it set up an orthopaedic centre in Mekelle, Tigray, and resumed its relations with Eritrean authorities to rehabilitate its former centre in Asmara.

Liberia

Hundreds, and possibly thousands, of anti-personnel mines have recently been laid, primarily by groups opposed to the forces of the West African Peacekeeping Force (ECOMOG). ECOMOG is carrying out limited de-mining. If peace returns, assistance in de-mining would be required. Medical and social services are severely limited.

Mauritania

Mauritania's problem arises from warfare between the Polisario Front and Moroccan government forces in the Western Sahara. Nomadic groups crossing the frontier regularly encounter minefields as do military patrols. De-mining assistance could be used. The availability of medical services is unknown.

Mozambique

An estimated two million to three million mines have been laid. Initial surveys indicate that anti-personnel mines were used for a variety of military purposes and randomly disseminated but not on such a scale as in Angola. Opposition forces often targeted village gardens and destroyed clinics, schools and cattle dips to terrorise communities and prevent reconstruction. Mines have effectively retarded economic reconstruction and refugee repatriation - in 1993, some 1,650,000 Mozambicans remained in other countries. Facilities for the evacuation, emergency and hospital treatment, and physical and social rehabilitation of anti-personnel mine victims are poor. ICRC runs four prostheses workshops in

Maputo, Beiro, Quelimane, and Nampula. UNHCR began mine-awareness programmes for Mozambican refugees in neighbouring countries in August 1993.

Rwanda

In Rwanda hundreds, or more, of anti-personnel mines have been used during the past three years, principally near the Ugandan border. De-mining is a major element in the present negotiations between government and anti-government forces to end the strife which may come to agreement shortly. Civilian casualties have already occurred and could increase sharply as some of the one million displaced people and refugees return to their homes.

Somalia and Northern Somalia

An estimated 1.2 million to two million mines exist in Somalia of which some 70% are to be found in 76 to 90 barrier minefields along the Ethiopian border from Djibouti to Darbein Genyo. Major roads in south and central Somalia are relatively clear. The area most impacted by the significant and indiscriminate use of anti-personnel mines is northern Somalia, the scene of warfare between the former government and local opposition forces between 1988 and 1991.

In the north, the former government's use of anti-personnel mines spread beyond militarily-targeted objectives to the terrorisation of civilians, particularly the nomadic herders, regarded as the mainstay of the rebel forces. For this purpose, and to prevent their future use, wells and grazing lands were mined and civilian homes in towns and rural areas booby-trapped.

Given the scale of destruction within Somalia, hospital and rehabilitation facilities are very inadequate, suffering from shortages in virtually every field, from experienced surgeons to drugs and blood. The Norwegian Red Cross plans to establish an orthopaedic

centre in Mogadishu. Handicap International has a similar project underway.

Sudan

Mines numbering between 500,000 and two million, virtually all of which are in southern Sudan where endemic armed conflict between government and rebel forces continues. Large areas around the principal towns, Juba, Wau, Bor, Torit, and Kapoeta, have been mined by both sides, and mines continue to be laid at a rapid rate.

Reportedly, access to wells and arable land has been mined as well as all major roads, severely hampering the transport of relief food and supplies to the people of the area and, in effect, threatening them with starvation. Medical and rehabilitation services are poor. While the conflict continues, de-mining is impractical.

ICRC runs orthopaedic centres in Khartoum, established in 1990, and Kassala, established in 1984. Approximately, one-half of the amputees treated at Kassala have been Eritrean; it is expected that in the future Eritreans may use the new ICRC centre in Asmara. In addition, there is a small orthopaedic workshop attached to ICRC's surgical hospital in Kenya at Lokichokio on the Sudanese border which serves injured people from southern Sudan.

Zimbabwe

Zimbabwe's war of independence left a legacy of mines, particularly along the country's borders. Fighting in Mozambique increased their numbers on that border. Much of the mined areas has been set aside as wild game refuges, but incidents involving civilians have increased as farmers expand into mined areas.

Zimbabwe's army has capable engineers but assistance could be helpful.

AMERICAS

An estimated 300,000 to one million mines are scattered among

nine countries in the Americas. El Salvador and Nicaragua face significant problems while problems in Chile, Colombia, Costa Rica, Guatemala, Honduras, Peru, and Surinam are of a minor nature with little impact on the people at large. (In 1992 the ICRC signed a cooperation agreement with the Cirugia Reconstructiva to supply technology for the use of polypropylene in making orthopaedic parts for all disabled.) The potential for a rise in the use of anti-personnel mines would appear to exist in Colombia and Peru. In Central America, the Organisation of American States (OAS) has initiated a regional de-mining programme in cooperation with the Partnership for Democracy (PDD) and the Inter-American Defence Board (IADB), utilising technical assistance from the United States. A pilot project began in Nicaragua in March 1993.

El Salvador

Up to 20,000 uncleared anti-personnel mines, many improvised, were used indiscriminately for military purposes by both sides during the recent internal conflict but generally not with the deliberate intent to terrorise civilians. The government has contracted a Belgian firm, International Danger and Disaster Assistance (IDDA), for their removal.

Nicaragua

In 1986, an estimated 240,000 anti-personnel mines were in Nicaragua, largely placed indiscriminately by rebels in locations used by civilians. Approximately one-half of these mines, have been cleared over the years. Since 1984, the ICRC has supported an orthopaedic workshop in Managua which is now wholly staffed locally. A mobile workshop provides services in major towns.

ASIA/PACIFIC

The Asia/Pacific region has an estimated 28 million to 48 million uncleared mines. Two countries,

Afghanistan and Cambodia, face a severe threat while six countries have significant threats. Those countries with controlled or negligible situations are China, the Republic of Korea, Malaysia, and Thailand. Worsening situations could arise in Afghanistan, where peace has not yet returned, and Cambodia, where the peace agreement is fragile.

Afghanistan

In Afghanistan, some 10 million anti-personnel mines may have been used, indiscriminately dropped from aircraft, set by hand in minefields, or distributed in random patterns. While all provinces have been affected, those lying on the Pakistani border and near Kabul have the most severe problems. In other provinces, key roads and cities have a heavy incidence of mines.

In some localities, the mines are virtually everywhere: villages, gardens, tracks, canals, and fields. Elsewhere, it may be known that only a few mines are present on village tracks or scattered across vast areas of land but fear of the unknown prohibits or limits access. Civilian casualties are estimated over the years to have been in the hundreds of thousands. The widespread presence of these mines undercuts reconstruction efforts and inhibits the repatriation of several million refugees by this ever-present fear.

Within Afghanistan, ICRC opened a new orthopaedic centre in Kabul in October 1991 but closed it in August 1992 when it was hit by a rocket. In the same year, new centres were opened in Mazar I Shariff and Herat. The Afghan Red Crescent Society conducts mine-awareness programmes in Kabul Province and, when able, in the northern provinces of Pawan and Baglan. In Pakistan, ICRC operates an orthopaedic workshop in Peshawar for Afghan amputees, and the Pakistan Red Crescent Society provides the first aid component in de-mining courses for Afghan de-mining

teams. In Iran, the Iranian Red Crescent Society has provided orthopaedic services to Afghan refugees, principally at its centres in Teheran and Mashhad in Khorasan Province. A new centre is to open in Zahedan, Sistan-Baluchistan Province.

Cambodia

There are an estimated four million anti-personnel mines, and perhaps as many as seven million mines, almost wholly in the provinces of western and north-western Cambodia. New mines continue to be laid by the factions.

Observers believe that Cambodia may have suffered the most damage of all mine-impacted countries in the world. Casualties from anti-personnel mines rank with tuberculosis and malaria as the three most serious public health problems in the country. The factions often used mines to avoid any contact with the enemy, saturating contested areas on a scale unrelated to military need or objective. Large areas of arable land are useless owing to mines scattered on the land or the mining of access footpaths and tracks. Rural populations have been displaced from the countryside into the cities seeking safety, overburdening an already bankrupt economy. The ratio of amputees to the population, 1:236 as compared to 1:1,250 in Vietnam and 1:22,000 in the United States, is the highest in the world. The sheer number and indiscriminate use of anti-personnel mines has had devastating effects on society and the economy and will have long-term negative effects on post-conflict rehabilitation.

Medical and social services were virtually obliterated in the 1970s. During the past decade, their rehabilitation has proceeded, but all services continue to be poor. Rehabilitation services are very limited and amputees apparently find considerable discrimination owing to Cambodian cultural beliefs. ICRC began projects

in 1981 in Cambodia, with orthopaedic workshops in Phnom Penh and Battambang which also provide parts to NGOs. The American Red Cross has also established a workshop. NGO workshops are represented by Handicap International, American Friends Service Committee (since 1981), and the Vietnam Veterans of America.

Laos

Information on Laos is incomplete, but it is generally agreed there is a significant problem with anti-personnel mines along the mountainous border with Vietnam and within the Laotian Highlands where tribal communities live.

Myanmar

Both sides in the endemic internal conflict have used anti-personnel mines over the past 40 years. It does not appear that accurate records of mines laid have been kept, but there is no evidence of indiscriminate mining of large tracts of land. Military casualties from mines are approximately 15% of all casualties. No information is available on civilian casualties. ICRC has agreements of co-operation on orthopaedic workshops with the Ministry of Health (Yangon and Mandalay) and the Ministry of Defence (Yangon and Maymyo). The Myanmar Red Cross identifies, registers and arranges transport for amputees in the provinces for the Ministry of Health.

Sri Lanka

Anti-personnel mines have been heavily used on the Jaffna peninsula and to a lesser degree elsewhere in the areas contested by government forces and the insurgents. Medical and social services, while generally good, are inadequate in conflict areas. The Norwegian Red Cross provides support to Sri Lankan organisations which run prosthetic workshops.

Vietnam

Only limited information is available on the mine situation in Vietnam. The population of amputees, generally resulting from the pre-1975 conflict, still lacks an adequate supply of prostheses. ICRC established an orthopaedic centre and two satellite workshops in southern Vietnam in 1988.

EUROPE

The current estimate of uncleared mines in Europe is three million to seven million mines. Many of these date from the second world war. While many countries continue to experience problems - including casualties - from these mines and unexploded ordnance, they are not included in this survey. The overall risk to civilians is very low and governments have adequate resources for de-mining and medical and rehabilitation services for the injured.

One country, Bosnia, is categorised as having a severe problem with anti-personnel mines and three others as having significant problems. Countries categorised as having relatively minor situations are Georgia, Russia, Tajikistan, and the United Kingdom. With respect to the UK, an estimated 500,000 anti-personnel mines remaining from the British/Argentinean conflict in the Falkland/Malvinas Islands have left large areas unusable.

In Russia, ethnic conflict has led to the use of anti-personnel mines which cause civilian casualties in the North Ossetia, Chechen-Ingush, and Trans-Dniester regions. Similar situations have arisen in the South Ossetia region in Georgia and among the contending factions in Tajikistan. Of most significance for the future, is the rapid and generally indiscriminate use of modern anti-personnel mines owing to ethnic conflict in former Yugoslavia - where some observers believe that as many as 50,000 mines are being emplaced

weekly - and the former Soviet Union.

Armenia and Azerbaijan

An estimated 50,000 or more anti-personnel mines have been placed by contending Armenian and Azeri forces within the disputed enclave of Nagorno-Karabakh located within Azerbaijan. De-mining is not feasible while the conflict continues. Presumably, medical and rehabilitation facilities within the republics involved are adequate to serve amputees. The German Red Cross established orthopaedic workshops in Armenia following the 1988 earthquake.

Bosnia-Herzegovina

An estimated 1.5 million mines, principally anti-personnel mines, have been placed in Bosnia since conflict began and the numbers continue to increase. Particular concentrations are reported in the areas around Gorodze, Sarajevo, Srebrenica, Tuzla, and Zepa. Observers believe that mines have been used to terrorise civilians by mining religious buildings, schools, and other buildings where refugees might congregate, as well as whole villages to prevent the return of their original inhabitants. Roads may have been mined to prevent flight. The impact on civilians may rise rapidly if peace is established and people attempt to settle or resettle villages and rural areas. De-mining is not possible at this time.

Croatia

An estimated one million mines are located in former conflict areas, a figure which may be growing where low-intensity conflict continues. Their placement has been largely unrecorded. De-mining is not possible at this time. Existing medical and rehabilitation facilities may be sufficient to take care of the injured. The Federation has initiated a mine-awareness programme for children in Croatia.

Serbia and Montenegro

An estimated 500,000 mines are to be found in Serbia and Montenegro, according to UN estimates.

MIDDLE EAST / NORTH AFRICA

Mines in the Middle East and North Africa are estimated at 17 million to 24 million, principally in Iran, Iraq and Kuwait and on both sides of Israel's borders with Jordan, Lebanon, and Syria. Second world war minefields are found in Egypt and Libya. Iraq, particularly in Kurdistan, has a severe problem with anti-personnel mines. Six countries have a slight risk of civilian casualties: Egypt, Lebanon, Libya, Oman, Syria, and Yemen

Iran

It is believed that Iran may have large mine fields along its border with Iraq and Afghanistan which pose a threat to civilians living nearby or transiting through those areas. The Iranian Red Crescent Society provides orthopaedic services to Iranian amputees and to Afghan victims of anti-personnel mines at its centres in Teheran and Masad, Khorasan Province. A new centre is to open in Zahedan, Sistan-Baluchistan Province.

Iraq

An estimated five million to 10 million anti-personnel mines may exist in Iraq as the result of 20 years of conflict. Minefields established during warfare with Iran and Kuwait exist along those borders, and the border with Turkey was extensively mined during the Gulf war. Within Iraq, mines were scattered extensively in Kurdistan during conflict in that area. As in Afghanistan, Angola and Cambodia, indiscriminate mining of villages, roads, pathways, and arable land has caused a considerable number of casualties among displaced and

refugee civilians returning to their homes. Some de-mining operations are being carried out in northern Iraq by the MAG (UK) and other organisations. Medical services are well developed. The Iraqi Red Crescent with support from the Federation plans to set up orthopaedic workshops in Mosul in northern Iraq and Diwanya in southern Iraq.

Kuwait

There are an estimated five million to seven million mines, largely in minefields, as a result of Iraqi army operations during the Gulf war. Minefields are concentrated in the southern desert part of the country, criss-cross oil fields and roads, and parallel power lines. The government has com-

mitted US\$700 million to de-mining operations. Medical services are well developed.

Morocco

It is estimated that about 10,000 anti-personnel mines have been laid in key communications corridors in southern Morocco and the disputed area of Western Sahara since 1973.