

Victim Assistance in Democratic Republic of Congo: then and now

Democratic Republic of Congo	1	2	3	4	5	6
According to original study		•		•	•	•
According to LM 2002		•				•
According to LM 2003						•

Key Developments (LM 2002):

The Democratic Republic of Congo acceded to the Mine Ban Treaty on 2 May 2002. On 2-3 May 2002, the government hosted an international workshop on the Mine Ban Treaty and mine action in the DRC. Landmine Monitor has received an admission of on-going use of antipersonnel mines by the rebel Congolese Rally for Democracy, and allegations of use by Burundian forces. Landmine Monitor is not aware of any allegations of use of antipersonnel mines by DRC government forces in the reporting period. A Mine Action Coordination Center was established in February 2002. As of July 2002, Handicap International Belgium was the only agency conducting humanitarian mine clearance or providing mine risk education in the DRC.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.

According to original study:

LM 2000 reports that mine incidents appear to have increased in the DRC due to spreading armed conflict. In a limited survey, Landmine Monitor researchers identified forty-three mine and UXO victims in the eastern DRC for the period 1995-1999.

According to LM 2002:

Instability within the DRC and the lack of communication makes comprehensive data collection on landmine casualties impossible at this stage. Landmine Monitor has analyzed data from hospital records, UN agencies, the RCD, and media on incidents reported in the provinces of Equateur, Orientale, Maniema, South Kivu, and West Kasai.⁶⁴ Between 1 January 2000 and 30 June 2002, 228 landmine and UXO casualties were reported in the DRC. In 2001, 135 new casualties were reported, including 92 military casualties. In the first five months of 2002, 12 new casualties were reported. The precise year of the incident was not clear for another 81 casualties. Details on the number of casualties killed or injured, or whether they were male, female, or a child, was not always provided. However, it is known that, of the total reported casualties, at least 33 people died and 26 were injured, including at least 26 men, 17 women, and 11 children. The high mortality rate reported appears to be due to the severity of the injuries and the weakness of health structures. As the statistics come mostly from hospital records, data generally does not include casualties who die before reaching medical assistance. Antipersonnel mines caused at least 34 casualties, antivehicle mines 7, and UXO 18 casualties, of which 14 died.

The most recent reported mine/UXO incidents occurred in Uvira, Kisangani, Bena Leka, Kabinda and Ikela. The incident in Ikela, on 13 May 2002, killed one peacekeeper, a colonel from Algeria, and injured another, a major from India.⁶⁵

In addition to the casualties reported above, during the reporting period Tanzania was receiving a stream of refugees from the DRC, some of them landmine survivors. Landmine Monitor was shown the records of three Congolese landmine survivors, two men and one woman, injured in the DRC in September 2001.⁶⁶ One of the new arrivals reported seeing two people being brought in for medical assistance after stepping on a landmine at Bwali. Information was also provided by the International Rescue Committee (IRC) on landmine casualties from the DRC that had been referred to the Kigoma Baptist Mission Hospital. Seven landmine casualties were recorded between August and October 2001, including five men, one woman, and a three year-old boy.⁶⁷

In August 2001, a British mine clearance technical adviser lost his thumb when a grenade detonator exploded during a training session in the Kisangani.⁶⁸

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:

No information available.

According to LM 2002:

No information available.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:

LM 2000 reports that there are hospitals and health centers in the country, though they are poorly equipped, insufficient in number, and the situation has worsened with the war. During the emergency period, the ICRC established temporary first aid posts in the Bukavu area. In Kisangani, mine victims are treated at the University clinic, the General Hospital, or the Simana center for the physically handicapped. In addition to being poorly equipped, these facilities do not provide specialized assistance to mine victims. The ICRC supports the Red Cross Society of the DRC's orthotic/prosthetic centre in Kinshasa, which was the only facility producing prosthetics in Kinshasa in 1999. Handicap International runs a program in Kinshasa, and the Catholic Church tries to provide psychological care to the disabled. In Bukavu there is a center for the physically handicapped, but services are provided at a high cost. There are also similar centers in Goma, Mabuji Maya, Kinshasa, and Kisangani. Of all the mine victims interviewed by Landmine Monitor only two could afford to pay for orthopedic devices.

According to LM 2002:

Under the primary healthcare system, the DRC is divided into numerous health zones, and each health zone is divided into health centers. This organizational structure covers the entire country, but hospitals and health centers are often not sustainable because they lack equipment and medicine, salaries are not paid, and the staff is not motivated. However, some hospitals have been in a position to provide assistance to landmine and UXO casualties with the support of international agencies including the ICRC, UNICEF, WHO, and CARITAS.⁶⁹

In 2001, the ICRC provided 22 hospitals and health centers in Bukavu, Uvira, Kalemie, Kisangani, Goma, Bunia, and Equateur Province, with medical and surgical supplies, training and expertise. Hospitals treated 940 war-wounded, of whom 47 were mine/UXO casualties. Training was provided to more than 1,000 first aiders and to surgeons at the Kinshasa, Kalemie, and Uvira hospitals. The ICRC, Ministry of Health, and armed-forces medical services also convened a war-surgery seminar in November.⁷⁰

In Kinshasa, the DRC Red Cross and the ICRC run an orthopedic workshop. The Kalembe-Lembe prosthetic/orthotic workshop was established in 1998. In 2001, it assisted 188 patients, of which 26 percent were landmine survivors, and produced 236 prostheses, 22 orthoses, and provided 453 crutches and walking sticks, and 71 wheelchairs. The patients pay for services according to their income. The workshop, with an annual budget of US\$275,000, also receives funding from the British Red Cross.⁷¹

In Mbuji-Mayi, Handicap International Belgium supports a rehabilitation center based in the Saint Jean-Baptiste Hospital. In 2001, the center produced 14 prostheses, 106 crutches and provided assistance to 1,217 people, but few landmine survivors are reported in the area. The budget for 2001 was EUR180,000 (US\$161,640). The project is funded by the European Union, in the framework of the PATS program.⁷⁴

In Kisangani, the Simana center provides physical rehabilitation and socio-economic reintegration to persons with disabilities. In 2001, 1,005 patients were assisted, and six prostheses, three crutches, and 15 tricycles were produced. The expenditures for 2001 amounted to a total of EUR85,000 (US\$576,330). The center is funded by its own activities, interest on savings, various institutions (including the Liliane Fund, Milles Missievrienden, Gemeente Mill, Cordaid, Misereor, and the Limburg Fund), the Department of Social Affairs, which provides water and electricity, and private donors.⁷⁵

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

No information available.

According to LM 2002:

In Goma, the Shirika la Umoja center provides physical rehabilitation and socio-economic reintegration to persons with disabilities, including landmine survivors. In 2001, the center provided physical rehabilitation for

1,580 persons and produced 45 prostheses and 84 crutches. The center cares for war victims referred by the ICRC. The center includes support for disabled children in the school system, as well as an outreach program aimed at raising awareness about disability among communities. The center is funded by churches and the Liliane Fund.⁷² Following the eruption of Nyiragongo volcano, in January 2002, Handicap International Belgium provided support to the center in order to rehabilitate the sections destroyed by the eruption.⁷³

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:

No information available.

According to LM 2002:

On 3 May 2002, a Ministry of Foreign Affairs representative stated that, according to a decree of the transitional government, all disabled persons have access to healthcare, education and jobs within the administration. He also called for support from international NGOs and local associations.⁷⁶ At the same workshop, a Ministry of Defense representative declared that a general directive had been created to care for soldiers who had been disabled during the war,⁷⁷ and a Ministry of Health representative called for all assistance to rely on a community-based approach, as it is both cheaper and provides reference structures to disabled persons within their community.⁷⁸

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:

No information available.

According to LM 2002:

No information available.

Endnotes:

⁶⁴ Casualty data was collated by Landmine Monitor from hospital statistics from Kisangani, Ikela, Kindu, Uvira, Bukavu, and Fizi; interviews with landmine survivors and their families, March-May 2002; interview with Deputy Head of Delegation, ICRC, Kinshasa, 6 May 2002; interview with RCD-Goma officer, March 2002; interview with a landmine survivor, Kisangani General Hospital, October 2001; interview with health staff, Pavillon Militaire, Kisangani; email from the NGO Shalom Congo, 7 January 2002; email from Mosala Mufungizi, 23 April 2002; email from Pascal Rigaldies, DRC Program Director, Handicap International Belgium, 28 June 2002; and media reports; see also *Landmine Monitor Report 2001*, p. 245.

⁶⁵ "UN Peacekeeper killed by Landmine in the DRC," *Xinhua News Agency*, 13 May 2002.

⁶⁶ The three entries were recorded at the NMC reception center for refugees arriving from the DRC. The International Rescue Committee (IRC) is in charge of this center. Casualties from DRC make their own way to the border way station, along with other refugees, where they are processed by the IRC who then informs UNHCR. UNHCR sends a boat and transports the casualties to hospital.

⁶⁷ The information came from Kibirizi 1, where arriving refugees have their details taken and are then moved on to various holding centers, or to hospitals if medical assistance is needed. The agency in charge is the IRC, which keeps records of all medical cases, including where injuries occurred and whether caused by bullets, landmines or hand grenades.

⁶⁸ "Mine-clearance: an activity that is always fraught with danger," Handicap International Belgium Press Release, 7 August 2001.

⁶⁹ Interviews with representatives of WHO, UNICEF, ICRC, and MSF-B, Kisangani, March 2002.

⁷⁰ Interview with Deputy Head of Delegation, ICRC, Kinshasa, 6 May 2002; and ICRC Special Report, Mine Action 2001, ICRC, Geneva, July 2002, p. 17.

⁷¹ *Ibid.*, pp. 17-18.

⁷² "Rapport Annuel – Exercice 2001," Centre pour Handicapés Physiques "Shirika la Umoja" asbl, Goma, (no date); "Rapport annuel – Exercice 2000," Centre pour Handicapés Physiques "Shirika la Umoja" asbl, Goma, (no date).

⁷³ Interview with Taz Khaliq, Desk Officer, Handicap International Belgium, Brussels, 27 June 2002.

⁷⁴ Email from Pascal Rigaldies, DRC Program Director, Handicap International Belgium, 28 June 2002.

⁷⁵ "Rapport Annuel 2001," Centre de Rééducation SIMANA, Kisangani, DRC.

⁷⁶ Statement by Mindia Monga, Ministry for Foreign Affairs and International Cooperation, Kinshasa, 3 May 2002.

⁷⁷ Statement by Colonel Medard Unyon Pewu, Ministry of National Defense, Kinshasa, 3 May 2002.

⁷⁸ Statement by Dr Mobile Kapanga, Advisor, Office of the Ministry of Public Health, Kinshasa, at the Workshop on the Ottawa Convention and Mine Action in the Democratic Republic of Congo, Kinshasa, 3 May 2002.