

Victim Assistance in Namibia: then and now

Namibia	1	2	3	4	5	6
According to original study						•
According to LM 2002				•		
According to LM 2002						•

Key Developments (LM 2002):

In 2001, at least nine people were killed and 41 injured in reported mine/UXO incidents, a significant decrease from the previous year. The International Committee of the Red Cross initiated a new mine risk education project in Namibia in 2002. Namibia has not submitted its initial Mine Ban Treaty Article 7 Report, which was due by 28 August 1999.

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

According to original study:

LM 1999 reports Ministry of Defense data of 105 killed and 246 injured in mine and UXO explosions between June 1989 and September 1998. LM 2000 reports that the number of mine incidents in Namibia has increased dramatically since December 1999 with 89 casualties being reported in one region alone between December 1999 to mid-May 2000. In June 2000, the Namibian Red Cross announced that it, the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies were conducting an assessment of the needs of amputees.

According to LM 2002:

In 2001, at least nine people were killed and 41 injured in reported mine/UXO incidents.²⁴ The Namibian Police's (NAMPOL) Explosives Division, reported that between May 2001 and March 2002, one person was killed and 25 injured in ten antipersonnel mine and four UXO incidents.²⁵ A number of Namibian soldiers have been injured by mines while conducting military operations with FAA in Angola.

The number of new reported mine casualties has fallen significantly since 2000 when it was reported that 14 people had been killed and 126 injured in mine/UXO incidents.²⁶

At the launch of an exhibition on landmines in August 2001, Foreign Affairs Minister Theo-Ben Gurirab stated that "just over 100 Namibians have died as a result of landmine explosions and a further 255 have sustained injuries since Independence."²⁷

According to SC report from Feb 2003:

During the past three years the UNITA rebel movement has planted anti-personnel landmines in the north-east of the country and many people, including children and subsistence farmers, have been injured.

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

According to original study:

LM 2000 reports that the Ministry of Lands, Resettlement, and Rehabilitation is primarily responsible for coordination on disability matters.

According to LM 2002:

The Ministry of Lands, Resettlement, and Rehabilitation is primarily responsible for the coordination of disability matters, and implementation of the National Policy on Disabilities. Within the Ministry, the main function of the Rehabilitation Division is "to facilitate increased access to services by people with disabilities so as to enhance their integration into the larger community and improve their dignity and social well-being."³¹

According to SC report from Feb 2003:

The care of landmine victims is the responsibility of the Ministry of Health and Social Services.

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

According to original study:

A 1999 UNMAS-led Assessment Mission reports that prosthetic and rehabilitation services are available at Windhoek Central State Hospital and at clinics in Oshakati and Rundu hospitals. Due to a general lack of resources, victims can expect to wait for long periods before receiving assistance, the quality of treatment and prostheses is poor, and there is a general lack of reintegration programs. The Mission concludes that the national capacity to produce prosthetics and reintegration programs should be significantly improved and suggests that the ICRC be invited to assist in this endeavor.

According to LM 2002:

The Windhoek Central State Hospital has a rehabilitation center that provides prostheses as well as physiotherapy services and psychological support for war victims. In 2001, the ICRC organized surgical training seminars for health professionals from the Ministry of Health and the Ministry of Defense. Sufficient medicines and surgical supplies were donated to five hospitals in the Kavango regions to treat 300 war-wounded patients. In the Rundu central hospital 88 war-wounded were treated between March and September 2001, which included 35 amputees. On 25 October 2001, the ICRC signed a Memorandum of Understanding with the Ministry of Health on a prosthetic/orthotic program which was to start in January 2002.²⁹

According to SC report from Feb 2003:

The care of landmine victims is the responsibility of the Ministry of Health and Social Services. Victims receive emergency medical care from local medical centers or may be taken by state ambulances to Windhoek for special medical attention. The Roman Catholic Church is involved in victim assistance along with the government. Victims receive artificial limbs.

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

According to original study:

LM 1999 indicates that The Ministry of Health and Social Services (MOHSS) reports that persons with disabilities receive a monthly disability grant of about US\$28. As well, disabled children under 16 are cared for by their parents, but under especially difficult circumstances may be cared for by MOHSS in accordance with the country's Children's Act.

According to LM 2002:

No information available.

According to SC report from Feb 2003:

Victims register to receive a pension.

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

According to original study:

LM 2000 reports that no national legislation on persons with disabilities has been adopted. The government has adopted a Community Based Rehabilitation approach to support the rehabilitation and reintegration of persons with disabilities. A lack of resources prevents the establishment of specific programs for mine survivors. Landmine survivors receive assistance, in the form of monthly pension payments from the Ministry of Health and Social Services.²⁸

According to LM 2002:

The National Assembly adopted the National Policy on Disabilities in April 1997; however, the implementation of the policy is still lacking.³⁰

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

According to original study:

No information available.

According to LM 2002:

On 1 March 2001, the National Federation of People with Disabilities in Namibia met with the Prime Minister to lobby for the establishment of a Disability Desk within the Prime Minister's office to advise on issues relating to people with disabilities. On 24 September 2001, the Disability Advisory Office started operations.³²

Endnotes:

²⁴ *Landmine Monitor Report 2001*, p. 129; see also National Society for Human Rights, “Three women lose legs in three landmine incidents,” *Press Release*, 28 September 2001; and National Society for Human Rights, “Gunmen kill young woman, plant mines in Kavango,” *Press Release*, 12 December 2001.

²⁵ Letter from Col. J. T. Theyse, Office of the Chief Inspector of Explosives, Ministry of Home Affairs, Ausspannplatz, Namibia to the Executive Director, National Society for Human Rights, 20 May 2002.

²⁶ *Landmine Monitor Report 2001*, p. 129.

²⁷ Absalom Shigedha, “Landmines claim 100 since 1990,” *The Namibian*, 24 August 2001, accessed at <http://www.namibian.com.na/2001/August/news/01C47B368.html>; for more details on prior years see also *Landmine Monitor Report 2001*, pp. 128-129.

²⁸ *Landmine Monitor Report 2001*, p. 130.

²⁹ ICRC Special Report, Mine Action 2001, ICRC, Geneva, p. 19.

³⁰ “OPM’s Disability Advisory Office Sets Objectives,” accessed at http://www.grnnet.gov.na/News/Archive/2002/February/Week3/opm_rpt.htm (11 July 2002).

³¹ http://www.op.gov.na/Decade_peace/lands.htm (accessed 11 July 2002).

³² “OPM’s Disability Advisory Office Sets Objectives,” accessed at http://www.grnnet.gov.na/News/Archive/2002/February/Week3/opm_rpt.htm (11 July 2002).