Victim Assistance in Nicaragua: then and now

<table>
<thead>
<tr>
<th>Indicator 1: The extent to which information on mine victims’ demographics and needs is available.</th>
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<tr>
<td><strong>According to original study:</strong></td>
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<tr>
<td>LM 2000 reports that there is no centralized source of information on landmine casualties in Nicaragua. The Nicaraguan Red Cross estimates that some fifty people are injured every year. Approximately 90% are civilians, and over half of these are children and adolescents. A 1998 UNMAS-led Assessment Mission estimates approx. 1,500 persons have been injured by landmines based on data from the Nicaraguan Red Cross and the Orthopedic Centre of Managua. According to LM 2000, the number of mine victims reportedly has declined. Information on the demographics and needs of mine victims is collected by the Pan-American Health Organization (PAHO) which operates in Nicaragua, Honduras and El Salvador. In each country the program involves assessment of the number of victims and of individual prosthetic and rehabilitation needs. The WHO/ICRC Strategic Framework for Planning Integrated Mine Victim Assistance Programmes being established in Nicaragua, includes the development of a system for the monitoring and surveillance of mine injuries. IMSMA is being installed in Nicaragua as a central database for the management of mine action information (which includes a victim data module) by the OAS’s Assistance Program for Demining in Central America (PADCA) in Costa Rica, Honduras, Guatemala, and Nicaragua.</td>
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<td><strong>According to LM 2002:</strong></td>
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<td>In 2001, OAS PADCA reported 16 new landmine/UXO casualties; two people were killed, 12 injured, and the status of two other casualties was unknown. Four deminers were injured in two separate accidents in 2001. On 26 January 2001, a deminer lost a leg and two others suffered facial injuries at Panchito airstrip in San Francisco Libre municipality near Managua, after one stepped on a mine while working. On 3 September 2001, a 24 year-old deminer was injured after stepping on a landmine in Abisinia, Jinotega department.</td>
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<td>As of June 2002, OAS PADCA had recorded 509 casualties, of which 37 were killed and 472 injured. Of the total casualties, 40 were deminers, including five killed and 35 injured. Most of the casualties were male peasants between 30 and 40 years old. The first casualties were reported in 1982.</td>
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<td>In an accident on 3 June 2002, a mine clearance instructor was killed at the National Sergeant School near Managua, and another two instructors, a soldier, and the School’s cook were severely injured.</td>
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<td>Mine/UXO casualties have been recorded in 13 departments. Casualties occurred in the following departments: Esteli, 2; Madriz, 22; Nueva Segovia, 188; Chinandega, 26; León, 2; Managua, 10; Rivas, 1; Rio San Juan, 4; Chontales, 18; Jinotega, 106; Matagalpa, 60; R.A.A.N, 36; and R.A.A.S, 34. The total number of casualties was 509.</td>
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<td>Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.</td>
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<td>The Pan-American Health Organization (PAHO) coordinates a Program for the Rehabilitation ofMine Victims in Central America established through a joint agreement with Canada and Mexico in January 1999. The</td>
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</table>
program operates in Nicaragua, Honduras and El Salvador and is delivered through four stages: assessing the number of victims; assessing individual's specific prosthetics and rehabilitation needs; providing for treatment and rehabilitation; and promoting victims reintegration into the workforce. An inter-ministerial coordination mechanism, which includes the participation of NGOs, was established in February 2000 with WHO support to coordinate a Strategic Framework for Planning Integrated Mine Victim Assistance Programmes in Nicaragua.

**According to LM 2002:**
In 2001, the government of Nicaragua claimed a “shift in course” in mine action, towards “placing people and community rehabilitation at the heart of new programs.” According to the Minister of Defense, efforts are being made to ensure that survivor assistance becomes an integral part of the public health system, and of other State institutions including the Ministry of the Family (MIFAMILIA), the Institute for Youth, and the National Technological Institute (INATEC).

Nicaragua’s May 2001 Article 7 report included a completed Form J on victim assistance which listed organizations and agencies involved in first aid, medical care, rehabilitation, and socio-economic reintegration. The Regional Directory of Rehabilitation Resources lists 231 organizations in Nicaragua that provide services to persons with disabilities, including medical and psychosocial care, professional rehabilitation, awareness and information, economic support and community-based rehabilitation.

Survivor assistance falls within the mandate of the CND. Consultations are being held between CND and the National Council for Prevention and Rehabilitation to find effective mechanisms to improve the social reintegration of mine survivors. However, according to the CND, there is no consensus on appropriate rehabilitation policies for landmine survivors at present, and the CND, through the National Council for Prevention and Rehabilitation, needs to play more of a facilitating role between the Ministry of Health and civil society organizations.

**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 1998 UNMAS Assessment Mission reports that there is a central hospital in the capital city of each department with basic surgical personnel and infrastructure. However, according to the Nicaraguan Red Cross, surgeons in these hospitals are not properly trained in the treatment of mine injuries. LM 2000 reports that the Nicaraguan Ministry of Health has two units providing rehabilitation programs in Managua, located in the Aldo Chavarría and Lenin Fonseca Hospitals, however, medical and rehabilitation services are prohibitively expensive for many civilians. At present there is minimal capacity for providing coverage in rural areas, although in the course of the year 2000, the north central region of the country, where most victims live, is planned to have permanent rehabilitation units. There are only seven physiotherapists from the Ministry of Health working in the entire country outside of Managua, and there is no budget provision for landmine victims. Since 1997, the OAS has run a Care for Civilian Amputees in Mine Related Accidents program which includes a rehabilitative element.

The Pan-American Health Organization (PAHO) coordinates a Program for the Rehabilitation of Mine Victims in Central America established through a joint agreement with Canada and Mexico in January 1999. The program operates in Nicaragua, Honduras and El Salvador and is delivered through four stages: assessing the number of victims; assessing individual's specific prosthetics and rehabilitation needs; providing for treatment and rehabilitation; and promoting victims reintegration into the workforce.

**According to LM 2002:**
Handicap International (HI) provides support to the services of physical medicine and rehabilitation at one orthopedic center and four physiotherapy centers in Trinidad, Estelí department. The project provides material, organizational and technical support, and is restarting a community-based rehabilitation network. In June 2001, HI signed a partnership agreement with the National Demining Commission, under which HI will provide technical advice to help it to assume its functions.

The Polus Center for Social and Economic Development Inc. continues to assist persons with disabilities in Nicaragua, particularly those who have lost limbs due to war, landmines and disease. Walking Unidos is the Polus Center’s Prosthetic Outreach Program in León, Nicaragua. The program provides prosthetic/orthotic services, which are free of charge or at a reduced cost for the poor. The center produces above and below knee
prostheses. Since 2000, Walking Unidos has provided over 280 prostheses, and repaired another 250. A "cyber café", opened in León, employs some of the beneficiaries of the prosthetic program, with revenues used to support the Walking Unidos project.81

In March 2002, the U.S. Global Care Unlimited, based in Tenafly Secondary School in New Jersey, made a donation of $1,500 to the OAS, to support the rehabilitation of a 20 year-old landmine survivor in Juigalpa who lost both legs when she stepped on a landmine under a high-tension electrical tower in 1992.82

On 18-19 June 2001, prosthetic technicians from Nicaragua attended the First Regional Conference on Victim Assistance and Technologies in Managua, organized by the OAS and the Center for International Rehabilitation (CIR).83 CIR has developed a Lower Extremity Distance Learning program for prosthetic technicians in Nicaragua which also includes a clinical component implements by a qualified prosthetist who provides hands-on training.84

The OAS, Landmine and Victim Assistance Program has provided over 409 people who have no social security or army benefits, with transportation to a rehabilitation center, lodging, food, prostheses, therapy, surgery and medications. In 2001, 139 people received rehabilitative or specialized medical attention through this program.85

Landmine survivor assistance programs in Nicaragua are reportedly not meeting the needs of survivors. It is necessary to increase the physiotherapy and orthopedic capacities of the Ministry of Health; to extend coverage of services; to increase the prosthetic production capacity; and to ensure the organizational and financial sustainability of these services in the medium and long term.

**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 2000 reports that there are state social security pensions for disabled soldiers (mostly mine victims). The Pan-American Health Organization (PAHO) coordinates a Program for the Rehabilitation of Mine Victims in Central America established through a joint agreement with Canada and Mexico in January 1999. The program is operates in Nicaragua, Honduras and El Salvador and is delivered through four stages: assessing the number of victims; assessing individual's specific prosthetics and rehabilitation needs; providing for treatment and rehabilitation; and promoting victims reintegration into the workforce.

LM 1999 reports that the OAS program "Care for Civilian Amputees in Mine Related Accidents" includes a vocational rehabilitative element. As well, through a technical cooperation program between Nicaragua and the OAS, 120 injured mine victims with no means to pay for medical care have received assistance. The program is paid for with a Swedish contribution of US$200,000 and is allocated for about 200 cases.

**According to LM 2002:**
The OAS AICMA, in conjunction with the National Technological Institute of Nicaragua (INATEC) and supported by Global Care Unlimited, a U.S. non-profit organization established by a group of New Jersey students and teachers, developed the Post-Rehabilitation Job Training Project. INATEC coordinated training for 42 landmine survivors at national facilities in courses that included auto mechanics, computer skills, carpentry, shoemaking, tailoring, and cooking.86

The joint Canada-Mexico-Pan American Health Organization (PAHO) tripartite survivor assistance project continues in Nicaragua. The project supports prosthetic-orthotic services, vocational training and placement programs for persons with disabilities, and the integration of community-based rehabilitation into the networks of primary health care services.87

The Canadian NGO Falls Brook Centre continues to implement a survivor assistance project in northern Nicaragua called Creating Energy and Building the Future which provides landmine survivors with prostheses, if needed, and training in solar electrification. Canadian International Development Agency (CIDA) funding for the project ended in May 2001, and since then funding has been provided by private donors and through small income generation activities by the landmine survivors themselves, who sell and install solar energy systems in rural areas. To July 2002, the project has provided 40 landmines survivors with prostheses and other medical assistance, trained 25 landmine survivors in solar energy technology, and provided solar electrification in 56
rural communities. Falls Brook Centre is also in the second year of a CIDA-funded Kitchen Garden project which assists landmine survivors in four rural communities suffering from high levels of malnutrition, illiteracy and poverty. The project involves organic food production including vegetables, small tree nurseries, perennial plants, medicinal plants, small animal production, and grains, in survivors own backyards.\textsuperscript{58}

In addition, the reintegration of mine survivors is extremely complex in a poor country like Nicaragua, where most of the population does not have access to the labor market. The OAS/INATEC project will improve the situation, but it is far from being able to respond to all needs.\textsuperscript{89}

**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:**

Law 202 on Prevention, Rehabilitation and Opportunities for Persons with Disabilities, approved on 21 September 1995, relates to social reintegration; and on 25 August 1997, Executive Decree No.50-97 established the legal framework for improving the quality of life and assuring the full integration of persons with disabilities into society.\textsuperscript{90}

Nicaragua was co-chair, with Japan, of the Standing Committee on Victim Assistance and Socio-Economic Reintegration for the year to September 2001.

**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:**
\textsuperscript{67} “Tres heridos en explosión de mina,” La Prensa (Managua), 29 January 2001.
\textsuperscript{68} “Mina hiere a zapador,” El Nuevo Diario (Managua), 16 September 2001.
\textsuperscript{70} Interview with Sergio Caramagna, Director, OAS National Office in Nicaragua, 4 March 2002.
\textsuperscript{71} Mario Sánchez P., “Mina destroza a sargento,” La Prensa (Managua) 4 June 2002; “Un soldado muerto y tres heridos por explosión de mina en Nicaragua,” El Colombiano (Medellín, Colombia) 4 June 2002.
\textsuperscript{73} Statement by José Adán Guerra, Minister of Defense, on the occasion of the XV Meeting of the CND, 29 January 2001.
\textsuperscript{74} Response to Landmine Monitor questionnaire by José Adán Guerra, Minister of Defense, 26 February 2002.
\textsuperscript{75} For details see Landmine Monitor Report 2001, p. 369.
\textsuperscript{76} Response to Landmine Monitor questionnaire by José Adán Guerra, Minister of Defense, 26 February 2002.
\textsuperscript{77} Ibid.
\textsuperscript{78} Comisión Nacional de Desminado Humanitario, “Memorias de Labores 2001.”
\textsuperscript{79} See Landmine Monitor Report 2001, p. 369; see also ICBL Portfolio of Landmine Victim Assistance Programs, accessed at www.landminevap.org.
\textsuperscript{81} ICBL Portfolio of Landmine Victim Assistance Programs; see also Landmine Monitor Report 2001, p. 370.
\textsuperscript{82} “Víctima de mina recibió donación de niños EEUU,” La Prensa/ EFE (Managua), 8 March 2002.
\textsuperscript{84} ICBL Portfolio of Landmine Victim Assistance Programs; see also Landmine Monitor Report 2001, p. 370.


 Email to Landmine Monitor (MAC) from Peter Sundberg, Project Coordinator, Falls Brook Centre, Somoto, Nicaragua, 30 July 2002.

 Interview with Philippe Dicquemare, Program Director, Handicap International, Managua, 14 March 2002.

 Response to Landmine Monitor questionnaire by José Adán Guerra, Minister of Defense, 18 March 2002.