

Victim Assistance in Peru: then and now

Peru	1	2	3	4	5	6
According to original study	•					
According to LM 2002						
According to LM 2003		•				•

Key Developments (LM 2002):

Perú has played a leadership role in the Mine Ban Treaty intersessional work program, and in promotion of full implementation of the treaty. Perú served as co-chair of the Mine Ban Treaty Standing Committee on Mine Clearance until September 2001 and since then, has served as co-rapporteur of the Standing Committee on General Status and Operation. In September 2001, Perú completed destruction of its stockpiled antipersonnel mines. It reduced the number of mines retained for training to 4,024, and destroyed a total of 322,892 mines. In June 2002, the Peruvian Army completed mine clearance along 18 kilometers of the Zarumilla Canal on the border with Ecuador.

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

According to original study:

According to LM 2000, there are no official surveys that report on the number of victims of AP mines in Peru. A 1999 UNMAS-led Assessment Mission reports that the Ministry of Foreign Affairs estimated the number of civilian accidents along the northern border to be 30 in the 5 years following the 1995 conflict with Ecuador.

According to LM 2002:

A project to establish a national registry of landmine casualties did not start in 2001.⁷⁵ Officials from the DP told Landmine Monitor that there is no coordination yet between the National Institute for Rehabilitation and the Ministry of Health to determine causes of trauma or injury of patients they received.⁷⁶ The ICRC Lima has kept records of mine incidents and casualties in the country since 1992. According to a March 2002 media report, between 1992 and 2001 the ICRC recorded 64 civilians injured by mines laid around high-tension electrical towers; most of them were children.⁷⁷

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 inter-ministerial National Committee for the Disabled (CONADIS) is in charge of the "Plan for the Development of the Disabled".

According to LM 2002:

The Ministry of Foreign Affairs invited CONADIS (National Council for the Integration of Persons with Disabilities) to provide a representative to assist in the development of a National Plan for Victim Assistance, but it declined due to a lack of funds to do this task.⁸⁴

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 Report reports that health services in the mine-affected border areas are basic consisting of first aid services only; full medical attention in the areas of traumatology, orthopedics, and rehabilitation is available in Lima. The National Health system network provides medical and rehabilitation services to the civilian population while the Army and National Police provide their members access to rehabilitation and prosthetic services. The National Rehabilitation Institute provides rehabilitation services to mine victims, including psychological counseling, through its program for Amputees and Burn Victims.

According to LM 2002:

The Army and the National Police provide medical assistance, physical rehabilitation, and prostheses to their personnel injured by mines. Assistance for civilians is more limited, particularly in rural areas close to the border with Ecuador and in the central highlands. Most mine and UXO survivors are children from extremely poor rural areas, who face problems with social, economic and educational reintegration following medical care

and physical rehabilitation.⁷⁸ In general their relatives do not have the economic resources available for transportation or to accompany the child for medical treatment and their capacity to provide psychological support to a person in need of additional attention in the home is limited. Huancavelica, one of the most heavily affected departments is also the poorest department in the country, with some of the highest rates of illiteracy.⁷⁹

In 2001, the ICRC provided prostheses for two new mine survivors, and to May 2002, supplied two pairs of crutches and four prostheses.⁸⁰ The ICRC also covered the medical expenses of 21 people, six of whom had been injured by landmines or UXO.⁸¹

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

According to original study:

A 1999 UNMAS-led Assessment Mission report that the Army provides vocational rehabilitation programs to military personnel injured by landmines. LM 2000 reports that the National Rehabilitation Institute provides rehabilitation services to mine victims through its program for Amputees and Burn Victims, including occupational therapy and social services.

According to LM 2002:

An agreement between the National Rehabilitation Institute in Callao and the ICRC has allowed mine survivors to receive physical therapy at the Institute, as well as rehabilitation including psychological support and skills training in areas such as shoe repair, computers or knitting.⁸² Most mine survivors, however, are very poor and do not have the funds needed to start a business when they return to their community after rehabilitation, and depending on the injury suffered and the location of their community, also some survivors cannot return to school.⁸³

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

According to original study:

LM 2000 draft reports that the National Committee for the Disabled (CONADIS) is in charge of the "Plan for the Development of the Disabled".

According to LM 2002:

Perú has enacted a number of measures related to disabled persons, including mine survivors.⁸⁵

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

According to original study:

UNMAS-led Assessment Mission Report (1999) indicates the existence of an Association of Persons Disabled by Explosive Devices (APIDEX).

According to LM 2002:

The Ministry of Foreign Affairs invited CONADIS (National Council for the Integration of Persons with Disabilities) to provide a representative to assist in the development of a National Plan for Victim Assistance, but it declined due to a lack of funds to do this task.⁸⁴

Endnotes:

⁷⁵ The planned project was reported in Perú's Article 7 Report, Form J, submitted 4 May 2001 and the institutions to be included were the National Council for the Integration of Persons with Disabilities (CONADIS), the Ombudsman's Office of Perú, the Army, National Police, the National Confederation of the Disabled CONFENADIP, the Association for the Development of Disabled Persons, and the Women's International League for Peace and Freedom, Perú office.

⁷⁶ Interview with Daniel Soria and Susana Klein, Commissioners of Constitutional Affairs of the Ombudsman Office, 15 May 2002. See also Agurto, Gastón. "Jaque a las torres" in *Caretas* N° 1713, 21 March 2002. The document notes that the Ministry of Health has no official records of landmine casualties in the country.

⁷⁷ Agurto, Gastón. "Jaque a las torres" in *Caretas* (Lima), N°1713, 21 March 2002.

⁷⁸ Interviews with Daniel Soria and Susana Klein, Office of the Ombudsman, and Dafne Martos, ICRC. See also testimonies of survivors' relatives in "Niños deben cambiar prótesis cada seis meses", *El Comercio* (Lima), 21 January 2002. A relative is quoting as saying "if I do not work on the crops, what do my children eat?"

⁷⁹ See "El reino de la desesperanza", *Somos* magazine (Lima), 1 June 2002, pp. 18-24.

⁸⁰ Information provided to Landmine Monitor by Fanny Díaz, Medical Assistance Program, ICRC, 17 May 2002.

⁸¹ ICRC Special Report, Mine Action 2001, ICRC, Geneva, July 2002, p. 29.

⁸² Information provided to Landmine Monitor by Fanny Díaz, Medical Assistance Program, ICRC, 17 May 2002. Since 1989, the medical assistance program of the ICRC has used the infrastructure of the Ministry of Health of Perú for medical or surgical treatment of persons injured by armed violence or antipersonnel mines.

⁸³ “Historias de vidas mutiladas” (Stories of mutilated lives) and “Niños deben cambiar de prótesis cada seis meses,” in *El Comercio* (Lima), 21 January 2002.

⁸⁴ Email from Luis Miguel del Aguila Umeres, Gerencia de Cooperación y Proyectos, Consejo Nacional de Integración de la Persona con Discapacidad (CONADIS) to Landmine Monitor, 14 June 2002.

⁸⁵ See *Landmine Monitor Report 2001* p. 385.