

Victim Assistance in Sierra Leone: then and now

| Sierra Leone | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------------|---|---|---|---|---|---|
| According to original study | | • | | • | • | • |
| According to LM 2002 | | • | • | • | • | • |
| According to LM 2003 | • | • | • | • | • | • |

Key Developments (LM 2002):

The Mine Ban Treaty entered into force for Sierra Leone on 1 October 2001. It has not submitted its initial Article 7 Report, which was due on 20 March 2002.

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

According to original study:

A 2000 UNMAS Technical Mission reports that there were few well-documented cases of civilian injury from landmines in Sierra Leone.

According to LM 2002:

In 2001, there were no confirmed reports of landmine casualties; however, there are reports of possible improvised explosive device (IED) or UXO incidents causing casualties. According to medical records at the Military Hospital at Wilberforce, 45 people were killed and eleven injured by landmines during the civil war.¹⁰

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 during the armed conflict, the health infrastructure of the country saw widespread destruction, including destruction of a reported 70% of the primary health care centers across the country. UNMAS noted that surgical care could be provided to landmine and UXO survivors at Kenema Hospital in the east of the country, Connaught Hospital in Freetown, and by the ICRC, MSF-Belgium, MSF-France, and MSF-Holland. Prostheses for amputees are manufactured and fitted by HI France and by the U.S.-based NGO Hope International, which also provides physical rehabilitation. A prosthetic workshop is being set up by VVAF and HI in Freetown.¹

According to LM 2002:

The surgical ward in Kenema Hospital has never treated a landmine casualty.⁸ MSF Belgium also confirmed not having treated a single landmine casualty.⁹

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:

No information available.

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:

No information available.

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:

¹ Portfolio of Victim Assistance Programs, Prepared for the March 2000 Meeting of the Intersessional Standing Committee of Experts on Victim Assistance, Socio-Economic Reintegration and Mine Awareness.

⁸ Interview with Dr. Ben Mark, Surgeon General, Kenema Hospital, 21 February 2002.

⁹ Telephone interview with Frederic Capelle, Technical Coordinator, MSF Belgium, Freetown, 12 February 2002. Other aid agencies also confirmed that landmines are not an issue in Sierra Leone.

¹⁰ See *Landmine Monitor Report 2001*, p. 145.