

Victim Assistance in Zambia: then and now

Zambia	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 Zambia on 1 August 2001. Zambia is incorporating the Mine Ban Treaty's provisions into domestic law. Zambia for the first time revealed it has a stockpile of 6,691 mines, all of which will be retained "for training only." The Zambian Mine Action Center was established in August 2001, and training was provided for management, survey, mine risk education, and clearance teams. Mine clearance operations began in May 2002. Zambia submitted its initial Article 7 Report on 31 August 2001, months before it was due.

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

According to original study:

LM 2000 reports that the Zambia Red Cross estimates that some 10,000 people in Zambia have fallen victim to mines and UXO. A preliminary survey by the National Task Force indicates a much more conservative estimate: since 1973 some 102 people have fallen victim to mines and UXO, including twenty-one in 1999 and three so far in 2000.

According to LM 2002:

In 2001, no reports of landmine casualties were found. There is no formal mechanism for collecting data on landmine casualties in Zambia, however, the total number is believed to be small. One peasant from Siampondo village said landmines has cost him 12 head of cattle and 37 goats during the last ten years.²⁸

According to country report for the SC-Victim Assistance Feb 2003:

Data on mine victims in terms of number, time of incident, type of device is not held by a single body. However, the security forces hold some of this data. Through Zambian Mine Action Center, Zambia hopes to collect and store this data in the Information Management System for Mine Action (IMSMA).

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

According to original study:

Under the Persons with Disabilities Act (No 33 of 1996), the Zambian Agency for Persons with Disabilities (ZAPWD) was established. However, it only came into operation in September 1999 and has yet to fulfill its broad-ranging mandate: to gather statistics, register disabled people, plan and deliver services, raise awareness and act as an advocate for disabled people. LM 2000 reports that there is a National Council for the Disabled in Zimbabwe.

According to LM 2002:

No information available.

According to country report for the SC-Victim Assistance Feb 2003:

The Zambian government hopes to develop a monitoring system for psycho-social support, rehabilitation, and reintegration of victims and a coordinating system to facilitate coordination of bodies dealing with victim assistance.

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 Zambia has no elaborate victim support program. The government notes, "Very little assistance is available to most landmine victims since most accidents take place in remote areas where medical

facilities are not available.” There are three or four ortho-prosthetic workshops in Zambia, chief of which is at the University Teaching Hospital in Lusaka. All centers have all benefited from ICRC support.

According to LM 2002:

The ZCTBL/UNMAS initiative noted above reportedly also includes a plan to provide artificial limbs and prosthetics to landmine victims, and villagers are to be provided with seed and other things to enable them to effectively cultivate their demined land.²⁹

The public health service does not distinguish between landmine/UXO survivors and other persons with disabilities. The needs of landmine survivors are addressed within the existing public health care infrastructure. However, according to a year 2000 UNMAS assessment mission, the public health sector suffers from a lack of resources and expertise, which is most acute in the rural areas where the majority of the mine/UXO incidents are likely to take place.³⁰ There are physical rehabilitation and socio-economic reintegration programs for persons with disabilities, including the Chipata Community Based Rehabilitation Program, the Livingstone Community Based Rehabilitation Program, and the Solwezi Community Based Rehabilitation Program.³¹

According to country report SC-Victim Assistance Feb 2003:

There is also the Zambia-Italian Orthopaedic Hospital offering the Atlas type of prosthesis at a high cost.

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:

There are physical rehabilitation and socio-economic reintegration programs for persons with disabilities, including the Chipata Community Based Rehabilitation Program, the Livingstone Community Based Rehabilitation Program, and the Solwezi Community Based Rehabilitation Program.³¹

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

According to original study:

LM 2000 reports a Persons with Disabilities Act (No 33 of 1996) through which the Zambian Agency for Persons with Disabilities (ZAPWD) was established.

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:

²⁸ Gabriel Siachitema, “Villagers Find Hope in Valley of Mines,” *The Herald*, 17 May 2002.

²⁹ Ibid.

³⁰ UNMAS, “Mine Action Assessment Mission Report –The Republic of Zambia,” 29 May-7 June 2000, p. 14; see also *Landmine Monitor Report 2001*, p. 175; and *Landmine Monitor Report 2000*, p. 195.

³¹ See <http://www.landminevap.org>.