

### Victim Assistance in Rwanda: then and now

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

#### **Key Developments (LM 2002):**

Some 20 of the more than 35 mined areas in the country have been cleared; in 2001, 9,712 square meters of land were cleared, including 3,648 mines and UXO. Rwanda submitted its first Article 7 transparency report, indicating that it has no stockpile of antipersonnel mines. RCD-Goma rebel forces in the Democratic Republic of Congo, with whom the Rwandan military cooperates closely, have admitted ongoing mine use.

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

##### **According to original study:**

LM 2000 reports that in 1999 and 2000, there have been twelve mine casualties, eleven men and one woman. For the period 1990 to 1998, the National Demining Office has recorded 550 mine fatalities. For the same period, the Central Hospital in Kigali registered 1,759 victims who have received amputations and 692 who have received prosthetic devices. Based on analysis of casualty data, it is estimated that there are 2.345 mine victims per 10,000 people in Rwanda. Information on mine victims treated at ICRC hospital in Butare are fed into the ICRC War Wound Surgical Database.

##### **According to LM 2002:**

In 2001, twenty-three landmine casualties (seventeen men and six women) were recorded, according to the National Demining Office: six in Byumba, one in Gysenyi, twelve in Kigali (city), one in Mutara, and three in Ruhengeri.<sup>21</sup> In the first half of 2002, two mine casualties were recorded (both male): one in Byumba and one in Kigali (rural).<sup>22</sup> Since 1990, 617 mine casualties have been recorded, of which 446 were male.<sup>23</sup>

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

The recorded anti-personnel mine victims was 703 at the end of 2002.

#### **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 1999 reports that Rwanda's health care system is in the process of being rebuilt and that NPA is engaged in the rehabilitation of two regional hospitals in Nyagatare and Cyangugu. In 1999, ICRC's support to the District hospital of Kibuye and the prosthetic-orthotic workshop in Gatagara were transferred to the Swiss Red Cross.<sup>1</sup> LM 2000 reports that the Mulindi Japan One Love Project manufactures prosthesis for distribution to the population. HI provides orthopedic services to the largest hospital in Kigali, along with 14 district hospitals and 3 independent units.

##### **According to LM 2002:**

In 2001, the National Prosthesis and Orthopedic Rehabilitation Service of Kigali Hospital Center treated 289 patients with amputations, of which 120 were mine victims (95 men, 17 women, and eight children).<sup>24</sup> The Service produced 289 prostheses in 2001.<sup>25</sup>

Handicap International provides technical support to the Service at Kigali Hospital Center. In 2002, HI was strengthening its collaboration with the physiotherapy department so as to promote all-round patient care. The Mulindi Japan One Love Project (MJOLP) is a joint Rwandan/Japanese NGO that produces prostheses and orthoses free of charge for disabled persons and promotes the socio-economic reintegration of people with disabilities.<sup>27</sup> It produced approximately 500 prostheses and orthoses from July 1994 to April 2002. The MJOLP inaugurated a new workshop in Kigali on 29 September 2000.<sup>28</sup> In February 2002, MJLOP began a mobile workshop service to reach disabled people in remote areas.<sup>29</sup>

In 2001, Médecins Sans Frontière (MSF) described its pressing health concerns in Rwanda as including mental trauma from the genocide and war-related injuries. After fighting in northwestern Rwanda in June 2001, MSF began a surgical intervention in Ruhengeri.<sup>30</sup>

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

A National Trauma Center was created in 1994 with the assistance of UNICEF, Medecins du Monde, Swiss Development Cooperation and the local women's association. The local government has given a portion of its budget to the local NGO known as Mulindi Japan One Love Project which does prosthetics and has ambitions to do vocational and technical instruction. This project is now trying to decentralize to reach provinces outside Kigali. Although the Japanese private community also contributes to this project it is in need of both moral and financial encouragement to continue its work. At Gatagara Center for handicapped, they manufacture artificial limbs and educate disabled children in primary and secondary school levels with support from the government of Rwanda, ICRC, and the Dutch NGO, Memisa.

Handicap International is mentioned for its continuous support to local initiatives for the reintegration of people with disabilities and mine victims in particular.

**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 socio-economic reintegration programs and benefits allowances are available to mine victims in Rwanda.

**According to LM 2002:**

The Mulindi Japan One Love Project (MJOLP) promotes the socio-economic reintegration of people with disabilities. HI supports disabled people and local structures and associations for social and professional reinsertion of people with disabilities in twelve districts.<sup>26</sup>

**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 disability laws are being developed in Rwanda.

**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:**

<sup>21</sup> The casualty figures provided did not distinguish between deaths and injuries. NDO Report provided to Rwandan Embassy in Brussels, 26 July 2002.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Email to Landmine Monitor from H el ene Pouget, Coordinator Rehabilitation Program, Handicap International, 23 July 2002.

<sup>25</sup> Ibid.

<sup>26</sup> Review of Activities 2001, Handicap International, p. 22. The districts are: Butare, Cyangugu, Gahini, Gisenyi, Kabgayi, Kibuye, Kigeme, Ngarama, Nyanza, Ruhengeri, Rutongo, and Rwamagana.

<sup>27</sup> *Landmine Monitor Report 2001*, p. 137.

<sup>28</sup> "One Love Tsushin," No. 18, January 2001.

<sup>29</sup> "One Love Tsushin," No. 22, May 2002.

<sup>30</sup> "Activity Report 2000-2001, Africa, Rwanda," M edecins Sans Fronti eres, [www.msf.org](http://www.msf.org).