

Preliminary Concept Note for Landmine Survivor Care and Rehabilitation for Ganganagar District, Rajasthan

-From SARD for Handicap International



Krishan (above) from Fazilka district.

He lost his foot running after his cattle who had wandered into a minefield. Since his father knew the surgeon operating, he was able to obtain a priceless favor: they only amputated his foot and not his leg from the knee down.

He is one of the lucky ones.

SARD

The Society for All Round Development (SARD) is a registered voluntary organization, which has been working in Northern India since 1996. SARD takes an integrated and participatory approach to development by empowering communities to improve their access to quality education and health services, providing vocational training, introducing micro-credit schemes, promoting environmentally sustainable income generating activities, and building the organizational and leadership capacities of SARD's stakeholders.

In 1999, SARD partnered with the Indian Campaign to Ban Landmines to present regional and national workshops throughout Northern India on the issue of the of anti-personal landmines. Since that time, SARD has organized many advocacy, mine risk education, and youth training workshops in border villages as well as national workshops in Delhi. Participants to these workshops have been diverse: from Noble Peace Laureate Ms. Jody Williams to landmine survivors from Jammu and Kashmir. In May 2006, SARD hosted, in close coordination with Mines Action Canada, a Youth Leadership and Capacity Building Workshop in New Delhi which was attended by youth leaders from Afghanistan, Sri Lanka, Nepal, Bangladesh, and India. In October 2006, SARD also held a workshop for the media in an attempt to sensitize the media to the situation of landmines in India, and bring further awareness to the general population.

Problem

Landmines and Improvised Explosive Devices were found in Central India, the North East and along the border with Pakistan in 2006. The last reported government use of landmines was in 2001-2002, when approximately two million landmines were laid along India's border with Pakistan. This deeply affected the regions of Rajasthan, Punjab and Jammu-Kashmir. While the army has been quite responsible in the clearance and fencing off of these minefields, casualties have still occurred. Although the army reported to have cleared 99% of the mines by October 2004, an estimated 5-10% were left behind. This is due to a number of factors. First of all, even if landmines are properly fenced off,

weather conditions, erosion, and small animals can move them from their demarcated positions. There have even been cases of ex-army removing the mines themselves in the villages in order to help their communities, however, this results in confusion for the army who may spend unnecessary time looking for these mines.

The largest issue is that many villagers are not properly informed about the landmines in their midst. Often they are not able to identify a mine, and are unaware of the procedure to inform the authorities and have it removed. Alternatively, since minefields have been laid in the midst of productive resources of many communities, there have been instances when villagers have felt obligated to venture into minefields for their family's welfare. After all, if a villager's goats stumble into a minefield, the prospect of a possible landmine explosion can be more appealing than that than the knowledge of assured starvation for his or her family. As a result of these factors, innocent villagers from India's poor rural border areas have been killed or horrifically maimed from landmine explosions.

There is no comprehensive data collection mechanism on casualties from mines/IEDs and other explosive devices in India. Some civilian casualties may not be reported due to the remoteness of the incident and lack of communications in mine-affected areas. Within the health system, there is no distinction made between those injured by mines/IEDs and those injured by other means. Some definite victim statistics that have been reported are:

- 10,709 army casualties between 1989-1999 (1,489 dead, 9,220 injured)
- In 2003, IIPDEP (Indian Institute for Peace, Disarmament & Environmental Protection) visited three border villages in the Ganganagar district, Rajasthan, and in four villages close to the border town of Abohar, Punjab. In the seven border villages, 71 landmine casualties were identified, of which 16 were killed and 55 injured.
- According to a survey by IIPDEP, between December 2003 and March 2004, at least 1,295 civilian casualties (325 killed and 970 injured) were reported in

the border states of Rajasthan, Punjab, and Jammu and Kashmir; 168 were children.

- Reported new civilian casualties in India in 2003: 270 (101 dead, 167 injured)
- Reported new civilian casualties in India in 2004: 523 (310 dead, 213 injured)
- Reported new civilian casualties in India in 2005: 332 (133 dead, 199 injured)
- Reported new civilian casualties from January to May 2006 (last reliable data): 271 (47 dead, 224 injured)

However it is extremely important to remember that the impact of a land mine injury is life long, with victims dating back to 1947 still experiencing many complications. Even if the number of casualties decreases, those remaining injured must be continuously monitored and provided with new, efficient prostheses.

In the border areas of Rajasthan, there have numerous landmine casualties. While the number of casualties has not been as overwhelming as in regions of other more heavily mine-affected countries, enough lives have been taken, bodies have been broken, and dreams have been crushed for it to warrant the attention of the NGO community. The reasons for these casualties are diverse: from a teenager who ran into a field to catch his wandering goats, to a father who ran into a field to catch his mentally handicapped child. Regardless of these differing rationales, the results have been uniformly devastating, with the most common injury being the loss of one or more limbs. These survivors must now live out the rest of their days permanently disabled, making it an almost insurmountable challenge for them to perform their old jobs, to support themselves and their families, to build a family, or to feel the same sense of wholeness and dignity that they felt before their senseless accident.

Target Area

SARD proposes to create a pilot project to begin with Handicap International in Ganganagar, Rajasthan. This is a very poor and rural district located along the line of control, with many surrounding villages who have also been affected by the area. SARD

hopes to work with Handicap International's technical expertise in rehabilitation and prosthetic care as well as your extensive Mine Risk Education materials.

Target Population

The primary target population will be the landmine survivors and their families who reside in the target area, as well as the families of those killed by landmine explosions. However, this program will absolutely not discriminate against other villagers in the target area who have severe physical disabilities (i.e. loss of movement of one or more limbs) provided they are interested in these programs.

Needs

Fortunately, landmine survivors in Ganganagar District have received comparatively good monetary compensation at 1.5 lakh per person. As well, the army has provided artificial limbs to those who require them.

Nevertheless, from our field visits we have identified a number of glaring needs of these landmine survivors:

- Many of the survivors indicated that their **artificial limbs** needed replacement.
- Since most jobs in Ganganagar are agricultural in nature, the injuries of many of the landmine survivors prevent them from performing the jobs they held before their accidents. Therefore, a need exists for the training for some sort of **productive alternative employment** for these survivors and their families, as the compensation they received from the government will not last forever.
- Beyond basic monetary and health needs, the landmine survivors are in need of **complex psychosocial support** as a result of their injuries. They need to find ways to regain their dignity and re-establish their feelings of being productive members of their communities.

- Since landmine survivors can be seen as an economic burden to their community as they are unable to perform their previous responsibilities, programs must be put in place which can **sensitize the community** to their plight, and ensure that they are not stigmatized.
- There exists a need for **Mine Risk Education** in the target area to prevent any new casualties.

Overall Goal

To provide a comprehensive and sustainable care and rehabilitation program for landmine survivors, their families, and other severely physically disabled villagers in the target area, as well as to prevent further landmine casualties. We hope to provide complete rehabilitation by accounting for health, economic, and psycho-social needs.

Key Proposed Activities

- Establish rapport with local government and key community leaders.
- Initial meeting with all members of target population to assess whether or not they need replacement artificial limbs. If so, beneficiaries will be connected with the appropriate service providers. After this, the condition of these artificial limbs will be monitored on a regular basis.
- Set up a youth-friendly resource center in a central location. This resource centre will have career and psychological counseling services, a small library, information on HIV/AIDS, and would be a hub for self-help groups. Community events will also be held at the resource center i.e. essay and art competitions, theatre etc.
- Conduct baseline survey to determine what is the most appropriate type of vocational training for the target population (possibly mobile phone repairing). In collaboration with jam shikshan sansthan (a nodal agency of the ministry of Human Resource Development). Conduct 3-6 month intensive training on the new trade.
- Link newly-trained villagers with government services – NHFDC (National Handicapped Finance and Development Corporation) or NABARD (National Agricultural Bank for Rural Development)- to give them a loan to start their own business in the community. SARD staff-member will provide support to help them get the business started and to monitor it on a monthly basis.
- Facilitate creation of community-based organizations (landmine survivors, women, and youth).

- Bring in Natrang Theatre Group to put on regular street plays in the community to sensitize community members to the plight of landmine survivors as well as to provide mine risk education. This group consists of approximately 40 youth from Abohar Fazilka who create socially conscious street theatre on issues varying from addiction to landmines, and SARD already has already established a strong relationship with them.

Estimated Cost

- 5-6 lak Rupees over 2 years.
- Please see budget attached, subject to change based on final project description decided by Handicap International

Potential Budget (in Rupees)

Activity	RGF Contribution	SARD contribution	Total Budget	Remarks
Establishment cost for setting up a Cluster Resource Centre (Nodal centre)	15000	5000	20000	Cost of furniture and fixtures
Cost of Library Books for cluster resource center	0	25000	25000	Library will consist of books on pertinent vocational trades, preparatory books for educational and professional qualifications, and other fiction and non-fiction books
Cost of one Pentium IV computer with all its accessories including UPS and Printer	30000	0	30000	A computer is needed for communication and organization of the program
Rent for the cluster resource center @ Rs. 1000/- p.m. for a period of two year	0	24000	24000	SARD will mobilize space from District Administration (Education department) and closely work with the state govt. on this issue.
Salary of Cluster Coordinator @ Rs. 7,500/- for a period of two years	180000	0	180000	
Cost of one Motorcycle for field work	40000	0	40000	Motorcycle is very essential because most of the villages do not have good connectivity
Cost of Stationary and communication @ Rs. 1000/- p.m. for a period of two years	19200	4800	24000	
Cost of fuel and local transport @ Rs. 500/- per month for a period of two years	12000	0	12000	
Cost of quarterly stakeholders meeting	10000	0	10000	Cost includes the stationery, boarding and local transport
Cost of 2 Training of Trainers sessions for groups of 25 teachers on Mine risk education	12500	0	12500	Cost includes the stationery, boarding and local transport
IEC material on Mine Risk Education for dissemination into communities	5000	10000	15000	
Cost of ten folk media shows viz. street plays, puppet show, etc. @ Rs. 2000/- per show	20000	0	20000	SARD will mobilize IEC material from ICRC, the local Red Cross, and will develop own material.
Cost of two vocational courses	50000	20000	70000	SARD already has a network with local street theatre group, experienced in landmine presentations
Artificial Limbs	?	?	?	This will be determined by Handicap International with use of their expertise and depending on the number of victims involved in the program
Technical and medical support	?	?	?	To be determined by Handicap International, depending on their resources
Travel from Delhi to Ganganagar once a month @ Rs. 3000/- per visit	62000	0	62000	The revolving fund will utilize to setup new businesses or to strengthen current ones.

Total	455,700	88,800	544,500	These will be monitoring cum support visits
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