Assisting

Landmine Survivors:

A Decade of Efforts

The Vienna Symposium

12 February 2007

Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction
From 12 to 14 February 1997, Austria convened the *Vienna Meeting on the Text of a Total Ban Convention*. This was the first significant event of the Ottawa Process, the aim of which was to negotiate a Convention to ban anti-personnel mines by the end of 1997. In pursuit of this aim, Austria took on the lead role of elaborating a draft text. The February 1997 *Vienna Meeting* was designed to elicit comments on a first draft text and to intensify efforts towards a total ban on anti-personnel mines.

Neither the text of the draft Convention discussed in Vienna in February 1997 nor two subsequent drafts contained measures to assist landmine survivors. Ultimately, though, the text of the Convention adopted on 18 September 1997 contained the obligation of “States Parties in a position to do so” to “provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims….” This resulted in the Convention becoming the first multilateral arms control agreement to address the humanitarian needs of the victims of a particular weapon system.

On 12 February 2007 – exactly ten years after the historic *Vienna Meeting* – Austria convened the symposium *Assisting Landmine Survivors: A Decade of Efforts* to reflect on progress made and work that remains in addressing the needs of landmine survivors. The symposium, which featured panel presentations on key aspects of landmine victim assistance, emphasised the need for all relevant actors to continue with efforts to ensure a true equalization of opportunities for landmine survivors and other persons with disabilities.

Austrian Federal Ministry for European and International Affairs

Federal Ministry for
European and International Affairs
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   - DR. DINESH SETHI | TECHNICAL OFFICER IN VIOLENCE AND INJURY PREVENTION | WORLD HEALTH ORGANIZATION
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   - SIMON WALKER | ADVISOR | HUMAN RIGHTS AND DISABILITY | OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS
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   - SUSAN B. WALKER
Wolfgang Petritsch | Permanent Representative of Austria to the United Nations (Geneva) and President of the 2004 Nairobi Summit on a Mine-Free World

It gives me great pleasure to welcome you to Vienna to our symposium, *Assisting Landmine Survivors: A Decade of Efforts*. This symposium marks the 10th anniversary of the Vienna Meeting on the Convention for the Prohibition of Anti-Personnel Mines which started at precisely this hour ten years ago. This meeting was the first in a series of meetings that lead to the Convention which is now known as the Ottawa Convention.

I am happy to see so many familiar faces – persons engaged for many years in the fight against anti-personnel mines – and I am equally happy to see also many new faces in this room. This sends a clear signal that the interest in the issue, the outlawing of anti-personnel mines and the care for landmine survivors, is still on the minds of many.

Before we start, let me briefly express my gratitude to some of those who contributed to this event. My thanks go to State Secretary Hans Winkler for joining us here today and reinforcing our important message. I would also like to thank General Schittenhelm, the Commander of the Austrian Defence Academy for hosting us; Ambassador Caroline Millar of Australia, currently the Convention’s president and a strong supporter of our endeavours; and, Margaret Arach Orech, Ambassador of the International Campaign to Ban Landmines – herself a victim of this terrible weapon and an ardent advocate for the cause of survivors.

I also wish to thank Kerry Brinkert, Sheree Bailey and Sophie Delfolie from the Convention’s Implementation Support Unit as well as Markus Reiterer and the team of the Ministry for Foreign Affairs in Vienna, Dorothea Auer, Alexander Benedict and Monika Fröhler for their hard work in preparing today’s event.

The *Decade of Efforts* that we can celebrate today signifies the hope that this Convention has brought into our world. The Convention has experienced the engagement, enthusiasm and energy of many hundreds, if not thousands, of persons, working for this cause. It is important that we do not give up – that we do not stop our work, before the job is done. Yet our job is only done when the world is indeed free of mines, does not encounter new victims and takes proper care of those who already have fallen victim to this weapon. Such a world is possible, but we have to continue working together, perhaps for a couple of years, a decade or more. I can assure you that Austria is committed to continue to do its share.

Dr. Hans Winkler | Austrian State Secretary for Foreign Affairs

At the outset, allow me to thank you all for your presence here at the symposium marking the 10th Anniversary of the Vienna Meeting on the Convention for the Prohibition of Anti-Personnel Mines. It was exactly today ten years ago that a core group of like-minded states met in the Austrian capital to discuss the initial draft text of a Convention to Ban Anti-Personnel Mines.

This meeting from 12 to 14 February 1997 was a formal follow up to the call made by the Canadian Foreign Minister Lloyd Axworthy at the conference *Towards a Global Ban on Anti-Personnel Mines* in Ottawa in 1996 – the very conference that provided the name to the Ottawa Process. I remember personally that in the beginning not everybody
believed in its success. This process turned out to be one of the most successful ones in international disarmament not least due to its humanitarian implications. Despite major concerns expressed by a number of states, Canadian Minister of Foreign Affairs Lloyd Axworthy decided in 1996 to demand the negotiation and signature of a treaty to ban anti-personnel mines by the end of 1997.

I would like to recall that on the political level it was the commitment of the then Foreign Minister Schüssel and then State Secretary Benita Ferrero-Waldner that initiated the process in Austria. The Austrian delegation to the 1996 Ottawa Conference already had a first draft of an Anti-Personnel Mine Ban Convention with them. This draft was circulated in November the same year and discussed at the expert meeting which was held in Vienna exactly 10 years ago. The meeting was chaired by Dr. Thomas Hajnoczi – who I also welcome among us today – and provided states with an initial opportunity to comment directly on the first draft of the Convention. Austria had expected 90 governments to attend, and in fact the long narrow room where the meeting was held was packed with 111 government representatives and many NGOs.

Several draft versions followed with the input of NGOs and governments which were working almost on a daily basis with the members of the core group. The International Campaign to Ban Landmines and its leader Jody Williams won the Nobel Peace Prize in 1997 for their decisive efforts in connection with the Convention. The Convention was finally signed in Ottawa in December 1997 and entered into force in March 1999.

Why was and is the Ottawa Convention such a success? Why does the Ottawa Process after a decade of efforts still serve as a model for various other disarmament endeavors? Why do people still refer to “the spirit of Ottawa” today? Various reasons spring to mind and perhaps these questions can be answered best by referring to the five famous journalisticWs:

> Who? The people from governments and NGOs involved in the multilateral cooperation, their individual personalities and dedicated commitment;
> What? Negotiations conducted with a cooperative spirit and for a common cause;
> When? The proper timing, the right momentum;
> Where? The good choice of geographical patronage; and,
> Why? Most importantly, to strive for a right cause and the willingness of governments as our own to support this cause politically.

Today we count 152 states which have ratified the Convention including the majority of those states that are most heavily affected by landmines, such as Afghanistan, Angola, Cambodia, Mozambique and Bosnia and Herzegovina. We can indeed celebrate considerable progress. The Convention has established an international standard which is also respected by the majority of those states that have not yet joined this important humanitarian instrument.

The use of anti-personnel mines has been markedly reduced in recent years, fewer mines are being produced and trade with this hazardous weapon has almost completely ceased. In addition, the States Parties to the Convention have destroyed stockpiled anti-personnel mines and cleared vast tracks of mined land. And fortunately, the annual number of new mine victims is now significantly lower than it used to be and many landmine survivors are now receiving better care and assistance. But there is no reason to be satisfied or complacent. Much more must be done.
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The Convention’s preamble records the wish of the States Parties “to do their utmost in providing assistance for the care and rehabilitation, including the social and economic reintegration of mine victims.” The Convention is a significant success in that it addresses for the first time in a legally binding international treaty the aspirations of mine victims in particular and persons with disability in general. Victims are not only those people that survive a landmine blast, but also all those in the wider circle of a family, a community and a society who are indirectly harmed by the repercussions of landmine incidents. Therefore, victim assistance refers to aid, relief, comfort and support provided to all victims with the purpose of reducing the immediate and long-term medical and psychological implications of their trauma.

Victim assistance is an integral component of mine action and always rests in the broader contexts of national health care and rehabilitation programmes, human rights and development. Austria, together with Sudan, is honoured to be the current Co-Chair of the Convention’s Standing Committee on Victim Assistance. In this capacity, we support an ambitious programme to counter remaining challenges of victim assistance. Victims are why we are here today.

Our symposium, Assisting Landmine Survivors: A Decade of Efforts, is dedicated to all concerns and dimensions of victim assistance. The event will feature panel presentations on key aspects of victim assistance and should provide the audience with an overview of ten years of hard work and the great challenges that still lie ahead.

I would like to thank all those personalities of the Ottawa Convention who shaped the decade of efforts, particularly those who continuously contributed to assisting landmine victims, those who are the faces and spirits carrying the Ottawa Process forward successfully, and last but not least those who made this event possible today. We should take that as a commitment not to rest our ambitions. We must continue working for a further development of humanitarian law in order to reduce the suffering where we can. This is a noble cause where governments, NGOs and the international community at large must join forces. Together we are strong.

> General Raimund Schittenhelm | Commander of the Austrian Defense Academy

It is a great pleasure for me to welcome you at the National Defence Academy (NDA) to the symposium Assisting Landmine Survivors: A Decade of Efforts. The NDA is proud to have the opportunity to support the Federal Ministry of Foreign Affairs on the occasion of the 10th Anniversary of the Vienna Meeting.

I think this symposium not only reflects 10 years of hard work but also offers a chance to discuss such important issues in a multi-national setting among experts and people directly affected by landmines. I am confident that you will make the findings and conclusions of this symposium known in your respective environments, thus fostering the national and international discourse concerning this important issue. The Ministry of Defence participated in the Ottawa Process from the very beginning of this political initiative, in 1996, which aimed at reaching a comprehensive ban on anti-personnel mines. Our motives were obvious and clear. The tendency of various conflict parties to use anti-personnel mines, without documentation and restriction, increasingly worsened the situation for innocent civilians and caused the people in conflict regions tremendous harm and suffering, not only during but also long after the conflicts. This
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inhuman practice did not only seriously hamper the social and economic recovery of those societies affected but also presented a risk for our own peacekeepers.

With our early active involvement in the initiative that resulted in an initial draft of the treaty we were able to substantially contribute to the final version of the Ottawa Convention in 1997. By that time, our own Austrian legislation, prohibiting the production, transfer, and use of anti-personnel mines was already in force and all stocks were destroyed. Consequently, Austria had no problems ratifying and implementing the Ottawa Convention.

Yet, our engagement in the Ottawa Process did not stop with fulfilling this obligation. We continue to be actively involved in the annual information exchange and remain engaged in mine and unexploded ordnance clearing in peacekeeping operations. We strongly support the objectives of the Ottawa Convention which will hopefully one day become a standard worldwide, to which all countries commit themselves.

I now ask for your understanding to make a few remarks about our NDA and the premises we are in. As you can see, we are in a recently renovated building, the so-called Academy Wing. This late-Baroque Sala Terrana, with the seven classical liberal arts depicted on the ceiling is the most impressive room in this wing and will be your working environment today. We are located in the VII District of Vienna and this compound has a very long history. Let me point out just some of the highlights.

In 1852 the Austrian Emperor Franz Josef laid the foundation for the “War School” of the Monarchy, which was responsible for the education of general staff officers and for higher officer training. It was the predecessor of our Academy. From 1852 until now these buildings have accommodated training facilities. In 1955, ten years after the end of WWII, Austria regained its independence and sovereignty and higher officer training could be resumed. In 1967, the former Staff Academy was turned into the NDA, as we know it today.

The main tasks of the NDA are: education and training of staff and general staff officers; training of military leaders; and, teaching and research in security policy. Our academy is the highest training and research institution of the Austrian Armed Forces. If you get a chance to take a look at the posters outside in the hallway you will get a more detailed picture of our Academy. I am, however, convinced that you will be very satisfied with this venue.

I would now like to wish you an interesting symposium and may it contribute to better understanding, awareness, and resource allocations, when dealing with this very important issue.
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> Caroline Millar | Ambassador and Permanent Representative of Australia to the United Nations (Geneva) and President of the AP Mine Ban Convention

I would like to thank the Austrian Government for hosting this symposium *Assisting Landmine Survivors: A Decade of Efforts*, which marks the tenth anniversary of the Vienna Meeting on landmines.

Victim assistance is one of the cornerstones of the Anti-Personnel Mine Ban Convention. As the first international arms control instrument to address the needs of victims, the Convention obliges States Parties to provide assistance for the care and rehabilitation, and social and economic reintegration of mine victims. For ten years, we have all strived to meet our obligations to survivors. But despite these efforts, victim assistance remains a critical area of the Convention that requires further focused work. There are thousands of new casualties every year.

This is a worrying trend after more than a decade of mine action. And it reflects a need for more intensive work in the areas of mine clearance, mine risk education and universalisation. New casualties mean that each year there are more survivors who require immediate medical and psychological support. In addition, according to Landmine Monitor, there are already 350,000 to 500,000 mine survivors living in the world today who will need support for the rest of their lives. And these figures do not reflect the suffering of families and communities affected by the scourge of landmines. We can’t get away from the fact that assistance to mine victims is a life-long commitment for all of us.

What have we achieved? How far have we come to meeting the goals we set ourselves in Vienna and since the Convention entered into force?

First, we have better defined the problem. At the First Review Conference, held in Nairobi in 2004 and presided over by Ambassador Petritsch of Austria, we set out key understandings. For example, who are victims of landmines? As States Parties we now recognise that victims of landmines extend past individual survivors, to families and whole communities. We understand that the primary responsibility to care for survivors rests with mine-affected states but that donors have an important role to play. We accept that responses to the problem cannot be provided piecemeal but should be integrated into broader development work and poverty reduction strategies. We also agreed to focus our victim assistance efforts not only on landmine survivors but on all people with disabilities. The Convention on the Rights of Persons with Disabilities, recently adopted in New York, will complement and reinforce the work of the Anti-Personnel Mine Ban Convention in this area.

Secondly, mine-affected and donor states have been taking practical action to implement the Convention and improve the lives and livelihoods of survivors. The 24 States Parties with the greatest number of victims have made progress in developing their national plans and objectives. They have done this working closely with Austria and Sudan as Co-Chairs of the Standing Committee on Victim Assistance, as well as with their predecessors Afghanistan, Nicaragua, Norway and Switzerland.

And donors are stepping up to the plate. Australia increased its financial commitment of $75 million over five years, with a new Mine Action Strategy launched in 2005. Reducing the suffering of survivors and supporting their socio-economic rehabilitation is a key objective of the strategy. Australia provides support through specific survivor assistance programs but also by building broader health infrastructure in mine-affected
countries, supporting job creation and education and training. Australia also works with mine-affected countries to develop national policies and legislation that address the needs of all disabled people. This year, Australia is set to spend almost half its mine action budget on victim assistance programs. A significant proportion of those funds will be dedicated to one of the most affected states – Cambodia. In delivering assistance, Australia works in close collaboration with non-government organisations, such as the ICBL and others. This partnership, between government and civil society, is essential in delivering results.

Thirdly, since the Vienna meeting, survivors have raised their voices on the landmine issue, thanks to organisations like Landmine Survivors Network. Survivors have been encouraged by the mine ban community to increase their participation on government and non-government delegations at Convention meetings. Their self-empowerment is essential to ensure their reintegration and participation in mine-affected societies.

But, as always, further challenges lie ahead. According to Landmine Monitor, existing victim assistance programs in the field do not go far enough to meet the needs of survivors. This is across the board: in the areas of rehabilitation, psychological support, socio-economic reintegration and rights implementation. And there remain continued and serious gaps in victim data collection, which reflects problems with national capacity, and in turn affects a states’ ability to undertake effective planning.

States Parties have developed a strategic response to this through the Convention. We have the Nairobi Action Plan, which outlines concrete actions for both affected and donor states ahead of the Second Review Conference in 2009. We have a well-structured intersessional work program on victim assistance, which is helping affected states to develop plans and meet objectives. And we have an excellent Implementation Support Unit, which continues to provide valuable one-on-one support to affected states, through its victim assistance expert, who Australia is proud to support.

But we must be clear. Plans are not sufficient. We must continue to implement the Convention in practical ways on the ground. The long-term credibility of the Convention depends on this. Mine-affected states must continue to advance the rights of survivors and provide for their health and socio-economic needs. Donors have to ensure that funding levels reflect the long-term nature of survivor needs, while ensuring that their efforts help affected states develop sustainable, effective and efficient national systems of care. Australia is committed to doing this, as the President, as a State Party to the Convention and as a donor.

This symposium provides us with a useful opportunity to tackle the key remaining problems. I wish everyone a successful meeting.
It is an honor for me to be invited to this landmark symposium as we commemorate the 10th Anniversary of the Vienna Meeting on the Convention for the Prohibition of Anti-Personnel Mines. I thank the Austrian Government for organizing this symposium and for the tremendous work they have undertaken in victim assistance in the past and continue to date to ensure that lives of landmine survivors are better.

Ten years ago, when the Convention was signed, I was not aware of the existence of landmines in my own country. Their devastating effects were beyond my imagination. To me, landmines were meant for combatants, the military. Little did I know in 1998, I would come face to face with the reality of being a victim of anti-personnel mines. I lost part of my right leg in a mine blast. It changed the course of my life.

Prior to the incident, I was in no way concerned about what people with disability go through. It was now my turn to know, feel and understand. An encounter with the ICBL through a landmine survivor in Harare gave me the opportunity to learn about the Convention and the position of my country regarding it.

Nine years later, as I look back, quite a lot has happened especially in the area of victim assistance. Although there are still new survivors being registered, victim assistance has come a long way. A social model that stresses removal of disabling barriers and the conception of disability as a human rights issue has emerged. Survivors’ voices have been raised. They are empowered. Survivors’ groups have been formed in mine affected areas and capacity is being built.

Survivors are being recognized and are more aware of their rights. They are now taking the lead on advocating for their rights. The ICBL’s principle of inclusion is taking shape though only at local and national level. Coordination of victim assistance activities is now being undertaken. My government is making a move towards its obligation to Article 6.3 and has set specific objectives towards achieving it. And legislation and policies on disability are being enacted.

Planning and implementation of victim assistance in Uganda has taken a very positive path. All stakeholders are involved. These include the Ministry of Health Disability Desk, Ministry of Gender, Labour and Social Development, National Council for Disability, National Union of Persons with Disability, NGOs, UN and the survivors themselves. On the other hand, many governments have not yet made any effort to include survivors on their delegations at Convention related meetings. Prosthetic technology needs to be reviewed to ensure it is appropriate. Although a lot of planning has been undertaken, implementation of certain aspects is curtailed and does not occur in a timely manner due to scarce resources. Accessibility to services by landmine survivors is poor and government facilitation is needed to supplement NGOs in service delivery. In addition, there is a need for the provision of improved and quality medical care and rehabilitation for new survivors.

Some final thoughts for States Parties in the next decade are as follows:

- Sign and ratify the new Convention on the Rights of Persons with Disabilities.
- Establish and enforce national disability laws and policies.
- Establish social support mechanisms that foster reintegration of landmine survivors into their communities.
- Consider compensation for landmine victims / victims of war.
- Support participation of landmine survivors in Convention related meetings as part of government delegations.
Thomas Hajnoczi chaired the 1997 Vienna Meeting and was a central figure throughout the Ottawa Process. In opening the first panel session, he remarked that in 1997 no one could have predicted the accomplishments that transpired during the decade that followed. Indeed, many were skeptical about whether the Ottawa Process itself would succeed. Ultimately, the Convention was adopted and a great deal of effort has gone into making the Convention live up to its promise, including its promise to landmine survivors. As a veteran of the Ottawa Process, Thomas Hajnoczi expressed his gratitude to those present who also had worked hard to achieve the Convention in 1997 as well as to those who have dedicated themselves to implementation.

Ten years ago an event of great significance took place in this city related to the pursuit of a truly comprehensive approach to an end to the suffering and casualties caused by anti-personnel mines. Some of the leading individuals of that era are here with us today, including activists and experts like Susan Walker and Ken Rutherford, and diplomats such as Bennie Lombard of South Africa, and our panel’s moderator, Thomas Hajnoczi of Austria. The commitment of these individuals, the fathers and mothers of the Ottawa Process, back in the 1990s, and their ongoing dedication, continue to inspire those like me, the children of the Ottawa Process.

While our forefathers and foremothers produced a comprehensive response to the problems caused by anti-personnel mines, they left us all with the challenging task of applying this response. It is important, therefore, that we take stock, 10 years after, of what has been accomplished and what remains to be done, particularly in the realm of care, rehabilitation and reintegration of those who have fallen victim to anti-personnel mines.

Interestingly, ten years ago here in Vienna, when the international community assembled to discuss a first draft text of a Convention banning anti-personnel mines, the text in question did not propose obligations related to landmine victim assistance. Neither did the second or third draft texts. The history books on the Ottawa Process, though, tell us that folks like Ken Rutherford and other landmine survivors persisted as did states like South Africa, thus assuring us of a truly comprehensive approach.

The fathers and mothers of the Ottawa Process left us with the 1997 Convention on Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines – or Ottawa Convention – the English version of which weighs in at just over 5,200 words. Within this text, we find 25 simple words of particular significance. They are that: “Each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims….” Twenty-five simple words amongst many, but significant nonetheless as they resulted in the Convention becoming the first multilateral arms control agreement to address the humanitarian needs of the victims of a particular weapon system.

Moreover, by incorporating these words into the text of the Convention adopted in Oslo on September 18, 1997, the matter we call landmine victim assistance found itself...
– along with universal acceptance and compliance with prohibitions, the destruction of stockpiled mines and the clearance of mined areas – as one of four core areas of activity necessary to achieve the Convention’s ultimate intended impact of an end to the suffering and casualties caused by anti-personnel mines. Again, though, while it was the task of our forefathers and foremothers to assemble words of significance, it is the subsequent task of all others to convert these words into action – to implement the Convention.

When it comes to taking stock of an implementation process, it is important ask four key questions:

> Who is responsible?
> Each actor is responsible specifically for what?
> How will this be measured?
> By when must what be achieved?

The drafters of the Convention made it quite easy for us to answer these questions with respect to compliance with the Convention’s prohibitions and its obligations to destroy stockpiled and emplaced anti-personnel mines. For example, with respect to destroying stockpiled anti-personnel mines…

> Who is responsible? Each State Party reporting stockpiled anti-personnel mines under its control or jurisdiction.
> Each actor is responsible specifically for what? Each is responsible for destroying all stockpiled anti-personnel mines under its control or jurisdiction.
> How will this be measured? It will be measured according to the number of mines destroyed relative to the number reported.
> And by when must this be achieved? Compliance with this specific, measurable and universally applicable obligation is required within four years.

When it comes to victim assistance, though, the answers to these questions were unclear. This has resulted in something of a dilemma. Even without empirical evidence, we all would feel confident, as the ICBL has, in saying that “in many mine affected countries the assistance available to address the needs of survivors is inadequate.” However, the dilemma exists, because again as articulated by the ICBL, “the extent to which landmine survivors’ needs are not being met is generally still unknown.” If you’re not clear on who is ultimately responsible for meeting needs, in understanding specifically what those needs are, and clarifying the extent to which these needs are not being met, you’ll be unable to act strategically to meet these needs and you’ll never know when needs will have been met. And by not knowing what needs to be done by certain key milestone dates, the Convention’s States Parties have found themselves in a situation in which they were setting themselves up for failure because there has been no measuring stick regarding what it means to have fulfilled their promises to mine victims.

Five years of intersessional work between the Convention’s entry into force in 1999 and its First Review Conference in 2004 sought to clarify matters informally. At the First Review Conference – the Nairobi Summit on a Mine Free World – the Conference’s President, our friend Wolfgang Petritsch of Austria, consolidated the outcomes of this work into a set of understandings that were formally agreed to by the States Parties. These understandings included clarity regarding what was meant by
landmine victim, with landmine victims understood to be “those who either individually or collectively have suffered physical or psychological injury, economic loss or substantial impairment of their fundamental rights through acts or omissions related to mine utilization.” That is, a broad approach to what is considered a landmine victim was accepted, although with it clearly understood that, the majority of attention must be focused on providing assistance to those individuals directly impacted by mines.

This matter called victim assistance was also clarified, with the States Parties agreeing that it was their understanding that it included work in the following areas:

> Understanding the extent of the challenges faced;
> Emergency and continuing medical care;
> Physical rehabilitation, including physiotherapy, prosthetics and assistive devices;
> Psychological support and social reintegration;
> Economic reintegration; and,
> The establishment, enforcement and implementation of relevant laws and public policies.

While it was certainly important for the States Parties to better understand the aim, it was equally important that at the Nairobi Summit the States Parties drew various conclusions regarding the place of landmine victim assistance in broader contexts, such as a broader disability context. Landmine survivors are a sub-group of larger communities of persons with injuries and disabilities. The problems faced by them are similar to the challenges faced by other persons with injuries and disabilities. Logically, therefore, landmine victim assistance should not exclude any person injured or disabled in another manner.

Victim assistance also was wisely understood by the States Parties in the context of broader health care, social services, rehabilitation, reintegration and human rights efforts. This is important because it points to the need for a sophisticated approach to the United Nations’ definition of “mine action.” That is, to the United Nations, “mine action” encompasses five core elements, with one of these being “victim assistance.” However, as the States Parties to the Convention noted at the Nairobi Summit, “there are important contextual differences between humanitarian demining and activities related to assisting in the care, rehabilitation and reintegration of landmine victims.”

Humanitarian demining, while related to, is relatively distinct from other humanitarian, development or disarmament challenges and thus has developed as a relatively new and specialized discipline. In contrast, victim assistance “does not require the development of new fields or disciplines but rather calls for ensuring that existing health care and social service systems, rehabilitation programmes and legislative and policy frameworks are adequate to meet the needs of all citizens – including landmine victims.”

A final set of conclusions drawn by the States Parties at the Nairobi Summit which I’ll mention concerns the matter of responsibility. First of all, those 25 significant words that I highlighted earlier were reiterated – that each State Party in a position to do so has a responsibility to support mine victims. However, flowing from some basic principles of the international system that has been in place for a few hundred years – such as the principles of sovereignty and individual state responsibility for domestic affairs, it is logical that it is a basic responsibility of a State to ensure the well-being of its population, including the well-being of landmine survivors and other persons with disabilities. In the context of the Ottawa Convention, this responsibility is most pertinent for – and hence the challenges faced in fulfilling it are most profound for those States which are
responsible for significant numbers – hundreds or thousands – of landmine survivors. While not forgetting the responsibilities to landmine survivors wherever they may be, a greater emphasis must be placed on the fulfilment of the responsibilities to survivors by these States Parties. Of the Convention’s 152 parties, 24 – including 4 in South Eastern Europe – have indicated that they hold ultimate responsibility for the care, rehabilitation and reintegration of significant numbers of landmine survivors.

This brings us back to the four key questions we must ask 10 years after:

> Who is responsible?
> Each actor is responsible specifically for what?
> How will this be measured?
> By when must this be achieved?

Through the work of the States Parties at the Nairobi Summit, in 2004 a much more solid basis for action was agreed to. We now understand the aim with greater clarity, particularly its place in broader contexts. Thanks to self-identification, we can point to 24 States Parties which understand this to be a matter of responsibility for them. And, notwithstanding the need to give due regard to the well being and the protection of the rights of one’s population forever, in the context of this Convention we can use various milestones like the Convention’s Second Review Conference in 2009 as instances when progress should be made and measured.

In essence, the conclusions of the Convention’s First Review Conference provided a basis to begin treating responsibilities to landmine survivors with the same degree of seriousness and precision that the international community gives to the Convention’s prohibitions or its obligations to destroy mines. As the Conventions’ President, Ambassador Caroline Millar of Australia, has stated, there is now a “strategic approach” available for the States Parties to apply. And applying this approach is exactly what Nicaragua and Norway did in 2005 in their capacity as Co-Chairs of the Convention’s Standing Committee on Victim Assistance, a practice that has been followed by their successors, Afghanistan and Switzerland in 2006 and Austria and Sudan in 2007.

However, there are some complications to treating responsibilities to landmine survivors in a manner analogous to the Convention’s prohibitions or its obligations to destroy mines. Whereas the obligations to destroy stockpiled or emplaced anti-personnel mines are universally applicable and measurable for each State Party reporting such mines, and while the deadline for fulfilling obligations remains the same, what can be and / or should be achieved by each of the 24 States Parties reporting significant numbers of landmine survivors will be different. That is, the magnitude of the challenge faced by each of these States Parties is dramatically different – from hundreds of landmine survivors in Croatia to perhaps tens of thousands in Cambodia. And the capacity of each to act equally is dramatically diverse – from some of the world’s poorest states recovering from recent conflict, like Afghanistan, to middle income states like Thailand which have been largely spared from conflict.

Again, in keeping with the basic characteristics of the international system which points to ultimate responsibility resting with each State Party, these 24 States themselves must define what can be / should be achieved. Others, like our friends from the WHO and ILO, may have the expertise and capacity to assist in understanding problems, and developing plans to deal with these problems. Others, like our friends from the ICBL,
may be well poised to monitor the efficacy and implementation of plans. However, real and sustainable progress cannot be made without the affected States Parties themselves “owning” the problem and the solutions to it. Moreover, until what is deemed by these States Parties to be a specific, achievable and relevant objective is measurable and time-bound, and, until there are plans in place, success / failure will constantly be an undefined and / or a changeable target.

So where matters lie with respect to victim assistance in the context of the Ottawa Convention is that the space has to be provided to 24 States Parties to set the agenda and for others to assist them in doing so. They can do so by addressing the following five questions:

> What in concrete terms do you want to achieve by December 2009?
> Is what you want to achieve SMART? (Specific, Measurable, Achievable, Relevant, Time-Bound)
> Are all relevant ministries engaged in establishing SMART objectives and developing plans? That is, again, landmine victim assistance is not a matter for mine action people to ultimately deliver. It is up to State entities responsible for health care, rehabilitation, reintegration and human rights.
> What is your plan to achieve what it is you want to achieve?
> Do your plans take into account the place of landmine victim assistance in broader contexts? That is, again let’s recall the place of this abstraction we call landmine victim assistance in broader disability, health care, rehabilitation, reintegration and human rights systems and frameworks.

Let me conclude by remarking again that while we should not discount achievements made during the Ottawa Process in developing a new higher standard of response to a pressing humanitarian problem and in Nairobi in 2004 in the developing of understandings regarding how this response should be applied, both the Ottawa Convention and the conclusions drawn at the Nairobi Summit remain nice words on paper unless acted upon. And acting upon the sound basis that exists, that is, turning theory into reality, means overcoming some key challenges.

Let me leave you with some – some of which might seem somewhat obvious or somewhat provocative to some of you.

> First: Many of the states in question are at the lowest levels of national development and state capacity. In many respects, more profound issues must be addressed before there is going to be any meaningful response to the needs of landmine survivors within such states.
> Second: Regardless of the level of national development and state capacity, it remains a challenge that some relevant States are slow or perhaps reluctant to internalize that the care, rehabilitation and reintegration of survivors is their responsibility. That is, there is a sense that such matters are either relatively unimportant or are perceived to be matters that outsiders will address.
> Third: In the eight and a half years that I have worked on the matters concerning the Convention, I have observed a preponderance of some NGOs to exacerbate the notion that challenges related to the care of landmine survivors is something to be addressed by outsiders. In many instances, NGOs place a necessary focus on the role of donors but a focus that is disproportionate relative to a focus on those who are ultimately responsible.
Fourth: Notwithstanding the clear understandings adopted by the Convention’s States Parties in 2004, there is a lack of regard on the part of many actors for the place of victim assistance in broader health care, rehabilitation, reintegration and human rights contexts.

Fifth, and related to the previous point: There continue to be instances when landmine victim assistance is perceived by mine action people – those whose tasks for the most part concern the identification, removal and destruction of landmines – as their domain. What can result and has resulted is the development of assistance efforts which must continue for years or decades being established and implemented by entities of states which are intended to complete finite tasks in the near term.

Sixth: Civil society monitoring of the implementation of victim assistance responsibilities is uneven when compared to the systematic attention given to the Convention’s core aims.

Let me close by again thanking Austria for taking the initiative to convene this symposium. I hope that this will be the first of many such Ottawa Process anniversary events to take place around the world in 2007.

Dr. Dinesh Sethi | Technical Officer in Violence and Injury Prevention | World Health Organization

At the 10th anniversary of the Vienna Meeting on the Convention for the Prohibition of Anti-Personnel Mines, it is important to remember that the use of landmines still persists in many countries, and that the damage that they cause is unnecessarily large. Indeed reports suggest that 26,000 people lost their lives from landmines in 1997, with about 300,000 who have been affected by life long disability. The damage caused to people’s physical, psychological and reproductive health is immeasurably high. In the aftermath of the damage, the response of the health service has to be immediate in providing emergency trauma services as well as in the long term in rehabilitating people with devastating disabilities, both physical and psychological. The health sector also has an essential role to play in engaging partners to prevent harm from the use of anti-personnel mines, and in mounting the appropriate response both for care and rehabilitation, for victims of injuries in conflict zones.

Such a response requires a public health approach. One of the initial steps of this approach is to document the scale of the problem. The consequences of landmines are both direct and indirect. Of the direct consequences, the following need to be measured: deaths, injuries, mutilation and disability, psychological harm, costs of health care and rehabilitation and reintegration. But there are also indirect consequences which are devastating for the communities affected:

- Landmines block access to essential commodities and deny access to agricultural land, disruption of food production and distribution, social and marketing activities, leading to malnutrition.
- Landmines disrupt service delivery and the supply of essential medicines leading to infectious diseases and other ill health.
- At a societal level there is loss of productivity and destruction.
- Women and the poor and the powerless are those most affected.
The response of the World Health Organization in 2000 was to provide technical assistance in developing guidance for surveillance of injuries due to landmines and unexploded ordnance. The objectives of conducting such surveillance were to highlight the magnitude of the problem so as to raise awareness of the mine problem, to monitor trends over time, to assist in priority setting for prevention (demining, awareness, target population), to conduct a needs assessment on the ground for the planning of resources, and for the evaluation of prevention, as well as pre-hospital and hospital care services. States were encouraged to integrate such surveillance into existing systems. The burden of landmine injuries would therefore be better understood relative to other injuries and disease.

The data collection tool developed by the WHO has now been used in over 40 countries. Results have been used to highlight the burden caused by this weapon of war and to advocate for a policy response both to stop its use, and to provide appropriate services for victims. For example its use in Kosovo highlighted the need for extra preventive and curative efforts after the ceasefire because there was an increase in landmine incidents when displaced people returned back to their homes.

War decimates human and health service resources. In these resource constrained settings it is particularly important to have an integrated and coordinated humanitarian response which ensures that the services for landmine victims are integrated into those for victims of other trauma. At a global level it is essential to appreciate that the landmine injury problem is part of the greater problem of injuries from other causes. Injuries, whether these are intentional or unintentional, led to the loss of five million lives in 2002. Of these, 1.6 million deaths were due to violence, whether self directed (810,000), interpersonal (520,000) or due to war (310,000). Estimates suggest that there were 26,000 landmine deaths in the late 1990s although current figures suggest that this has fallen somewhat to 20,000 per year. The services developed for people injured by landmines or unexploded ordnances will be part of the greater response which conflict zone countries have to mount. Part of the tragedy of conflict is that health services which provide curative and preventive services may be disrupted, making an integrated and coordinated response the more essential.

A governing principle in the response to victim assistance should be equity, whereby health services are bound to provide equal access to services to people in equal need. Such social justice should not be limited to landmine victims alone. In this respect, it is important to appreciate the burden of landmines injuries relative to the burden of all injuries and to understand that all trauma cases irrespective of cause benefit from the same services, whether these are for emergency trauma surgery, or rehabilitation and the provision of prostheses. In responding to the needs of victims the response needs to be multisectoral with health, justice, social, education and employment sectors working together to develop evidence based and equitable treatment and rehabilitation. In post-conflict zones the broader health infrastructure needs to be developed. These countries have scarce resources, but trauma care and rehabilitation are an essential component of that which requires development. In that respect the WHO has produced essential trauma care and pre-hospital care guidelines for use in such settings.

Recalling the UN Declaration on the Rights of Disabled Persons which emphasizes the right to equal opportunities and the World Health Assembly resolution which emphasizes the need for appropriate and equitable services, people injured by landmines and other causes need an appropriate societal and health service response. In promoting evidence based support for the disabled, the WHO is in the process of preparing the World Report on Disability and Rehabilitation, which will be published in 2008.
We are here to discuss one of the most rewarding but complex issues of the Convention, victim assistance – the issue that puts people first. During the last decade, our knowledge of victim assistance issues and the scope of the problem has improved radically. But our first knowledge of the problem came from practitioners in the field who saw firsthand what kind of harm landmines caused and unfortunately still cause. The first major achievement of the Convention was actually including victim assistance. The Convention is the first multilateral disarmament treaty that calls upon states to take responsibility in assisting victims of a particular type of weapon, with as its main strength the close cooperation between governments, survivors, international organizations and NGOs working together closely to advance victim assistance - both in terms of understanding and implementation. It was understood that the scope of the problem was so large that immediate humanitarian action needed to be taken and that this was the responsibility of a multitude of actors.

Progress was seen soon after the entry into force of the Convention in terms of our understanding of the immediate effect on the affected populations. Our knowledge of how to understand who and what was included in victim assistance moved beyond what is written in Article 6.3 rapidly to encompass: the definitions and roles of those involved; the scale of the problem; and, the types of assistance needed and appropriate.

Mine survivors are not a problem to be solved. They are productive, creative and talented members of our societies and like all of us they have hopes and dreams. It is our role to provide the environment and opportunities that will enable mine survivors and other people with disabilities to fulfil their dreams and be active contributors to the community.

Today, we all find this statement completely normal. But this in itself should be seen as enormous progress in our understanding of the scope and context of victim assistance. As victim assistance is so much more than dealing with the individual stepping on a mine nor is victim assistance just a matter of medical care. I will repeat once again: under the definition of a “mine victim” we understand directly affected individuals, their families, and mine-affected communities. So, consequently, victim assistance needs to be viewed as a wide range of activities that benefit individuals, families and communities and that those needs are often life-long and varied.

In the long-term, the state carries final responsibility for the well-being of its citizens. But it was acknowledged that this needs to be achieved with support from the international community. Additionally, mine survivors are part of a larger community of people with injuries and disabilities, and victim assistance efforts should not exclude this larger group, nor should mine victims be excluded from the disability sector. It is also recognized that assistance to mine survivors must be considered in the broader context of development and underdevelopment. It is widely accepted that mine victim assistance should be integrated into poverty reduction strategies and long-term development plans to ensure sustainability and to avoid unnecessary segregation of survivors.

Since the Convention entered into force, greater attention has been placed on the importance of accurate and up-to-date data on mine casualties and mine survivors to better understand their needs and to ensure that limited resources are used most effectively where the needs are greatest. In 1999, reports of new mine casualties, albeit limited, were only available for 42 countries. In 2005-2006, new mine casualties
were identified in 65 countries and areas, in addition there were ERW casualties in 17 more, totalling 82 countries. The number of additional casualties compared to previous years unfortunately seems to be less and less related to improved data collection than to expansion of conflicts. Of the 82 countries with new mine/ERW casualties in 2005-2006, 52 had data collection mechanisms. Most (58 percent) of the recorded casualties occurred in States Parties, and 42 percent occurred in States not parties or in other areas. Of the casualties in States Parties, 87 percent were recorded in the 24 countries identified as having significant numbers of mine survivors. We now know that 39 percent of the casualties in 2005 occurred in just three of these 24 countries (Afghanistan, Cambodia, Colombia). Far less is known about casualties in States not parties.

One major field of progress for the Convention is that data collection in States Parties is more complete. For example, 60 percent of complete data collection is in States Parties. Among seven States Parties with no data collection system 244 casualties were reported - three percent of casualties. While in the 13 States not parties and areas with no data collection system 1,373 casualties were reported - 19 percent of total casualties. Also, we found that for three percent of the new recorded casualties we did not have any information, not even if they are male or female, dead or injured. However, 89 percent of these unknown casualties were recorded in States not parties.

The number of new casualties is only a small indicator of the landmine problem; more important is the number of mine survivors that need and have a right to assistance. It must be remembered that while the number of reported new landmine casualties might be dropping in many mine-affected countries the number of landmine survivors continues to increase. With up to 500,000 mine/ERW survivors in 125 countries in the world it is important that they get a say in matters relating to them. What matters for victim assistance is the difference it actually makes in peoples’ lives. Action #38 of the Nairobi Action Plan states that States Parties need to “ensure the effective integration of mine victims in the work of the Convention.” At the national level, assessing the needs of victims by consulting them directly is an important planning tool to increase efficiency of services. However, many survivors and their organizations continue to indicate that they were not included in planning and policymaking processes, and that they are not consulted on what they perceive as gaps.

The Convention gave us a better understanding of the various types of assistance needed. Our Landmine Monitor research since 1999 shows that through the efforts of States Parties, the ICBL, the ICRC and NGOs in the field, the Convention has had an impact in raising awareness of the rights and needs of mine survivors and has enabled mine survivors themselves to advocate for services to address their needs. It is now generally accepted that there are six key components to victim assistance:

> Data collection: Data collection is absolutely crucial to understand the scale of the problem and any changes in the context and extent of the problem. But we do not only collect data for statistical purposes. If that were the case, casualties would run a high risk of becoming data victims. More importantly, it is understood that data should be collected mainly for planning purposes and that we need differentiated and detailed data collection to be able to do this (as well as the option to expand into disability or injury surveillance mechanisms).

> Emergency and continuing medical care: It is well-known now that rapid response is essential to minimize lasting harm. There also is an increased understanding that specialized medical care needs to be more widely available and that services need to be as close to the community as possible and performed by trained staff.
Physical rehabilitation: There now is an increased understanding that mine survivors are not just amputees, but that there are a wide variety of injuries and disabilities needing physical rehabilitation. Where possible physical rehabilitation should be provided in hospital and at the community-based level and include self-care training principles for families and survivors.

Psychological and social support: Whereas psychological and social support have long been neglected, it is now understood that a variety of support mechanisms are needed for survivors and the families of those killed or injured to overcome the psychological trauma of a landmine explosion and promote their social well-being. These activities include community-based peer support groups, associations for the disabled, sporting and related activities, and professional counselling. Peer-to-peer support is provided by many survivors and disability organizations, however, formal support is still stigmatized and often not recognized as essential by the affected states.

Economic reintegration: Economic reintegration programmes aim to improve the economic status of mine survivors and other people with disabilities and raise awareness so that people with disabilities get equal chances at jobs and services. Economic reintegration includes education, vocational training, creation of employment opportunities, micro-credit schemes, and development of community infrastructure to reflect the local economic reality. For many mine survivors, taking up their roles as productive community members and working for their families’ well-being is the most important part of integral rehabilitation. This theme has gained prominence among victim assistance actors and affected states. However, economic reintegration is complex and in many countries persons with disabilities are considered to be a high risk group for many micro-credit schemes.

Legislation: Disability legislation and public awareness of disability issues are crucial to guarantee equal rights and acceptance of people with disabilities, including mine survivors, in society. Although many countries have disability legislation, this is often not implemented. However, the Convention on the Rights of Persons with Disabilities could prove to be a powerful tool in implementing and reinforcing national disability legislation and initiatives.

Since 1999, in part because of the work of Landmine Monitor, a great deal more is now known about facilities and programmes that assist mine survivors, and some of the problems they face. But the extent to which landmine survivors’ needs are not being met is generally still unknown. You might wonder why we cannot get a better idea. Maybe I can clarify with a few stories: One day I had the privilege to go out to the field with our ICBL Ambassador Tun Channareth in Cambodia visiting survivors. While on the motorbike, I felt as if I was literally disappearing off the map, the people we visited lived three hours away from the nearest paved road or visible road, electricity and services. Most people there would not be able to afford transport to the nearest services. To say the least, you have to be persistent to find these mine-affected communities. On another trip, I was in al-Fasher, North Darfur, where the local disabled people’s organization counts several mine/ERW survivors among its members, some of them injured elsewhere during the civil war, others injured by ERW in Northern Darfur. But you can imagine that ERW is not exactly a high priority in Darfur and that communications for tiny organizations like these are not always easy. In other words, you only know about many organizations like these when you have the chance to visit them.
2. PANEL 1 | CHALLENGE OF VICTIM ASSISTANCE

More theoretically, there is the issue of beneficiary counting. Victim assistance does not only deal with the specific needs of landmine casualties, but the programmes have developed to become multi-disciplinary and open to a larger target audience. Equally, victim assistance is getting more integrated in general disability and development programmes. On the one hand, this is good because the services will become more sustainable and integrated. But it makes measuring progress more difficult because it involves a multitude of actors and funding that is mainstreamed in the countries’ general budgets. But there are various indicators that can give us an idea of the extent to which needs are being met:

> Have, or are, affected states taking steps to develop a plan of action to address the needs of mine survivors, or more generally to improve services for all persons with disabilities? This is where the questionnaire developed in 2005 to assist the 24 relevant States Parties helps us a great deal.

> Is there good knowledge of the disability situation and is disability mainstreamed into all aspects of governance? Is it possible to get a budget breakdown of relevant spending?

> Is there a victim assistance or disability focal point in the country who has a national overview? In many cases, there is no-one in-country with this role. This often means that outsiders seem to have a better - albeit theoretical - overview of what is going on in a country. But they are not able to see the reality on the ground in all countries nor do they know the intricacies of the local context.

> Are there coordination mechanisms at work in the country, whether inter-ministerial, civil society or ideally a mix of both?

After all these years, there are still information exchange issues between those involved. Victim assistance is not about competition, nor is it a shame to flag challenges. Expansion of existing data collection mechanisms and standardization of data collection allows us to track progress better. These data management systems should be integrated in general disability or injury surveillance mechanisms. Let me refer to the Afghanistan National Disability Survey which allows us to understand what percentage of the general disabled population are war victims and how many of those are mine/ERW casualties. It also tells us where they live, if they work and what social challenges they face. This allows us to develop programs targeted at where the needs are the greatest.

Another key issue to understand and track progress better would be increased national reporting on achievements. The questionnaire developed in 2005 to assist the 24 relevant States Parties, when used properly, is a good tool to fill the gap where Article 7 transparency reporting stops.

Coordination and network building should speak for themselves, actors should complement each other wherever possible in order to make services more efficient, especially when looking at limited resources. Small organizations often feel like they are working in isolation, so efforts should be made to pull them in the network.

The twin-track approach is important. Where possible needs of victims should be taken care off within the existing public health and social structures, but if necessary special services must exist.

I stress again working according to what the survivors say they need, as it is really crucial to meeting their real needs.
And lastly, let’s not forget that victim assistance is, above all, a human rights issue.

I will conclude with telling another story, it is the story of Fayz, a 21-year-old survivor I met in Lebanon. He has undergone several leg operations and is waiting to receive rehabilitation, psychosocial and educational support. You might think, surely, he is one of the casualties from the recent conflict. Unfortunately, Fayz was injured while herding sheep in the Western Beka’a Valley almost 12 years ago and has not received assistance to enable him to overcome his trauma or to return to school ever since. His full details had never been recorded and therefore his needs have largely gone unnoticed. Also in September 2006, together with data collection teams and social workers I visited a young boy, Hassan, injured in September 2006. Thanks to the advances made in understanding by the Anti-Personnel Mine Ban Convention he did not slip through the cracks and will hopefully receive the treatment he needs and deserves, even though Lebanon is not even a State Party.
For many mine survivors, economic reintegration is their greatest concern and highest priority. The ability to earn an income and be productive members of their families and their communities plays a significant role in restoring self esteem and overall physical and psychological well-being. As we have already heard, the importance of economic reintegration was acknowledged by the States in the draft of the AP Mine Convention in article 6.3.

With me on the podium today to discuss this issue are Pia Korpinen, an associate expert with the disability team at the Skills and Employability Department of the International Labour Organisation in Geneva, Dr. Veri Dogjani, the Victim Assistance Officer at the Albanian Mine Action Executive, and Alberto Cairo, head of the ICRC’s Orthopaedic Programme for the physical rehabilitation and socio-economic reintegration of persons with disabilities in Afghanistan.

Under Action #32 of the Nairobi Action Plan 2005-2009, adopted at the Convention’s First Review Conference in 2004, States Parties agreed to “Actively support the socio-economic reintegration of mine victims, including providing education and vocational training and developing sustainable economic activities and employment opportunities in mine-affected communities, integrating such efforts in the broader context of economic development, and striving to ensure significant increases of economically reintegrated mine victims.”

Activities that promote sustainable income generation and employment opportunities for mine survivors and other persons with disabilities represent a profound challenge in many mine-affected countries which are experiencing high levels of poverty and unemployment in the general population, and low levels of development. Over the past 10 years progress has been made on developing guidelines and implementing programs in some mine-affected countries.

Sometimes a simple solution is all that is needed to start a mine survivor and his or her family on the road to economic independence. In October 2005, I met a 37-year-old man in a hospital in Cambodia who was recovering from a landmine explosion that claimed his right leg above the knee and part of his left foot. He had been walking ahead of his wife and 18-month-old child on a well-trodden path when he stepped on the mine. His wife also suffered shrapnel injuries and his young son, who she was carrying on her hip, lost some of his fingers in the explosion. They have four other young children. The man was very depressed as he didn’t know how he would be able to support his family as they were already very poor. But his wife had an idea. If she could get a bicycle and a basket she could collect scrap plastic to sell at the market. She could earn enough income to support the family. So she was given a small grant and for $50 was set up with a bicycle, a bamboo basket, and a pair of scales. There was even $3 left over to buy food. Last year, I was sent a photo of the family and while they are still poor the wife is earning enough money from her small business to support the family – and her husband was smiling again.

I would encourage donors and program implementers to remember that the focus should not only be on the mine survivor as economic reintegration can also be achieved by creating opportunities for members of their families to earn an income.
I will now give the floor to my colleagues who through their practical experience will address three questions: What can be done to develop sustainable economic activities in mine-affected areas that benefit individuals directly impacted by mines and other explosive remnants of war as well as their families and communities? How can we integrate victim assistance into the broader context of development?

>Pia Korpinen | Associate Expert, Skills and Employability | ILO

The ILO’s commitment to promoting opportunities for persons with disabilities in training and employment dates back eighty years to the early days of the organization. For those of you who are not familiar with the ILO, it is a specialised agency of the United Nations, set up in 1919, before the UN came into being. It differs from other UN agencies in that it is a tripartite organization, involving governments, as well as our social partners – employer organizations and worker organizations. The involvement of the social partners ensures that issues affecting people at every level of society are brought to attention – particularly in relation to the world of work.

Decent work is ILO’s primary goal for everyone, including persons with disabilities. The ILO, and in particular, its disability programme has worked for over 50 years to promote employment opportunities for people with disabilities, based on the principles of equal opportunity, equal treatment, mainstreaming and community involvement. The principle of non-discrimination is increasingly emphasised, as disability issues have come to be seen as issues of human rights. The ILO works to achieve this goal through promoting labour standards, through advocacy, knowledge building and technical cooperation services and partnerships, both within ILO and externally.

An example of ongoing ILO technical cooperation is the project *Alleviating Poverty Through Peer Training* (APPT) in Cambodia. Based on informal and village-based apprenticeships the project uses a methodology called success case replication. According to this methodology successful entrepreneurs train others to replicate their business by imparting practical skills in both the technical and business aspects of setting up the micro business. After training, the project provides small grants, loans and business development services to project beneficiaries so that their dreams for a better life become reality. The ILO cooperates in this project with the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation and with an international NGO, the World Rehabilitation Fund. This village-based approach has been successful and has proved to be particularly suited to people with disabilities in rural areas who are often prevented from attending formal training due to low literacy skills, limited mobility and transportation options and a general lack of resources. One major lesson learnt from this project is that challenges can be met through simple, yet creative low-cost solutions.

Tok Vanna, 32, a double hand amputee has been a land mine survivor since 1990 when he was a soldier. After becoming disabled, Vanna returned to his home village where his wife took care of him because he could not do anything. His family lived in extreme poverty. In 1994, Vanna came to Phnom Penh looking for a job and fortunately he was employed by an NGO as a guard until 2002. In 2002, Vanna moved with his family to Siem Reap and as he could not find a job there, one way to survive was to beg. In 2003, he was selected by the APPT project for skills training in book selling from another disabled book vendor named Sem Sovantha. After the completion of the training, a Japanese man named Ito Satoshi generously gave him some seed money to buy books
to sell. The APPT project gave him a loan to buy a cart to carry the books and a small special allowance to pay for English lessons which enabled him to communicate with his clients. In addition to the books, Vanna is selling silk scarves, t-shirts and souvenirs. Vanna is making a good business earning a net income of about $65 per month. With part of this income he buys new books for his business and with another part he supports his family. With this business, his living conditions are much improved.

Another ongoing project promoting income generation for people with disabilities is the project Developing Entrepreneurship among Women with Disabilities (DEWD). This project has developed a strategy to support women with disabilities and women with disabled dependents in improving their standard of living through improving access to mainstream training in micro-enterprise skills and vocational skills as well as access to credit and business development services. A key element is the involvement of the Disabled Peoples Organisations (DPOs) and women with disabilities in the project management and in carrying out the project activities. DEWD started in Ethiopia and has now expanded to Kenya, Tanzania, Uganda and Zambia. In Ethiopia beneficiaries have included women in the Tigray region who were disabled as a result of the armed conflict and wives of severely disabled war veterans.

Based on long experience of technical cooperation projects the ILO has developed several tools to support enterprise development. Examples of the tools are Start your Business, which is a course designed for new entrepreneurs, introducing the basic elements of starting and managing a new business and Improve your Business, which is a training package that focuses on ways to improve the performance and productivity of businesses.

The ILO’s Crisis Response and Reconstruction Programme (CRISIS) has been working with disabled ex-combatants in several countries, namely in Afghanistan, Angola, Bosnia and Herzegovina, Cambodia, Ethiopia, Mozambique, Namibia, Palestine and Zimbabwe. The programme aims at influencing actors involved in crisis situations to place employment concerns at the forefront of their efforts and promote the recovery and reintegration of affected communities. Projects undertaken within this programme have assisted governments, agencies, NGOs and disabled peoples organisations to provide vocational skills training for disabled ex-combatants. Projects have often included counselling and rehabilitation.

The CRISIS programme has contributed to the recently published Integrated Disarmament, Demobilization and Reintegration (IDDR) standards, a set of policies, guidelines and procedures for UN-supported demobilization and reintegration programmes (DDR), jointly drafted by six UN agencies. An operational guide to the standards has also been published. Presently a guide on the Socio-Economic (Re)Integration of Ex-Combatants is under preparation. The guide explains a number of employment related initiatives, including a section and tool on issues to be considered in reintegration programmes for ex-combatants with disabilities.

The Training for Rural Economic Empowerment (TREE) programme provides skills training and economic development to rural communities. It builds on the ILO’s community based training approach which has been successful for over 20 years in rural, isolated and poor communities in Asia, Africa and Latin-America. TREE is an approach to skills development that differs from conventional vocational training programmes in three ways: by identifying potential income generating activities before determining training needs; by involving local community and social partners at all stages; and, by
ensuring follow-up support for the beneficiaries. TREE projects have been implemented among others in Cambodia and Nepal and are ongoing in Pakistan and the Philippines. The programme has developed a Decision Makers’ Guide and a Generic Manual that provide information to implement TREE and to use elements of this approach to complement other development programmes.

> Dr. Veri Dogjani | Victim Assistance Officer, Albanian Mine Action Executive

Since the Kosovo crisis in 1999, 34 people were killed and 238 injured in 39 mine-affected villages in Northeast Albania. The main economic activities in the region are grazing, farming, gathering firewood and other subsistence livelihoods. Around 230 families had a primary breadwinner disabled or killed, and saw their livestock and farmland destroyed. Two socio-economic reintegration programmes have been implemented to address the needs in the mine-affected region.

In the first which ran from 2003 to 2006, a revolving fund was set up, with US funding through the ITF, for the development of household economies among families of mine victims. A survey was undertaken to identify viable household economies. Beekeeping and animal husbandry were identified as the most appropriate activities. The survey also determined the situation, needs and capabilities of each family using a set criteria: degree of suffering/disability; economic situation; and experience with relevant agricultural activities. Each family was allocated either one or two cows, ten goats/sheep or five beehives, procured out of the revolving fund ($1,200-$1,500 per family). Families were also trained and assisted. Loans have to be repaid in 2 to 3 years. To date, 67 mine survivors and their families have benefited from this support.

The second project, Vocational Training and Local Enterprise Project, will run from July 2006 to June 2007. Thirty beneficiaries have been identified and assisted including through access to vocational training and to business management training for 20 mine/UXO survivors. Mine/UXO survivors were provided with knowledge and expertise to work in vocational professions and support in finding a job following the training. Support was provided to 20 households after training to establish home-based businesses. Ten young mine survivors participated in computer and English classes.

Several challenges were encountered in the implementation of the projects: difficult operating area with rugged terrain and unevenly spread villages with limited road accessibility increased operating expenses; high level of poverty resulted in a failure to accept loans as repayment is considered unaffordable (payback rate was reduced to 70% of the total amount); and, wrong perceptions of assistance with some beneficiaries desiring only donations and grants.

Several valuable lessons have been learned: viability of economies, situation, needs and capabilities of families have to be surveyed and properly analysed; a fair system of determining priorities had to be established and approved at village, commune and prefecture level; loans had to be interest-free, but not grants; initial training and continued support are essential; needs were simple and a modest input ensured visible results; families have to be involved to ensure the success from initial loans; revolving fund can benefit the needy in general, once victims’ needs have been addressed; very positive psychological impact during the vocational training when survivors stay/talk together; initial activities have already raised the morale of people in the affected areas; economic intervention was critical; need to explore other areas/possibilities for interventions; and, need for development of the area as a whole.
In the field of disability, it is now universally agreed that physical rehabilitation and social reintegration cannot be separated. Physical rehabilitation is the first step, social reintegration the final aim. The ICRC Orthopaedic Programme in Afghanistan has adopted such a comprehensive approach, through progressive changes over the years. We think its experience to be a useful example of evolution and adaptation of a rehabilitation program to the needs of the disabled people.

The programme, which consists of six orthopaedic centres in the main Afghan towns, started in Kabul in 1988 to provide physical rehabilitation (physiotherapy and prosthetics) specifically to the Afghan war victims. It soon became obvious that it was unfair to ignore the needs of the other disabled, those non-war victims. Thus in 1995 the programme opened its doors to anyone with a mobility handicap. The work increased dramatically. At present, only one in five patients assisted is a war victim.

After a while, it became clear that something was still missing. A disabled person needs much more than an artificial limb to recover an active role in society, dignity, self-confidence and self-respect. Therefore, in 1997, parallel to physical rehabilitation, a social reintegration programme for the disabled was created. In each of the ICRC centres, the patients are systematically seen by medical professionals to assess the disability and plan the physical rehabilitation and by social workers to discuss the future social reintegration.

Four tools / activities for social reintegration have been adopted:

> For the disabled children, education in public and private schools is provided and home tuition for those too severely disabled to attend public schools. The home teachers are themselves disabled persons.

> Vocational training for disabled teenagers is provided with teenagers choosing the training they are interested in and the ICRC providing a trainer, possibly a disabled person. So far, over 1,000 disabled people have been trained.

> Employment for adult disabled is provided. The orthopaedic programme has adopted a policy of positive discrimination by employing and training only disabled people. At present, all the 500 employees of the programme, male and female, are disabled persons, former patients. Such a policy proved to be a turning point in the evolution of the programme. By adopting such a policy, the ICRC orthopaedic centres became centres for disabled managed by disabled. It gave the Afghan disabled the ownership of the programme; their input became the driving force of the Programme.

> Micro credit schemes for those interested in starting or improving a small business were developed with loans interest free, to be refunded within 18 months. The follow up of the micro businesses is ensured by a team of trained disabled. So far more than 5,000 loans have been given out with 95 percent of the receivers refunding regularly, and 65 percent of the activities started with the loan surviving and continuing after the loan is refunded.

But, speaking of social reintegration, there is something more. In Afghanistan, since 1996, the ICRC has a special programme that represents the most significant example of work for the social reintegration of a disabled person: the Home Care Programme...
(HCP) for the Afghan spinal cord injured, the paraplegics, believed to be in a number between 4,000 and 5,000. They certainly are one of the most vulnerable categories of disabled. The aim of the HCP is to turn the paraplegics’ struggle for survival into a dignified existence inside their community, involving the family in all the phases and aspects of the rehabilitation. A team of physiotherapists provides the needed physical treatment and teaches it to the paraplegic and his family at home, coordinates the intervention of all the other actors (hospital, orthotic workshop, social services), insures a follow up. The HCP is a multi-approach programme providing medical, social, economical, psychological rehabilitation and family support.

Why a home based approach? Afghan society doesn’t conceive patients’ institutionalization and the link between individuals and family is so strong that it cannot be severed. It must not! In addition, a home based approach is necessary because of the small number of specialized rehabilitation facilities and their very poor accessibility. The paraplegics are taken care of since they are discharged from the hospital, possibly earlier, and a complete physical rehabilitation plan made. The paraplegic’s house is surveyed to assess accessibility and economical condition in view of house adaptation, economic support and the above mentioned tools/activities for the social reintegration. The results are so encouraging that the programme is going to be introduced in other countries.

In terms of lessons learned, without being exhaustive, I would like to draw your attention to some interesting points:

> To combine in the same programme tools/activities for physical rehabilitation and for social reintegration is not only possible, but brings considerable advantages to the disabled themselves and to the rehabilitators. It is not a complication, but brings advantages to the programme. Physical rehabilitation and social reintegration influence each other, giving the disabled persons a stronger motivation and the rehabilitators a wider view and more complete approach to the disability issue. The physical vicinity of programmes facilitates the entire rehabilitation process. I have seen people who had constantly refused any physical rehabilitation to finally accept it because of the prospective of a job or micro credit.

> The disabled people’s ownership of the program can be a terrific driving force. It brings motivation to both the rehabilitators and the disabled assisted, empathy between them, great insight into disability and social rules and needs, resulting in suitable strategies to reach any kind of objectives. Only a deep knowledge of the society allows in fact consistent results.

> The necessity of fighting the disabled’s lack of self esteem (and their too often passive attitude) is as essential as fighting prejudices against disability.

> The more problematic and challenging are the disabled to be rehabilitated, the more essential it is to combine physical rehabilitation and social reintegration. The ICRC Afghan HCP proves that only a holistic approach achieves positive results with a category of disabled as difficult as the spinal cord injured paraplegics.

> Coordination and collaboration among all the actors working for and with the disabled is essential. In particular, in the field of employment, results can be achieved only thanks to the presence of proper legislation.
4. PANEL 3

PSYCHOLOGICAL SUPPORT AND SOCIAL REINTEGRATION

> MODERATOR Gustavo Laurie | Liaison Officer, United Nations Mine Action Service

Appropriate psycho-social support has the potential to make a significant difference in the lives of mine victims. While progress has been made in some mine-affected communities, this is an area that has not received the attention or resources necessary to adequately address the needs of mine victims.

Joining us today to discuss this issue are Dr. Barbara Juen, a clinical psychologist and Professor at the University of Innsbruck. Dr. Juen also works as a volunteer with the Austrian Red Cross in the field of crisis intervention to provide psychosocial support for survivors as well as relatives and friends of deceased persons after traumatic incidents. Our second presenter is Dr. Amira Tais, an anaesthetist, pain therapist, acupuncturist, and Medical Coordinator at the Pain Therapy Centre of the NGO HOPE 87 in Sarajevo. And our last presenter will be Dr. Ken Rutherford, Associate Professor of Political Science and Provost Fellow for Public Affairs at Missouri State University in the USA. Dr. Rutherford is himself a mine survivor and co-founder of Landmine Survivors Network.

Under Action #31 of the Nairobi Action Plan 2005-2009, adopted at the Convention’s First Review Conference in 2004, States Parties committed to “Develop capacities to meet the psychological and social support needs of mine victims, sharing best practices with a view to achieving high standards of treatment and support on a par with those for physical rehabilitation, and engaging and empowering all relevant actors – including mine victims and their families and communities.”

Psychological support and social reintegration includes activities that assist mine victims to overcome the psychological trauma of a landmine explosion and promote social well-being. These activities include community-based peer support groups, associations for the disabled, sporting and related activities, and where necessary, professional counselling. It is important to remember that mine survivors themselves are resources who can act as constructive partners in the implementation of programmes.

I will now give the floor to my colleagues who through their practical experience will address two questions: How can national and local capacity in this area be increased while engaging all relevant actors? In addition, how can efforts to provide psychological and social support take full advantage of the fact that landmine survivors themselves can act as constructive partners in programmes?
Survivors face several psychosocial challenges: adapting to a different body image; feelings of guilt and shame because of the accident; worries about being a burden to their family; guilt and grief if other family members did not survive; post-traumatic reactions; discrimination; isolation; and, fears about prospects of marriage, employment, and a full life.

Several factors influence the needs of survivors: gender (girls and women face considerable stigma, right to have education, marriage, family are often denied, and boys may feel they can not fulfil their male roles); age (younger children are rarely given the opportunity to understand what has happened and what will be happening to them, adolescents may have more difficulties in adapting to a new body image); socio-economic status (poorest are more vulnerable and have less resources); and, type of injury (attitudes towards survivors with different forms of disability).

Psychological trauma produces a gap between perceived threat and the ability to cope which leads to shattered assumptions about world and self. Basic assumptions include: benevolence of the world; meaningfulness of the world; and, worthiness of self. These basic assumptions are linked to our feeling of vulnerability – landmines threaten each of the three assumptions!

Aims of psychosocial work with survivors: re-building of trust in the world and others; re-establishing sense and meaningfulness; and, re-establishing self-esteem, dignity and sense of control. Core elements of psychosocial programs for landmine survivors include: giving support not only to the individual but also to the family and community; helping survivors restore the feeling of productivity and dignity; making sure that survivors are included in community and family; giving survivors opportunities to learn from other survivors’ experiences; and, providing adequate and culturally appropriate approaches of support (offering opportunities to take part in sports, theatre, art, music, counselling or ceremonies).

The International Federation of Red Cross and Red Crescent Societies (IFRC) PSP manual promotes a community based approach: builds on local resources providing training and upgrading local institutions; allows for trained volunteers to share their knowledge with community members; focus is on strengthening groups and networks within the community; involvement of the community with its values and practices in order to enhance appropriateness of response; train local volunteers (e.g. other survivors); focus on empowerment (do not focus too much on disabilities and weakness, focus on abilities and strengths); community participation (build on local resources, upgrade local structures and institutions-based programs on ideas developed by the affected population); care with terminology (victim vs. survivor); use of early and viable interventions (do not wait too long, be open to changing needs); active involvement of beneficiaries (let them articulate their own view of the problems they are facing, let them find their own solutions, let them learn from each other).

Aims of the IFRC Psychosocial Support Reference Centre: “Assist the IFRC Secretariat and National Societies to develop the capacity to provide psychosocial services at the community level in areas affected by catastrophic events, long-term crises and/or armed conflict.”
Rehabilitation of mine survivors must be well organised; 60 percent of survivors are suffering from post-traumatic stress disorder. Psychological support is important to address symptoms of anxiety, depression, and sometimes imminent suicide. To support an amputee, effective teamwork based on a multidisciplinary approach is essential. The HOPE ‘87 team approach includes working with psychologists, psychiatrists, social workers, doctors, physiotherapists, nurses, medical institutions, Ministries, social services, pension insurance funds, sports clubs, schools and others.

The HOPE ‘87 program consists of data collection, primary health care, physiotherapy, acupuncture, relaxation techniques, psychological counselling, social support, sports activities including scuba diving and skiing, summer holidays for children, education centre, home visits, employment counselling, and support for self employment opportunities. A Pain Therapy Centre also provides relief for psychological pain. The program focuses on young mine survivors, in order to help them with reintegration into the educational system and to have decent lives. So far, 1,160 amputees have been treated as well as 100 children who are war victims (the parents of 30 children are amputees). All activities promote the psychological well-being of survivors.

Psychological factors play an important role in pain exacerbation. Pain can affect different aspects of everyday life. Unemployment and family problems are very frequent for people with disabilities. Persons who experience strong pain have a high suicide risk. Pain leads to inactivity and social isolation which can also lead to additional psychological problems and depression, decrease in physical tolerance, fear and eventually even increase pain. Drugs, including tranquilizers, often give no results and should be avoided because of possible addiction.

Medical and psychological help is hard to obtain because of difficulties of access to clinics, a lack of technical equipment, lack of adequate training for personnel, overcrowding of facilities, and the cost of services, medicines and transport. There is also a problem of negative reactions, stereotypes, and misunderstandings in attitudes toward mine survivors.

Dr Tais also presented the results of research into the psychological aspect of phantom pain experienced by mine survivors in Sarajevo.

A comprehensive approach in the provision of psychological support can have significant benefits for the survivor.

The person with a disability who is socially accepted and who has new hope and determination for work and life is ready to support their own existence and positively reintegrate into society.
Landmine Survivors Network (LSN) promotes a rights-based approach and peer support model for psychological support and social reintegration. Such an approach increases national and local capacity, ensures participation of all actors, promotes inclusion, and encourages accountability and transparency. It increases capacity at many levels. The peer support model promotes empowerment, participation and increased skills and knowledge on individual and community levels. Through a rights-based approach, there is an emphasis on sharing information rather than providing services.

The rights-based approach holds duty bearers to account for their obligations (systems and institutions); empowers people to demand their rightful entitlements and fully participate in society (individuals and community); and promotes equality and challenges discrimination.

The peer support model provides: social and emotional support for landmine survivors by other landmine survivors through one on one visits and social support groups; builds mutually empowering relationships; strengthens self advocacy; breaks down isolation and helps build community; develops advocacy skills for social and systemic change; and ensures participation of landmine survivors in decisions that affect their lives.

LSN’s peer support model supports the recovery of landmine survivors through: psychological support to increase survivors’ sense of health through peer to peer counselling; health education; social groups; support groups; economic empowerment to increase survivors’ economic independence through vocational/management training, job placement, self employment development, economic opportunity groups; and, social empowerment to provide access to means to participate meaningfully in decision-making processes that affect their lives through rights education, advocacy skills building and promoting connection to the community.

The principles of a rights-based approach include: participation (rights-based approach requires active, free and meaningful participation from individuals, organizations and communities, and through peer support, landmine survivors gain skills and knowledge to fully participate in their communities); empowerment (rights-based approach focuses on individuals as owners of rights and emphasizes the individual as the centre of the process with the goal of giving people the power, capacities, capabilities and access needed to change their own lives and improve their own communities); inclusion (rights-based approach works towards ensuring laws, policies and practices are in place that guarantee every member of society has a voice and can participate fully in the community); transparency and accountability (rights-based approach clearly defines roles including giving individual right holders a responsibility to participate and claim rights, and duty bearers have an obligation to fulfil rights); rights based approach requires a shift from providing services to providing information; and, non-discrimination (ensuring rights are not denied based on gender, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation).
During the course of the day, we have heard a lot about various activities which either are already carried out by States or should be carried out – or perhaps better not carried out. Panelists and discussants have addressed various aspects of assistance to landmine survivors from different angles, be they psychological, social or economic or from the viewpoint of rehabilitation. All these aspects have one element in common: they usually need to be embedded in specific policy or legislative frameworks which apply to the State in question. It is the usual method of States to formulate specific aims, ideas, targets or policies. As it is within such specific legislative and policy frameworks that States usually act, it is important to shape these frameworks in a manner which is conducive for better assisting landmine survivors.

Already the Ottawa Convention itself provides some policy guidance for victim assistance by obliging States in a position to do so to provide assistance to survivors. This is – to say the least – a rather generic obligation, but it is has been a milestone in the recognition of the situation of victims and their needs. Through this provision the Mine Ban Treaty became the first international arms control and disarmament agreement that aimed to take care of victims. It thereby emphasizes the Convention’s overarching humanitarian objective.

In 2006, the international community took a key step to changing the life of persons with disabilities for the better. The Convention on the Rights of Persons with Disabilities became the first human rights convention of the new millenium. But – given the existence of so many human rights instruments – why would we need such an instrument? This question is not meant to be provocative. The international corpus of human rights law comprises a substantial number of solemn declarations, resolutions, covenants, conventions, treaties and so on. Practically all of them prohibit any form of discrimination in the exercise of the rights enshrined in these instruments. Hence – in an ideal world – the Universal Declaration on Human Rights alone could be sufficient. But: Is it? It does not require enormous analytical skills to recognize that unfortunately the needs – the rights! – of those who are particularly vulnerable are often not adequately guaranteed. Just two brief examples: How would a blind person be able to vote if he/she cannot be accompanied by a person he/she trusts? How could a person that has to rely on a wheel chair exercise his/her right to vote if the ballot box is simply not accessible?

The Convention on the Rights of Persons with Disabilities has the potential to improve the normative framework that protects and ensures respect for the rights of persons with disabilities, including landmine survivors. This panel aims to illustrate in a more comprehensive manner the challenges and chances that this new convention provides.

Panelists will, inter alia, address the following questions: How can the Convention on the Rights of Persons with Disabilities help States to meet their responsibilities to landmine survivors? Which legislative and policy practices have already been used by some States? Can strengthening legislation and establishing sound public policies really make a difference in countries with few resources to implement policies and ensure compliance with laws?
The road that a landmine survivor needs to tackle after the blast is a long one – starting with the pain, the shock, the fear. Waiting for emergency response, hospital care, rehabilitation, psychological care and leading towards socio-economic reintegration. It is the responsibility of all of us to do our utmost to ensure that this long road is not a lonely one as well.

> Simon Walker | Advisor, Human Rights and Disability, Office of the United Nations High Commissioner for Human Rights

The United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD) on 13 December 2006 and it will be open for signature in New York on 30 March 2007. The CRPD is a paradigm shift in approaches to disability, moving from a model where persons with disabilities were objects of medical treatment, charity and social protection to subjects of human rights, active in the decisions that affect their lives and able to claim their rights. The CRPD has a broad scope, including a non-exhaustive definition of “persons with disabilities” which could be broadened further through the adoption of wider national definitions. The CRPD includes general principles, including respect for human dignity and autonomy, equality and non-discrimination, participation and inclusion as well as accessibility and respect for the evolving capacities of children.

The CRPD does not recognize any new rights, but rather sets out the obligations on States to meet the existing civil, cultural, economic, political and social rights (recognized in previous human rights treaties) in the specific context of persons with disabilities. To this end, States have to refrain from discriminating against persons with disabilities, ensure that third parties (the private sector, individuals etc) do not discriminate against persons with disabilities, as well as pass laws, policies and take financial, educational, social and other measures to ensure that discrimination does not occur. The Convention covers discrimination in a range of situations such as the workplace, schools, hospitals and other institutions, recreational and sporting activities, social security, access to justice and so on. The CRPD must be monitored at both the national level as well as the international level through an independent international committee created for that purpose.

The CRPD relates to the six elements of victim assistance as follows:

> Understanding the extent of the challenge faced | article 31 (data and statistics)
> Emergency and continuing medical care | article 25 (right to health)
> Physical rehabilitation, including physiotherapy, prosthetics and assistive devices | article 20 (personal mobility) and article 26 (habilitation and rehabilitation)
> Psychological support and social reintegration | article 26 (habilitation and rehabilitation), article 28 (right to an adequate standard of living) and article 12 (equal recognition before the law and supported decision-making)
> Economic reintegration | article 27 (right to work)
> The establishment, enforcement and implementation of relevant laws and public policies | article 4 (legal obligations).
The CRPD provides guidance to States Parties to the Anti-Personnel Mine Ban Convention in five principal ways:

1. The CRPD puts the 6 elements of victim assistance into a clearer legal framework – the six elements are an elaboration of the legally binding requirement in the Anti-Personnel Mine Ban Convention in Article 6.3. The CRPD puts these six elements into a more explicit legal framework.

2. The CRPD brings victim assistance under the Anti-Personnel Mine Ban Convention into the broader context of policy and planning for persons with disabilities more generally, which should help promote more systematic and sustainable approaches to victim assistance.

3. The CRPD provisions complement the six elements of victim assistance – the wording in many cases is quite similar and complementary.

4. The CRPD provisions supplement the six elements of victim assistance by going into greater depth. Moreover, the CRPD highlights the importance of respecting human rights in the process of providing victim assistance. Consequently, it is not only a question of collecting data, but ensuring that data respects privacy, is disseminated in accessible formats and is geared towards promoting the rights of persons with disabilities. Similarly, economic integration is not only about providing employment opportunities, but ensuring that rights are respected in the workplace such as protection against discrimination, fair remuneration and just conditions of work.

5. The CRPD establishes monitoring procedures that could assist in monitoring victim assistance. The CRPD brings into play national monitoring mechanisms such as national human rights commissions and ombudspersons as well as international monitoring through an independent committee that assists States in improving their respect for the rights of persons with disabilities, including landmine survivors.

> **Dr. Kirsten Young** | Director of Advocacy and Rights, Landmine Survivors Network

Can strengthening legislation and establishing sound public policies really make a difference in countries with few resources to implement policies and ensure compliance with laws? I would suggest that this question can be divided into two parts:

> Can strengthening legislation and establishing sound public policies really make a difference to survivors and other victims of landmines?

> Assuming the answer is yes, can this make a difference in all countries, including those countries that have few resources?

International human rights law in particular is often criticized for only creating paper rights. Does this mean that the Convention on the Rights of Persons with Disabilities (CRPD) adopted by UN Member States less than two months ago, or that the 152 countries that have agreed to Article 6.3 of the Anti-Personnel Mine Ban Convention think that this is not worth the paper they are written on? The immediate response is that international human rights law is by its very nature implemented at the national level. This means that once a country agrees to be bound by a treaty it is not the UN,
other international agencies or NGOs that implement it, but rather each sovereign state. Governments and their civil society allies get involved in standard setting processes because they think it will make a difference by creating a standard that all countries are accountable to. Group or issue specific treaties are negotiated because some areas necessitate greater guidance or as is the case with disability, simply are not seen as a human rights issue.

But as the question asked of the panelists suggests, what is the relevance of these international standards for countries with few resources? More often than not, these are countries where laws do not exist, or where laws are discriminatory, or where there is no mechanism to access the law, or, my particular favourite, where laws do exist but they are just not implemented.

Allow me to illustrate this with a story: It is a story of a woman living in a mine-affected country, a country which is on the least developed list (14 of the 24 relevant States Parties to the Anti-Personnel Mine Ban Convention meet this category), who had no ability to move, on her mat in her hut all day, dependent on her community to feed her, taken advantage of physically and sexually by members of the community as she cannot physically fight back.

The person telling me the story asked me what good are rights to her? A tough question, but this story is a story of many people and it is our responsibility to make those rights meaningful to this lady and the unquantifiable number who share her story. What laws and implementing policy seek to resolve are:

> The problem of substance, that is, the content of the law: This might mean that the law lacks certain elements or simply perpetuates inequality. In either case, is the law inadequate or discriminatory? One current example is that disabled people cannot qualify for certain professions. In this case, the strategy developed would emphasise on changing the content of the laws and policies, abolishing or amending discriminatory laws, or developing new laws. The resource question is interesting here, would it cost the country anything to abolish laws that prevent people with disabilities holding certain professions?

> The problem of institutions that uphold and implement the law, that is, the structure of the legal system and how justice is administered: strategies developed to address this problem should emphasize creating or changing the structure so that they are both accountable and responsive structures.

> The problem of attitudes and behaviors, that is, the culture of the law: The problem is based on the way those who administer the law, as well as those subject to the law, have been conditioned to view the law. Such views can range from accepting discriminatory laws, policies and practices to basic lack of awareness about the law. The culture of the law reflects the extent to which the country thinks that the issue is important. Strategies developed to address this tend to emphasize the empowerment of people through increased awareness of their rights and through their active engagement.

Now with respect to the resource question, the answer lies in a further question: Do the country and the authorities involved think it is important? Legislation is one indicator of the importance an issue is given, policy implementing that legislation is another indicator. For example, one relevant State Party has decent employment legislation promoting equality for people with disabilities. However, the regulations required to implement that legislation have never been passed. The first is an indicator of importance, the second, an indicator of not important.
The highest legal indicator is the constitution, and the next example I will give is a decision by a constitutional court in a country emerging from a history of egregious human rights abuses. The Constitution calls for the protection of economic and social rights. In this case, the country was receiving free antiviral drugs for a period of two years. The Ministry of Health’s programme to use these drugs excluded pregnant mothers who were HIV positive. The drug was widely available in private health care facilities, but not through state hospitals, which serviced poor communities. The courts told the Ministry of Health to go back and plan better. The government had three months to develop a detailed blueprint of how it intended to plan to include this excluded group. The court’s decision also focused on attitudes by ruling that training be given to counselors.

This decision was only possible because the constitution, the courts, and the stakeholders who brought the case thought the right to life, the right to equality and the right to the highest attainable standard of health were important. This case demonstrates three further points:

1. This approach reaffirms the approach in the Final Report for the Nairobi Review Conference, providing that “Victim assistance does not require the development of new fields or disciplines but rather calls for ensuring that existing health care and social service systems, rehabilitation programmes and legislative and policy frameworks are adequate to meet the needs of all citizens — including landmine victims.”

2. Human rights law recognizes that certain rights, such as economic and cultural, do have resource implications. To address this, while simultaneously ensuring that such rights are not ignored, the principle of progressive realization has been developed. This means that governments are not obligated to implement these rights immediately (except in a non-discriminatory way), but have to take immediate steps, and, take reasonable steps to move as expeditiously and effectively as possible towards that goal. As this case shows, the goal is to remedy inequalities in the law’s application (or if necessary the law), policies and programmes. The remedy is about ensuring that the interests of all sectors of society are incorporated into the decision-making process. Priorities may need to be made, but these will have to be justified, and in no case discriminatory.

3. Human rights law also recognizes that certain countries face severe resources constraints. But these countries are not left off the hook, they need to use the resources existing within the State and those available from the international community through international cooperation and assistance. In the legal case I mentioned, international cooperation had different elements: the free provision of the drugs to the government; the legal resource centre that brought the case (on behalf of AIDS activists and 150 doctors) is a recipient of development aid; the legal resource centre has a joint project with a bar association in another country which provides technical assistance, such as research and legal advice; and, the new Convention calls for all development aid to be disability inclusive.

If we go back to Ken’s presentation, we can see that it is not just about changing law and policy, but reframing how things are done in a rights-based approach. This approach requires inclusion, so a chance to influence the priority setting, participation, so the target group or stakeholders have a responsibility to collaborate and use the processes available, empowerment, education and capacity-building, transparency and accountability, right to information and structures to hold authorities accountable.
and non-discrimination. This is where the rights-based approach is unique, it does not seek to impact the greatest number of people, which often means the most marginalised groups fall outside the resource pool. But rather everyone has a right to access the resources and you had better explain why if there has been exclusion.

To conclude, the key question is: Does the country think it is important? If yes, then something will be done, if no, then there will be a resource commitment void.

Margaret Arach Orech | Ambassador of the International Campaign to Ban Landmines

Uganda as a State Party to the Convention has the responsibility to provide assistance and care for the rehabilitation and social and economic reintegration of landmine victims. Under Action #55 of the Nairobi Action Plan, Uganda and other States Parties have made a commitment to ensure that national legal and policy frameworks effectively address the needs and fundamental human rights of mine victims, establishing as soon as possible, such legislation and policies and assuring effective rehabilitation and socio-economic reintegration services for all persons with disabilities.

The laws of Uganda concerning persons with disabilities are in place and are mainly made to: provide legal protection in service provision; eliminate all forms of discrimination against persons with disabilities; provide a framework for equalization of opportunities for persons with disabilities; consolidate the laws governing individual employment relations; enhance empowerment, participation and protection of rights of persons with disabilities; and, guide and inform the planning process resource allocation, implementation, monitoring and evaluation of activities in respect of persons with disabilities at all levels.

The 1995 Constitution of Uganda has various articles that concern persons with disabilities. One of the objectives of the constitution is to ensure gender balance and fair representation of marginalized groups and equal participation of persons with disabilities in constitutional affairs among others.

The National Policy on Disability outlines priority areas for the government and provides areas of focus by all stakeholders in: accessibility; participation of persons with disabilities and caregivers; capacity building; awareness raising; prevention and management of disabilities; care and support; research; and, communications, including the use of sign language, tactile and braille literacy.

The National Disability Act of 2006 protects and promotes rights of persons with disabilities and focuses on implementing laws that concern them. This Act will operationalize the UN Convention on the Rights of Persons with Disabilities.

The National Council for Disability (NCD) Act 2003 is a monitoring and evaluation mechanism that has been established at national, district and sub county level. Representation of the council comes from persons with disabilities, government representatives from line ministries, parents of persons with disabilities and youth representatives with disability. The Act gives the Council power to sue and it can be sued. It promotes equalization of opportunities and advises the Electoral Commission in elections of persons with disabilities. It should be noted that the NCD came about as a result of the UN Standard Rules.
Beyond Uganda, the African Decade of Persons with Disabilities (1999-2009) was declared by the African Union Assembly of Heads of States in 1997 to respond to the plight of disabled persons in Africa. The main goals of the Decade are to raise awareness about disability issues in the region and to identify solutions tailored to the African experience that enhance full participation, equality and empowerment of Africans with disabilities. The formal declaration was subsequently adopted by the Assembly of Heads of State and Government in Togo in July 2000. Member States of the African Union who endorsed the Declaration for the African Decade of Persons with Disabilities have an obligation to comply. Uganda has developed a National Plan of Action for Persons with Disabilities to articulate the priorities to be addressed during the implementation of the African Decade of Persons with Disabilities.

In terms of mine action policy, Uganda’s draft policy lays down the guiding principles and provides an overall framework for an effective and efficient response to the threat from landmines and other explosive remnants of war (ERW) in Uganda. Landmines and other ERW continue to cause casualties and affect human security overall, severely hamper the return of internally displaced persons (IDPs), essential reconstruction and slow development. The National Policy on Mine Action is intended to achieve human security and enable reconstruction and development of landmine/ERW-affected areas in Uganda. Provisions for victim assistance are enshrined in the Policy.

Victim assistance refers to all aid, relief, comfort and support provided to survivors of landmine and other ERW explosions with the purpose of reducing the immediate and long-term medical and psychological implications of their trauma. Survivors shall be entitled to lifelong access to assistance in accordance with need and vulnerability and to full respect for their human and legal rights. To the extent possible, services for rehabilitation and reintegration shall be provided to survivors as close as possible to their homes and in the context of broader community-based rehabilitation initiatives. The Government of Uganda and Uganda Mine Action Centre shall be responsible for monitoring and evaluation of assistance to mine and other ERW victims.

The UN Convention on the Rights of Persons with Disabilities reinforces Article 6.3 of the Anti-Personnel Mine Ban Convention. It will provide guidance to States Parties in meeting their responsibilities to landmine survivors as the obligations enshrined in the new convention complement victim assistance components of the Anti-Personnel Mine Ban Convention. The new convention has the potential to ensure that barriers to participation by persons with disabilities are removed and inclusion enforced as well as providing a recognized international standard for the rights of persons with disabilities. This can only become true for the many disabled persons worldwide if governments ratify the convention and hasten to make it applicable in their respective states.

In conclusion, can strengthening legislation and establishing sound public policies really make a difference in countries with few resources to implement policies and ensure compliance with laws? Political will is imperative for effective legislation and policy implementation. With political will, it is possible to strengthen legislation and establish sound public policies that can make a difference in countries with few resources to implement policies and ensure compliance with laws. Acts of government especially those concerning persons with disabilities should be under the authority of persons with disabilities who should be given the opportunity to participate actively in policy formulation and implementation. The Acts mentioned above have been passed after engaging the disabled peoples’ organizations, NGOs whose mandates include disability
and the relevant line ministries. Government priorities may lie in other sectors but once a policy document is in place with the legal framework for enforcing it, other stakeholders with an interest in the matter are most likely to provide the resources.

Political will and government participation in implementing and creating a conducive policy environment are crucial in addressing the plight of persons with disabilities. Governments the world over should take a lead role on institutional and infrastructural frameworks responsible for effective implementation and promote greater understanding of policies in place. This will facilitate coordination mechanisms among the various stakeholders, setting priorities and make well-informed decisions in upholding the rights of persons with disabilities including landmine survivors.
6. CONCLUDING REMARKS

> Susan B. Walker

Early one morning on the edge of a refugee camp on the Thai-Cambodian border, the body of a young woman was found brutally axed to death. The UN Protection Officer investigating the tragedy said to me it was obvious that a violent struggle had taken place, but no one had heard any cries for help. The sad truth became searingly clear when the family was finally found. They said the girl was deaf and mute. No one had heard her cries for help. This is symbolic of why we – the NGOs and landmine victims – are among you these three weeks – to be the voice for those who have no voice. As Ambassador Molander declared on Tuesday, “We shall listen to them.”

We implore you today to not only listen, but to act in such a way that you make a monumental contribution to humankind. The fate of future generations is in your hands. Landmines and their medical, social, economic and environmental consequences are an international public health and human rights disaster of epidemic proportions. They have been called weapons of mass destruction in slow motion and crimes against humankind. Each country represented today has the historic opportunity to stop this mass carnage of human lives by putting an end to this insidious weapon and calling for a total ban on landmines, not eventually - but now.

Obviously these are not excerpts from a recent speech, but the one I gave on behalf of Handicap International at the First Review Conference of the Convention on Certain Conventional Weapons on 28 September 1995 here in Vienna. Fast forward to 12 February 2007 and, as Ken Rutherford said earlier today, “the landmines issue has come a long way since the...” We have the framework for a mine-free world: the 1997 Convention on the Prohibition of the Use, Production, Stockpiling and Transfer of Anti-Personnel Mines and on Their Destruction, which is rapidly becoming an international norm, only 8 years after its entry-into-force with 152 countries on board. Now we must implement it on the ground where it counts.

Thank you Ambassador Petritsch, dear Wolfgang, and Austria for hosting this important 10th anniversary symposium and to the ISU for its usual impeccable preparations. Thank you also for the honour and privilege of inviting me to provide some concluding remarks. Austria was among the 8 countries which came to the first meeting of “pro-ban countries” called by the ICBL on 19 January 1996 in Geneva. These countries and their courageous diplomats deserve mention, as they had the vision to achieve the Convention: Norway, Ireland, South Africa, Canada, Austria, Belgium, Switzerland and Mexico. It is good to see several people here today who were also in Vienna in 1995, for instance, Ken Rutherford, Thomas Hajnoczi and Bennie Lombard. And many new partners, like all of you here today, have joined these efforts. Your ongoing commitment and perseverance is needed if we are to progress further.

In this 10th anniversary year, we must, indeed, celebrate the successes of the Convention and the progress to date, including in victim assistance. For the Convention has already saved many lives and prevented new victims, given the decrease in use of anti-personnel mines, destruction of stockpiles and mine clearance efforts to date.

We must also use this anniversary year to focus on the challenges remaining to fully implement the Convention - for mine clearance is far from complete, hundreds of thousands of landmine survivors require a lifetime of assistance and there is a new mine victim every 30 minutes or about 96 new mine victims worldwide in the 48 hours I am here in Vienna. As reported in the annual Landmine Monitor Report, there are still 15,000 to 20,000 new mine victims per year.
This presentation is dedicated to Suon Chreuk, who died one year ago today of long-term complications from his landmine injury. Chreuk was a Cambodian and international campaigner since 1993, a wheelchair worker and a man of great courage and integrity with a beautiful smile. He left behind a wife, two children and others he was supporting and an ache in the hearts of many who knew him.

It is people like Chreuk and the literally thousands of mine victims I worked with for 15 years in Southeast Asia that inspire me and others in this amazing partnership of the mine ban movement to ensure that we achieved and now fully implement the Convention. I have experienced the horror of a 34 year old Cambodian man being killed by an anti-personnel mine 400 metres from me, leaving behind a wife and three small children and have carried a nineteen year old Cambodian boy to the hospital two hours after he was blown up by an anti-personnel mine. I have also had the joy of talking with one of our patients happily working in his radio repair shop, who thanked us for “giving him back his life.” Why? Because Handicap International had provided him with the opportunity to establish a livelihood. He was able to marry and have two children, which he said would never have happened otherwise. As Alberto Cairo said today, “The dream of everybody is to have a job and to be self-sufficient.”

We have had a day full of rich, informative, practical, field-based and moving presentations on the challenges faced and lessons learned, on economic, social and psychological reintegration of landmine survivors and on legislation and policy frameworks. It is not necessary to attempt to summarize them. May I challenge each and every one of you to become champions for the full implementation of the Convention, including its Article 6.3 provisions for victim assistance. Make concrete planning for S.M.A.R.T. victim assistance objectives a priority in your country. Include landmine survivors and mine-affected community leaders in your national planning and participation in international conferences.

We know the challenges remaining. We have the experience of lessons learned and we have the solutions. Physical rehabilitation and social and economic reintegration were not invented by the Convention, nor are they rocket science; but they will not reach the landmine survivors and mine-affected communities, whose hopes and expectations rose with the 1997 Convention, unless victim assistance is prioritized and implemented in all mine-affected countries. Much progress has been made, but much more remains to be done to reach our goal of a world free of anti-personnel mines and quality survivor assistance.

In conclusion, the AP Mine Ban Convention is one of the few multilateral processes which is working successfully today. The close partnership between governments and civil society has been key to this success. Continued success in the full implementation of the Convention will not only resolve this global humanitarian crisis, but will also underline the utmost importance of the rule of law and of international humanitarian law. Collectively we have made history. Collectively we will work to ensure that place in history, by translating those unequivocal words on paper into life-saving reality on the ground.

For the sake of the millions living in mined communities and the tens of thousands of new mine victims each year, we must and we will succeed in securing a world where children and adults can walk, play and live without fear that their next step may be their last.
From left to right | **Margaret Arach Orech** Ambassador of the International Campaign to Ban Landmines; **Ursula Plassnik** Minister for European and International Affairs of Austria; and, **Ken Rutherford**, co-founder of Landmine Survivors Network. © Austrian Foreign Ministry | HOPI Media

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