

Please note that for the purposes of this paper:

Survivors – are children that have been directly affected ie. they have sustained direct physical injury as a result of a landmines/ERW explosion.

Victims – are children who have been directly and indirectly affected, including those who have lost a family member, children living in contaminated areas, etc.

Inputs on specific questions outlined in the request for Inputs

### 1. What are the challenges faced by children who are victims?

Child survivors and victims of landmines/ERW face multiple challenges spanning a number of realms – some of these are common to all children with disabilities (CwD), while others are specific to landmine/ERW victims.

#### **Security and Protection (prevention of violence, abuse and exploitation)**

*Survivors:*

Children with disabilities are among the most vulnerable members of society, and are at three to four times greater risk than other children to violence, abuse and exploitation. Some examples include:

- Children who are victims of social isolation and stigma are more vulnerable to physical abuse, and girls with disabilities are disproportionately vulnerable to sexual abuse.
- Children with disabilities can be vulnerable to exploitative practices, such as being used by adults for begging;
- Children with disabilities are more likely to be socially excluded by their peers, and to be bullied or fall victim to peer-on-peer violence.

Children with disabilities are more vulnerable than those without to secondary separation<sup>1</sup> from their families - in many countries, because of a lack of family supports to enable parents to adequately care for children with disabilities, they are institutionalized. Evidence shows that children in institutions are at heightened risk of violence, abuse, exploitation and neglect, including physical and sexual abuse, and seldom do these institutions provide the individual care and attention required for children to develop to their full capacity. The quality of education, medical and rehabilitative care provided in these institutions is often insufficient – many contexts lack standards for the care of children with disabilities, and where they do exist, these are seldom monitored or enforced.

Few countries have in place the measures necessary to ensure adequate justice for children with disabilities – whether as victims, witnesses or perpetrators, children with disabilities in contact with the law. It can also be particularly challenging for child survivors to access to reparations that may be available for landmines/ERW survivors.

Children with disabilities are more vulnerable to death, injury, and primary separation<sup>2</sup> from their families during emergencies, whether conflict and natural disaster. For example, children with

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<sup>1</sup> Secondary separation is separation from family not caused immediately as a direct effect of an emergency, but rather as a secondary effect – ie. families unable to care for their children due to loss of livelihood place them under institutional care.

<sup>2</sup> Primary separation is separation from family caused by the immediate effects of an emergency – ie. when families become separated while fleeing conflict/natural disaster.

disabilities may not see or hear warning signs of attack or natural disaster or may not be able to run to escape attack or natural disaster. This can also make children more vulnerable to separation from their families. Particularly in emergency contexts such as conflict, it is important to remember that child victims and survivors of landmines/ERW, and children with disabilities more generally, are often impacted by multiple rights and protection violations and impacts which can have exponential effects – a child may not only be a landmine survivor/victim, but may also be displaced, separated from their family, associated with an armed group, or have lost access to life-saving services and education.

#### *Victims:*

Children who are victims of landmines/ERW as a result of the death or injury of care givers and family members can also face a number of heightened protection risks. Like child survivors, they too may be more vulnerable to separation from families that do not have the physical or financial means to care for them, and to child labour or other forms of exploitation or neglect as a result of the death or injury of a care givers and/or family breadwinner.

### **Physical risks, health, and rehabilitation**

#### *Survivors:*

Children are more prone than adults to death and injury as a result of a landmines/ERW blast - their smaller bodies mean that their vital organs are closer to the detonation of the blast, and children have a lower threshold for substantial blood loss than adults:<sup>3</sup>

- Their size makes children more prone than adults to severe injury from a landmine/ERW blast, including severe burns, shrapnel wounds and injuries that can lead to blindness, damaged limbs, and deafness.<sup>4</sup> If stepped on, an anti-antipersonnel landmine blast will invariably cause foot and leg injuries. Children are susceptible to secondary infections from a mine/ERW injury, resulting in death or in amputation causing life-long disabilities and requiring long-term rehabilitation support.<sup>5</sup>
- More than one-third of all landmine/ERW survivors require amputation – due to lack of data, the specific percentage of children affected who require amputation is unknown but the percentage can be expected to be higher for children as their smaller bodies make them more prone than adults to severe injury.<sup>6</sup>
- In emergency and remote contexts, the lack of an immediate first aid response, either because services are unavailable or because doctors are not adequately trained to treat child victims, can further increase the likelihood of death or serious disability.

Not only may child-appropriate rehabilitation for landmine/ERW survivors be unavailable, where they do exist, they are often only available to a limited degree - child survivors may not be able to access these services because of distance, and unavailability of or high cost of transportation services.

Children with disabilities, especially in emergencies, are more likely to experience difficulties accessing mainstream services such as health, immunization, food distribution, water and sanitation and hygiene promotion – they are therefore more at risk of malnutrition and health-related problems than their peers. Children with disabilities (and persons with disabilities more generally)

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<sup>3</sup> Nicolas E. Walsh & Wendy S. Walsh, *Rehabilitation of landmine victims – the ultimate challenge*. Bulletin of the World Health Organization 2003, pp. 665.

<sup>4</sup> <http://www.the-monitor.org/index.php/LM/The-Issues/Landmines>

<sup>5</sup> <http://www.the-monitor.org/index.php/LM/The-Issues/Landmines>

<sup>6</sup> Nicolas E. Walsh & Wendy S. Walsh, *Rehabilitation of landmine victims – the ultimate challenge*. Bulletin of the World Health Organization 2003, pp. 665.

are often invisible during humanitarian needs assessment processes, particularly in contexts where stigma results in their being 'hidden' from view. In contexts where children have been associated with armed forces and groups, and may have sustained an injury resulting in disability, children with disabilities can be excluded from disarmament, demobilization and reintegration (DDR) processes. Whilst in theory DDR programmes should include all child ex-combatants, there is often a lack of resources or programmes specifically targeted to or inclusive of children with disabilities. As such, these children remain marginalised and excluded, leaving them poor and vulnerable. In addition, the lack of or difficulties in access to provide assistance in conflict-affected areas can be a key impediment to child survivors of landmines/ERW receiving emergency medical care, and even more so the longer-term rehabilitation care they require. Seldom are such services available outside of rural areas, and the dangers, costs and length of travel required to reach them make such a journey prohibitive for most families.

*Victims:*

Children living in landmine/ERW contaminated areas are at high risk of death and physical injury from a landmine/ERW explosion. In addition, children living with a parent/caregiver with a disability may have more difficulty accessing health, nutrition, hygiene promotion and other services necessary to maintain good health –such services and assistance to children are mostly provided through children's caregivers, and caregivers with disabilities oftentimes have difficulties accessing such services.

Mental health and psychosocial wellbeing

*Survivors:*

Falling victim to a landmine/ERW incident is not only physically damaging, but can be extremely emotionally distressing for children – both as a result of psychological trauma in the immediate phase, and as a result of psychosocial distress in the longer-term. Landmine/ERW Injury may result in changes to the emotional and mental functioning of children. Adapting to a new body image and identity can be difficult (particularly for adolescents) and can result in depression and other symptoms of psychological distress. Children may worry about becoming a burden on their families; have a sense of guilt (for having put themselves in harms way, for surviving the incident if other children did not, etc); experience deep sadness or anger at their situation; and/or be fearful for their future.

In remote war-impacted communities, the trauma brought on by a landmine/ERW injury is on top of the psychosocial distress already experienced by children living in conflict. Post-accident, a child victim in such situations not only often faces a lack of basic social services and infrastructure, but they return to their family and community with little support and information on how to recover and re-integrate back into their society. This lack of support not only affects the survivor, but also family members who also often lack information or guidance on how to support the survivor. This lack of services, support, information and knowledge on how survivors can help themselves or be supported by family members and communities can contribute to addition psychosocial distress, and may inhibit the psychosocial recover of children.

*Victims:*

Child victims of landmines/ERW can face many of the same psychosocial distress factors as survivors, although for different reasons. The experience of living in a contaminated area can be one of constant fear and anxiety – and the children of survivors may feel the same with regards to their new situation and future. Victims may also feel angry or guilt over the injury of their parents, family members, peer, or community members, and distress over the new burdens placed on them and their families as a result of a parent or sibling's injury.

### Social, education and economic inclusion

#### *Survivors*

Children with disabilities are more likely than their peers to be living in poverty. In situations where they share common disadvantages with children that do not have disabilities, such as poverty, membership in a minority group, living in rural areas with few services, etc, children with disabilities often face double discrimination and even more heightened marginalization and exclusion as a result of negative social norms and social attitudes towards disability. Basic services to which all children have a right, including education, and community, social and peer-group activities may exclude them. At times, over-protectiveness of child survivors by distressed care givers can also act as an inhibitor to their social inclusion.

The lack of inclusion in services and assistance such as schools, child friendly spaces or recreational activities in conflict and emergency contexts can be particularly harmful – in humanitarian situations, such interventions are often used as entry ways to reach children with a number of other vital interventions and services, such as feeding programmes, vaccinations, water sanitation and hygiene, mine/ERW risk education, psychosocial support, and other protection related interventions. Children with disabilities prior to an emergency are often overlooked in emergency programmes and policies, including assessments on the needs of those affected, and children newly disabled as a result of the emergency may be unable to attend school or other access other services because of lack of accessibility, discrimination, and/or the diminished expectations of their parents and communities.

#### *Victims*

Children who are victims of landmines/ERW as a result of the death or injury of care givers and family members also have needs different from those of adults. Like child survivors, they too may be more vulnerable to the loss of education opportunities, as well as other opportunities to engage with their peers or in the life of their community because they must care for injured and/or disabled family members. The social exclusion and marginalization of a parent or family member with a disability can also result in the same for child victims. More generally, widespread contamination by landmines and ERW oftentimes makes community spaces, schools, and other facilities where children engage in social and educational activities inaccessible – as such, children in whole communities can lose opportunities to participate in social activities and to interact with their peer group.

## **2. What measures and solutions as well as good practices would you propose to address the rights and needs of child survivors and victims in an effective way?**

### **General Considerations and Provisions**

Evidence suggests that mine/ERW victim assistance services seldom take into consideration the age and gender specific needs of children, despite the commitment to do so embodied in the Cartagena Action Plan. To be effective, efforts to meet the specific needs of child victims and survivors must be undertaken through a two-tiered approach – while striving to make mainstreaming services accessible and inclusive for children with disabilities is critical, it is equally important to ensure the

availability of targeted services to meet the specific and unique needs of children with disabilities. Such a twin-track approach can help to ensure that the physical and psychological recovery and social reintegration of landmines/ERW survivors and victims take place in an environment that fosters the overall well-being, health, inclusion, self-respect and dignity of all children, including those with disabilities.

Given the multi-sectoral nature of survivor and victim assistance programming, it is important to ensure that there are systems in place to effectively and safely manage information regarding child survivors and victims, and effective coordination among various sectoral interventions. These systems should not be stand-alone (i.e. Mine Action specific) but rather integrated within information and case management systems and inter-sectoral coordination on the provision of social and protection services for vulnerable and at-risk children more generally.

In order to address the recognized age and gender-specific needs of child victims and survivors effectively, programmes must be adapted to based on a number of differential needs and factors.

Age – not only do children’s needs vary greatly from those of adults, but there is also great variance among the needs of children of different ages. A life cycle approach, which takes into consideration the differential and specific physical, cognitive and emotional development and needs of children at different stages of life must be applied when undertaken if effective victim assistance is to be provided for children. This includes specific considerations for<sup>7</sup>:

- Infancy/ early childhood – ages 0-5
- Middle childhood – ages 6-9
- Early adolescence – ages 10-13
- Mid to late adolescence – ages 14-18

Specific adaptation of victim assistance programming for each of these stages in the life cycle may not only required for child survivors of landmines/ERW, but also for victims more generally. For example, this includes resources and support for caregivers who are survivors to provide adequate care and protection for children of different ages (E.g. through the provision of parenting skills development, parenting support, family visits, etc).

Gender – similarly, specific gender considerations must be taken into account when implementing survivor and victim assistance for boys and girls of different ages. It is important that programmes take into consideration not only physical, cognitive and emotional development of boys vs girls, but that they also take into consideration social norms with regards to gender, including differential social expectation of girls vs boys, as well as the differential risks to exclusion, violence, abuse and exploitation of boys and girls. It is also important to note that in many societies girls are less likely than boys to receive care due to gender discrimination – girls with disabilities oftentimes face ‘double discrimination’ due not only to their disability, but also as a result of gender inequality. For example, girls with disabilities are less likely to be provided with education or livelihood opportunities than boys with disabilities or girls without disabilities.

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<sup>7</sup> These are the different stages of the life cycle as defined by UNICEF

Type of disability – while children who have been maimed may be the most visible survivors of landmines/ERW, it is important to remember that survivors may also suffer from less visible disabilities, such as loss of hearing or sight. It is important that VA programmes, especially if they are to be integrated within efforts to address the needs of children with disabilities more generally, take into specific consideration the full spectrum of disabilities that may need to be addressed.

Urban vs rural – both the needs and the availability of services for child victims and survivors of landmines/ERW, and children with disabilities more generally, will differ based on the context in which these children are living – the provision of services should be appropriate to geographic and environmental specificities. It is also important that services not be provided in a manner that encourages displacement - i.e. where families or children move from rural to urban areas in order to access services.

Coordination - The Mine Action coordinator in-country should ensure the identification of a MA victim assistance focal point for each relevant area of programming. I.e: children with disabilities, health, psychosocial support, education, child protection, nutrition, livelihood, etc. The role of the focal point should be to undertake advocacy and provide support as necessary to ensure that the specific/unique needs of child victims/survivors of landmines/ERW are addressed in national and local policies and frameworks for people/children with disabilities, and through the various relevant sectoral programme interventions.

Data and Information management – The availability of data on children with disabilities is a key gap in many countries. Efforts should be made to support the strengthening of gender and age-disaggregated data on all children with disabilities, irrespective of the cause of disability, and to include the needs and risks to children with disabilities in humanitarian and other needs assessments. Specific to mine action, where they do not already exist, injury surveillance systems should be supported to undertake systematic surveillance of landmine/ERW injuries. Within this framework, all efforts should be made to ensure that such surveillance systems disaggregate by age, gender, as well as type of impairment. This information should be analyzed and this synthesis/analysis (rather than specific case information, which should follow basic protocols/precaution of safety, privacy and confidentiality) systematically shared to inform all areas of mine action programming (e.g. target areas for clearance; target groups for MRE; etc), and to inform resource allocation for the provision of victims/survivor assistance and services for children, including those specific to children with disabilities, more generally. For example, if injury surveillance systems demonstrate that children are most at risk, resources should be specifically allocated to ensure that VA services are appropriately adapted and available, including to meet the age-, gender- and disability- specific needs of those most at risk and affected.

Case management – child survivors and victims of landmines/ERW should be integrated as a specific category within children case management/social work systems for vulnerable children, whether undertaken through humanitarian or national actors (i.e. Ministry of Social Welfare). Such systems ensure protection monitoring, social support and welfare and referral to necessary services for survivors and victims. While stand-alone case management should not be undertaken specifically for landmine/ERW survivors, where necessary and appropriate, specific Standard Operating Procedures can be developed to ensure clear referral pathways to link landmine/ERW survivors and victims with social welfare and case management systems. Social workers should be specifically

trained on how to provide support, including psychosocial support, for child survivors and victims of landmines/ERW as well as their care givers and families. Especially in remote and conflict-affected areas, the use of outreach workers to conduct family visits can be particularly effective.

### **Sector specific considerations and provisions**

Mine Action (relevant to victims) – mine action policy and programming, especially with regards to marking, clearance, risk education, victim assistance, and advocacy, should take into specific consideration the particular vulnerabilities and specific needs of children. This includes:

- Clearance – areas where children are present should be prioritized for mine/ERW clearance, including schools, playgrounds and recreational areas, community spaces, health and nutrition centres, etc. Clearance activities should be informed through incident/ injury surveillance, or where these do not exist, other relevant mechanism for incident tracking.
- Marking – warning signs and markings, and awareness raising on them, should be understandable and appropriate for children of different ages. Messages and means of communication should meet the needs of children with different impairments - for example a blind child may not be able to notice visual markings.
- MRE – MRE messages and delivery should be adapted to the level of cognitive, emotional and behavioural development of children, and to the different impairments children may have. I.e. risk education messages for younger school aged children will be different than those for adolescents; communication and other materials should be made available in different formats (like in braille, large print, easy to read and audio) to cater to the communication requirements of children with different impairments. The identification of key target groups (age and gender for those most vulnerable) should be should be informed by information and data available through injury surveillance mechanism (or available incident tracking mechanism.) In countries experiencing wide spread contamination, MRE should be integrated into the Education Curriculum, as well as information education, lifeskills and other programming for out-of-school children and adolescents.
- Advocacy – mine action actors should play an active role in advocating for policies on behalf of child survivors and victims of landmines, and children with disabilities more generally. This should include advocacy for the inclusion of children with disabilities in mainstream services, as well as for the provision of specific and targeted age- and gender-appropriate services and support as necessary. This advocacy should be undertaken within the framework of broader national and local policies and services for people/children with disabilities, and sector-specific service provision. It is important that this advocacy be undertaken in partnership and collaboration with Disabled People Organizations, and with adults and child landmine/ERW victims and survivors.

Child Protection (relevant to survivors and victims) – the child protection sector will have a key role to play in advocating for the rights and needs of children with disabilities, including victims of landmines/ERW. Again, it is important that such advocacy be undertaken in partnership with Disabled Peoples Organizations (DPOs) and with adults and children with disabilities themselves. Key areas of CP interventions into which the integration of VA would be relevant will include<sup>8</sup>:

- Communications, advocacy and media;
- Child protection monitoring;

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<sup>8</sup> More specific information on the below areas of key child protection programming can be found in the DRAFT (not to be shared) UNICEF/CPWG Checklist on Mainstreaming Mine Action in to Child Protection in Emergencies Programming (find attached).

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- Protection from physical dangers and injuries;
- Protection from physical violence and other harmful practices;
- Psychosocial support;
- Children associated with armed forces and groups;
- Unaccompanied and separated children;
- Community-based child protection mechanism;
- Child-friendly spaces programming;
- Mainstreaming child protection

Emergency medical care and physical rehabilitation (relevant to survivors)

The physical rehabilitation of child survivors is more complex than that of adult survivors, and children will require specialized care both in the emergency medical phase, and in the longer term. It is important to note that because medical needs are more complex, few countries or health systems in countries affected by landmines and ERW have the capacity necessary to address the specific medical and physical rehabilitation needs of child survivors.<sup>9</sup>

- Children whose injuries result in amputated limbs require more complicated rehabilitation assistance – because children’s bones grow more quickly than soft tissue, they (especially younger children) often require several re-amputations.<sup>10</sup>
- As they grow, children require new prostheses more often, and require more frequent corrective surgery for changing stumps. A child survivor ‘may need up to 35 prostheses or modifications during his or her lifetime’<sup>11</sup> - the frequency at which children require new or adapted prosthetic devices must be taken into consideration in policies and programmes that provide for such services.

To address the needs of survivors living in rural or other areas with limited services, out reach through the use of mobile orthopaedic workshops and services can be particularly useful. These services can not save the child and their family from the burden of travelling long distances to reach services, but can alleviate the financial burden of travel and accommodation away from home.

Broader child health (relevant to survivors and victims)

For the reasons discussed in Q1 above, it is important that specific measures and efforts be made to ensure access to health and nutrition services for children with disabilities, as well as the children of caregivers with disabilities. This may be particularly challenging in rural areas, and in areas affected by armed conflict or disaster. Specific efforts should be made to ensure that services for the population at large are accessible for persons/children with disabilities (through Reasonable Accommodation or Universal Design measures), as well as to provide targeted services and undertake specific outreach to persons/children with disabilities. Specific health-related services include: primary and secondary health care, immunization, reproductive health (particularly important for adolescents), nutrition, immunization, water sanitation and hygiene.

Socio-economic reintegration

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<sup>9</sup> Landmine Monitor Factsheet: Impact of Mines/ERW on Children, November 2010.

<sup>10</sup> International Save The Children Alliance, 2000, Child Landmine Survivors: An Inclusive Approach to Policy and Practice

<sup>11</sup> Watts, Hugh G. “The consequences for children of explosive remnants of war: Land mines, unexploded ordnance, improvised explosive devices and cluster bombs.” *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*, Vol. 2 (2009: 217-227). <http://iospress.metapress.com/content/jp375t0l812026g4/fulltext.pdf>. Accessed 5 July 2012.



Ensuring the socio-economic reintegration of child survivors and victims of landmines should be undertaken through a Community-based Rehabilitation (CBR) approach. CBR includes a number of spheres, many of which are relevant not only for child survivors of landmines/ERW, but also for children whose care giver or where the primary bread winner in the family is a landmines/ERW survivor – it is important to ensure specific efforts to provide adequate CBR support for parents with disabilities, as well as opportunities for their children to ensure their protection from abuse, exploitation, exclusion and poverty. It is also important to ensure that CBR efforts are undertaken in partnership with Disabled Peoples Organizations (DPOs). Psychosocial support, as well as more specialized mental health support, for child survivors and victims of landmines/ERW is also a key area of intervention. In all cases, the provision of psychosocial support should be undertaken through and build on the local cultural norms and traditional coping strategies of the communities to which children belong – psychosocial support efforts should avoid a reliance on western clinical models of ‘trauma’ which are unlikely to be appropriate to the local context.

The spheres and considerations for CBR of children with disabilities include:

- Education – This includes early childhood, primary, secondary and higher, and non-formal education. Education is essential not only to secure future opportunities and livelihoods of child survivors and victims – it is also a key intervention to: fostering the reintegration of children into the normal social and cultural life of their peer-group; the psychosocial wellbeing of children; to raising peer group and community awareness of the resilience and abilities of children and persons with disabilities in order to prevent discrimination or prejudice; and to foster appreciation for persons with disabilities as productive members of their community. Specific measures should be undertaken by Education stakeholders to ensure inclusive education (ie. that education services are accessible to all children, including those with disabilities). Also of particular importance are efforts to build the capacity of teachers to not only recognize and meet the specific needs of children with disabilities, but also to strengthen their role as community leaders to act as positive advocates for the inclusion of children and persons with disabilities.
- Livelihood – This includes skills development, support for self employment, financial services, and social protection. For older child survivors and victims, especially those in the middle and late adolescent age group, vocational training, income generation, and other livelihood supports, in addition to basic education (especially to ensure basic numeracy and literacy), is likely to be appropriate. Especially for adolescents with disabilities, livelihood support opportunities are particularly important to enable these children to make independent decisions in early adulthood. At the same time, it is important to bear in mind that livelihood support programmes design for adults are unlikely to be appropriate for adolescents – livelihood supports for children must focus on work/vocations appropriate to the physical development of children, and such programmes must not place children at risk of economic exploitation, harmful work or other harm such as exposure to gender-based violence and school drop-out. Livelihood support is also particularly relevant for caregivers who are landmine/ERW survivors, as are targeted social protection (e.g. cash transfers) which can play a particularly important role in addressing poverty and livelihoods.
- Social inclusion and empowerment – this includes advocacy and awareness raising; family relationships support; community mobilization; self-help groups; culture and arts; recreation, leisure and sport; access to justice; and civic participation. Here again, working together with Disabled Peoples Organizations is particularly important. In addition to specific targeted efforts

for the social inclusion and empowerment of children with disabilities, existing family and community activities should be inclusive of them – the availability and use of assistive technology and Universal Design are a key to making this possible. It is important to building the capacity of children with disabilities, their families and communities to care and provide for and enable the full participation of children with disabilities in the cultural life of their families and communities – community-based activities are important not only for the reintegration of children with acquired disabilities, but can build community appreciation and understanding of the productive role that persons with disabilities can play in their communities, and as measures to combat social prejudice and discrimination against persons with disabilities. It is also important to remember that for children with disabilities, support to their care-givers – for example self-help groups for parents – is also particularly important. Participation of children and adults with disabilities in all processes that affect them is of critical importance – this will require specific efforts to establish effective mechanisms and spaces for the voices of children with disabilities to be heard. This includes creating spaces for consultation and participation not only in the life and decisions of the community and peer group, but also in the assessment of needs and design of any services and response on behalf of persons with disabilities.

**3. What role would you see for the APMBC and related international legal instrument to play in this context?**

In order to ensure sustainability and non-discrimination, it is imperative that victim assistance and support services for child victims and survivors of landmines and ERW be delivered through existing/‘normal’ health, disability and social, economic and child welfare and protection systems, and that Disabled People Organizations and children and adults with disabilities are actively engaged and involved in such processes. There are a number of relevant international legal instruments – which are/should then be translated into national-level laws, policies and other relevant frameworks – aimed at guaranteeing the rights and needs of victims of war-related injury and children with disabilities. Of particular importance are the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) – under both of these, governments have acknowledged their responsibility to ensure that children, irrespective of ability/disability, are able to enjoy their rights without discrimination. The CRPD in particular has seen an important shift from viewing persons with disabilities as passive recipients of ‘charity’ to acknowledging that persons with disabilities are full and equal members of their family, community and society, with equal rights, thus recognizing states’ and societies’ obligations to invest and strive to remove barriers to their full inclusion.

International Mine Action cooperation assistance on Victim Assistance should therefore focus on building sustainable capacity, at both national and local levels (including among government stakeholders, civil society and communities) to guarantee the rights and meet the holistic needs of children with disabilities more generally, and within this, the specific differential needs of landmines/ERW survivors. Inclusive development approaches called for under the CRPD (such as inclusive education and accessible primary health care, access to the built environment, especially when construction and reconstruction initiatives are being implemented, and others) will benefit children with disabilities who are landmine/ERW survivors and their families to be able to fully participate in society.

The important role that Mine Action has playing in pushing the Persons with Disabilities agenda forward should be acknowledged - the added attention given to the rights and needs of mine

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survivors through the APMBT and other disarmament instruments in effect raised awareness of the rights and needs of all people with disabilities. In 2011, at least 72 states and 7 disputed areas were mine affected. Even though survivors from victim-activated explosions represent only a small fraction of all persons with disabilities (with the exception of few countries which have a very high prevalence of landmine survivors such as Afghanistan, Cambodia), at least 41 mine action programmes had a victim assistance (VA) component. Meanwhile, in a number of countries, such as Cambodia and Afghanistan, systems that were initially set up for one purpose (mine action) now serve multiple purposes (for PwD more generally). As such, the APMBC has and will continue to play a significant role in serving as an advocacy, resource mobilization, and policy and planning tool for States and other stakeholders in their efforts to meet the needs of landmines/ERW survivors and victims.

At the same time, although each country has its own laws and systems in relation to war-related injuries, from a rights perspective enshrined in the relevant Conventions, the cause of the disability ultimately should not determine the quality or extent of the response available for persons and children with disabilities.

Building on past experience, the role of the APMBC in this context includes:

- In mine affected countries where the rights and needs of persons with disabilities more generally are not adequately recognized and met, the resources and attention available to address the impacts of landmines should be harnessed to achieve greater commitment and attention to the needs of persons with disabilities more generally. Here, Mine Action victim assistance-related activities can provide an important entry point to effectively address larger issues of stigma and discrimination, and call for effective services for all persons with disabilities.
- Meanwhile, in countries where existing policies and frameworks on child rights and the rights of persons with disabilities do not adequately acknowledge or take into consideration the specific situation and needs of victims of landmines/ERW, the victim assistance obligations enshrined in the APMBT and other relevant legal instruments can be used as an important tool to advocate to achieve States' obligations to this particular group.
- Given the acknowledged current weaknesses in the availability of age- and gender-specific and adapted services for child survivors and victims of landmines/ERW, the Cartagena Action Plan is a powerful instrument to call for and hold States to their obligations of increased attention to specific needs of child survivors and victims, both in the formulation of policies and in the provision of services for children and persons with disabilities, and for victims of landmines/ERW.