

## Input from the World Health Organization to the Concept paper on assistance to child victims in the context of Anti-Personnel Mine ban Convention

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### What are the challenges faced by children who are victims

Child victims face a range of barriers including:

- **Inadequate policies and standards.** Policy design does not always take into account the needs of child victims or existing policies and standards are not enforced. For example, for inclusive education policies, a review of 28 countries participating in the Education for All Fast Track Initiative Partnership found that 18 countries either provided very little detail of their proposed strategies to include children with disabilities in schools or did not refer to disability or inclusion at all. The common gaps in education policy include a lack of financial and other targeted incentives for children victims and other children with disabilities to attend school as well as a lack of social protection and support services for children with disabilities and their families.
- **Negative attitudes.** Beliefs and prejudices constitute barriers to education, healthcare, and social participation. For example, the attitudes of teachers, school administrators, other children, and even family members affect the inclusion of children with disabilities in mainstream schools.
- **Lack of provision of services.** Child victims are particularly vulnerable to deficiencies in services such as healthcare and rehabilitation.
- **Problems with service delivery.** Poor coordination of services, inadequate staffing, and weak staff competencies can affect the quality, accessibility, and adequacy of services for child victims. *World Health Survey* data from 51 countries revealed that people with disabilities were more than twice as likely to report finding healthcare provider skills inadequate to meet their needs, four times more likely to be treated badly and nearly three times more likely to be denied needed health care.
- **Inadequate funding.** Resources allocated to implementing policies and plans in countries most affected by Landmines are often inadequate. The lack of effective financing is a major obstacle to sustainable services in these settings. In many low-income and middle-income countries governments cannot provide adequate services and commercial service providers are unavailable or not affordable for most households.
- **Lack of accessibility.** Many built environments (including public accommodations) and transport systems are not accessible to all. Lack of access to transportation is a frequent reason for a person with disability being prevented from accessing healthcare.
- **Lack of consultation and involvement.** It is important to consult child victims and their families in decision-making on matters directly affecting their lives.
- **Lack of data and evidence.** A lack of rigorous and comparable data on the number of victims, the level of disability and need and unmet need for services as well as evidence on programmes that work impedes understanding and action. Understanding the numbers of victims as part of general disability figures and their circumstances can improve efforts to remove barriers and provide services.

**What measures and solutions as well as good practice would you propose to address the needs of child victims in an effective way**

Below is an overview of what can be done to overcome barriers in health care , rehabilitation and education.

### ***Overcoming barriers to healthcare***

Making all levels of existing healthcare systems more inclusive and public healthcare programmes accessible to child victims will reduce health disparities and unmet need. Community-based rehabilitation has been successful in less-resourced settings at facilitating access for disabled people to existing services. Such measures as targeting services, developing individual care plans, can reach hard-to-reach groups. While people with disabilities should receive services from primary care teams, specialist services, organizations, and institutions should be available when needed to ensure comprehensive healthcare.

To improve health service provider attitudes, knowledge, and skills, education for healthcare professionals needs to contain relevant disability information and specific information about victim assistance in relevant contexts. Involving victims as providers of education and training can improve knowledge and attitudes. The empowerment of victims to better manage their own health through self-management courses, peer support, and information provision can be effective in improving health outcomes and can reduce healthcare costs.

A range of financing options has the potential to improve coverage and affordability of health care services. These include ensuring that insurance and co-payments for health services are affordable for people with disabilities. For victims and their families who do not have other means of financing healthcare services, reducing out-of-pocket payments, and providing income support to meet the indirect costs of accessing healthcare can improve the access to, and use of, healthcare services.

### ***Overcoming barriers to rehabilitation***

Rehabilitation is a good investment for victims because it builds human capacity. Policy responses should emphasize early intervention and the provision of services as close as possible to where people live.

For established services in a country that serves victims the focus should be on improving efficiency and effectiveness, by expanding coverage and improving quality and affordability. In less-resourced settings the focus should be on accelerating the supply of services through community-based rehabilitation, complemented by referrals to secondary services. Integrating rehabilitation into primary and secondary healthcare settings can improve availability. Referral systems between different modes of service delivery (inpatient, outpatient, home-based care) and levels of health service provision (primary, secondary, and tertiary care facilities) can improve access. Rehabilitation interventions delivered in communities are an important part of the continuum of care.

Increasing access to assistive technology increases independence, improves participation, and may reduce care and support costs. To ensure that assistive devices are appropriate, they need to suit both environment and user and be accompanied by adequate follow-up.

Given the global lack of rehabilitation professionals, more training capacity is needed. Mixed or graded levels of training may be required. The complexity of working in resource-poor contexts demands university or strong technical diploma education. Mid-level training programmes can be a first step to address gaps in rehabilitation personnel in areas where victims live or to compensate for difficulties in recruiting higher level professionals in developed countries. Training community-based workers can address geographical access and respond to workforce shortages and geographical dispersion. Using mechanisms and incentives to retain personnel can provide continuity of service.

### ***Overcoming barriers to education***

The inclusion of children with disabilities in mainstream schools benefits the individual needs of all children, not just those with disabilities. They also contribute to the elimination of discrimination and are more cost-effective.

Including children with disabilities in education requires changes to systems and schools. The success of inclusive systems of education depends largely on a country's commitment to adopt appropriate legislation, provide clear policy direction, develop a national plan of action, establish infrastructure and capacity for implementation, and benefit from long-term funding. Ensuring that child victims can have the same standard of education as their peers may require increased financing.

Creating an inclusive learning environment will assist all children in learning and achieving their potential. Education systems need to adopt more learner-centred approaches with changes in curricula, teaching methods and materials, and assessment and examination systems. Many countries have adopted individual education plans as a tool to support the inclusion of children with disabilities in educational settings. Many of the physical barriers that children with disabilities face in education can be easily overcome, with simple measures such as changing the layout of classrooms. Some children will require access to additional support services including specialist education teachers, classroom assistants, and therapy services.

Appropriate training of mainstream teachers can improve teacher confidence and skills in educating children with disabilities. The principles of inclusion should be built into teacher training programmes and accompanied by other initiatives that provide teachers with opportunities to share expertise and experiences about inclusive education.

**What role would you see for the Anti-personnel Mine Ban Convention and related legal instruments to play in this context.**

Raise awareness and garner commitment to addressing barriers to service access for child victims.

Advocate for evidence based solutions which should include:

- improving child victims access to mainstream services.
- Increased investment in specialized programmes such as rehabilitation. Including the provision of devices, orthotics, prosthetics, wheelchairs etc.
- Countries to adopt a disability strategy and plan of action that is inclusive of victim assistance
- Improved data and research to better understand the magnitude of the problem, the level of need and what works in different contexts.
- Continue to work to increase awareness about the need to ban anti-personnel landmines but also to increase public awareness and understanding of their impact on children and their families.