

Standing Committee on Victim Assistance and Socio-Economic Reintegration

Report of the Co-Chairs on Parallel Programme for Victim Assistance Experts

25-26 April 2007



'ending the suffering caused
by anti-personnel mines'
ap mine ban convention

Introduction

Actions #38 and #39 of the *Nairobi Action Plan*, adopted by States Parties at the First Review Conference of the Anti-Personnel Mine Ban Convention in 2004, calls on States Parties and relevant organizations to ensure effective integration of mine victims in the work of the Convention and an effective contribution in all relevant deliberations by health, rehabilitation and social services professionals. At the April 2007 meeting of the Standing Committees, 17 of 24 States Parties that have reported responsibility for significant numbers of mine survivors included such specialists on their delegations. The Sponsorship Programme's Donor's Group facilitated the participation of 16 of these experts.

The aim of the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration (SCVA) was to make the best possible use of the time dedicated by these health, rehabilitation and social services professionals to the work of the Convention. In addition to the formal meeting of the SCVA on 24 and 27 April, an ambitious parallel programme was developed.

The parallel programme was intended to stimulate discussion and increase the knowledge of the expert participants on key components of victim assistance. Particular emphasis was given to the place of victim assistance in the broader contexts of disability, health care, social services, and development. The programme was organised in a series of three-hour sessions which focused on particular thematic issues, plus three other shorter sessions. The Co-Chairs were grateful to the European Commission for funding interpretation services (English, French, Spanish) during the two days of thematic discussions which enabled participants to communicate freely.

In addition to the 17 health, rehabilitation and social services professionals who made valuable contributions to the discussions, the sessions also benefited from the active participation of experts from several international and non-governmental organizations including UNDP, UNOPS, UNMAS, UNICEF, WHO, ILO, and the UN Office of the High Commissioner for Human Rights, as well as the ICRC, ICBL, Landmine Survivors Network, Handicap International, James Madison University's Mine Action Information Centre, and the Polus Center.

The Co-Chairs took to heart the call of disability advocates, "Nothing about us without us," and are grateful to the 11 survivors who also contributed to the discussions in the various sessions.

The parallel programme started on Monday with a lunch time briefing to introduce the experts, some of whom were participating in a convention-related meeting for the first time, to each other, the week's programme, and to the issue of victim assistance in the context of the Anti-Personnel Mine Ban Convention.

The various thematic sessions focused on physical rehabilitation, psychological support and social and economic reintegration, legislation and policy, data collection, and the process of developing a comprehensive plan of action. Each session started with presentations by experts in the field which focused on key components of the particular issue, principles, lessons learnt and challenges in providing appropriate and sustainable services or in developing comprehensive plans and data collection mechanisms. Practical experiences of particular States were also shared. One shorter session

focused on the issue of resource mobilization for victim assistance-related activities. The issue of emergency and continuing medical care was not a focus of discussion during this programme due to time constraints and the fact that emergency care received focused attention by the SCVA in 2005 and 2006.

This report provides a brief overview to introduce each thematic session and concludes with recommendations from participants that emerged during the final feedback session. All presentations are available online at www.apminebanconvention.org

Session I : Physical rehabilitation

The first session focused on physical rehabilitation, including the concept of community based rehabilitation and prosthetics / orthotics (P&O). Physical rehabilitation and prosthetic services are preconditions to the full recovery and reintegration of landmine survivors. States Parties to the AP Mine Ban Convention have come to see this aspect of meeting the needs of landmine survivors as involving the provision of services in rehabilitation and physiotherapy and the supply of prosthetic appliances and assistive devices, such as wheelchairs and crutches, to promote the physical well-being of mine survivors with limb loss, abdominal, chest and spinal injuries, loss of eyesight, or deafness. Progress has been made in the development of guidelines¹, in the training of technical staff in P&O and by virtue of the fact that the Convention has increased attention on physical rehabilitation and prosthetics. However, needs in this area continue to exceed the level of resources applied to it. As the number of landmine survivors continues to increase, so too will resource needs.

The major challenges for many States Parties is to: increase or expand access to and ensure the sustainability of national physical rehabilitation capacities; increase the number of trained rehabilitation specialists including doctors, nurses, physiotherapists and orthopaedic technicians; provide rehabilitation services for mine-affected communities, ensuring that landmine survivors have access to transportation to these services; and, engage all relevant ministries as well as national, regional and international health and rehabilitation organizations to ensure effective coordination in advancing the quality of care and increasing the numbers of individuals assisted.

Mr. Claude Tardif, Head of Physical Rehabilitation Programmes for the International Committee of the Red Cross (ICRC), opened the session by providing a definition of physical rehabilitation and other important facts, the challenges in providing services that are accessible, of good quality, and sustainable in the long-term.

Ms. Isabelle Urseau, Principal Orthopaedic Advisor at the headquarters of Handicap International, focused on some of the lessons learnt in implementing physical rehabilitation programmes, including community based rehabilitation, including key principles, the role of government, and the challenges.

Mr. Chapal Khasnabis, a Technical Officer in the Disability and Rehabilitation team in the Department of Injuries and Violence Prevention at the World Health Organization (WHO), focused on community based rehabilitation, including strengths, weaknesses and challenges, and some of the tools that have been developed by the WHO.

Mr. Tardif also introduced participants to the results of a project to develop a common approach to providing P&O services in low income settings. This Common Approach to Prosthetics and Orthotics is the product of a collaborative effort of 35 organizations and agencies. It is endorsed by the International Society for Prosthetics and Orthotics, and has been financed and facilitated by the Swiss Agency for Development & Cooperation, UNMAS, and Landmine Survivors Network.

¹ Relevant guidance documents include the World Health Organization's *Prosthetics and Orthotics Services in Developing Countries – a discussion document*; the Landmine Survivors' Network's *Surviving Limb Loss, Life after Injury: A rehabilitation manual for the injured and their helpers*, by Liz Hobbs, Sue McDonough and Ann O'Callaghan), and, *Implementing Prosthetics & Orthotics Projects in Low-Income Countries: A framework for a common approach among international organizations* (forthcoming), by Anders Eklund, et al; and Handicap International's *A review of assistance programs for war wound and other persons with disabilities living in mine-affected countries: May 2004 lessons learned workshop report*.

The two documents making up the Common Approach are the Project Guide which is intended for organizations that provide support to P&O programmes in low-income countries, while the Programme Guide is intended for local implementing programme organizations and institutions. While the Project Guide sets forth the approach of a project, the Programme Guide sets forth the end goals by presenting the features of a local P&O programme ideally in place when the project phase is over.

The final presenter for this session was Dr. Goran Cerkez, Assistant Minister of Health of the Federation of Bosnia and Herzegovina (FBiH). Dr. Cerkez shared the experience of BiH in the reconstruction of the community-based rehabilitation (CBR) network after the war, outlining the benefits of a CBR network over hospital based services for physical rehabilitation.

In discussions that followed, some common themes emerged from the comments made, including the importance of coordination, good policies, and institutional will. It was highlighted that when activities are implemented by the non governmental sector, it is important from the beginning to have an exit strategy for handover to the government otherwise when funding stops the programme will stop. Concerns were also raised over the issue of donor driven programming which can prevent the implementation of a holistic approach to meeting the needs of persons with disabilities.

Session II : Psychological support and socio-economic reintegration

Session II focused on the complex issues of psychological support and social and economic reintegration. Appropriate psycho-social support has the potential to make a significant difference in the lives of mine survivors and their families. 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. However, while progress has been made in some mine-affected communities, psychological support and social reintegration is an area that has not received the attention or resources necessary to adequately address the needs of mine survivors.

Psychological support and social reintegration activities assist mine survivors to overcome the psychological trauma of a landmine explosion and promote their social well-being. Activities can 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.

Under Action #31 of the *Nairobi Action Plan 2005-2009*, 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.”

The economic status of mine survivors can be improved through education, economic development of the community infrastructure, the creation of employment opportunities, and access to micro-credit initiatives. Enhancing opportunities for economic reintegration contributes to self-reliance of mine survivors and community development. However, activities that promote sustainable income generation and employment opportunities for mine survivors and other persons with disabilities represent a profound challenge in many countries which are experiencing high levels of poverty and unemployment in the general population, and low levels of development. Consequently, the economic reintegration of landmine survivors must be seen in the broader context of the economic development of their communities as a whole.

Under Action #32, 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.”

How can national and local capacity in this area be increased while engaging all relevant actors? 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? 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?

Five presenters shared their expertise and experience to address these questions. Ms. Dragana Bulic, with a background in nursing, sociology, and psychology, is now regional coordinator for Landmine Survivors Network (LSN) in South East Europe. Her presentation focused on LSN’s rights-based, survivor-centric and holistic approach to recovery. Particular attention was given to issues of participation, empowerment, inclusion, transparency and accountability, non-discrimination, and the benefits of peer support.

Dr. Reykhan Muminova, a neurologist, psychiatrist and psychologist, is currently Victim Assistance Officer at Tajikistan’s Mine Action Centre. Dr. Muminova used her practical experience and research to outline the psychological and socio-economic impact of a landmine explosion on an individual and the subsequent risk of post-traumatic stress disorder. Her presentation concluded with recommendations on appropriate measures and supports to promote the psychological recovery of victims.

Mr. Firoz Ali-Alizada focused on the elements of a successful socio-economic reintegration programme, the core principles to be followed in implementing programmes, including the promotion of self-reliance and self-esteem, and the sustainability of services based on the experiences of the Handicap International-supported Community Centre for the Disabled (CCD) in Kabul. As a mine survivor, Firoz has extensive experience advocating for the rights of persons with disabilities and in implementing programmes, including through CCD.

Ms. Pia Korpinen, from the Skills and Employability Department of the International Labour Organization (ILO) in Geneva provided information on the ILO’s disability programme which is based on the principles of equal opportunity, equal treatment, mainstreaming, and community involvement. She described three projects which have developed tools and good practices for the economic empowerment of people with disabilities, and some of the lessons learnt: Training for Economic Empowerment (TREE); Alleviating Poverty Through Peer Support (APPT), and Developing Entrepreneurship among Women with Disabilities (DEWD).

Dr. Veri Dogjani, the Victim Assistance Officer at the Albanian Mine Action Executive (AMAE), and a physician and health educator from the mine-affected region of Albania, focused on AMAE’s experiences in supporting the implementation of small projects to promote the economic reintegration of mine survivors in the impoverished north eastern region of Albania, including the challenges faced and lessons learnt.

The discussion which followed made it clear that psychological support and social and economic reintegration are areas that warrant further attention at future meetings, particularly on issues such as establishing programmes to provide psychological support and the sharing of experiences on the issue of micro-finance schemes to promote economic reintegration.

Session III : Resource mobilization

The *Nairobi Action Plan* commits States Parties that have reported significant numbers of landmine survivors to do their utmost to establish and enhance: national data collection capacities for information related to mine victims and victim assistance; services for the emergency and continuing medical care of mine victims; increased physical rehabilitation capacities; increased psychological support and social reintegration services; support for economic reintegration; and development and

implementation of national legal and policy frameworks to effectively address the needs and rights of mine victims and other persons with disabilities. It also calls upon other States Parties “to promptly assist those States Parties with clearly demonstrated needs for external support....ensuring continuity and sustainability of resource commitments.”

This session which focused on resource mobilization for victim assistance activities brought together representatives of five donors, the victim assistance experts, NGOs, and survivors. The frank and open discussions provided an opportunity for all parties to raise awareness of some of the challenges faced in both implementing programmes and in allocating resources to particular programmes.

Session IV : Legislation and Policy

In 2006, the Convention on the Rights of Persons with Disabilities (CRPD) was adopted. The CRPD opened for signature on 30 March 2007, thus strengthening the normative framework that protects and ensures respect for the rights of persons with disabilities including landmine survivors. The CRPD has the potential to promote a more systematic and sustainable approach to victim assistance in the context of the AP Mine Ban Convention by bringing “victim assistance” into the broader context of policy and planning for persons with disabilities more generally.

Of the 89 State signatories to the CRPD, 77 are States Parties to the AP Mine Ban Convention, including 13 of the 24 States Parties reporting responsibility for significant numbers of landmine survivors.²

How can the CRPD provide guidance to States in meeting their responsibilities to landmine survivors? What are the linkages between the six components of victim assistance adopted by the States Parties to the AP Mine Ban Convention and the new CRPD? What 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?

These questions were addressed in presentations by Mr. Simon Walker, Advisor for Human Rights and Disability at the Office of the United Nations High Commissioner for Human Rights in Geneva, and Dr. Kirsten Young, Director of Advocacy and Rights at Landmine Survivors Network. Both presenters were actively engaged in negotiations for the CRPD.

In the discussion that followed several participants outlined the situation in their respective countries and some of the challenges in adopting and/or implementing legislation, and some of the positive outcomes of actions. Common themes included the problem of centralisation of services and lack of information about existing services, and the importance of civil society participation.

Session V : Data collection and developing a comprehensive plan of action

States Parties have come to recognize the value and necessity of accurate and up-to-date data on the number of new landmine casualties, the total number of survivors and their specific needs, and the extent or lack of and quality of services that exist to address their needs in order to use limited resources most effectively. This matter was acted upon by the World Health Assembly even before the Convention entered into force when in 1998 it requested the Director-General of the WHO “to strengthen the capacity of affected States for the planning and execution of programmes for (inter alia) better assessment of the effects of antipersonnel mine injuries on health through the establishment or reinforcement of surveillance systems.”³ In response, in 2000 the WHO published *Guidance for surveillance of injuries due to landmines and unexploded ordnance* as a standardized tool for information gathering on mine / unexploded ordnance victims as well as guidance on how to use this tool. This tool subsequently served as the model for the design of elements of the Information Management System for Mine Action (IMSMA) related to data on victims. It is acknowledged that

² As of 27 April 2007.

³ Fifty-First World Health Assembly, *Concerted public health action on anti-personnel mines*, (16 May 1998, A51/VR/10).

reliable data is a important prerequisite to developing a comprehensive plan of action to address the rights and needs of mine survivors and other persons with disabilities.

Despite advances made in data collection tools and methodology, and in information systems, many mine-affected States Parties still know little about the prevalence of new victims, the numbers of survivors or their specific needs.

The challenge for many States Parties is to enhance their mine victim data collection capacities, integrating such systems into existing health information systems and ensuring full access to information in order to support the needs of programme planners and resource mobilization.

Dr. David Meddings from the WHO's Department of Injuries and Violence Prevention, introduced a definition of injury surveillance, the key attributes of a surveillance system, and detailed the 12 steps required to build an injury surveillance system.

Several issues were raised during the discussion that followed. In several countries, data from surveys already exists on persons with disabilities and this should be taken into account. In some cases, concerns were raised that sometimes the right questions are not asked so an expensive survey may not produce the needed information or information may be disregarded as it does not support pre-existing expectations of the extent of the problem. In some countries, the health system is overloaded and there is no capacity to collect comprehensive data.

In relation to the collection of data to better understand the extent of the challenges faced the question of "expectations" was raised. In efforts to obtain more and more data on casualties and through needs assessments it is important to be conscious of the effect asking questions may have on the individual. Each time questions are asked of survivors on their needs, expectations are raised that someone will actually do something to meet those needs.

Before proceeding to the discussion on developing a comprehensive plan of action, Ms. Sheree Bailey, Victim Assistance Specialist within AP Mine Ban Convention Implementation Unit (ISU), explained that the primary focus of the victim assistance-related work within the ISU is to assist as many of the 24 relevant States Parties as possible in the process of developing a plan of action to meet the aims of the *Nairobi Action Plan*. In some countries strategies already exist for the health care or disability sector or for poverty reduction more generally. When plans exist the ISU works to ensure that mine survivors have access to the services and benefits enshrined within those plans and that the relevant ministries are aware of their States' obligations under the Anti-Personnel Mine Ban Convention. In other countries, particularly those emerging from conflict, there is a need to engage all relevant ministries in the process of developing a comprehensive plan to address the rights and needs of mine survivors and other persons with disabilities. Meeting the rights and needs of persons with disabilities requires a holistic approach that can only be achieved through collaboration and coordination between all relevant ministries and actors in the disabilities, and persons with disabilities themselves.

The situation for every country represented in the session was different. However, in order to stimulate discussion on this important issue, Ms. Susan Helseth, Senior Technical Advisor on Victim Assistance at the UN Mine Action Centre for Afghanistan, and Ms. Jane Brouillette, UNDP Technical Advisor on Victim Assistance in Uganda, shared their knowledge and experiences in Afghanistan and Uganda in the process of inter-ministerial coordination and cooperation in efforts to address the rights and needs of persons with disabilities, including mine survivors. Both presentations outlined the key steps, lessons learnt, and challenges in developing a comprehensive and sustainable plan of action.

Dr. Suzanne Fiederlein, Victim Assistance Team Leader of the Mine Action Information Centre at James Madison University, also shared some of the results of her research in the area of landmine casualty data.

During the discussions, experiences at the national level in the development of plans of action for the disability sector were shared. Common themes that have the potential to produce positive outcomes include: the importance of awareness raising among all actors in the sector; building on what already

exists; government ownership of outcomes; collaboration between government and civil society; importance of political empowerment; inclusion of persons with disabilities in process; standardisation of terminology so all understanding common language; and devolution of some responsibility to local authorities. Concerns that limit potential for progress include: lack of capacity within government and non government sector on disability issues; high staff turnover limits capacity building; governments being ill-advised by technical advisors; and no history of disability programming.

Session VI : Feedback on the week's programme and ideas for future work

The feedback received from participants on the parallel programme was generally very positive with most stating that they had learnt a lot over the few days and looked forward to future opportunities for sharing information and experiences. Many felt that it was useful to have the small group discussions but it was also suggested that bilateral discussions with other experts or small groups made up of experts from a particular field focusing on a specific theme would also be beneficial. Several other suggestions were made for future activities. These included: increased geographic representation of presenters; stronger government representation in all sessions; further work on the economics of victim assistance including budget needs for the long-term sustainability of P&O services; the prioritization of victim assistance objectives to take into account budget constraints; more input from survivors; more discussion on issues of microfinance to promote economic reintegration; the creation of a network to facilitate communication among victim assistance experts, including regional networks; the establishment of a victim assistance resource centre within the AP Mine Ban Convention Documentation Centre; a checklist for establishing national plans of action; a practical session on developing a “model” plan of action; and inviting key people involved in the establishment of the disability movement to be key note speakers.

To summarize, the discussions on the various thematic issues over the two days reaffirmed the importance of:

- National ownership;
- Building local capacities;
- Sustainability of services;
- A holistic approach to assisting mine survivors and other persons with disabilities;
- Collaboration and cooperation between government ministries and other actors;
- Inclusion of persons with disabilities in decision making processes; and,
- Taking into account available resources – not being too ambitious about what can be achieved in a limited timeframe.

The discussions also reaffirmed some of the key challenges in meeting the needs of mine survivors and other persons with disabilities, including:

- Services not meeting the needs in terms of both quantity and quality;
- Lack of accessibility to or awareness of services;
- Disability often not seen as a priority by policy makers;
- Lack of political will to affect change;
- Lack of capacity to address disability issues at all levels including within the governmental and non governmental sectors;
- Poverty and lack of development in affected communities hindering the economic reintegration of survivors;
- Lack of donor support;
- Lack of inclusion of persons with disabilities in decision making processes;
- Victim assistance not given the same priority as other pillars of mine action; and,
- Disability still seen as a charity issue not a human rights issue.

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