Meeting of the States Parties to the Convention
on the Prohibition of the Use, Stockpiling,
Production and Transfer of Anti-Personnel
Mines and on Their Destruction

Seventeenth Meeting
Geneva, 26–30 November 2018
Item 9 (a) of the provisional agenda
Consideration of the general status and operation of the Convention
Assisting the victims: Conclusions and recommendations related to the mandate
of the Committee on Victim Assistance

Conclusions and recommendations of the
Committee on Victim Assistance

Submitted by the Committee on Victim Assistance
(Belgium, Croatia, Ecuador, Mozambique)

Addendum

Contents

<table>
<thead>
<tr>
<th>Country</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>2</td>
</tr>
<tr>
<td>Albania</td>
<td>5</td>
</tr>
<tr>
<td>Angola</td>
<td>7</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>9</td>
</tr>
<tr>
<td>Cambodia</td>
<td>11</td>
</tr>
<tr>
<td>Croatia</td>
<td>15</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>16</td>
</tr>
<tr>
<td>Serbia</td>
<td>18</td>
</tr>
<tr>
<td>Thailand</td>
<td>20</td>
</tr>
<tr>
<td>Uganda</td>
<td>23</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>25</td>
</tr>
</tbody>
</table>
Afghanistan

1. The Committee welcomes the submission by Afghanistan of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities and additional information submitted in response to the Committee’s preliminary observations. Based on the information provided, the Committee presents the following conclusions.

Mine casualties

2. Afghanistan reported 2,288 mine casualties in 2017 including 159 women, 866 men, 1,263 children with 793 killed and the rest injured. The report indicated that between 2001 and 2013 the number of casualties fell significantly from a monthly average of 175 to 76. However, since 2013, the number of casualties has risen to a monthly average of 126 during 2017, with an average of 23 more casualties per month than in 2016, with 48 per cent of casualties caused by improvised anti-personnel mines (Pressure Plate IED) incidents, it is about 13 per cent less than in 2016, the increased use of anti-personnel mines remains a major cause of casualties in Afghanistan.

Assessment of needs, the availability and gaps in services (Action #12)

3. The Committee concluded that Afghanistan has initiated steps towards the implementation of Actions 12 and 13 by reporting that preparations have begun for a nationwide Victim Assistance/Disability survey, including the establishment of a technical committee to work on the survey, but due to lack of funding the survey has been postponed. The Directorate of Mine Action Coordination (DMAC) has been working to mobilise funds (USD$4,000,000) for the survey, the reported indicated.

4. Afghanistan reported on efforts made by the Ministry of Labour Social Affairs, Martyrs and Disabled (MoLSAMD) to create a database on victim assistance and disabilities to facilitate submission of reports by disability and victim assistance holders to MoLSAMD. The database has been developed by DMAC as a support to the MoLSAMD, and it will be managed directly by the MoLSAMD, the report stated.

5. Afghanistan reported installation of a biometric system for registration of families of martyred and persons with disabilities to facilitate payments of their pensions and provide other assistance, with financial support by the World Bank. With the support of DMAC, the MoLSAMD will install the system in all 34 provinces of the country, the report indicated.

6. The Committee concluded that it would welcome information on the results of these efforts.

Time-bound and measurable objectives (Action #13)

7. Afghanistan reported that the MoLSAMD is working together with DMAC and other disability and victim assistance actors on the development of the Afghanistan National Disability Strategy, a final draft will be prepared at the end of quarter three of 2018 that will be followed by an official launch, after it has been approved by the government of Afghanistan. The Committee concluded that it would welcome an electronic copy of the Strategy and welcomes additional information on the time-bound and measurable objectives within the strategy.
 Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

8. Afghanistan reported that the Ministry of Public Health (MoPH) has made efforts in developing or updating relevant policies related to physical rehabilitation, including the 2017-2020 National Strategic Plan for Disability Prevention and Physical Rehabilitation, to advance the integration of assistance into broader health services delivered by the Ministry. MoPH has also integrated victim assistance into its Basic Package of Health Services (BPHS) and Essential Package of Health Services (EPHS), the report stated.

9. Afghanistan reported that it has drafted a “technical note for psychosocial counselling/peer support” and it has been under review by the quality management department of DMAC. Afghanistan also reported on efforts to integrate victim assistance into relevant ministries work plans for the coming five years, through the disability inter-ministerial board’s plan of action.

Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)

10. The Committee concluded that Afghanistan continues to act upon its commitment under Action 15 by reporting on the provisions of physical and economic inclusion services through broader frameworks, as follows:

(a) In 2017 the disability and physical rehabilitation strategy 2016-2020 was revised and continuously updated by the Disability and Community-Based Rehabilitation Task Force at the MoPH. The plan was approved and printed in 2017;

(b) In 2017 the MoPH has coordinated Community Based Rehabilitation (CBR) with the MoLSAMD through a well-established strategy for inclusion, provision of equal opportunities and empowerment of persons with disabilities with programmes in 20 out of 34 provinces;

(c) In 2017 a physical rehabilitation project was designed and funded to provide rehabilitation services to 11,585 persons with disabilities through three Physical Rehabilitation Centres in Khost, Farah and Kunar and one “Mobile and 2 Fixed” reaching persons with disabilities in nine provinces;

(d) Through the Afghan Civilian Assistance Program (ACAP III) a donor-funded programme a “total of 6,799 people received physical rehabilitation and disability awareness services” including 2,575 women and girls and 4,224 men and boys, and;

(e) Through ACAP III, rehabilitation services were provided to 2,774 beneficiaries (1,977 males, 797 females) through direct purchasing of high technology devices and referral to physical rehabilitation centres; immediate assistance packages were (food and non-food items) delivered to 45,598 beneficiaries (22,962 males, 22,636 females); and Income Generation packages were (such as cows, motorbike-carts…etc.) delivered to 621 families (2,077 males, 2,662 females); and psychosocial counselling sessions conducted with 7,740 beneficiaries (4,369 males, 3,371 females).

11. The Committee acknowledges Afghanistan’s efforts to provide the information disaggregated by sex and age.
Strengthen local capacities and enhance coordination (Action #15)

12. Afghanistan reported on its continued efforts to coordinate the victim assistance programme and that it held six coordination meetings in 2017 with the participation of all key victim assistance and disability organizations and line ministries representatives.

Inclusion and participation of mine victims (Actions #16)

13. Afghanistan has reported that due to lack of a central database, there is no information available in this regard. The committee concluded that it would encourage the government of Afghanistan to ensure inclusion and participation of mine victims in all relevant programmes and policies.

Removing barriers and raising awareness (Actions #15 and #17)

14. The Committee concluded that Afghanistan is acting upon its commitments under Actions 15 and 17 by reporting on awareness raising among school teachers as well as removing physical barriers at schools in 2017 to facilitate social inclusions, as follows:

   (a) 1,160 teachers were trained in inclusive education in 20 provinces as an effort to facilitate the participation of persons with disabilities in schools;

   (b) 50 schools were made physically accessible through the construction of ramps for wheelchair users;

   (c) Agreements have been made with Ministry of Education (MoE) on the integration of inclusive education and messages on victim assistance and disabilities in the new national curriculum of school textbooks (grades 1-6), building on the success of similar efforts for grades 7-12 a few years ago;

   (d) 500 children with disabilities and their parents were provided training with inclusive education and on the enrolment of 539 children with mental disability and visual and hearing impairment to schools in Kabul;

   (e) 3,808 children with disabilities have been integrated into general schools in 17 provinces with technical and financial support from national and international organizations;

   (f) Also, Afghanistan reported on undertaking a number of efforts in coordination with civil society, to raise awareness through public events and media work to promote victim assistance.

Measurable improvements, challenges and priorities for assistance in advance of the next Review Conference (Action #18)

15. The Committee concluded that Afghanistan is acting upon its commitments under Action 18 by providing a detailed analysis of the challenges its victim assistance programmes face and a general list of needs and activities based upon the identified challenges, as follows:

   (a) Improve access to pre-hospital care by training of 3,200 first responders at 1,600 impacted communities;

   (b) Establish 20 mobile and orthopaedic workshops in 20 provinces; mobilize sustainable funds for the existing nine centres and mobile workshops, and train female technicians and physiotherapists in all provinces;
(c) Provide direct support to children with disabilities to enable their access to schools, including through identification of children with disabilities, the creation of referral mechanisms, facilitation of their access to health, rehabilitation and social services;

(d) Raise awareness among community members and teachers on disability issues and rights in order to reduce discriminatory attitudes and practices;

(e) Support mine/ERW (Explosive Remnants of War) victims/persons with disabilities to start income generating activities, entrepreneurship and job creation and employ persons with disabilities in government and NGOs;

(f) Make existing public buildings physically accessible and advocate for amendment in construction legislation to ensure all buildings will be accessible. And raise awareness activities on accessibility;

(g) Provide individual psychotherapy sessions, set up mobile multi-disciplinary teams, therapeutic discussion groups, peer to peer support and therapeutic cultural, sports & leisure activities in affected communities that positively impact victims’ mental health;

(h) Train, support and supervise community and social workers, psycho-social counsellors, and other persons that provide mental health services;

(i) Raise awareness on the victim assistance and the rights and needs of victims & persons with disabilities among key ministries and stakeholders;

(j) Involve victims themselves as partners in awareness-raising activities and in the development of the National Action Plan from the beginning of the process, and;

(k) Identify community workers or community health workers that can be trained to provide personalized social support at the local level.

16. The Committee concluded that it would welcome information on next steps, including plans for the development of time-bound and measurable objectives, as per Action 13, for the implementation of these activities in advance of the upcoming Review Conference.

Albania

17. The Committee welcomes the submission by Albania of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities and the submission of additional information in response to Committee’s preliminary observations on 6 June and 20 July 2018. Based on the information provided, the Committee presents the following conclusions.

Mine casualties

18. Albania provided an update on the number of mine victims indicating a total of at least 1,002 of which 151 were killed including 144 boys, 41 girls, 578 men, 88 women and 851 were injured including 31 boys, 15 girls, 87 men and 18 women, an increase of four more persons injured from Albania’s previous report.

Assessment of needs, the availability and gaps in services (Action #12)

19. Albania is acting upon its commitments under Action 12 by reporting on the completion of a “Needs Assessment of Social-Economic and Medical needs of marginalized Explosive Remnants of War (ERW) victims in Albania” in 2016 resulting in the identification of the needs of mine survivors and family members of victims in areas of medical and rehabilitation assistance, economic inclusion, psychosocial and peer support. Albania
reported that it gives equal opportunity to women and men and priority is given to women vocational training courses on the basis of “point based system”.

**Time-bound and measurable objectives (Action #13)**

20. Albania reported having a Victim Assistance Plan aiming to “support the mine and Unexploded Ordnance (UXO) victims throughout Albania” covering all pillars of victim assistance and it is currently being reviewed. The Committee concluded that it would welcome a copy of the Victim Assistance Plan.

**Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)**

21. Albania is implementing Action 14 by reporting as follows:

   (a) Enhancements made in the health sector, particularly in Kukës Regional Hospital to provide medical and rehabilitation assistance to mine victims;

   (b) Prosthetics Workshop is fully integrated within the structures of the government hospital in Kukës and more staff members have been recruited by the physiotherapy unit in order to meet the needs of survivors and other persons with disabilities;

   (c) Physiotherapy and rehabilitation is integrated into State Faculty, every year, around 30 students trained in physiotherapy with support of Handicap International, and;

   (d) Vocational training schools, opened recently all over the country, are accessible to persons with disabilities and survivors.

**Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)**

22. The Albania is implementing aspects of Action 15 by reporting as follows:

   (a) Vocational training provided to 25 survivors or family members, including 6 females and 19 males;

   (b) At least 31 new prostheses provided to users and 41 were repaired and 1,481 physiotherapy sessions provided to 135 patients in Kukës;

   (c) 95 mine/UXO survivors and their family members in Kukës, Has and Tropoja have completed vocational training courses;

   (d) Local capacities and financial resources have increased in recent years to respond to the needs of survivors and other persons with disabilities;

   (e) 25 survivors were trained in different professions in 2017;

   (f) A Community Based Network (CBR) network has been established in northeast of Albania with membership of 30 nurses and two medical specialists to increase support to those in need of assistance in mine affected villages, and;

   (g) 84 mine victims and their families have been assisted in establishing home based income-generating projects, such as animal husbandry through revolving loans and technical assistance.
Strengthen local capacities and enhance coordination (Action #15)

23. Albania continues to coordinate its victim assistance programmes with stakeholders, by reporting that “all activities were monitored and coordinated by Albanian Mine and Munitions Coordination Office (AMMCO) and carried out in cooperation with various implementing partners including the Ministry of Health and Social Protection, Kukës Regional Hospital, and Directorates of Public Health, UNDP Albania, International Trust Fund Enhancing Human Security (ITF), University Rehabilitation Institute Republic of Slovenia and the NGO “Albanian Association for Assistance Integration and Development” (ALB-AID).” The Committee concluded that it would welcome information on efforts in strengthening local capacities related to victim assistance programmes and policies.

Inclusion and participation of mine victims (Actions #16)

24. Albania reported that mine survivors and other persons with disabilities widely participate in meetings, round tables, seminars, other public events, etc.

Removing barriers and raising awareness (Actions #15 and #17)

25. Albania reported that survivors and other persons with disabilities and the local NGOs involved in field of disabilities conduct awareness raising activities on the rights of the persons with disabilities. Albania also reported that since 2007 by law new buildings, roads, sidewalks must be built or adapted according to accessibility standards for persons with disabilities and old building, sidewalks etc. are continuously being made accessible for persons with disabilities.

Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)

26. Albania has identified challenges in areas of rehabilitation, health, availability of services in remote areas and income generation support, that would need to be addressed and intends to increase assistance in order to fulfil its obligations under the Convention.

Angola

27. The Committee welcomes the submission by Angola of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities. Based on the information provided, the Committee presents the following conclusions

Mine casualties

28. Angola did not report mine casualties in 2017 and welcomes information in this regard and the total number of mine victims registered, disaggregated by sex- and age.

Assessment of needs, the availability and gaps in services (Action #12)

29. Angola is acting upon aspects of its commitments under Action 12, by reporting as follows:
A project was developed with its core activity to register and update data on mine victims and reached 50% of the targets in Namibe province before it was halted in 2014 due to lack of funding. Angola plans to resume this project.

30. The Committee concluded that it would welcome additional information on data compiled in Namibe province, and plans for further assessment of needs and the availability and gaps in services in other mine-affected locations.

**Time-bound and measurable objectives (Action #13)**

31. Angola reported on the existence of an action plan on victim assistance. The Committee concluded that it would welcome information on the overall status of the plan as well as an electronic copy of the action plan.

**Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)**

32. Angola reported activities that aimed to enhance the integration of victim assistance into broader frameworks, as follows:

   Strengthening coordination in the field of victim assistance, meetings, information gathering activities, training of partners, fundraising and visits to projects implemented by partners were undertaken.

33. The Committee concluded that it would welcome additional information including on the allocated budget for the integration of victim assistance into broader national frameworks.

**Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)**

34. Angola is acting upon aspects of its commitments contained under Action 15, by reporting as follows:

   (a) 627 mine survivors and persons with disabilities have received physiotherapy through individual or group sessions, including 189 men, 324 women, 69 boys and 45 girls. The data presented, however, only show results produced by the Neves Bendinha Orthopaedic Centre based in Luanda Province;

   (b) Gaining a better understanding of the situation through data collection and strengthening coordination among stakeholder;

   (c) 48 persons benefited from awareness raising activities including 4 militaries and 44 civilians including 12 men, 26 women, 2 boys and 2 girls;

   (d) National Intersectorial Commission for Humanitarian Demining and Assistance (CNIDAH), Ministry of Assistance and Social Reintegration (MINARS), Lwini Foundation and Neves Bendinhas Orthopaedic Centre assisted their partners and beneficiaries to access rehabilitation aid.

35. The Committee concluded that it would welcome information on efforts in making services such as economic inclusion opportunities available and accessible for mine victims.
Strengthen local capacities and enhance coordination (Action #15)

36. Angola reported on efforts to increase coordination among national stakeholders and efforts to increase local capacities, including by supporting nine women victims in establishing an association for women landmine survivors or women with disabilities with the aim of facilitating access to services and the implementation of different actions in support of mine victims.

Inclusion and participation of mine victims (Actions #16)

37. Angola did not report on efforts concerning the inclusion and active participation of mine victims and their representative organisations. The Committee concluded that it welcome information on this matter.

Removing barriers and raising awareness (Actions #15 and #17)

38. Angola did not report on specific efforts to remove physical, behavioural or other types of barriers, efforts to expand quality services in rural and remote areas. The Committee concluded that it welcome information on this matter.

Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)

39. Angola plans to take action to improve the implementation of victim assistance, including through the following recommendations contained in its report:

   (a) Victim Assistance staff participate in seminars and training in countries with greater experience in victim assistance;

   (b) The implementation of the registration project is to be resumed, as it is an important element of victim assistance for the country.

   (c) There is financial availability for the accomplishment of specific tasks;

   (d) The Rapid Response Fund be reactivated and made available.

40. The Committee encourages Angola to increase efforts to achieve Actions 12 to 18 of the Maputo Action Plan in lead up to the upcoming Review Conference of the Convention.

Bosnia and Herzegovina

41. The Committee welcomes the submission by Bosnia and Herzegovina of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities and additional information in response to preliminary observations of the Committee. Based on the information provided, the Committee presents the following conclusions.

Mine Casualties

42. Bosnia and Herzegovina reported that the Bosnia and Herzegovina Mine action Information System (BHMAIS) database was continuously updated and the information was available for use by stakeholders in accordance with Bosnia and Herzegovina’s Law on the Protection of Personal Data. The report stated that since 2005 until August 2018, 1,154 mine victims, of which new victims were 181 injured, 162 deaths and 4 unknowns. The Committee
concluded that it welcomes additional information, disaggregated by sex and age, about the registered victims.

Assessment of needs, the availability and gaps in services (Action #12)

43. Bosnia and Herzegovina reported that mine victims were not identified as a particular vulnerable group, therefore, there is no information on efforts that have been made to assess their needs. The rights of mine victims are generally defined by laws for persons with disabilities and they are treated through social and health services and victims’ families are observed through the activities of social institutions or NGOs, sporadically, without a general strategy on this issue. The Committee conclude that Bosnia and Herzegovina should enhance efforts to achieve the objectives of the Action 12.

Time-bound and measurable objectives (Action #13)

44. Bosnia and Herzegovina reported not having the capacity in place to implement Action 13 and that the sub-strategy for mine victim assistance 2019-2025 partially defines victim assistance but it has not been implemented. Bosnia and Herzegovina is currently making efforts to formalize the sub-strategy on victim assistance by state institutions. The Committee concluded that Bosnia and Herzegovina should develop and implement time-bound and measurable objectives on victim assistance.

Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementation (Actions #14)

45. Bosnia and Herzegovina reported having continuously invested efforts to improve the situation and with increased financial resources the challenges faced in the integration of victim assistance into broader frameworks will be reduced.

46. Bosnia and Herzegovina reported on a 700,000 euro project that was financed by the Delegation of the European Union to be implemented in 2018 by Arbeiter Samariter-Bund (ASB).

47. The Committee concluded that it would welcome additional information on efforts to integrate victim assistance into broader frameworks and on the project being supported by the European Union.

Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)

48. The Committee concluded that Bosnia and Herzegovina was implementing aspects of the Action 15 to increase the availability of and accessibility to rehabilitation services and economic opportunities, as follows:

(a) Four projects for mine/cluster munition/ERW victims are being implemented, 90 persons directly benefited from assistance. In addition, the Association of Amputees of Republic of Srpska “UDAS” implemented a project for assistance in the field of physical therapy, which benefited nine persons;

(b) A social inclusion training program was conducted according to the Convention on the Rights of Persons with Disabilities and 75 home visits were made to the victims of mine/cluster munition/ERW, and;
(c) In 2017 the Delegation of the European Union to Bosnia and Herzegovina financed a project in support of social and economic empowerment of 50 mine/cluster munitions/ERW victims and their family members.

49. Bosnia and Herzegovina reported lack of disaggregated data on services provided to persons with disabilities hence it is unknown how much of the assistance provided through disability organisations and institutions have benefited mine victims.

**Strengthen local capacities and enhance coordination (Action #15)**

50. Bosnia and Herzegovina reported on the creation of a Coordination Body for Mine, Cluster Munitions, and ERW Victim Assistance in 2017. However, Bosnia and Herzegovina reported that no budget was allocated for activities to be carried by the Coordination Body in 2018. The report indicated that local communities have invested efforts to strengthen the capacities of mine victims but the government has no unified standards in this regard.

51. The Committee welcomes the creation of the Coordination Body for victim assistance implementation and concluded that it would welcome additional information on the enhancement of local capacities related to victim assistance programmes and policies in accordance with Action 15 of the Maputo Action Plan.

**Removing barriers and raising awareness (Actions #15 and #17)**

52. Bosnia and Herzegovina reported that national and international NGOs continuously raise awareness and victims are well informed about their rights, but challenges remain in realising those rights. The Committee concluded that it would welcome information on efforts that helped to remove barriers, including physical barriers.

**Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)**

53. Bosnia and Herzegovina did not report on efforts to implement Action 16 of the Maputo Action Plan. The Committee concluded that it welcomes information in this regard.

54. Bosnia and Herzegovina had reported challenges in areas of availability of resources and shortages in capacity to implement victim assistance and the report stated that Bosnia and Herzegovina needs the active assistance of its international partners and the international community for the implementation of victim assistance. The report indicated that the Coordination Body and the Ministry of Civil Affairs will make efforts to review the status of victim assistance in the country. The Committee concluded that Bosnia and Herzegovina could increase efforts to achieve the objective of Actions 12 to 18 of the Maputo Action Plan in advance of the 2019 Review Conference.

**Cambodia**

55. The Committee welcomes the submission by Cambodia of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities and additional information provided in response to Committee’s preliminary observations. Based on the information provided, the Committee presents the following conclusions.
Mine casualties

56. Cambodia provided an update on the number of new mine victims with 58 victims registered in 2017, including 5 women, 35 men, 4 girls and 14 boys. Of this total, 10 persons were killed and 48 persons were injured, with 13 of the injured suffered amputations.

Assessment of needs, the availability and gaps in services (Action #12)

57. Cambodia reported on a primary data collection or Quality of Life Survey (QLS) of mine survivors and other persons with disabilities, covering 652 villages, 124 communes, 50 districts in 25 provinces, with direct interview conducted with 4,862 persons with disabilities (1,635 women) including 1,066 mine/ERW survivors (88 women). The report indicated that the survey found that most of the survivors met, had received assistance. The report also stated that the QLS showed that 730 persons with disabilities (15 per cent) of the 4,862 persons lacked access to services and hadn’t received relevant information as they lived in areas difficult to reach.

Time-bound and measurable objectives (Action #13)

58. The Committee concluded that Cambodia is acting upon its commitments under Action 13, by reporting the followings:

   (a) A National Disability Strategy Plan for the period of 2018-2022 was developed and it will be adopted in 2018;

   (b) The 2009 Law on the protection and the promotion of the right of persons with disabilities guarantees the rights of all persons with disabilities in the country;

   (c) The National Mine Action Strategy 2018-2025 which was adopted in 2017 contains objectives in relation to survivors of mines and explosive remnants of war as well as indirect victims, ensuring adequate and gender-sensitive medical and psychological care and physical rehabilitation;

   (d) The National Strategic Development Plan 2014-2018 emphasizes institutional capacity development, knowledge, professional skills, job creation, and a gradual move towards elimination of all forms of discrimination and abuse against persons with disabilities, and responsibility of institutions in charge of implementation at both national and sub-national levels.

59. The Committee concluded that it would welcome copies of the action plans and the law in electronic format.

Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

60. The Committee concluded that Cambodia is implementing aspects of Action 14, including by embedding victim assistance into disability and development laws and plans, and by highlighting victim assistance in the National Mine Action Strategy 2018-2025. The reported indicated that the Government of Cambodia has allocated an annual budget of US$250,000 to support the implementation of the victim assistance components of the Strategy. Cambodia reported that as the country is shifting from low to a middle-income country the level of available donor funding has changed and that the government of Cambodia has been integrating victim assistance into the Persons with Disabilities Fund managed by Ministry of Social Affairs, Veterans and Youth Rehabilitation.
Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)

61. The Committee concluded that Cambodia is acting upon commitments under Action 15 by reporting on assistance provided to survivors and persons with disabilities in areas of health, rehabilitation, psychological recovery, social and economic inclusion, as follows:

   (a) Medical care and rehabilitation support provided to survivors of mines and explosive remnants of war and persons with disabilities, including physiotherapy and surgery, provided to 10,488 persons; delivery of physical rehabilitation assistance such as prosthetics, orthotics, wheelchairs, tricycles and walking aids including crutches cans and walking frames provided to 27,111 persons,

   (b) Physical Rehabilitation Centres produced and repaired 26,185 assistive products;

   (c) Community-based psychological rehabilitation provided to 14,524 persons, those in need were referred to services such as education, healthcare, disability empowerment, prostheses, orthotics, and wheelchairs/tricycles distributed and repaired, gender training, job placement, small business management, formation of self-help groups and provided with small grants;

   (d) Community based rehabilitation provides small grants to persons with disabilities to establish income-generating businesses;

   (e) Training and access to education for 232 children with disabilities, including mine/ERW survivors, enrolled to primary schools; 71 persons provided with vocational training; 17 persons trained on management of small business; 35 survivors were selected for vocational training coordinated by the Cambodian Mine Action and Victim Assistance Authority (CMAA), and;

   (f) Social and economic support for persons with disabilities and survivors resulted in 45 persons receiving support in participating in sports and other community activities, 20 persons receiving grants to create their small business.

Strengthen local capacities and enhance coordination (Action #15)

62. The Committee concluded that Cambodia has undertaken activities to improve national capacities and coordination in relation to assistance to mine victims, by reporting the followings:

   (a) Training provided to 176 persons in Kep and Svay Rieng provinces to improve data collection when registering or surveying persons with disabilities;

   (b) Training provided to 48 survivor networks’ volunteers to support data collection, policy development and planning, coordination and peer support among volunteers with funding provided by Canada;

   (c) CMAA produced a peer counselling manual and trained members of the volunteer survivor networks in the first quarter of 2018;

   (d) Training provided to survivors to enhance job and work skills;

   (e) CMAA continued playing an important role to coordinate with relevant stakeholders any support provided to mine/ERW survivors;

   (f) Disability Action Council (DAC) and the Ministry of Social Affairs Veteran and Youth Rehabilitation continued being key to coordinate with persons with disabilities including mine/ERW survivors, and;
(g) CMAA helped in establishing a coordinating body at the sub-national level and creating working groups on disabilities at relevant ministries and institutions in order to promote the enforcement of regulatory framework relating to disabilities.

**Inclusion and participation of mine victims (Actions #16)**

63. The Committee concluded that Cambodia was acting upon its commitment under Action 16, by reporting that mine victims and representative organisations were consulted in the development of law on the promotion and the protection of the rights of persons with disabilities; national mine action strategy 2018-2025 and the sub-degree for supporting poor persons with disabilities in the communities. The report also indicated that mine victims and persons with disabilities have been given the opportunity to raise problems, challenges and needs for action by stakeholders, including government officials.

**Removing barriers and raising awareness (Actions #15 and #17)**

64. The Committee concluded that Cambodia was acting upon its commitment to raise awareness by reporting on the dissemination of information, raising awareness among 134 mine/ERW survivors and persons with disabilities and holding of 48 open day awareness raising events in 2017 that reached 474 persons with disabilities including mine victims by the 11 physical rehabilitation centres across the country.

65. The Committee concluded that it would welcome information on activities that help to remove barriers, including physical barriers.

**Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)**

66. The Committee concluded that Cambodia remains committed to providing financial support to CMAA, especially to the Victim Assistance Department with an amount approximately $250,000 each year for the implementation of the following activities:

   (a) Quality of Life Survey (QLS) through 48 volunteer survivor networks;

   (b) Public disability forum to promote the rights and address the needs of persons with disabilities include mine/ERW victims;

   (c) Disaggregated data on mine/ERW victims, including services received from physical rehabilitation centres to be recorded in the CMAA database;

   (d) Engagement with local authorities to promote disseminating the law on the protection and the promotion of the rights of persons with disabilities and other government policies supporting persons with disabilities;

   (e) Case study and assessment of the process and implementation of the self-help group which are persons with disabilities includes mine/ERW victims, and;

   (f) Emergency response to mine/ERW victims.

67. Cambodia reported measurable improvements in the delivery of assistance to survivors and persons with disabilities, and indicated the need for continuing financial support in order to assist persons with disabilities including mine victims in rural and remote areas.
Croatia

68. The Committee welcomes the submission by Croatia of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities. Based on the information provided, the Committee presents the following conclusions.

Mine casualties

69. Croatia did not report any mine accidents and/or related casualties in 2017.

Assessment of needs, the availability and gaps in services (Action #12)

70. The Committee concluded that Croatia was acting upon its commitments under Action 12 by reporting on the following aspects of its efforts to assess the needs of mine victims, and to strengthen mechanisms for providing increased assistance to mine victims:

   (a) Continued “advisory support to mine victims and their families” and data collection on mine victims and their needs during the process of the non-technical survey since 2014, in order to establish a “unique Mine Victim Database”, and;

   (b) Efforts to create a Mine Victim Database will be financed through the Swiss-Croatian Cooperation programme and it will be implemented by the "Demining and Socio-economic Integration" project with a goal of establishing functional mine victims’ database to serve as a basis for developing further and strengthening policy actions in support of mine victims.

71. The Committee commends Croatia for reporting on its strategic efforts to collect data on mine victims, and it observed that it would welcome additional information on the status and use of the Mine Victim Database as well as information on the results of data that have been collected concerning mine victims and their needs since 2014, disaggregated by sex and age.

72. The Committee concluded that it would encourage Croatia to report on efforts to assess the availability and gaps in services, on existence and functions of referral mechanisms which facilitate mine victims’ access to services, and would also welcome additional information regarding the advisory supports provided to mine victims and their families, disaggregated by sex- and age.

Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

73. The Committee concluded that Croatia is acting upon its commitment under Action 14 of the Maputo Action Plan by reporting on the provision of assistance to mine victims through broader health care services and institutions, as follows:

   (a) The country has developed public health care structure that includes clinics, clinical centres, specialized polyclinics, hospitals and rehabilitation centres, and that all victims are entitled to health protection and orthopaedic aids to the amount covered by the Croatian Health Insurance Institute;

   (b) These rights, namely access to health care services, are regulated by a number of laws, rules and regulations, and;

   (c) In accordance with the Law on Mine Action, mine victim’s assistance was conducted with the coordinating role of the Government Office for Mine Action and in co-
operation with Croatian Mine Action Centre (CROMAC), relevant ministries and NGOs. Other forms of aid were mainly implemented by non-governmental sector, and funding was secured through donations from international and domestic entities, the reported elaborated.

**Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)**

74. The Committee concluded that with the exception of efforts ensuring access to health care services by mine victims, Croatia did not report on specific efforts to increase availability of and accessibility to other appropriate comprehensive services such as economic inclusion opportunities and social protection measures, and would encourage Croatia to provide with information, disaggregated by sex- and age, concerning efforts to increase availability of and access to services.

**Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)**

75. The Committee concluded that Croatia had not reported on efforts to implement Action 13, Action 15, in particular on efforts to strengthen local capacities and to enhance coordination with subnational entities in order to improve and facilitate assistance to victims, Action 16 or Action 17 of the Maputo Action Plan and would welcome information on these matters.

76. The Committee observed that while Croatia reported on efforts, such as collection of data and plans to create a victims database, it had not reported on identified challenges that remain and priorities for assistance, in advance of the next Review Conference. The Committee observed that would encourage Croatia to report on its plans for identification of remaining challenges, priorities and plans in ahead of the upcoming Review Conference of the Convention.

**Ethiopia**

77. The Committee welcomes the submission by Ethiopia of information on its victim assistance activities for the period of 2016-2017. Based on the information provided, the Committee presents the following conclusions.

**Mine casualties**

78. Ethiopia did not report new casualties in 2017. The Committee concluded that it welcomes information on the total number of recorded mine casualties and mine victims, disaggregated by gender and age.

**Assessment of needs, the availability and gaps in services (Action #12)**

79. Ethiopia did not reported efforts to assess the needs of mine victims, but it has reported that it has incorporated the need to collect disaggregated data on mine victims in the forthcoming Ethiopian National Population and Housing census of 2018, to provide the necessary data for victim assistance intervention. The Committee concluded that it would welcome additional information on this effort.
Time-bound and measurable objectives (Action #13)

80. Ethiopia reported on the integration of victim assistance into broader disability frameworks in Ethiopia’s national plan of action on human rights with the Ministry of Labour and Social Affairs being a member of the steering committee that oversees the implementation of the plan. The Committee concluded that it would welcome an electronic copy of this plan.

Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

81. Ethiopia is acting upon its commitments under Action 14 by reporting efforts in enhancing a progressive integration of victim assistance in areas of health, education, employment, development and poverty reduction and promoting the inclusion and participation of mine victims. Ethiopia has reported that it has no specific national victim assistance programme as the needs of mine victims have been addressed through mechanisms in place for persons with disabilities.

Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)

82. Ethiopia is acting upon its commitments under Action 15 by including the needs of mine victims and other persons with disabilities in policies and programmes such as education, employment, health and broader development and poverty reduction, and would welcome gender and sex-disaggregated information on mine victims that have benefited from such policies and programmes.

Strengthen local capacities and enhance coordination (Action #15)

83. Ethiopia reported continued coordination under the lead of the Ministry of Labour and Social Affairs (MOLSA) and through an inter-ministerial and inter-sectorial coordinating mechanism with the participation of civil society organisations. Ethiopia did not report on efforts to improve local capacities. The Committee concluded that it would welcome information in this regard.

Inclusion and participation of mine victims (Actions #16)

84. Ethiopia is acting upon its commitments in facilitating inclusion and participation of mine victims as part of its broader work on disabilities as promoting inclusion is a key principle of proclamation 916/2016/17. In line with Article 33 of the Convention on the Rights of Persons with Disabilities (CRPD), each ministry is mandated by proclamation 916/2016 “to create within its powers, conditions whereby persons with disabilities benefit from equal opportunities and participation”.

Removing barriers and raising awareness (Actions #15 and #17)

85. Ethiopia had reported activities to raise awareness on the rights and needs of persons with disabilities and mine victims including for 500 persons in education and development
sectors, and using the Ethiopian Building Code to promote physical accessibility of public building with the support of the Ministry of Reconstruction and Urban Development.

**Measurable improvements, challenges and priorities for assistance in advance of the next Review Conference (Action #18)**

86. Ethiopia had reported measurable improvements and challenges concerning understanding the degree of employment among mine victims and persons with disabilities and unavailability of disaggregated data on mine victims. The Committee encourages Ethiopia to increase efforts to achieve the objectives of Actions 12 to 18 of the Maputo Action Plan by the upcoming Review Conference of the Convention in 2019.

**Serbia**

87. The Committee welcomes the submission by Serbia of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities. Based on the information provided, the Committee presents the following conclusions.

**Mine casualties**

88. The Committee observed that Serbia had not reported on the number of mine casualties on areas under its territory or control for the year 2017.

**Assessment of needs, the availability and gaps in services (Action #12)**

89. Serbia reported that a Working Group on Victims Assistance was in place with the necessary authorization and funding to undertake all necessary actions for the benefit of victims, including mapping of existing services. The Committee concluded that it would welcome additional information, disaggregated by sex and age, on efforts to assess the needs of mine victims.

**Time-bound and measurable objectives (Action #13)**

90. Serbia reported that the 2007-2015 strategy on disabilities was in force and that a new strategy was in the process of adoption. Serbia reported that the status and the rights of disabled veterans and civilian war victims will be equal to those of persons with disabilities in the new strategy. In addition, the report includes a set of activities pursued by the Working Group on Victim Assistance in promoting assistance to mine victims, as follows:

- Proposing measures to enhance the place of the victims of anti-personal mines;
- Proposing measures to enhance the legislative framework for the protection of the anti-personnel mine victims;
- Monitoring alignment with the applicable legislation regulating the protection of mines victims with international and national laws;
- Proposing special programmes and measures to empower mines victims;
- Cooperation with the associations of mine victims and civil society; organizations involved in enhancement of victim assistance;
• Cooperation with relevant institutions from abroad, international organizations and national working groups of the equivalent or similar profile with a view to exchanging experience and good practices;
• Monitoring progress regarding the provision of victim assistance within wider national plans and legal framework, and;
• Mapping all the existing services.

91. The Committee encourages Serbia to develop the above objectives into a time-bound and measurable plan of action on victim assistance.

Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

92. The Committee concluded that Serbia was acting upon its commitments to integrate victim assistance into broader frameworks, by reporting the followings:

(a) Development of an inclusive membership to the Working Group on Victim Assistance (WGVA), with representations from the Ministries of Labour, Employment and Social Policy, Foreign Affairs, Defence, Health, Education, Science and Technological Development and Mine Action Centre of Serbia. In addition to these entities, the WGVA includes representatives from employment, gender equality, disabilities, cooperation and inclusive education domains of member ministries in the Working Group. NGOs are also expected to participate in the activities of the Group;

(b) The Department for Antidiscrimination Policy and Promotion of Gender Equality was established within the Ministry of Labour, Employment, Veteran and Social Affairs in 2017, to monitor enforcement of the anti-discriminatory policy and advance gender equality in cooperation with civil society, and;

(c) The WGVA works with relevant ministries and institutions to promote victim assistance, including by monitoring progress in the implementation of victim assistance within wider national plans and legal framework.

Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)

93. The Committee concluded that Serbia is implementing aspects of Action 15, by reporting as follows:

(a) Efforts by the WGVA and the Antidiscrimination Department to increase availability and access to services, especially through coordination efforts and policy work, and;

(b) All municipalities in Serbia have services for the protection of veterans and the disabled that can be contacted by disabled civilian veterans for specific types of assistance.

94. The Committee concluded that it would welcome information on the results of those efforts among mine victims, and their access to services, regardless of their gender and age.

Strengthen local capacities and enhance coordination (Action #15)

95. The Committee concluded that Serbia was acting upon aspects of requirements under Action 15, by reporting on significant plans and activities of the Working Group on Victim
Assistance concerning coordination of policies and programmes on victim assistance, including agreeing on the need for stronger coordination between victims and government. The report also indicated that capacity building was one of the activities undertaken by NGOs with financial aids provided by the Serbian government.

**Inclusion and participation of mine victims (Actions #16)**

96. Serbia reported on the participation of NGOs in activities of the Working Group on Victim Assistance. The Committee concluded that it would welcome further information on the inclusion and the active participation of mine survivors.

**Removing barriers and raising awareness (Actions #15 and #17)**

97. Serbia reported on efforts to remove barriers, such as through enhanced measures for gender equality and anti-discrimination, social protection services in remote and rural areas to expand social welfare quality assistance. The Committee concluded that it would welcome additional information on targeted efforts to raise awareness on the rights and needs of mine victims.

**Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)**

98. Serbia reported on plans and objectives for an improved victim assistance programme. The Committee encourages Serbia to identify remaining challenges, priorities and increase efforts in order to achieve the objectives of the Actions 12 to 18 of the Maputo Action Plan, by the upcoming Review Conference.

**Thailand**

99. The Committee welcomes the submission by Thailand of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities. Based on the information provided, the Committee presents the following conclusions.

**Mine casualties**

100. Thailand provided an update on the number of new mine victims with five victims registered in 2017, all men that were injured, and that the decrease in casualties (versus 9 in 2016) is the result of Mine Risk Education programs in raising awareness of landmines and promoting behavioural change through public-information campaigns, education and training, and liaison with communities.

**Assessment of needs, the availability and gaps in services (Action #12)**

101. Thailand reported assessing needs of persons with disabilities including mine survivors in areas of medical care, social and economic inclusion, rehabilitation, psychological support, capacity building, awareness raising and laws and policies, and welcomes information on any assessments that were conducted in 2017 to identify gaps in mainstreaming and/or specialised services.
Time-bound and measurable objectives (Action #13)

102. The Committee concluded that Thailand is acting upon its commitments under Action 13, by outlining comprehensive objectives medical care, social and economic inclusion, rehabilitation, psychological support, capacity building, awareness raising and laws and policies and through developing or updating of the following plan of actions:

- National Plan on Empowerment of Persons with Disabilities (2017 – 2021);
- Strategic Plan on Empowerment of Women with Disabilities (2017 – 2021);
- Provincial Plan on Empowerment of Persons with Disabilities, and;
- Disaster Management Plan for Persons with Disabilities.

103. The Committee concluded that it would welcome additional information on timeframes of the reported objectives and plans along with electronic copies of the action plans.

Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

104. The Committee concluded that Thailand was acting upon aspects of its commitments under Action 14, in areas of social and economic inclusion by amending the Regulation on Revenue Codes, approval of persons with disabilities who are registered for disability identification cards, as being eligible to receive disability allowance upon request and aiming for an integrated technology to enhance the level of services to persons with disabilities.

Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)

105. The Committee concluded that Thailand was implementing commitments outlined under Action 15, by increasing or maintaining targeted resources, through the followings:

- Increasing monthly disability allowance from the rate of 14 USD to 27 USD;
- Allocating budgets for personal assistants (1.44 million USD since 2011 to present), for housing modification (3.89 million USD since 2011 to present), for sign language interpreters (approximately 128,800 USD per year), and for assistive devices, tri-cycle (approximately 364,000 USD per year);
- Putting measures in place to respond to emergency situation and casualties during mine clearance operations;
- Promoting Community Based Rehabilitation (CBR) services for all persons with disabilities, including in 15 hospitals and four regions of the country;
- Providing interest-free loans to individuals at an amount of up to 1,922 USD, and to groups at an amount of up to 3,840 USD for 5 years;
- Providing aid and rehabilitation allowances at an amount of up to 96 USD, three times on an annual basis;
- Providing psychological support to at least 500 persons with disabilities to increase their participation in community activities and also to change attitudes of people in the community, with 152 Community Learning Centres operating in 76 provinces of the country;
Advancing livelihoods of persons with disability through (1) vocational training program, welfare program, running disability services centres, having a comprehensive program on financial support in place to advance the Quality of Life of Persons with Disabilities, holding seminars and training on financial management and documentation; 

• Having 7,980 persons with disabilities employed in the government sector and 47,150 persons with disabilities employed in the private sector, and;

• Allocating approximately 159 million USD for loans for self-employment of persons with disabilities and their caregivers, of which approximately 6.2 million USD allocated for the year 2018.

106. The Committee concluded that it would welcome updated information on these efforts disaggregated by sex and age and preferably with an indication of the number of people who benefited in the reporting period.

Strengthen local capacities and enhance coordination (Action #15)

107. The Committee concluded that Thailand reported on its strong commitment towards enhancing capacities and ensuring inclusion and active participation of mine victims and their representative organizations, by reporting:

108. The creation of a capacity building centre for persons with disabilities and service providers, allocating financial support equals to 17,333,841 USD in support of the work of disability stakeholders and making efforts for evaluation and follow-up of programs to ensure the quality of services provided to the persons with disabilities, and;

109. The continued support provided by the general and provincial centres for persons with disabilities with the mandate to advance disability-related policies and services including coordination and collaborations among stakeholders, and between government and persons with disabilities.

Inclusion and participation of mine victims (Actions #16)

110. Thailand reported on the inclusion and participation of mine victims, including at decision-making level to design policies, plans and projects on disability issues, in collaboration with non-governmental agencies including disabled people’s organizations, supported by a number of policies and actions in place.

Removing barriers and raising awareness (Actions #15 and #17)

111. Thailand reported awareness-raising activities among government agencies and private companies to increase employment opportunities for persons with disabilities, and expanding services to rural areas through community-based rehabilitation activities. The Committee concluded that it would welcome information on any efforts that led the removal of barriers, such as physical barriers.

Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)

112. The Committee concluded that Thailand was acting upon aspects of requirements of Action 18, by reporting measurable improvements in its implementation mechanisms addressing the rights and needs of persons with disabilities including mine survivors, and would welcome additional information on remaining challenges and priorities in relation to
achieving the Actions 12 to 18 of the Maputo Action Plan, in the lead up to next year’s Review Conference.

Uganda

113. The Committee welcomes the submission by Uganda of its information on victim assistance activities. Based on the information provided, the Committee presents the following conclusions.

Mine casualties

114. The Committee observed that Uganda had reported no mine casualties in 2017. Uganda reported an estimated of about 2,000 landmine survivors in the country. The Committee welcomes additional information on mine victims, disaggregated by gender and age.

Assessment of needs, the availability and gaps in services (Action #12)

115. The Committee observed that Uganda had not reported on its efforts to assess needs, the availability and gaps in services, and encourages Uganda to provide an update in this regard.

Time-bound and measurable objectives (Action #13)

116. The Committee observed that Uganda had reported on its previous Comprehensive Plan on Landmine Victim Assistance (2008-2012) and the benefits the plan brought to the system. Uganda also reported that it has reaffirmed commitments to disability inclusion at the First World Disability Summit which took place in the United Kingdom in July 2018, including to review its 2006 National Policy on Disability and to develop a national plan of action. The Committee encourages the Government of Uganda to increase efforts in developing time-bound and measurable objectives on victim assistance.

Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

117. The Committee observed that Uganda reported on enhancements in the integration of disability rights and victim assistance into broader frameworks, as follows:

(a) Some mainstream programmes such as the Senior Citizens Grant (SCG) are significantly benefiting persons with disabilities. For example, the Expanding Social Protection-(ESPII) programme data shows a total of 111,132 older persons with disabilities (41% of whom have severe disabilities) are benefiting from the regular cash transfers to senior citizens. Some of the landmine affected districts that have benefited from this program include Kasese, Gulu, Yumbe, Koboko, Agago, and Pader.

(b) Persons with disabilities constitute 7.6% and 2.8% of total beneficiaries under the Uganda Women Entrepreneurship Programme (UWEP) and the Youth Livelihoods Programme (YLP) respectively. These two programmes are covering the entire country.

118. There is an effort to continue tackling other issues affecting all Persons with Disabilities such as stigma and discrimination in all mainstream community development interventions by Government and civil society. These among others include: Sexual and
Reproductive Health Rights awareness; Universal Primary Education; Universal Secondary Education; Technical and Skills training through Government training institutions

119. The Committee welcomes additional information including on budgets allocated for the integration of victim assistance into broader national frameworks in Uganda.

**Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)**

120. The Committee observed that Uganda is acting upon its commitments contained under Action 15, by reporting the followings:

   a. The Ministry of Gender, Labour and Social Development, through its Community Based Rehabilitation (CBR) Programme address the social and economic needs of persons with disabilities across the country, with Government funding available in 26 districts currently;

   b. 156 persons with disabilities including 30 landmine survivors in Kasese district received assistive devices, plus 15 landmine survivors were referred to rehabilitation and other medical services;

   c. An average of 9,280 persons, including landmine survivors annually, benefit from the Special Grant for Persons with Disabilities Programme which provides seed capital for income generating activities to persons with disabilities or their caregivers. This programme is being implemented across the country, including in districts that were affected by landmines.

121. The Committee welcomes additional information, disaggregated by sex and age, concerning efforts made in relation to the implementation of Action 15.

**Strengthen local capacities and enhance coordination (Action #15)**

122. The Committee observed that Uganda had reported that there are four Disability Rehabilitation Institutions in central, western and northern regions of the country, and they train between 180 and 200 youth with disabilities in employable skills every year. Uganda also reported that the Government’s universities and other tertiary institutions have a quota system, where 64 persons with disabilities are fully sponsored by Government every academic year. The Committee welcomes information on efforts to enhance coordination among actors involved in victim assistance and disabilities in the country.

**Inclusion and participation of mine victims (Actions #16)**

123. The Committee observed that Uganda had not reported on efforts concerning the inclusion and active participation of mine victims and their representative organisations, and encourages submission of information in this regard.

**Removing barriers and raising awareness (Actions #15 and #17)**

124. The Committee observed that Uganda had reported activities such as Community Based Rehabilitation and small grants provided to persons with disabilities including landmine survivors at community levels, including in places that were affected by landmines. The Committee welcomes more information with regards other targeted efforts to remove barriers including physical and attitudinal barriers facing persons with disabilities and mine victims, as well as on efforts to raise awareness on their rights and needs.
Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)

125. The Committee observed that Uganda had reported progress in the integration of victim assistance into broader social development programmes and the report indicated that due to limits in financing and in the mechanisms for delivery, the programmes that specifically target persons with disabilities remain limited both in scope and scale. The Committee encourages the government of Uganda to increase efforts to identify remaining challenges in victim assistance and to achieve the objectives of Actions 12 to 18 of the Maputo Action Plan by the upcoming Review Conference of the Convention.

Zimbabwe

126. The Committee welcomes the submission by Zimbabwe of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities. Based on the information provided, the Committee presents the following conclusions.

Mine Casualties

127. Zimbabwe did not report on the status of new casualties by anti-personnel mines in areas under its jurisdiction or control. The Committee welcomes information in this regard, disaggregated by sex and age.

Assessment of needs, the availability and gaps in services (Action #12)

128. Zimbabwe reported on aspects of Action 12 commitments, by elaborating the existence of a considerable number of mine victims scattered around the country in mine-affected areas, and that the country is in the process of collecting data and statistics specifically on those affected by landmines through the assistance of Demining Partners. In addition, Zimbabwe indicated the followings:

(a) The Ministry of Labour and Social Welfare, in which victim assistance lies, collects data on all people living with disabilities, without categorising the cause of their disabilities. This also is the case on the provision of basic services including medical care, physical rehabilitation, economic and social inclusion in which all those with disabilities are treated alike;

(b) While the Ministry of Labour and Social Welfare is responsible for the social welfare of all people living with disabilities, including mine victims, limitations in funding hinder the full implementation of rehabilitation services;

(c) Zimbabwean Mine Action Centre (ZIMAC) has been making efforts to assist mine victims including by identifying mine victims in remote areas and having them included in the Social Welfare database, and;

(d) Plans are in place to conduct a countrywide mine victim survey as soon as funding was secured.

129. The Committee concluded that it would welcome additional information on efforts undertaken by ZIMAC in supporting mine victims in remote areas, as well as the types of assistance victims, receive through the Social Welfare database, in a sex- and age-disaggregated manner.
**Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)**

130. The Committee concluded that Zimbabwe reported on challenges the country face in relation to access to specialized rehabilitation, medical care and assistive products, as follows:

(a) Individuals who suffer traumatic lower limb injuries from causes such as anti-personnel mines/ERW and motor vehicle accidents receive medical treatment from nearest local district medical hospitals or clinics. When individuals’ conditions are beyond the capability of local health care services, a long and costly travel to provincial or national health care centres is normally required;

(b) There are no rehabilitation centres, specialist doctors, prosthetics and physical therapists in some areas of Zimbabwe;

(c) Many individuals, who come from rural areas, including landmine victims, either cannot afford to travel to access special services or cannot spend long periods away from their families or means of income, and opt to stay home using traditional means of treatment, and;

(d) HALO Trust continues to assist mine victims by providing prosthetic limbs. In 2017, they assisted 17 identified mine victims.

131. The Committee concluded that it would welcome information on efforts to ensure new victims, including those in critical conditions in mine-affected areas, have access to appropriate first aid and medical care, and also the Committee would welcome information on efforts to increase the availability of and access to economic inclusion opportunities and social protection measures, disaggregated by sex and age.

**Strengthen local capacities and enhance coordination (Action #15)**

132. Zimbabwe reported that interaction between the ZIMAC and other relevant State entities, like the Ministry of Health, has been limited, and that National Mine Action Authority of Zimbabwe (NAMAAZ) was making efforts to improve coordination. ZIMAC continues to strengthen coordination including through a Mine Action Stakeholders Coordinating Meetings held every three months. However, Zimbabwe reported that due to the limitation of funding, coordination has been limited with other state entities responsible for disabilities including the Ministry of Health and Child Care and Public service and Social Welfare. Plans are in place for conducting a landmine victim survey in coordination with demining organisations and other ministries.

**Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)**

133. The Committee concluded that Zimbabwe had not reported on efforts to implement Action 13, Action 14, Action 15, in particular on efforts to strengthen local capacities and to enhance coordination with subnational entities in order to improve and facilitate assistance to victims, Action 16 or Action 17 of the Maputo Action Plan and would welcome information on these matters.

134. The Committee concluded that Zimbabwe, with the exception of information on challenges in accessing services in rural areas, funding, and coordination, had not reported on measurable improvements or on efforts to identify the remaining challenges and priorities.
in assisting mine victims in the lead up to the upcoming Review Conference, and it encourages Zimbabwe to report on these matters.