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COUNCIL

20MSP - Victim Assistance Experts Meeting

DRC: Globally and in Afghanistan - November 2022

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Agenda

1. DRC and VA: an overview
2. Scale of the problem
3. Access and opportunities post August 2021
4. DRC HMA Emergency Response Mechanism
5. Emergency VA: an integrated approach
6. Next steps

VA GLOBALLY

DRC work on Victim Assistance

- Formerly DDG, today Humanitarian Disarmament and Peacebuilding (HDP)
- Over the past years, DRC HDP implemented VA in Afghanistan, Iraq, Mali, Myanmar, Ukraine, Yemen.
- What? Emergency cash assistance, covering food and transportation during travel to/stays in medical facilities, supporting immediate medical care or physical rehabilitation needs following an accident. DRC teams also provided – and still do - referrals to other services (economic recovery) or external partners as appropriate and with the consent of the survivor.
- Given the protection umbrella of our work and in light of potential areas of integration between HMA-VA and Protection (e.g. Case management, referrals, HLP), most of VA have been provided by DRC's protection teams.
- Challenges: limited availability of funding, lack of mapping of services and no active referral pipeline.
- Before the adoption of the IMAS 13.10, DRC used to refer to national policies, internal Individual Protection Assistance guidelines, Protection SOPs in terms of Psychosociological Support, Individual Protection, to DRC's Income Generating SOPs.

Implementing IMAS 13.10

An opportunity for the Sector as large.

- VA is an articulated pillar of HMA, it lasts well after clearance ends and it requires proactive action from several actors. IMAS 13.10 helps clarifying roles and responsibilities, as well as overall coordination.
- It puts VA on equal footing with other HMA pillars and unlocks its potential for further integration within the HMA sector, but also within the broader State's response.

And for DRC internally

- Since last year, use the new IMAS VA in Mine Action 13.10 as a reference to develop country specific SOPs.
- Clarification on how land-release teams can contribute to the identification and referral of individuals directly or indirectly affected by EO.
- It guides DRC COs in linking and exploring synergies with other DRC sectors (Protection and Economic Recovery) as well as other international or national actors operating in the same environment.
- Helps advancing coordination and cooperation with NMAA and NMAC, thus effectively contributing to strengthening State response.

AFGHANISTAN

Scale of the problem

- Historically and at present times, Afghanistan is the country that suffers most civilian casualties because of EO 1.380 civilians were injured or killed between April 2020 to March 2021, according to the Directorate of Mine Action Coordination (DMAC). 47% of these involved children, translating to 54 child casualties per month.

- As of April 2021, DMAC recorded 4273 hazardous areas covering 1564 sq. kilometers of land in Afghanistan.

- 265 districts (out of 400) in 34 provinces of the country remain impacted, affecting an estimated number of 2.5 million people living within one kilometer of contaminated land

- At the same time, there is a high likelihood that the actual scale of EO contamination and number of civilian accidents are significantly higher as reporting has been hampered by access constraints and incomplete information.

Landmine Monitor 2022

States with more than 1,000 casualties recorded in 2011–2021

State	Number of casualties	% of total casualties
Afghanistan	17,057	26%
Syria	11,104	17%
Yemen	5,339	8%
Libya	3,457	5%
Ukraine	3,108	5%
Myanmar	2,978	5%
Colombia	2,862	4%
Pakistan	2,288	3%
Mali	1,955	3%
Iraq	1,639	2%
Nigeria	1,487	2%
Cambodia	1,159	2%

Note: States Parties are indicated in **bold**.

Clearing the mines 2021

- Based on Mine Action Review's assessment of the extent of contamination in affected States Parties, **Afghanistan, Cambodia, and Iraq are massively contaminated** (defined as covering more than 100km² of land), while **heavy contamination** (covering more than 20km²) **exists in Angola, Bosnia and Herzegovina (BiH), Thailand, Turkey, and Yemen.** In other affected States Parties, the extent of anti-personnel mine contamination is medium or light.

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Access and opportunities post August 2021

Post August 2021: Access and opportunities

- Following the takeover by the Islamic Emirate of Afghanistan (IEA) in August 2021, conflict has ceased in most parts of the country for the first time in decades
- As a result, DRC now has greater access to communities and EO contaminated sites than ever before, representing a unique window of opportunity to expand clearance efforts rapidly and significantly
- This includes into areas that have seen little to no Humanitarian Mine Action (HMA) response in the past, and with high accident rates
- Against this backdrop, DRC re-worked its operation into a more responsive format compared to the previously static set-up, as determined by the pre-August 2021 security situation
- This included the establishment of the HMA Emergency Response Mechanism including Emergency VA

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DRC HMA Emergency Response Mechanism

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Information collection

- Identification of sources on EO accidents including: DRC field teams (Emergency, EcRec, Protection, HMA), Word of mouth, Media, INSO and other INGOs, DMAC Hotline

Recording and reporting

- Recording and documentation of EO accidents
- Reporting to DMAC

Response

- Deployment of DRC Quick Response Teams:
- NTS, EOD, EORE and Emergency VA
- Referral to other service providers

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DRC Emergency Victim Assistance

DRC Emergency Victim Assistance

- Integrated into programming as of mid-2022 with a guideline based on IMAS 13.10, specifically provision 5.2 ‘Mine Action Operators’
- The DRC EVA guidelines provide detailed instructions for field teams on: VA concepts as per IMAS 13.10, Selection Criteria for EO Survivors, Response delivery including referral, Reporting and tracking
- Upon identification of cases via the HMA ERM, EVA response is triggered and consists of 1) initial assessment 2) disbursement of funds 3) referral to other service provider
- EVA consists of financial support for transportation to medical facility, food/accommodation to one care-giver per case, limited coverage of medical expenses, and subsequent referral to other service providers for physical rehabilitation

Since the inception of the HMA ERM on 27.07.22:

46 EO Survivors have been identified

Of these, **35** EO Survivors received EVA

Of these, **32** were 15 years or younger, **23** were male, **12** were female

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Next Steps

Next Steps

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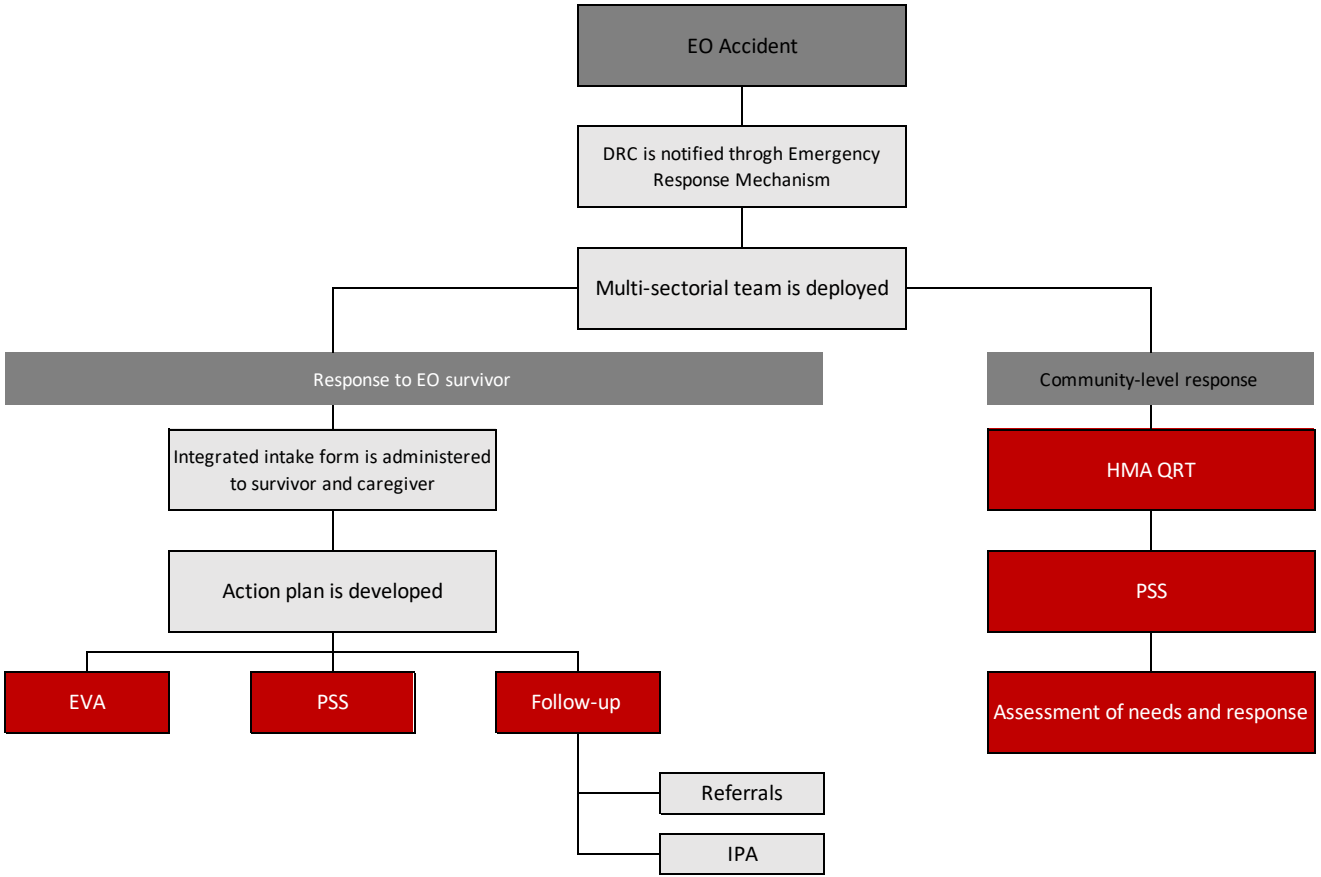
For the Sector at large

- Need to develop a complete directory of services to survivors to improve referrals
- HMA NGOs should partner with local organizations delivering a broader range of VA services
- Donors should address the funding gap for comprehensive VA

For DRC internally

- Strengthen EO Survivor case management through DRC protection teams
- Expand DRC capability to assist during the post emergency phase with PSS as well as social and economic re-integration e.g. through internal referrals to protection and Economic Recovery

DRC Integrated EVA

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