

Mid-Term Review of the Status of Victim Assistance

in the 24 Relevant States Parties

21 November 2007

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



**Mid-Term Review of the
Status of Victim Assistance
in the Context of the
AP Mine Ban Convention
and the *Nairobi Action Plan*
in the 24 Relevant States Parties**

presented to the Eighth Meeting of the States Parties

by

**Co-Chairs of the Standing Committee on Victim Assistance
and Socio-Economic Reintegration**

Austria and Sudan

**Dead Sea, Jordan
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Mid-Term Review of the Status of Victim Assistance in the Context of the AP Mine Ban Convention and the *Nairobi Action Plan* in the 24 Relevant States Parties

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Introduction:

The First Review Conference of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (AP Mine Ban Convention), also known as the Nairobi Summit on a Mine-Free World, from 29 November to 3 December 2004, reminded the international community that “[t]he very purpose of the Convention is to put an end to the suffering and casualties caused by antipersonnel mines.”¹ At the First Review Conference, 24 States Parties² indicated that they had ultimate responsibility for significant numbers of mine survivors: Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Colombia, Croatia, Democratic Republic of the Congo, El Salvador, Eritrea, Ethiopia, Guinea Bissau, Mozambique, Nicaragua, Peru, Senegal, Serbia, Sudan, Tajikistan, Thailand, Uganda, and Yemen. The Final Report of the First Review Conference stated that these States Parties have “the greatest responsibility to act, but also the greatest needs and expectations for assistance” in providing adequate services for their care, rehabilitation and reintegration.³ As a result, these States Parties have become “a more focused challenge” for States Parties in the period up to the Second Review Conference in 2009.⁴

The First Review Conference provided an opportunity to further raise awareness on the rights and needs of mine victims, and to identify the key challenges to be addressed to fulfill the promise to mine survivors that the Convention implied. A set of understandings were formally agreed to by the States Parties. These understandings included clarity regarding what was meant by a landmine victim, with landmine victims understood to be “those who either individually or collectively have suffered physical or psychological injury, economic loss or substantial impairment of their fundamental rights through acts or omissions related to mine utilization.”⁵ That is, a broad approach to what is considered a landmine victim was accepted that includes the individual, their family, and their community, but with a clear understanding that the majority of attention must be focused on providing assistance to those individuals directly impacted by mines.⁶

This issue called victim assistance was also clarified, with the States Parties agreeing that it included work in the following six thematic areas:

- Understanding the extent of the challenges faced (data collection);
- Emergency and continuing medical care;
- Physical rehabilitation, including physiotherapy, prosthetics and assistive devices;

¹ *Review of the operation of the status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction: 1999-2004*, (Part II of the Final Report of the First Review Conference 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, Nairobi, 29 November – 3 December 2004, APLC/CONF/2004/5, 9 February 2005), paragraph 1.

² See *Review of the operation of the status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction: 1999-2004*, paragraph 85. Ethiopia’s ratification of AP Mine Ban Convention on 17 December 2004 increased the number to 24.

³ *Ending the suffering caused by anti-personnel landmines: Nairobi Action Plan 2005-2009*, (Part III of the Final Report), paragraph 5.

⁴ *Review of the operation of the status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction: 1999-2004*, paragraph 86.

⁵ *Review of the operation and status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction 1999-2004*, paragraph 64.

⁶ *Review of the operation and status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction 1999-2004*, paragraph 64.

- Psychological support and social reintegration;
- Economic reintegration; and,
- The establishment, enforcement and implementation of relevant laws and public policies.⁷

States Parties adopted a clear understanding of principles to guide their victim assistance efforts. Four statements are particularly important:

- victim assistance “does not require the development of new fields or disciplines but rather calls for ensuring that existing health care and social service systems, rehabilitation programmes and legislative and policy frameworks are adequate to meet the needs of all citizens – including landmine victims;”
- “...the call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner;”
- “assistance to landmine victims should be viewed as a part of a country’s overall public health and social services systems and human rights frameworks;” and,
- “...providing adequate assistance to landmine survivors must be seen in a broader context of development and underdevelopment....”⁸

States Parties also adopted the ambitious *Nairobi Action Plan 2005-2009*. With respect to victim assistance, the *Nairobi Action Plan* aims to “enhance the care, rehabilitation and reintegration efforts” through eleven specific action points. The *Nairobi Action Plan* contains the commitments, particularly on the part of those States Parties with the greatest numbers of survivors, to do their utmost to:

- develop or enhance national mine victim data collection capacities;
- establish and enhance health care services needed to respond to the immediate and ongoing medical needs of mine victims;
- increase national physical rehabilitation capacities;
- develop capacities to meet the psychological and social support needs of mine victims;
- actively support the socio-economic reintegration of mine victims;
- ensure that national legal and policy frameworks effectively address the needs and fundamental human rights of mine victims; and,
- ensure that in all victim assistance efforts, emphasis is given to age and gender considerations.

In addition, the *Nairobi Action Plan* contains the commitment of those in a position to do so to provide assistance to States Parties with clearly demonstrated needs, and, the agreement that all States Parties will monitor and promote progress in achieving the victim assistance goals and ensure the effective participation of mine victims in the work of the Convention.⁹

The *Nairobi Action Plan* provided a framework on which to act during the period 2005 to 2009; however, States Parties still lacked a clear appreciation of what should or could be achieved. Nevertheless, it was clear that the ultimate responsibility to improve the quality of life of mine survivors and other people with disabilities lay with the affected State.

In 2005, the Standing Committee on Victim Assistance and Socio-Economic Reintegration, under the leadership of Nicaragua and Norway, increased its efforts to support concrete progress in meeting the needs of landmine victims before the Second Review Conference in 2009. In early 2005, the Co-Chairs developed a questionnaire, in consultation with key stakeholders, including Landmine Survivors Network, the International Committee of the Red Cross and the International Campaign to Ban Landmines. This questionnaire was inspired by the Strategic Framework for Planning Integrated Victim Assistance Programmes, which was developed by Switzerland in 1999, and was based on the

⁷ *Review of the operation of the status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction: 1999-2004*, paragraph 69.

⁸ *Review of the operation of the status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction: 1999-2004*, paragraphs 65-67.

⁹ *Ending the suffering caused by anti-personnel landmines: Nairobi Action Plan 2005-2009*, paragraph 5.

Guidelines for the Socio-economic Reintegration of Landmine Survivors, which was produced by the World Rehabilitation Fund and the United Nations Development Programme (UNDP) in 2003.

The main aim of this questionnaire was to encourage the 24 States Parties in question to establish so-called *SMART* objectives:

- Specific objectives which should specify what these States Parties want to achieve.
- Measurable objectives which would enable all to know whether objectives had been met.
- Achievable objectives that are truly attainable.
- Realistic objectives which could indeed be achieved with resources at the disposal of the State Party in question or with resources that could realistically be acquired externally.
- Time-bound objectives which would be achieved by the time of the Second Review Conference.

The questionnaire was also intended to assist the 24 relevant States Parties in articulating plans to achieve their objectives, and, the resources available or needed to implement these plans.

The questionnaire called for responses to four key questions:

- What is the situation in 2005 in each of the six main thematic areas of victim assistance?
- What does the state wish the situation to be in each of the six thematic areas by 2009?
- What are the plans to achieve these objectives in each of the six thematic areas by 2009?; and,
- What means are available or required to implement these plans?

The Co-Chairs sent the questionnaire to the 24 relevant States Parties in March 2005 with the aim that these States Parties would produce objectives that were specific, measurable, achievable, relevant, and time-bound, or SMART, before the November 2005 Sixth Meeting of the States Parties (6MSP) in Zagreb, Croatia. Two regional workshops were organized by the Co-Chairs to allow the relevant States to share experiences and develop their answers to the questionnaire; in the Americas (Managua, Nicaragua, 26-27 April 2005), and in Africa (Nairobi, Kenya, 31 May-2 June 2005).¹⁰ The Co-Chairs also pursued a number of country-specific assistance strategies and provided a forum for States Parties to present their initial responses to the questionnaire at the June 2005 meeting of the Standing Committee. In addition, a number of States Parties were assisted by the United Nations and by the Implementation Support Unit of the GICHD in preparing responses to the questionnaire.

In December 2005, the *Zagreb Progress Report* presented to the 6MSP, contained a lengthy annex which summarized the responses made by 22 of the 24 relevant States Parties.¹¹ Consequently, there was a much more solid basis for developing a clearer road map regarding what needed to be done between 2005 and the Second Review Conference and how success pertaining to victim assistance will be measured in 2009. However, the *Zagreb Progress Report* acknowledged that the questionnaire “is not an end-product but rather an initial step in a long-term planning and implementation process.”¹²

The aim of the Co-Chairs in 2005 was to ensure the successful implementation of the Convention and to facilitate concrete progress in achieving the aims of the *Nairobi Action Plan* and as a consequence achieve measurable progress in addressing the rights and needs of landmine victims before the Second Review Conference in 2009. Subsequent Co-Chairs, Afghanistan and Switzerland in 2006 and Austria and Sudan in 2007, have sought to continue the work started by Nicaragua and Norway. The logic of the efforts undertaken since the First Review Conference by all Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration was and is based on the following:

¹⁰ The workshop in the Americas was attended by Colombia, El Salvador, Nicaragua and Peru; and in Africa by Angola, Burundi, DR Congo, Eritrea, Ethiopia, Guinea-Bissau, Mozambique, Senegal, Sudan and Uganda.

¹¹ Burundi and Chad have not yet provided the Co-Chairs with a response to the questionnaire.

¹² *Achieving the Aims of the Nairobi Action Plan: The Zagreb Progress Report*, (Part II of the Final Report of the Sixth 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, APLC/MSP.6/2005/5, 5 April 2006), paragraph 72

- As the ultimate responsibility of meeting the needs of landmine survivors within a particular state rests with that state, no external actor can define for it what can or should be achieved by when and how in meeting the needs of these survivors.
- Others may have the ability to assist in understanding challenges, developing and monitoring the efficacy and implementation of plans. However, real and sustainable progress rests with sovereign states articulating in their own voices their challenges and plans to overcome them.
- Moreover, what can or should be achieved by when and how will be different for each of these 24 States Parties, given their unique characteristics.¹³

While the efforts undertaken by several of the relevant States Parties since 2005 have been impressive, the quality of the responses continues to be mixed. Few States Parties have actually responded with objectives that are specific, measurable, achievable, relevant, and time-bound, that is SMART. Some States Parties detailed at length their status but very little was put forward in terms of what the desired status would be in 2009. Other States Parties failed to spell out what is known or not known about their status. Some States Parties did not engage in the effort at all. Another challenge relates to the conclusion drawn at the First Review Conference that “assistance to landmine victims should be viewed as a part of a country’s overall public health and social services systems and human rights frameworks.” In many instances the preparation of victim assistance objectives do not take broader national plans into consideration.

Since 2005, all Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration have recognized that the best way to assure progress in overcoming these challenges is to work intensively, on a national basis. With assistance from the Implementation Support Unit (ISU), a victim assistance specialist has been recruited with funding provided by Switzerland in 2006, and Australia, Austria, Norway and Switzerland in 2007.

The ISU assists the Co-Chairs to achieve their aim of ensuring the successful implementation of the Convention in relation to victim assistance by providing some level of support to all 24 relevant States Parties in the form of advice each may wish to consider in improving on their efforts to establish SMART objectives and a national plan. In addition, at the request of relevant States Parties, the ISU provides *process support* to advance the State’s inter-ministerial efforts to establish better objectives and develop and implement good plans. *Process support* involves country visits during which one-on-one meetings with officials from relevant ministries take place to raise awareness of the victim assistance issue and to stimulate inter-ministerial coordination. Outreach to relevant international and other organizations also takes place to ensure that their efforts in support of the State Party in question are not being duplicated but rather are both incorporated into and incorporate mine victim assistance efforts. Mine survivors are also consulted. In some countries inter-ministerial workshops bring together all relevant actors to discuss and consolidate improvements on objectives and the development and implementation of plans.

The expected outcome of this activity is an improved capacity in the targeted States Parties to move forward in the process of setting their own specific objectives and plans of action with a tangible improvement in institutional frameworks to address disability issues and in services available to mine survivors and other persons with disabilities.

This document provides an overview of the known status of progress in the development of SMART victim assistance objectives and national plans since the First Review Conference of the AP Mine Ban Convention in the context of the Victim Assistance questionnaire, up to the 8MSP in November 2007. It contains information provided by 22 of the 24 relevant States Parties themselves, particularly in advance of the Sixth Meeting of the States Parties in November 2005 in response to the Victim

¹³ Kerry Brinkert, Manager, Implementation Support Unit, “Making Sense out of the Anti-Personnel Mine Ban Convention’s obligation to landmine victims,” 31 March 2006.

Assistance questionnaire developed by the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration. Information contained in subsequent updates on progress in the development of *SMARTer* objectives and national plans provided by the States Parties is also included.

Summary of Progress since the First Review Conference in 2004:¹⁴

- Since 2005, *process support* visits have been undertaken by the ISU on behalf of the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration to 19 of the 24 relevant States Parties: Afghanistan, Angola, Albania, Bosnia and Herzegovina, Cambodia, Colombia, Croatia, El Salvador, Ethiopia, Guinea-Bissau, Mozambique, Nicaragua, Peru, Serbia, Sudan, Tajikistan, Thailand, Uganda, and Yemen.
- In response to Action #39 of the *Nairobi Action Plan* which called on States Parties to ensure an effective contribution in all relevant deliberations by health, rehabilitation and social services professionals, at the May 2006 standing committee meetings, 9 of 21¹⁵ relevant States Parties (43 percent) participating in the meeting included a victim assistance expert in their delegation, increasing to 17 of 23¹⁶ relevant States Parties (74 percent) participating in the April 2007 meetings.
- At the April 2007, standing committee meetings, the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration organized an ambitious parallel programme. This programme increased the knowledge of the expert participants on victim assistance in the context of the Convention, emphasized the place of victim assistance in the broader contexts of disability, health care, social services, and development, reaffirmed the importance of key principles adopted by the States Parties in 2004, and reaffirmed key challenges.
- At the 7MSP in September 2006, 17 of 23¹⁷ relevant States Parties (74 percent) participating in the meeting included a victim assistance expert in their delegation. On 19-20 September 2006, all 23 States Parties made an intervention during the session “Assisting the victims” at the 7MSP, the majority of which outlined their progress in efforts to meet the aims of the *Nairobi Action Plan* in relation to victim assistance.
- At the 8MSP in November 2007, 17 of 23¹⁸ relevant States Parties (74 percent) participating in the meeting included a victim assistance expert in their delegation. On 21 November 2007, 22 relevant States Parties made an intervention or provided a written statement during the session on “Assisting the victims.”
- In 2006 and 2007, workshops or seminars to discuss victim assistance in the context of the AP Mine Ban Convention and/or to develop a plan of action to meet the aims of the *Nairobi Action Plan* were convened in at least 10 relevant States Parties: Afghanistan, Angola, Albania, Bosnia and Herzegovina, Cambodia, El Salvador, Ethiopia, Sudan, Tajikistan, and Uganda.
- Since the 6MSP in November 2005, at least 11 relevant States Parties have revised their objectives to be more specific, measurable, achievable, relevant, and time-bound – *SMARTer*: Afghanistan, Albania, Angola, Croatia, Democratic Republic of the Congo, El Salvador, Nicaragua, Serbia, Sudan, Tajikistan, and Uganda.
- Since the 6MSP, at least 11 relevant States Parties have developed, or have initiated an inter-ministerial process to develop and/or implement, a comprehensive plan of action to meet their

¹⁴ Detailed information on objectives and plans of each of the 24 relevant States Parties follows.

¹⁵ Burundi, Eritrea and Senegal did not send delegations to the intersessionals.

¹⁶ Eritrea did not send a delegation to the intersessionals.

¹⁷ Eritrea did not send a delegation to the 7MSP.

¹⁸ Eritrea did not send a delegation to the 8MSP.

objectives: Afghanistan, Angola, Albania, Bosnia and Herzegovina, Cambodia, Democratic Republic of the Congo, El Salvador, Sudan, Tajikistan, Thailand, and Uganda.

- Since the 6MSP, at least six relevant States Parties report progress in the achievement of objectives: Afghanistan, Albania, Serbia, Sudan, Tajikistan, and Yemen.
- Since the 7MSP, at least two relevant States Parties has reviewed its progress in implementing its plan of action and have developed, or are in the process of developing, revised objectives and plan of action: Afghanistan and Albania.
- Since the First Review Conference, efforts have been made to strengthen the normative framework that protects and ensures respect for the rights of persons with disabilities including landmine survivors through the participation by many States and interested organizations in the drafting of an international convention on the rights of persons with disabilities. On 13 December 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. As of 17 November 2007, 87 of the 117 State signatories to the CRPD are States Parties to the AP Mine Ban Convention, including 14 of the 24 States Parties reporting responsibility for significant numbers of landmine survivors: Burundi, Cambodia, Colombia, Croatia, El Salvador, Ethiopia, Mozambique, Nicaragua, Peru, Senegal, Sudan, Thailand, Uganda, and Yemen. The Optional Protocol, which provides individuals the right to complain before an international body should redress not be found at the national level, has been signed by 66 States, including 7 of the 24 relevant States Parties: Burundi, Cambodia, Croatia, Peru, Senegal, Uganda, and Yemen. Seven States have ratified the Convention, including Croatia.
- The Convention’s Documentation Centre now includes a quantity of victim assistance-related resources.

Lessons learnt in efforts to achieve the aims of the *Nairobi Action Plan*:

- If a meaningful difference is going to be made in enhancing the well-being and guaranteeing the rights of landmine victims, victim assistance must no longer be seen as an abstraction but rather as a concrete set of actions for which specific States Parties hold ultimate responsibility.
- If progress in victim assistance is going to be made, progress must be defined as something that is specific and measurable, with specific measures logically needing to be determined by individual States Parties based on their very diverse circumstances. These specific and measurable indicators of progress should be time-bound, particularly to take into account that an unambiguous assessment of success or failure will be expected at the Second Review Conference in 2009.
- Success in victim assistance also means understanding victim assistance in the broader contexts of development and seeing its place as a part of existing State responsibilities in the areas of health care, social services, rehabilitation, vocational training and human rights.
- Because victim assistance should be undertaken in the context of existing domains and not in the context of a relatively new field of endeavour called variously “humanitarian demining” or “mine action”, officials and experts from relevant ministries must be engaged in developing specific, measurable and time-bound responses to the needs of victims. That is, an inter-ministerial process is essential.

- In fulfilling their responsibilities to landmine survivors, States Parties should be guided by the principles of non-discrimination, inclusion, equality of opportunity, and accessibility, and should ensure all efforts consider the age and gender of the victims, the development of national and local capacities, the delivery and accessibility of a comprehensive range of services, and the involvement of all concerned actors and stakeholders.
- A great deal has been invested into *process support* in some States Parties over the past three years. Progress has been slow but the potential exists to build on past investments in order to achieve success.

Issues of concern and on-going challenges that hinder progress:

While important advances have been made since the First Review Conference in 2004, challenges remain which require the priority attention of the States Parties in the period leading to the Second Review Conference in 2009:

- Low priority is given to disability issues within the relevant ministries in some States Parties.
- Disability is still seen as a charity issue not a human rights issue in some States Parties.
- In some States Parties, a holistic approach to assisting mine survivors and other persons with disabilities has not been adopted.
- In some States Parties, there is a lack of capacity to address disability issues at all levels including within the governmental and non governmental sectors.
- States Parties need to ensure efficient and effective use of resources, particularly where capacity and resources to develop and implement objectives and national plans are limited. Better collaboration between mine action centres and relevant ministries and other key actors in the disability sector is essential.
- The *Zagreb Progress Report* acknowledged that the Victim Assistance questionnaire was “not an end-product but rather an initial step in a long-term planning and implementation process;” however, few of the relevant 24 States Parties have undertaken the more complex task of developing a national plan of action to achieve their SMART objectives by the Second Review Conference in 2009.
- States Parties and relevant organizations should do more to ensure that landmine survivors are effectively involved in the development of national plans and contribute to all deliberations that affect them.
- States Parties should continue to strengthen the involvement in the work of the Convention by health care, rehabilitation and disability rights experts.
- Given the large number of relevant States Parties which continue to indicate a need for external resources in order to fulfil their victim assistance obligations, States Parties in a position to do so should continue to act upon their obligations under Article 6 of the Convention.
- States are sometimes slow or reluctant to internalize the care, rehabilitation and reintegration of survivors as their responsibility. An overdependence on NGOs and other international agencies to provide services can result in States perceiving victim assistance as being something to be addressed by outsiders leading to a disproportionate focus on donor responsibility rather than state responsibility.

AFGHANISTAN

– Afghanistan’s Second National Victim Assistance Workshop in October 2007 reviewed progress and identified challenges in achieving its 2006 objectives. As a result of the workshop, objectives are in the process of being revised and the plan will be amended to achieve these revised objectives.

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	REVISED SMART OBJECTIVES @ NOVEMBER 2007	PLANS TO ACHIEVE REVISED OBJECTIVES
<i>Part 1: Understanding the extent of the challenge faced</i>			
<p>Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Maintain and keep up-to-date information in the Afghanistan Landmine Impact Survey database through a “sentinel surveillance system.” • Analyse results of the National Disability Survey in early 2006 to assess if it will be useful in program planning and setting national priorities. • Collect information about persons with disabilities and create a database on all disability services in Afghanistan. • Include disability in the national census. • Establish and implement an injury surveillance system in which landmine survivors and other persons with disabilities are tracked through the national health system from 2005. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Maintain an up-to-date database on landmine/ERW casualties in Afghanistan – ONGOING • Set priorities based on available information on the situation of mine survivors and other persons with disabilities, by the end of 2006, for delivery or expansion of health care, rehabilitation, education, and socio-economic reintegration services, and awareness-raising campaigns – ANALYSIS OF DATA COMPLETED AND RESULTS TRANSLATED • Create an up-to-date database on all disability services available in Afghanistan by mid 2007. • Promote greater understanding of the socio-economic conditions of people with disabilities, including mine survivors. • Integrate landmine casualty data into an injury surveillance mechanism, by 2009, in which persons with disabilities are tracked through the national health system. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • The ICRC will maintain its data collection network through to at least the end of 2008. • UNMACA will continue to record mine/ERW casualty data in its IMSMA database for the duration of the mine action program. • Handicap International will analyze and disseminate the results of the NDSA to all relevant actors in the disability sector. • MoLSAMD will compile all existing information on agencies/NGOs working in the disability sector in Afghanistan, into an accessible database. • MoLSAMD will advocate for inclusion of questions on disability in the next national census – ACHIEVED – ONE QUESTION WITH 4 COMPONENTS INCLUDED IN NATIONAL CENSUS QUESTIONNAIRE • MoPH will identify key actors (for example, WHO or Centres for Disease Control) to assist in the development of an appropriate surveillance mechanism, starting from 2007.
<i>Part 2: Emergency and continuing medical care</i>			
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Assess the services in heavily mine/UXO-impacted rural areas in relation to emergency first aid and medical transportation needs and develop plans to address the needs in areas where assistance is insufficient or non-existent in order to reduce the mortality rates of mine/UXO casualties. • Improve coordination among relevant actors at the national, regional and local levels. • Ensure that disability remains one of 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Create a directory of all emergency and continuing medical care services in mine/ERW-impacted rural areas by the end of 2006. • Create a directory of all emergency and continuing medical care services in Afghanistan by the end of 2007. • Establish a mechanism to improve coordination among relevant actors at the national, regional and local levels by the end of 2006 – SOME PROGRESS • Increase access to emergency pre-hospital 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MoPH, in collaboration with UNMACA and other relevant actors, will compile all known information of available services in mine/impacted areas into an accessible database, and update as required. • MoPH, in collaboration with other relevant actors, will compile all known information of available services into the accessible database created for mine/ERW-impacted areas and update as required. • MoPH and other relevant actors will sign a Memorandum of Understanding, and meet on a regular basis to discuss key issues. • MoPH, in collaboration with other relevant actors, will implement

	<p>the top priorities in the current policy and strategy of the Ministry of Public Health for 2005-2009.</p> <ul style="list-style-type: none"> • Develop a trained work force in the Ministry of Public Health in terms of disability to take the lead and responsibility in the field of rehabilitation activities. • Design a package of disability services for the country. • Ensure adequate attention is paid to women with disabilities in health care. • Equip the hospitals with trained human resources and with the required equipment. • Develop the primary health care system in rural areas using the provisions in the basic package of health care services. • Ensure that all institutions for training of medical and paramedical health functionaries and pre-school educators, include programs of training in disability prevention, early detection and timely interventions through medical and social rehabilitation. • Develop support services such as special education, clinical psychology, physiotherapy, occupational therapy, audiology, speech pathology, vocational counselling and ensure that trained human resources are available. 	<p>response services in all heavily mine/ERW-impacted rural areas in order to reduce the mortality rate of mine/ ERW casualties (not killed immediately by the explosion) by 75 percent by 2009.</p> <ul style="list-style-type: none"> • Develop an emergency evacuation capability in 50 remote districts by 2009. • Expand the implementation of the EPHS to 20 hospitals by 2009 – SOME PROGRESS • Train at least 50 trauma care specialists, including surgeons, anaesthetists, and nurses, by 2009. • Increase the capacity of MoPH personnel, in terms of disability, to take the lead in the coordination of rehabilitation activities by 2009 – DISABILITY AWARENESS PACKAGES AND PILOT TRAINING DEVELOPED • Develop guidelines to implement BPHS Disability Services for the country by 2007 – ACHIEVED • Improve access to the primary healthcare system in at least 50 remote rural areas by 2009. • Equip hospitals and health facilities serving at least 50 percent of heavily mine/ERW-impacted rural areas with adequately trained personnel, equipment and supplies by 2009. • Include appropriate training on disability issues, including disability prevention, early detection and interventions through medical and social rehabilitation, in the curriculum for all institutions providing training for medical and paramedical health personnel by 2009. • Provide support services, such as clinical psychology, physiotherapy, occupational therapy, audiology, speech therapy, and counselling, with adequately trained personnel in major hospitals in at least five provinces by 2009. • Increase the number of trained female healthcare providers by 50 percent by 2009 to improve services available for women with disabilities. 	<p>guidelines on trauma care and first aid, and coordinate with all actors in the field on the care of traumatic cases.</p> <ul style="list-style-type: none"> • MoPH, in collaboration with other relevant actors including ISAF, will ensure that the infrastructure to provide emergency evacuation is available. • MoPH, in collaboration with other relevant actors, will fully implement the EPHS in the hospitals specified. • MoPH, in collaboration with other relevant actors including the NGO Emergency, will develop and implement a training program in Afghanistan, and also identify opportunities under overseas fellowship programs. • MoPH, in collaboration with other relevant actors, will organize and implement awareness-raising and training courses, on an on-going basis. • MoPH, in collaboration with other relevant actors, through the Disability Taskforce will finalize and implement the disability guidelines. • MoPH, in collaboration with the Ministry of Transport and organizations active in remote rural areas, will establish transportation services to health care facilities. • MoPH, in collaboration with other relevant actors, will implement the provisions of the BPHS and EPHS. • MoPH, in collaboration with the Institute of Health Sciences and other relevant national and international organizations, will finalize the disability education curriculum. • MoPH, in collaboration with other relevant actors, will implement the provisions of the BPHS, EPHS, and the disability guidelines. • MoPH, in collaboration with other relevant actors, will ensure that the representation of women in healthcare training programs is increased, including through a program to ensure that women have
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		<ul style="list-style-type: none"> • Maintain disability as one of the top priorities in the work of the MoPH during the period 2006-2009, and beyond. 	<p>the opportunity to attain the necessary educational prerequisites.</p> <ul style="list-style-type: none"> • MoPH, in collaboration with other relevant actors, will continue regular contact, including through the disability taskforce, to discuss and resolve problems relating to disability issues.
Part 3: Physical rehabilitation			
<p>Goal: To prevent disability and restore maximum physical functional ability for landmine survivors, and other persons with disabilities, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Increase access of mine/UXO survivors to services to 80 percent, and increase output of prosthetic and orthotic workshops by 30 percent. • Improve accessibility by opening rehabilitation centres in every province on the basis of need and accessibility, and with trained personnel and equipment. • Establish physical therapy clinics in the district, provincial and regional hospitals as well as extending services to health centres to reach 70 percent coverage and to be more community based. • Increase the number of trained female workers for the rehabilitation of female mine/UXO survivors. • Develop rehabilitation programmes, including follow-up, taking into account the medical and social rehabilitation of persons with disabilities. • Extend functional community based rehabilitation (CBR) services to rural areas, examining and adopting international best practices with necessary adjustments to the Afghanistan context. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Create a directory of all physical rehabilitation services in Afghanistan by the end of 2006. • Disseminate the directory of physical rehabilitation services in Afghanistan to all mine/ERW-affected communities by the end of 2007. • Increase access to physical rehabilitation services by at least 10-20 percent for persons with disabilities by 2009. • Increase the output of prosthetic and orthotic workshops by at least 5 percent per year, and improve the quality. • Improve accessibility in provinces without disability services by establishing appropriate services in one additional province each year. • Improve accessibility in at least five provinces without disability services by 2009 through the provision of transport to appropriate physical rehabilitation facilities. • Improve accessibility in provinces with disability services by establishing mobile outreach units 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MoPH disability taskforce will develop a standard format for information and distribute to all relevant organizations. The information submitted will be compiled into a booklet for dissemination. • MoPH will coordinate delivery and dissemination of booklets through health facilities, the CBR network, agencies implementing the BPHS and EPHS, DPOs, and other disability organizations. Basic training about the use of the booklet will also be provided. • MoPH will collaborate with all international and national organizations working in the field of physical rehabilitation and those implementing the BPHS and EPHS will: improve coordination and cooperation; disseminate information about existing services; improve referral systems; improve community participation through engaging shura and DPOs; create new facilities and sensitize donors for funding; expand outreach and community based programs; and make existing facilities barrier free. • MoPH in collaboration with all organizations involved in the production of orthotics and prosthetics will: open new orthopaedic centres, as appropriate; increase capacity of existing orthopaedic workshops; increase outreach and mobile team services; increase/refresh the knowledge of orthopaedic technicians through upgrading and continuous education programs; improve the quality of raw materials and components for orthotics and prosthetics; and improve the quality control of prosthetics and orthotics. • MoPH will collaborate with all organizations working in the field of physical rehabilitation will: establish physical therapy services within the framework of the BPHS and EPHS; look for organizations willing and able to establish orthopedic workshops in the provincial hospitals within EPHS where no orthopaedic workshop exists; and encourage organizations implementing the BPHS and EPHS to include physical rehabilitation within their activities. • MoPH in collaboration with the Ministry of Transport will organize public transportation services for / from remote provinces. MoPH will also work in collaboration with organisations such as HI, ICRC and SCA to establish transportation services in provinces such as Ghore, Helmand, Aurozgan, Nooristan, Paktika, Bagdis, etc. • MoPH in collaboration with organizations such as HI, ICRC and SCA will organise outreach and mobile teams to the areas of former

		<p>that visit at least 30 percent of remote heavily mine/ERW-impacted areas by 2009.</p> <ul style="list-style-type: none"> • Establish physical therapy clinics, with adequately trained personnel, in at least 5 percent of district, provincial and regional hospitals by 2009. • Increase the number of trained physiotherapists and technicians by at least 5 percent each year, ensuring that at least 30 percent of trainees are people with a disability. • Increase the number of trained female rehabilitation providers by 20 percent by 2009 to improve services available for women with disabilities. • Provide refresher training to at least 10 percent of rehabilitation providers per year. • Extend functional CBR services according to the basic disability services guidelines, with adequately trained personnel and that are appropriate to the Afghanistan context, to at least 50 additional communities by 2009. • Establish a mechanism to improve coordination among relevant actors at the national, regional and local levels by mid 2007 – SOME PROGRESS 	<p>front lines and very remote areas.</p> <ul style="list-style-type: none"> • MoPH in collaboration with organizations implementing the BPHS and EPHS in the district, provincial and regional hospitals will select and indicate the most needy areas and hospitals and to encourage the implementing organizations to include physical rehabilitation within their activities. • MoPH in collaboration with the Institute of Health Sciences (IHS) and ICRC, Physical Therapy Institute (PTI), SCA/SGAA, KOO and HI will: start new classes; mobilize resources; and guarantee quota of 30 percent of students with a disability. • MoPH in collaboration with the IHS and ICRC, PTI, SCA/SGAA, KOO and HI will: select and recruit female students; guarantee quota of 20 percent of female students with a disability, and to identify ways to solve the problem of poor qualifications / education of female students. • MoPH in collaboration with all organizations working in physical rehabilitation, including Afghan Physical Therapy Association (APTA), and under the umbrella of the IHS will: organize refresher courses and continuous education courses and teacher training; build linkages with international institutions (WCPT / ISPO); and share and coordinate training and expertise. • MoPH in collaboration with organizations working in CBR will: establish a national CBR network; train community workers; select 50 new community based networks on the agreed criteria; and mobilize resources. • MoPH in collaboration with all NGOs and organizations working in the field of physical rehabilitation and all ministries dealing with disability will: strengthen the disability taskforce of MoPH; ensure participation of all relevant actors in taskforce; ensure regular reporting and sharing of resources and expertise; and ensure involvement of people with disabilities in the work of the taskforce as much as possible.
Part 4: Psychological support and social reintegration			
<p>Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Bring together relevant line Ministries and actors to address the large gap in psychosocial support services in the country. • Include the issue of Women with Disabilities in the process of National Census, data collection, and polices of training, education, and employment. • Conduct awareness programs 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Create a directory of all psychological support and social reintegration services in Afghanistan by the end of 2006 – NOT ACHIEVED • Disseminate the directory of psychological support and social reintegration services in Afghanistan to all mine/ERW-affected communities, as appropriate, by the end of 2007. • Establish a mechanism to address the huge gap in psychosocial support services and improve 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MoPH and MoLSAMD, in collaboration with other relevant actors, will compile all known information of available services into an accessible database, and update as required. • MoPH and MoLSAMD, in collaboration with other relevant actors, will disseminate the directory through existing networks. • MoPH and MoLSAMD, in collaboration with other relevant actors, will create a taskforce that meets on a regular basis to discuss and

<p>psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p>	<p>throughout the country to inform the people of the rights of women with disabilities and advocate for avoidance of domestic violence against women with disabilities.</p> <ul style="list-style-type: none"> • Adopt and implement the objectives of the National Disability Strategy in relation to the education of children with disabilities. 	<p>coordination among relevant actors at the national, regional and local levels by the end of 2006 – NOT ACHIEVED</p> <ul style="list-style-type: none"> • Introduce a training program, as part of the BPHS, for community healthcare and other service providers on psychosocial and disability issues by the end of 2007 – PSYCHOLOGICAL AWARENESS PACKAGE DEVELOPED • Introduce a program to provide formal training for specialized social workers in Afghanistan by the end of 2007 – TRAINING PACKAGE DEVELOPED AND PILOTED • Expand programs for sport for people with disabilities, on an ongoing basis – SOME PROGRESS • Conduct awareness-raising programs throughout the country on the rights and capacities of people with disabilities, and in particular women with disabilities, in 2007 and beyond. • Develop a comprehensive plan for inclusive and exclusive education for children with disabilities by 2008. • Ensure that all new school buildings and at least ten percent of existing schools per year are made physically accessible to children with disabilities. • Conduct awareness-raising activities in schools for teachers and students on the rights and capacities of children with disabilities. • Develop the curriculum for primary level inclusive and exclusive education by 2008. • Establish a teacher training program for inclusive and exclusive primary education by 2008. • Increased accessibility to sporting and social activities, and schools for people with disabilities in all major cities in Afghanistan by 2009. 	<p>take action on key issues.</p> <ul style="list-style-type: none"> • MoPH, in collaboration with other relevant actors, will strengthen the psychosocial unit in Kabul, develop guidelines on appropriate training, and identify implementing agencies to conduct training. • MoPH, in collaboration with the Institute of Health Sciences and other relevant actors, will develop the curriculum for a two-year specialized training course for social workers. • MoLSAMD, in collaboration with other relevant actors, will advocate for increased resources and facilities, and to encourage the inclusion of sporting activities in the school curriculum. • MoLSAMD, in collaboration with other relevant actors, will develop and coordinate a campaign using radio, television, print media, workshops, a mobile theatre, and special activities such as a Disability Week. • MoE, in collaboration with other relevant actors, will conduct a needs assessment for gender-sensitive primary inclusive and exclusive education. • MoE, in collaboration with other relevant ministries and actors, will ensure that appropriate accessibility aids for girls and boys with disabilities are provided in school buildings, classrooms and toilets. • MoE, in collaboration with other relevant actors, will develop short courses on disability awareness and rights for inclusion in the school curriculum. • MoE, in collaboration with other relevant actors, will research and adapt international training materials for gender-sensitive primary inclusive and exclusive curricula. • MoE, in collaboration with other relevant actors, will introduce a teacher training program for men and women using modern teaching methods that are appropriate for inclusive and exclusive primary education. • Ministry of Transport, in collaboration with other relevant actors, will increase the number of specially equipped buses to provide transportation for people with disabilities and their families to sporting and social activities and schools.
<p>Part 5: Economic reintegration</p>			
<p>Goal: To assist landmine survivors to</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop a combination of different programmes that address a continuous supply of income to vulnerable groups 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Create a directory of all economic reintegration services in Afghanistan, including micro-finance providers, and vocational training and 	<p>Plans to achieve objectives:</p> <ul style="list-style-type: none"> • MoLSAMD, in collaboration with other relevant actors, will compile all known information of available services into an accessible database, and update as required.

<p>either return to their pre-injury occupation, or prepare for and find suitable employment.</p>	<p>and effective delivery systems restructured on the basis of need and best practices in order to address the issue of mainstreaming.</p> <ul style="list-style-type: none"> • Develop a package of programmes including employment, vocational training, self-employment and other assistance, including an increase in the welfare payments, to bring disabled people above the poverty line. • Put in place systems and strengthen field offices of relevant ministries for better benefit delivery and increase the capacity of personnel involved in service delivery. • Increase vocational training facilities, equipped with adequate human resources for vocational training, counselling and assistance on employment generation issues. • Develop courses in vocational training for persons with disabilities with due importance to their functional ability and the market needs. • Design and implement income-generation programmes after training with the support of the Government, NGOs and the Private Sector. • Enforce affirmative action in employment for persons with disabilities. • Collect and maintain statistics on persons with disabilities in employment and self-employment. 	<p>employment centres, by the end of 2006 – NOT ACHIEVED</p> <ul style="list-style-type: none"> • By 2008, national employment agencies will protect, promote and report the number and percentage of persons with disabilities in income-earning employment. • Integrate people with disabilities, including mine survivors, in a package of programs including employment, vocational training, micro-credits, self-employment and other assistance, in the period 2006-2009. • Ensure that at least 30 percent of vulnerable families that include a family member with a disability (or families where the main provider has been killed in a mine/ERW explosion) have access to economic reintegration programs by 2009. • Improve coordination among relevant actors at the national, regional and local levels by mid-2007. 	<ul style="list-style-type: none"> • MoLSAMD, in collaboration with other relevant actors, will set up a monitoring, analysis and reporting mechanism for collecting information on employment opportunities for people with disabilities in the government and private sector in Kabul by the end of 2006 (expanding to all provinces by 2008), and encourage affirmative action in the employment of persons with disabilities in all sectors – NOT ACHIEVED • MoLSAMD, in collaboration with other relevant actors, will review the strategy developed by the former MoLSA and develop a new strategy that will ensure that people with disabilities have access to existing and new programs that promote economic reintegration. • MoLSAMD, in collaboration with other relevant actors, will establish a mechanism to ensure that vulnerable groups have access to programs that promote their economic well-being. • MoLSAMD, in collaboration with all NGOs and organizations working in the field of economic reintegration, will: establish a disability taskforce to address issues relating to economic reintegration; ensure participation of all relevant actors in taskforce; ensure regular reporting and sharing of resources and expertise; and ensure involvement of people with disabilities in the work of the taskforce as much as possible.
<p>Part 6: Laws and public policies</p>			
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Finalize the National Disability Policy (NDP) for Afghanistan in December 2005 or early 2006, and disseminate to all stakeholders including government ministries, international organizations, NGOs, Disabled Persons Organizations, and provincial and local authorities. • Conduct a nation-wide awareness 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Disability focal points in at least 4 key ministries by early 2007 – ACHIEVED IN 3 MINISTRIES • Adopt a three-year national framework for action on disability in 2006 – NOT APPROVED BY CABINET • Conduct a nation-wide awareness raising 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • Disability focal points will be identified and provided with performance incentives in key ministries, including the MoLSAMD, MoPH, and MoE, with the aim of establishing disability taskforces within each ministry that meet on a regular basis to address issues of concern. • MoLSAMD, in collaboration with other relevant actors, will review existing documents to develop a framework and lobby for its adoption. • MoLSAMD, in collaboration with other relevant actors, will develop

with disabilities	<p>raising campaign on the new National Disability Policy beginning in 2006, with the MMD leading the process with other relevant line Ministries.</p> <ul style="list-style-type: none"> • Extract relevant sections on disability issues from the Afghanistan National Development Strategy for 2005 – 2009 (ANDS) and include this information in nation-wide awareness raising on the new National Disability Policy. • Build institutions for the specific needs of the disabled between 2006 and 2008. • Draft and adopt a comprehensive law for persons with disabilities guaranteeing their rights and creating an accessible and barrier free society, with due importance to the rights of women with disabilities, and issues of discrimination. • Register all NGOs working in the sector and develop a directory clearly indicating their place of work, functions, funding sources, and priority areas. • Coordinate the work of NGOs in the country to avoid duplication in the delivery of disability care and services. • Support the development and strengthening of national Disabled Person's Organizations through capacity enhancing programs to improve their skills in self-representation and advocacy. • Develop training programmes for public servants in order to enhance the provision of disability friendly services. • Provide financial support, training and exposure to local and national representatives of disabled persons within the means available. • Develop strategies for effective mechanisms and efficient participation of disabled people in planning and 	<p>campaign on disability issues in 2007 and beyond, which includes raising awareness on the rights and capacities of persons with disabilities.</p> <ul style="list-style-type: none"> • Develop, adopt and implement a National Disability Policy by 2008. • Draft and adopt a comprehensive law for persons with disabilities that guarantees their rights to medical care, rehabilitation, education, employment, social services, and an accessible and barrier free society free from discrimination, with due importance given to the rights of women with disabilities, by the end of 2007 – DRAFT LEGISLATION BEFORE PARLIAMENT • Ratify the 1983 International Labour Organisation Convention 159 on Vocational Rehabilitation and Employment (Disabled Persons) by 2008. • Sign and ratify the international convention on the rights of persons with disabilities and launch an awareness-raising campaign in all major cities. • Develop and disseminate an up-to-date directory of all NGOs/agencies working in the disability sector indicating their place of work, functions, funding sources, and priority areas by the end of 2006 – NOT ACHIEVED • Develop and strengthen national Disabled Person's Organizations (DPOs), on an ongoing basis – SOME PROGRESS • Establish disability resource centres in the eight regions of Afghanistan by 2008 – SOME PROGRESS • Establish a data bank of quality research and Afghanistan-specific information by 2008. • Improve accessibility to all government buildings 	<p>and coordinate a campaign using radio, television, print media, workshops, and a mobile theatre.</p> <ul style="list-style-type: none"> • MoLSAMD, with support from a technical advisor, and in collaboration with relevant ministries and national and international organizations, will establish a taskforce to elaborate a comprehensive policy. • MoLSAMD, with support from a technical advisor, will work with the Ministry of Justice, organizations of people with disabilities and other stakeholders, to develop appropriate laws, and to repeal any existing laws that discriminate against persons with disabilities. Two committees have been established, one within MoLSAMD and one within civil society, to elaborate the necessary components of the new legislation. • MoLSAMD, in collaboration with other relevant actors, will lobby the government to join the Convention. • MoLSAMD, in collaboration with other relevant actors, will lobby the government to join the Convention, and raise awareness in the general public through a campaign using radio, television, print media, workshops, and a mobile theatre. • MoLSAMD will compile all known information on organizations working in the disability sector, and request new information as needed, with the aim of creating an accessible database for distribution to all relevant ministries and agencies. • MoLSAMD, in collaboration with all relevant stakeholders including the Independent Commission for Human Rights, Afghan Civil Society Forum, and UN and international agencies, will implement a program of training and capacity building for national DPOs. • MoLSAMD, in collaboration with other relevant stakeholders, will develop accessible centres to house information on disability issues, and equipment and other facilities for use by people with disabilities, and produce newsletters on key issues. • MoLSAMD, in collaboration with other relevant stakeholders will: identify gaps in statistical, academic and action research to inform policy; promote relevant gender specific data collection and research; promote scholarships for disability studies including capacity building of in-country researchers; and to establish a database of multi-sector research to support national mainstreaming of disability issues. • MoLSAMD, in collaboration with other relevant stakeholders and
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	<p>decision making.</p> <ul style="list-style-type: none"> • Establish a Disability Desk in the Office of the President and at all levels of government. • Promote and encourage the development of party policies and manifestos, within all political parties, relating to equalization of opportunities for persons with disabilities. 	<p>by 2009.</p> <ul style="list-style-type: none"> • Raise the priority given to disability issues within relevant government ministries by the end of 2006 – SOME PROGRESS • Establish a Disability Coordination Body by 2008 to coordinate, monitor and report on activities of all stakeholders. • Disability-related benchmarks are articulated in the Afghanistan National Development Strategy by the end of 2006 – ACHIEVED 	<p>design experts, will document problems in accessibility to government buildings and develop and implement a plan to overcome the problems.</p> <ul style="list-style-type: none"> • All relevant actors, including people with disabilities, will work in collaboration, to develop mechanisms to improve coordination, planning and decision making at the national, regional and local levels, to avoid duplication in the delivery of disability services. • MoLSAMD, in collaboration with key partners, will bring together all existing disability structures within relevant ministries to improve coordination, monitoring, and reporting on national disability-focused plans and programs. • MoLSAMD, in collaboration with all relevant ministries and other actors will ensure that benchmarks that promote the physical, psychosocial and economic well-being of persons with disabilities are included in the Afghanistan National Development Strategy.
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ALBANIA

	OBJECTIVES AS OUTLINED IN <i>ZAGREB PROGRESS REPORT</i>	REVISED SMART OBJECTIVES @ NOVEMBER 2007	PLANS TO ACHIEVE REVISED OBJECTIVES
<i>Part 1: Understanding the extent of the challenge faced</i>			
<p>Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Update the current database of mine casualties outlining the rehabilitation of mine survivors who have remained in the Kukes region by October 2005. • Identify survivors in other parts of Albania and conduct a priority needs assessment by the middle of 2006. • Analyse results of needs assessment surveys through the database by mid 2005. • Evaluate the needs of survivors throughout Albania based on the needs assessment and identify the means to address these needs by the end of 2006. • Share the Albanian Mine Action Programme's (AMAP's) data with INSTAT, the Ministry of Health, the Ministry of Labour and Social Affairs, and all other relevant stakeholders by October 2005. • Ensure that MoLSA and INSTAT include data on mine/UXO survivors when addressing people with disabilities in Albania (i.e., in the 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Update, on a regular basis, the CBR database on 238 mine survivors prior to handover to the relevant government authorities on completion of survivor assistance projects in 2007/2008 – ONGOING • Identify UXO survivors in other parts of Albania by 2006 – ACHIEVED • Collect reports on ERW accidents throughout Albania – ONGOING • Review the victim assistance strategy with all partners on a yearly basis (June – August) – ONGOING • Share the Albania Mine Action Program's data with INSTAT, the Ministry of Health, Ministry of Labour and Social Affairs and Equal Opportunities (MoLSAEO) and other relevant stakeholders by 2006 – PARTLY ACHIEVED • Advocate for MoLSAEO and INSTAT to include data on mine/UXO survivors when address the needs of persons with disabilities in Albania by 2009. • Integrate mine and ERW casualty data collection into a nation-wide injury surveillance system by 2009. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • Local NGO VMA-Kukesi subcontracted to implement the CBR project and collect rehabilitation data, on an ongoing basis, for all mine/UXO survivors in the Kukes region. • UNDP Albania subcontracted the NGO National Demilitarization Centre to implement data collection project. • The Albanian Red Cross will be responsible for the data collection process in 2007/2008 for inclusion in the ERW database. • Discuss strategy at Mine Action workshop with all partners with a focus on assisting mine survivors living in the Kukes region according to the needs identified in the CBR database. • The AMAE VA Officer reviewed all data in the database and delivered to INSTAT in March 2006. • Encourage civil servants at the commune level responsible for dealing with people with disabilities to collect future data on mine/UXO casualties to share with INSTAT, expanding data to include victims of UXO throughout Albania by 2008.

	<p>National Strategy on Disability).</p> <ul style="list-style-type: none"> • Encourage INSTAT or MoLSA to collect future data on mine/UXO casualties, expanding data collection to include victims of UXO throughout Albania. 		
Part 2: Emergency and continuing medical care			
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Upgrade Kukes Regional Hospital to Albania Regional Hospital standards through provision of surgical equipment and improving the intensive care department by the end of 2006. • Assess the surgical capabilities of Bajram Curri Hospital in Tropoja by October 2005. Build surgical capacity at Bajram Curri Hospital (dependent on the availability of an anaesthetist to work in Tropoja). If potential for building surgical capacity exists, organize refresher training for surgeon by the end of 2006. • Improve transport from the mine-affected villages to the District Hospitals by the end of 2006 through the provision of ambulances. • Continue to advocate for equipment and medical supplies for the district hospitals and for nurses in the mine-affected areas. • Set up an emergency assistance fund to help new mine casualties cover their medical costs. • Review the victim assistance strategy with all partners in October 2005. • Train the optometrist at Kukes Hospital at IGLI Russian private eye clinic in Tirana by December 2005. • Procure new basic equipment for the optometrist at Kukes Hospital by June 2006. • Procure assistive devices for the district hospitals by the end of 2006. • Improve cooperation/referral between the NOPC and physiotherapy 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Upgrade Kukes Regional Hospital and Bajram Curri District Hospital to Albanian Hospital level 2 standards through the provision of equipment and training by the end of 2007 – PARTLY ACHIEVED • Improve emergency healthcare services provided at the village level through the provision of training and basic supplies by the end of 2006 – ACHIEVED • Establish an emergency assistance fund to provide immediate financial and medical support to new mine/ERW casualties by 2007 – ACHIEVED • Provide medical treatment to all sight-impaired mine/ERW survivors by the end of 2006 – ACHIEVED • Provide First Aid refresher courses in the mine-affected communities from 2007. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • Upgrade surgical capacity at Kukes and Bajram Curri hospitals through the provision of surgical supplies and equipment, and provide refresher training for 3 surgeons. • Provide training for 6 nurses working in the mine-affected villages at the Slovenian Institute of Rehabilitation, and procure basic emergency supplies and medicines for the nurses working in health centres in the mine-affected villages. • Funding to be sought within the Mine Action budget. • Use existing funding to treat sight-impaired at the IGLI clinic in Tirana, and provide basic optometry equipment to Kukes Regional Hospital. • Discuss possibilities of expanding the Albanian Red Cross network first aid training program to the mine-affected communities.

	<p>department at the Tirana Military Hospital by end of 2005.</p> <ul style="list-style-type: none"> • Advocate with the Director of the Military Hospital for mine survivors to have the right to use the hospital's equipment when required. • Increase peer support in the field through establishing a peer support network by end of 2005. 		
Part 3: Physical rehabilitation			
<p>Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Establish a prosthetic/physical rehabilitation centre in Kukes town, by the end of 2006. • Treat all amputees within Albania, by the end of 2006. • Involve the physiotherapy section of the Military Hospital more with the NOPC, by July 2005 • Provide refresher training for the physiotherapist at Kukes Hospital, by October 2005 • Organize and provide further training for all prosthetic technicians at the NOPC to International Society for Prosthetics and Orthotics (ISPO) category 1, 2, or 3 standards, by the end of 2008. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Establish a prosthetic support centre in Kukes – ACHIEVED • Refresher training for physiotherapists at Kukes Regional Hospital and Bajram Curri Hospital – ACHIEVED • Involve the Military Hospital more with the NOPC. • Establish a rehabilitation centre at Kukes Regional Hospital by the end of 2008 – SOME PROGRESS • Treat all mine amputees within Albania by the end of 2007 – SOME PROGRESS • Training for at least four prosthetic technicians at the NPOC to international standards by 2008 – SOME PROGRESS AND ONGOING • Develop and implement a sustainable physiotherapy training program through the Nursing Faculty in Tirana by 2008 – ACTIVITIES STARTED • Improve rehabilitation services and standards within Albania through the provision of equipment, training of physiotherapists and prosthetic/orthotic technicians, and the construction of a new NOPC by 2008 – SOME PROGRESS • Educate survivors about the benefits of rehabilitation and physiotherapy – ACHIEVED 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • PSC established with funding under the UNDP/EC Completion Program. • Provide training for 2 physiotherapists working at the hospitals at the Slovenian Institute of Rehabilitation. • MoH and MoD signed Memorandum of Understanding and designed plans for new NOPC; NOPC will have separate budget under Military Hospital starting mid-2006. • Procure physiotherapy equipment for the hospital and renovate space in the hospital for the centre with funding for renovation provided by the Ministry of Health. • Support the NOPC and Kukes Hospital Prostheses Support Centre (PSC) in procuring raw materials until MoH provides sufficient funds; provide the majority of repairs at the PSC and NOPC. • Provide training under the Handicap International (HI) PMR project for at least 3 prosthetic technicians from the NOPC and PSC to ISPO level II, and ICRC Special Fund for Disabled to continue funding one technician undertaking a 2.5 year training program abroad. • Under HI PMR program, work with MoH and MoEd to develop a physiotherapy curriculum. • Through achievement of all above objectives. • Conduct awareness raising through the CBR program with workshops and leaflets.
Part 4: Psychological support and social reintegration			
<p>Goal: To assist landmine</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Raise awareness amongst mine victims about the aims of counselling and 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Raise awareness about the aims and advantages of counselling and where it is available by 2005 – 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • Implement activities through the CBR program in the mine-affected villages.

<p>survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p>	<p>where it is available, by October 2005</p> <ul style="list-style-type: none"> • Train social workers in the mine-affected region in counselling, by the end of 2005. • Train social workers in the mine-affected areas in the specific problems that mine survivors may face and how they can assist in these areas, by the end of 2005 • Advocate for the Director of Kukes Regional Hospital and the Director of Social Services to include social workers in the structure of the District Hospitals. • Train mine survivors on their rights, by the end of 2005. • Follow up with Landmine Survivors Network about expanding its peer support programme, by December 2005. 	<p>ACHIEVED</p> <ul style="list-style-type: none"> • Improve outreach and counselling services available to mine/ERW survivors through the training of social workers in the mine affected region by 2007 – ACHIEVED • Assist 10 child mine survivors return to school by 2007 – ACHIEVED • Provide psycho-social support to 30 mine/UXO survivors in need of it as identified in the CBR database through the CBR network – ONGOING 	<ul style="list-style-type: none"> • Trained 20 social workers working in the mine-affected region in counselling. • Provide transport and catch-up classes to child mine survivors to enable them to continue their studies. • Continue peer support by VMA-Kukesi project coordinator, a mine survivor, and implement recreational activities under the CBR project.
<p>Part 5: Economic reintegration</p>			
<p>Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Assist another 30 mine/UXO survivors by the end of 2005 through the provision of a loan and training to establish home based economies • Establish a revolving loan fund by the end of 2006. • Advocate for equal opportunities in employment for persons with disabilities and aim to achieve effective implementation of legislation by 2007. • Start a vocational training programme in Kukes in business training, computers, high tech applications, and tourism and hospitality by the middle of 2006 – ACHIEVED • Advocate, on an ongoing basis, for the employment of persons with disabilities in the workplace. • Support, on an ongoing basis, the National Strategy on Disability, specifically in the Kukes Region. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Assist 32 mine/ERW survivors through the provision of loans and training to establish home-based economies by the end of 2006 – ACHIEVED • Provide 30 mine/ERW survivors with vocational training tailored to their interests and identified needs in the villages by the end of 2007 – ACHIEVED • Assist 100 mine/ERW survivors and their families with socio-economic reintegration opportunities by 2007 – ONGOING • Assist 30 mine/ERW survivors through the provision of loans and training to establish home-based economies by mid 2008. • Establish a revolving loan fund to assist other mine survivors on completion of VMA-Kukesi project by 2007. • Advocate for equal opportunities in employment for persons with disabilities through effective implementation of disability legislation by 2010. • Support implementation of the National Strategy on People with Disabilities in the Kukes region on an ongoing basis. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • VMA-Kukesi implementing a program to increase income generating opportunities in the Kukes region. • Implement a new UNDP-supported program in collaboration with VMA to provide vocational training for 30 mine survivors in areas such as small electronic repairs, hairdressing, English, and computers. • VMA-Kukesi implementing a program to increase income generating opportunities in the Kukes region. • Implement the US Department of State/ITF-supported program in collaboration with VMA to increase income generating opportunities in the Kukes region. • Secure funding through UNDP and EC to establish loan fund. • Support MoLSA and the Albanian Disability Rights Foundation (ADRF) in achieving this goal proposed in the National Strategy on People with Disabilities. • AMAE to discuss plans with MoLSA and ADRF on possible collaboration.

Part 6: Laws and public policies			
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Advocate for the rights of persons with disabilities and support the National Strategy on Disability in all work from 2005-2009. • Raise awareness amongst persons with disabilities and the general public about the rights of persons with disabilities. • Inform mine survivors of their rights. • Raise awareness amongst mine survivors of their rights in relation to accessibility by June 2006. • Raise awareness in the courts on discrimination against people with disabilities (ongoing from 2005). • Prepare and distribute information on persons with disabilities at the national, regional, and local level. • Raise awareness in mine-affected communities on the rights of people with disabilities through pamphlets and trainings. • Provide support for education programmes for persons with disabilities (ongoing from 2005). 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Increase awareness amongst persons with disabilities, including mine survivors, and the general public on the rights and needs of persons with disabilities by 2007. • Advocate for the rights of persons with disabilities and support implementation of the National Strategy on People with Disabilities in all work, on an ongoing basis. • Increase awareness in the courts on discrimination against persons with disabilities, on an ongoing basis. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • Organise a workshop for mine survivors and others on their rights. • Support ADRF and MoLSA in their initiatives to achieve the goals of the National Strategy on People with Disabilities; provide training for VMA on the National Strategy. • Support initiatives outlined in the National Strategy on People with Disabilities.

ANGOLA

– Angola initiated a process to develop revised objectives and a plan of action. The plan to achieve the revised objectives is being translated.

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	REVISED OBJECTIVES @ NOVEMBER 2007
<p>Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Conduct a nation-wide survey on mine casualties. • Identify government and private institutions/ organizations involved in collecting mine casualty data. • Implement the use of IMSMA forms for registering mine casualties by all actors involved in mine victim assistance. • Improve communication among relevant actors in mine victim assistance. • Establish a Joint Commission to conduct accident surveillance at national and provincial levels. 	<p>Revised objectives:</p> <ul style="list-style-type: none"> • Establish a data collection system and start collecting data between September and December 2007. • Improve coordination of mine victim assistance at the central and provincial level and improve communication among relevant actors in mine victim assistance in 2007, including the elaboration of an annual plan for ministries and an annual plan for the provincial level. • Document victim assistance experiences and lessons learned and elaborate an annual report available to partners by December 2007. • Provide training for members of the Sub Commission in project management, strategic planning, communication techniques and English.
<p>Goal: Reduce deaths by</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Achieve broader coverage of basic health care throughout the 	<p>Revised objectives:</p> <ul style="list-style-type: none"> • Create, train and support groups of first aid in the areas most affected by landmines and other

<p>stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>country.</p> <ul style="list-style-type: none"> ● Improve accessibility to existing hospitals. ● Support transportation to and from hospitals, especially to and from orthopaedic centres. ● Increase the number and qualifications of health workers involved in mine victim assistance and social reintegration. ● Increase the budget allocated to social assistance including health care. ● Establish first aid teams, especially in medium and high mine impact risk areas. 	<p>devices for immediate intervention.</p> <ul style="list-style-type: none"> ● Build and equip health posts with technical, human, and medical resources in mine-affected areas. ● Inform people of the existence of health posts and their respective locations. ● Ensure means of communication and emergency transport in mine affected areas.
<p>Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> ● Improve the capacities of existing orthopaedic centres, including through the training of national technical personnel. ● Increase the scope of community-based rehabilitation projects. ● Ensure that mine victims have access to assistance and social and economic reintegration as close as possible to their area of residence, i.e. at province level. ● Establish a multipurpose centre for mine survivors and other persons with disabilities oriented towards providing health care, physical rehabilitation and psychological support, vocational training, legal advice and socio-economic reintegration. 	<p>Revised objectives:</p> <ul style="list-style-type: none"> ● Promote a framework and professional qualifications of the various sectors involved in the rehabilitation of persons with disabilities. ● Maintain a sustainable capacity at rehabilitation centres to provide assistance. ● Create and strengthen the capacity for repair, replacement and adjustment of orthopaedic aids. ● Implement regional policies of National Programme for the Rehabilitation of People with Physical and Sensorial Disability (PNR) to assist persons with disabilities. ● Guarantee access to care for people affected in the acute phase. ● Assume up to 75 percent of the production of technical aids for people with disabilities by the government (foot, sole of crutches and wheelchairs). ● Use polypropylene in 80 percent of manufacture. ● Maintain and enhance the continuous training of technicians engaged in physical rehabilitation. ● Establish an agreement between the International Society for Prosthetics and Orthotics (ISPO), PNR, ETPS and UPRA for continuous training to all technical levels until December 2008. ● Strengthen civil associations involvement in the identification, reporting, transportation and follow up of persons with disabilities. ● Ensure standardization of the type of orthopaedic devices.
<p>Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> ● Raise awareness within public and private organizations, and civil society in general, of existing physical and social barriers that hinder the full participation of persons with disabilities in the social, political and economic life of the country. ● Adopt appropriate measures in order to promote the integration of persons with disabilities in all spheres of the country's socio-economic life. ● Establish counselling and psychological support systems at the community level. ● Remove barriers and reinforce self-esteem and dignity. 	<p>Revised objectives:</p> <ul style="list-style-type: none"> ● Expand psychosocial support services to all orthopaedic centres, hospitals, vocational training centres, social sector, NGOs, family and communities. ● Increase the number of skilled technicians and specialists in psycho-social rehabilitation for improvement of services. ● Strengthen institutional capacity in the psychosocial area. ● Raise awareness and create conditions for the expansion of educational opportunities for child mine survivors in rural areas. ● Increase the dissemination of information of services provided by public and private institutions and civil society (Ministry for Assistance and Social Reintegration, Ministry of Public Administration, Work, and Social Security, Ministry of Education, Ministry of Former Combatants and War Veterans, CNIDAH, NGOs and churches). ● Create a network of landmine survivors by November 2007. ● Create projects of social integration by July and follow-up progress at the provincial level by

<p>Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> ● Enhance community awareness of the benefits of integrating persons with disabilities into the social and economic life of the country, in government and private institutions. ● Press for the adoption and implementation of the first employment bill, establishing directions and priorities for the specific disability programmes, in order to allow young persons with disabilities to access employment and become socially and professionally integrated. ● Ensure that the economic reintegration of mine survivors is included in the fight against poverty. ● Promote training opportunities for mine survivors, according to their needs. ● Consider the needs of mine survivors in literacy training, in both rural and urban areas. ● Devise and implement a strategy to promote the recruitment of mine survivors by public and private employers. 	<p>November 2007.</p> <p>Revised objectives:</p> <ul style="list-style-type: none"> ● Create 18 cooperatives at the national level in coordination with the Sub Commission on Victim Assistance, Ministry of Social Action and Reintegration, and the Ministry of Planning between June and August 2007. ● Increase access of landmine survivors to micro-credit schemes through identification and raising awareness of financial institutions between May and June 2007. ● Create income generation activities. ● Facilitate employment for persons with disabilities in the labour market. ● Reintegrate former officials with disabilities, through career conversion and vocational rehabilitation. ● Provide training for social and professional integration with economic guarantee. ● Strengthen services that contribute to the reintegration of persons with disabilities, including landmine survivors.
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p>	<p>Objectives:</p> <ul style="list-style-type: none"> ● Ensure legal protection in accordance with the needs of mine victims. ● Reduce discrimination and social exclusion. ● Restore the dignity of mine survivors. 	<p>Revised objectives:</p> <ul style="list-style-type: none"> ● Approve the law on persons with disabilities by 2007. ● Increase the number of institutions that comply with law 21/82. ● Raise awareness of the rights and needs of persons with disabilities through radio and television programmes. ● Ensure the participation of persons with disabilities in the national elections in 2008. ● Regulate all approved legislation that concerns the protection of the rights of persons with disabilities to ensure effective implementation. ● Advocate with the government and the national assembly to define policies and strategies that aim to eliminate physical barriers to accessibility for persons with disabilities. ● Propose the creation of a body reporting directly to the president of the republic or the Prime Minister on the definition, coordination and monitoring of policies relating to the protection of rights of people with disabilities, including mine survivors. ● Engage all institutions working with persons with disabilities, including mine survivors, to raise awareness in the society on their rights through regular meetings, lectures, debates, radio and television programmes, posters and theatre. ● Mobilize institutions working with and for mine victims and other people with disabilities to provide legal assistance to prevent the violation of their rights. ● Establish a law to ensure equal opportunities for people with disabilities in access to employment and training and create mechanisms for monitoring the practical implementation of this law.

BOSNIA AND HERZEGOVINA

– Bosnia and Herzegovina initiated an inter-ministerial process to revise objectives and develop a comprehensive plan of action at the first national workshop on victim assistance in February 2007. The results of this process are not yet finalised.

OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	
Part 1: Understanding the extent of the challenge faced	
<p>Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Creation and standardization of an information system for mine victim assistance in Bosnia and Herzegovina. • Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009. • Develop a mechanism to improve reliability, monitoring and complexity of information in overlapping activities
Part 2: Emergency and continuing medical care	
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Increase efficiency by 2009 in relation to medical interventions to assist the injured by cutting down the intervention time in order to increase the chances of survival and minimize the severity of physical disability. • Develop a mechanism to improve coordination between those providing emergency and continuing medical care.
Part 3: Physical rehabilitation	
<p>Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Every mine survivor will be provided with quality prosthetics, if needed, and rehabilitation to facilitate their reintegration into society, and thereby reduce the social costs to the community.
Part 4: Psychological support and social reintegration	
<p>Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Every mine survivor will have access to psychological support services, if needed, by 2009. • Develop a strategy to increase cooperation within the local community on the promotion of mental health, with the aim of integrating persons with disabilities into the daily life of the community. • Enable access to regular education and the schooling system for children with disabilities.
Part 5: Economic reintegration	
<p>Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Enact and implement improved laws, training and regulations to facilitate the economic reintegration of persons with disabilities. • Facilitate vocational training and economic reintegration opportunities for mine survivors.
Part 6: Laws and public policies	
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Enable the full reintegration of mine survivors into society through a wide range of assistance programmes, which include integrated social, medical and other specialist services. • Raise the level of consciousness about the needs of mine survivors and other persons with disabilities, which would lead to changes in community attitudes related to this issue. • Enact and implement improved laws and regulations related to rights and benefits for disabled persons, all within the implementation of the poverty reduction strategy, as well as the EU process of stabilisation and integration

CAMBODIA

– Cambodia established a Landmine Victim Assistance Steering Committee in late 2006, and in mid 2007 through the support of consultant recruited specifically for the purpose, initiated an inter-ministerial process involving all key stakeholders to revise its objectives and develop a comprehensive plan of action. The results of this process are close to being finalised.

OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	
Part 1: Understanding the extent of the challenge faced	
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Continue to maintain and coordinate a sustainable information-gathering and referral network on mine/UXO casualties in Cambodia. • Continue to analyse and disseminate mine/UXO casualty information nationally and internationally to assist in the planning and monitoring of mine action and victim assistance programmes. • Support the capacity and development of the Cambodian Red Cross in undertaking data collection and information management with a view to ensuring maximum autonomy. • Establish a user-friendly decentralized system to follow-up on assistance received by survivors in two mine-affected provinces by the end of 2006.
Part 2: Emergency and continuing medical care	
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Assess and analyse the state of medical rehabilitation in Cambodia in order to develop guidelines and strategies to develop the sector. • Assist the Ministry of Health, allied government ministries, WHO and other relevant bodies, on policy and planning relating to medical rehabilitation. • Share information and knowledge among stakeholders about landmines and what government and non-government services are available to address emergency and continuing medical care. • Develop a plan in 2006, with the approval of the Prime Minister, to provide free hospital care for mine casualties, and monitor implementation.
Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> • Promote improved standards and quality of services provided by rehabilitation centres according to the long term plan for the sector. • Ensure maximum equitable distribution of quality physical rehabilitation services to all physically disabled persons in Cambodian society, taking into account their expressed needs and priorities with regard to their social, cultural and economic development.
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Develop plans and guidelines for best practice to address the psychosocial needs of mine survivors and their families.
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Capacity building of people with disabilities and their families through the development of self help groups and promoting capacities and full participation of people with disabilities in mainstream development activities. • Create opportunities for income generation for persons with disabilities through skilled employment and self employment activities. • Identify new skills and services to meet market demand and create opportunities for income generation for persons with disabilities. • Assist children with disabilities to reach their full potential and have the same opportunities as all other children to active and valued participation in their home and community life.

	<ul style="list-style-type: none"> • Develop and implement integrated, comprehensive community programs/projects that will allow the maximum number of children with disabilities to remain in the community while providing essential care for more severely disabled children in specialised centres.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • The adoption and implementation of the draft legislation to protect the rights of all people with disabilities, including women and children, regardless of the cause of disability. • Review other existing laws with a view to identifying discrimination against persons with disabilities. • Raise awareness in the community of the rights and needs of persons with disabilities. • The Cambodian Mine Action and Victim Assistance Authority (CMAA) in collaboration with MoSVY, to convene a Victim Assistance Forum in 2006 bringing together mine survivors, relevant ministries, NGOs, and DAC, to develop a plan of action to meet the aims of the Nairobi Action Plan.

COLOMBIA

– Colombia has developed the “Integral Route for Mine/UXO Victims” which covers all the stages of assistance from emergency care through to economic reintegration. The route assigns responsibility to the relevant ministries and governmental institutions for implementation.

OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	
Part 1: Understanding the extent of the challenge faced	
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Consolidate the information management system at different levels in the country (i.e. local, municipal, departmental etc) • Decentralize the information management system at the different levels in the country.
Part 2: Emergency and continuing medical care	
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Reduce the number of casualties and provide effective health care to survivors. • Design a national strategic plan for the integrated care of mine/UXO survivors.
Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives:
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives:
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives:

Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives:

CROATIA

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	REVISED OBJECTIVES @ NOVEMBER 2007
Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Completely update the CROMAC database, incorporating information from other databases as required by the end of 2006, and include children (up to 18 at the time of the incident) whose parents were killed by mines/UXO. • Expand existing injury surveillance mechanisms to include the category of “mine explosion” as a cause of injury by the end of 2006. • Establish/restart a national coordination body for mine victim assistance by the end of 2006, and restart regional mine action coordination bodies by the end of 2005. • Include mine survivors in the work of national and regional coordination bodies. • Develop a strategy for better and stronger cooperation between all interested parties in mine victim assistance. • Establish a network to coordinate the activities of surveillance, monitoring and sharing of information. 	Revised objectives: <ul style="list-style-type: none"> • Completely update the CROMAC database, incorporating information from other databases as required by the end of 2006, and include children (up to 18 at the time of the incident) whose parents were killed by mines/UXO. • Expand existing injury surveillance mechanisms to include the category of “mine explosion” as a cause of injury by the end of 2006. • Establish/restart a national coordination body for mine victim assistance by the end of 2006, and restart regional mine action coordination bodies by the end of 2005. • Include mine survivors in the work of national and regional coordination bodies by the end of 2006. • Develop a strategy for better and stronger cooperation between all interested parties in mine victim assistance by mid 2007. • Establish a network to coordinate the activities of surveillance, monitoring and sharing of information by mid 2007.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Develop Standard Operational Procedures, by 2008, for the evacuation of mine casualties from mined areas. • Establish an emergency helicopter service. • Develop a strategy to ensure the regular upgrading of ambulances and medical equipment in health institutions. • Introduce a system of continuous education for practitioners in the emergency treatment of landmine casualties. • Train the population in emergency first aid for injured persons. 	Revised objectives: <ul style="list-style-type: none"> • Develop Standard Operational Procedures, by 2008, for the evacuation of mine casualties from mined areas. • Establish an emergency helicopter service by mid 2008. • Develop a strategy to ensure the regular upgrading of ambulances and medical equipment in health institutions by mid 2008. • Introduce a system of continuous education for practitioners in the emergency treatment of landmine casualties by mid 2008. • At least double the number of existing emergency teams trained in emergency first aid for traumatic injuries by 2009.
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> • Revise the Book of Rules on orthopaedic and other assistive devices to take into account technical and medical advances as well as the experiences of persons with disabilities. 	Revised objectives: <ul style="list-style-type: none"> • Revise the Book of Rules on orthopaedic and other assistive devices to take into account technical and medical advances as well as the experiences of persons with disabilities by the end of 2007.

Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Continue developing programmes for psychological support to landmine survivors. • Complete reconstruction of the DUGA centre by mid 2006, and start offering programmes for children and adults from the entire South East Europe region and other mine-affected countries. 	Revised objectives: <ul style="list-style-type: none"> • Fully develop programmes for psychological support to landmine survivors by 2009. • Complete reconstruction of the DUGA centre by mid 2006, and implement programmes for children and adults from the entire South East Europe region and other mine-affected countries. • At least 70 percent of registered mine survivors will have access to psychological support services, if needed, by 2009.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives:	Revised objectives: <ul style="list-style-type: none"> • At least 60 percent of registered mine survivors will have access to vocational training and/or income generating opportunities, if needed, by 2009.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Fully implement the National Strategy of Unique Policy for the Disabled 2003-2006, and develop a new strategy for the period after 2006. 	Objectives: <ul style="list-style-type: none"> • Fully implement the National Strategy of Unique Policy for the Disabled 2003-2006, and develop a new strategy for the period after 2006.

DEMOCRATIC REPUBLIC OF THE CONGO

– The Democratic Republic of the Congo reported at the 8MSP that a plan of action based on the *Nairobi Action Plan* has been developed and activities to implement the plan are ongoing. More detailed information will be provided.

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	REVISED OBJECTIVES @ NOVEMBER 2007
Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Establish a data collection and community-based monitoring system to enable the rapid gathering of information on landmine- and UXO-related accidents. 	Revised objectives: <ul style="list-style-type: none"> • Establish a data collection and community-monitoring system to enable the rapid gathering of information on mine/ERW related accidents by the end of 2007. • Conduct a national evaluation of the needs and assistance available for mine victims by the end of 2006.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Reduce landmine accident and mortality rates by providing suitable medical care and raising awareness of the dangers of handling anti-personnel mines and UXO. • Provide health centres located in mine-affected areas with surgical, rehabilitation and orthopaedic fitting equipment. • Provide health structures with logistical means for quick evacuation of the wounded to referral hospitals that are better equipped to provide more elaborate care. • Train health care staff in mine-affected areas to provide 	Revised objectives: <ul style="list-style-type: none"> • Reduce by 25 percent by 2009 mortality rates of mine victims through improved emergency response capabilities in the provinces of Kinshasa, Bas-Congo, North-Kivu, South-Kivu and Province Orientale. • Provide at least 10 health facilities located in mine-affected areas with surgical, rehabilitation and orthopaedic fitting equipment by 2009. • Provide health structures with the logistical means to provide timely evacuation of casualties to better equipped referral hospitals by 2009. • Train at least 20 healthcare staff in mine-affected areas to provide specialised emergency and continuing medical care for mine/ERW

	emergency and continuing medical care for mine/UXO casualties and other accidents.	survivors by 2009.
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> • Set up physical rehabilitation centres and prosthetic-orthotic centres in mine-affected areas affected to provide care, support and guidance for the disabled with a view to giving them a fresh start. • Strengthen capacity of national community based rehabilitation programme. 	Revised objectives: <ul style="list-style-type: none"> • Set up physical rehabilitation centres and prosthetic-orthotic centres in mine-affected areas affected to provide care, support and guidance for the disabled with a view to giving them a fresh start. • Strengthen capacity of national community based rehabilitation programme. • Train at least 5 orthopaedic technicians and 10 physiotherapists by 2009.
Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Support social reintegration of mine survivors through psychosocial support and guidance. • Build capacity of social workers and psychologists working in mine-affected areas. 	Revised objectives: <ul style="list-style-type: none"> • Support the social reintegration of mine survivors through psychosocial support and guidance. • Build the capacity of social workers and psychologists working in mine-affected areas. • Train at least 5 psychologists by 2009.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Support the economic reintegration of mine survivors through training, micro-credit, employment and education. • Set up vocational training centres in mine-affected areas to provide care, support and guidance for the disabled with a view to giving them a fresh start. • Develop income-generating activities to assist the economic reintegration of mine survivors. 	Revised objectives: <ul style="list-style-type: none"> • Support the economic reintegration of 15 percent of registered mine survivors through training, micro-credit, employment and education by 2009. • Set up vocational training centres in mine-affected areas to provide care, support and guidance for the disabled with a view to giving them a fresh start. • Develop income-generating activities to assist the economic reintegration of mine survivors.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Improve the quality of life of the disabled through the same opportunities as the rest of the population. 	Objectives: <ul style="list-style-type: none"> • Improve the quality of life of the disabled through the same opportunities as the rest of the population.

EL SALVADOR

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	REVISED OBJECTIVES @ NOVEMBER 2007	PLANS TO ACHIEVE REVISED OBJECTIVES
Part 1: Understanding the extent of the challenge faced			
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the	Objectives: <ul style="list-style-type: none"> • Coordinate inter-institutional efforts to update and verify statistics on mine survivors before 2009. • Coordinate and carry out assistance programmes 	Revised SMART objectives: <ul style="list-style-type: none"> • Identify landmine survivors through the elaboration of a statistical study of persons with disability at the 	Plans to achieve revised objectives: <ul style="list-style-type: none"> • The National Council for Integral Assistance to Persons with Disabilities (CONAPID) in collaboration with other partners will seek funds for the training of a technical team

responses	that will improve the quality of life of mine survivors and other persons with disabilities.	national level by 2009.	to undertake the survey and analysis of data, starting in July 2007.
Part 2: Emergency and continuing medical care			
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> Develop and implement a programme to conduct periodic visits to at least 700 landmine survivors annually to assess their state of health. Conduct at least two training seminars per year for medical and paramedical personnel working in the SIBASIS programme in emergency treatment of traumatic injuries causing amputations. 	Revised SMART objectives: <ul style="list-style-type: none"> Strengthen continuous educational programs for medical, paramedical and administrative personnel in emergency assistance, on an ongoing basis to 2009. 	Plans to achieve revised objectives: <ul style="list-style-type: none"> The Ministry of Health, in collaboration with other partners will elaborate and implement training plans, starting in 2008. Agreements will be created between the Fund for Protection of the Wounded and Disabled as a Consequence of the War (Fund for Protection) and the health sector.
Part 3: Physical rehabilitation			
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> Develop and implement a strategy from 2005 to 2009 to improve the process of rehabilitation for mine survivors and other persons with disabilities through coordination and the provision of prostheses, orthoses, assistive devices and medicines. Extend the network of services through the SIBASIS CBR strategy, in 15 municipalities suffering from high to extreme levels of poverty in 2005-2006. 	Revised SMART objectives: <ul style="list-style-type: none"> Strengthen and increase rehabilitation services in hospitals of the national health network in the period 2007-2009. Improve the quality of orthopaedic devices and the provision of rehabilitation by 2009. Strengthen the capacity of the Salvadoran Institute for the Rehabilitation of the Disabled (ISRI) workshop and reopen the Regional Military Hospital San Miguel for the production and repair of prosthetic devices by 2009. 	Plans to achieve revised objectives: <ul style="list-style-type: none"> CONAIPD will create an inter-institutional network to coordinate services to meet the needs of landmine survivors and other persons with disabilities. CONAIPD, in collaboration with the Ministry of Health, will engage a consultancy to review and define the required quality, regulate and accredit public and private orthopaedic workshops. The ISRI and the Fund for Protection will sign a cooperation agreement to provide prostheses and orthoses and for the repair of orthopaedic aids and other services in San Salvador and San Miguel in 2007. ISRI and the Fund For Protection will obtain funding support to improve the supply of raw materials required for manufacture of orthopaedic aids
Part 4: Psychological support and social reintegration			
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> Continue the work of the Fund for Protection to provide psychological support and economic reintegration to mine survivors, family members and the community, through technical support, counselling, and recreational activities. Promote sporting and cultural activities for persons with disabilities, including within the National Institute of Sport and other sporting organizations. Contribute to psychosocial reintegration through implementation of the CBR programme in targeted communities. Coordinate and strengthen efforts of the Ministry of Education and other organizations to promote 	Revised objectives: <ul style="list-style-type: none"> Implement the Community Based Rehabilitation (CBR) strategy throughout the country by 2009. Promote the participation of persons with disabilities, including mine survivors, in the education system through to the completion of their education and support their social integration, on an ongoing basis. 	Plans to achieve revised objectives: <ul style="list-style-type: none"> CONAIPD and the Ministry of Health will train personnel of the Basic Services for Integral Health (SIBASIS) programme at the national level. CONAIPD and the Ministry of Health will create a CBR committee in each community and strengthen the national CBR committee for follow-up.

	<p>inclusive education for people with disabilities through development of the plan of action of the Unit for Attention to Special Education.</p> <ul style="list-style-type: none"> • Develop and implement a strategy in 2006 and 2007 to promote a change in attitudes of society in general towards disabled persons, through raising awareness on the rights of persons with disabilities. 		
Part 5: Economic reintegration			
<p>Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Coordinate and implement financial compensation and pension programmes for mine survivors by 2009, through the work of the Fund for Protection, and other related organizations. • Develop and implement alternative micro-enterprise projects for 50 mine survivors during the second semester of 2006, including rotating funds adapted to the needs of mine survivors. • Develop and implement a coordinated strategy with the Ministry of Labour and Social Security from 2005 to 2009 to ensure that companies fulfil their obligations under the Law of Equal Opportunities for People with Disabilities to employ persons with disabilities, and sensitize employers to the capacities of disabled persons. • Develop free vocational training courses adapted to the special needs of people with disabilities in coordination with INSAFORP, starting in 2005. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Strengthen actions that promote the economic reintegration of persons with disabilities by 2009. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • Support survivors in the search for employment • CONAIPD will identify financial resources to provide seed capital for micro-enterprise projects for persons with disabilities. • CONAIPD, Ministry of Labour (MoL) and Fund for Protection, will support survivors in the creation and strengthening of income generation projects and access to finance. • MoL and Fund for Protection will train survivors in the management of small businesses. • Ministry of Education, through the implementation of programmes for adult education, literacy training and other types of flexible education programmes will ensure the inclusion of survivors and other persons with disabilities. • CONAIPD, in collaboration with the MoL and Fund for Protection will encourage the creation of cooperatives with legal status to access credit in the financial system. • Ministry of Defence in coordination with the Ministry of Agriculture will train trainers and people with disabilities for the development of training courses for persons with disabilities and will support commercialisation and provide basic materials. • The Ministry of Agriculture will train trainers, including people with disabilities, for the development of training courses for persons with disabilities in raising poultry, cattle and pigs, tilapia farming and horticulture, at the national level.
Part 6: Laws and public policies			
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Protect the rights of mine survivors and other persons with disabilities. • Design and implement a strategy to coordinate public organizations working with and for persons with disabilities to ensure the full implementation of the provisions of the Law of Equal Opportunities for 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Promote, on an ongoing basis through 2009, compliance with national legislation on disability, including: the Law Equalization of Opportunities for Persons with Disabilities and its regulation; the National Policy on Comprehensive 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • CONAIPD will strengthen national campaigns for outreach, training and awareness on the rights of persons with disabilities, on an ongoing basis.. • Strengthen inter-ministerial and inter-institutional coordination on disability issues.

	<p>People with Disabilities.</p> <ul style="list-style-type: none"> • Design and implement a mass media campaign to raise awareness, including within the media itself, on the rights and capacities of people with disabilities during 2006 and 2007. 	<p>Care for Persons with Disabilities and its plan of action; the Law of the Protection Fund for the Wounded as a Consequence of the Armed Conflict; Standards and Instrument in the care of national.</p> <ul style="list-style-type: none"> • Establish the approval process for updating the National Policy for Comprehensive Care for People with Disabilities, as soon as possible. • Advocate for the adoption of the New Act of the Salvadoran Institute for the Rehabilitation of the Disabled (ISRI) by 2009. • Advocate for the early ratification of the Convention on the Rights of Persons with Disabilities. 	
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ERITREA

OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	
<i>Part 1: Understanding the extent of the challenge faced</i>	
<p>Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop a nationwide surveillance and reporting system for landmine/UXO casualties. • Develop indicators to capture data that is measurable and relevant. • Initiate data-based decision making at the Ministry of Labour and Human Welfare (MLHW) regarding the expansion of services for mine survivors and other persons with disabilities. • Monitor and update data yearly on indicators for all persons with disabilities. • Download victim support data to EDA according to Proclamation 123 on landmine survivors.
<i>Part 2: Emergency and continuing medical care</i>	
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Reduce death and complications by providing training to high and medium impact mine-affected communities in emergency care. • Train and support surgeons in saving limbs, flap closure and other aspects of amputation surgery. • Develop infrastructure, provide training and emergency equipment and supplies in health centres in or near highly mine-affected communities.
<i>Part 3: Physical rehabilitation</i>	
<p>Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Strengthen the referral system and provide accommodation at all workshops for persons with disability. • Procure sufficient raw materials for production of lower and upper limb prostheses, orthoses, and splints. • Link the mobile unit and assessment clinics with community based rehabilitation (CBR) and mine risk education programmes to impact landmine survivors in highly affected communities. • Provide assessment and rehabilitation services for 80 percent of known recent landmine survivors.

	<ul style="list-style-type: none"> • Provide landmine survivors with mobility aids that are designed to meet their particular needs and environment • Make information available on basic care and repair of equipment in all Eritrean languages. • Develop direct linkages between physiotherapy services and orthopaedic workshops to benefit landmine survivors and other persons with disability.
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Develop and expand the integrated model of community based mine action into most highly affected sub-regions. • Decentralize mental health and counselling services in 50 percent of the sub-regions. • Establish a database and community structures to monitor the process of psychological support and social reintegration. • Advocate for inclusive education for children with disabilities through the Ministry of Education. • Adapt the teacher training curriculum to accommodate the needs of children with disabilities.
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Provide seed money loans to 1,800 persons with disabilities and monitor the economic reintegration process. • Monitor landmine survivors and other persons with disabilities and their return to original occupation and develop affirmative action for placement and recruitment. • Develop awareness within vocational training programmes and have affirmative action schemes for students with disabilities especially survivors. • Advocate for the university to offer classes and facilities for students with disability and loans/scholarships to cover living costs.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Formulate and implement national disability legislation that is in line with the draft international convention on persons with disabilities • Reduce the stigma against persons with disability at the community level. • Ensure that new schools and buildings in recovery projects are accessible to persons with disabilities.

ETHIOPIA

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT
Part 1: Understanding the extent of the challenge faced	
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Conduct a needs assessment of mine survivors and set up a continuous surveillance system for accurate mine casualty data collection.
Part 2: Emergency and continuing medical care	
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Make medical treatment and emergency support available on time by providing proper awareness to the affected communities and local medical centres.
Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of	Objectives: <ul style="list-style-type: none"> • Create opportunities to improve access to physical rehabilitation for landmine/UXO survivors. • Establish victim assistance clinics and strength the existing war victim support centres.

appropriate assistive devices.	
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Create opportunities to improve access to psychosocial counselling for landmine/UXO survivors.
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Create opportunities to improve access to economic assistance, formal education and vocation training for landmine/UXO survivors. • Establish and strengthen vocational training centres for mine survivors and other persons with disabilities.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Protect and promote the rights of landmine survivors and other people with disabilities. • Update and enforce existing laws and regulations in favour of mine survivors and other people with disabilities. • Develop new rules and regulations insuring better access to education, health services, job opportunities, buildings, residential areas, transportation services, and media services for mine survivors and other persons with disabilities. • Protect the disabled against any discrimination and stigmatisation. • Develop a strategic plan for mine victim assistance with interagency/organizational cooperation.

GUINEA-BISSAU

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT
Part 1: Understanding the extent of the challenge faced	
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Develop, maintain and coordinate a surveillance and reporting system for landmine/UXO casualties that is integrated into a nation-wide injury surveillance reporting mechanism by 2009.
Part 2: Emergency and continuing medical care	
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Develop a strategy to enhance first-response support to mine casualties and their families by 2007. • Develop a strategy to strengthen the capacity of the National Hospital and community based organizations that deal with the rehabilitation of landmine/UXO survivors by 2007.
Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> • Develop a strategy to improve access for physically disabled persons and increase the national capacity in health services mainly in physiotherapy and orthopaedics by 2009.

Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Create a capacity within the hospital for psychosocial assistance by 2008. • Continue to support sporting activities for survivors in the period 2006-2009.
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Develop a strategy to reduce discrimination faced by survivors in the work place, by 2007. • Provide opportunities for 50 percent of known mine/UXO survivors aged between 18 and 50 to create sustainable livelihoods and integrate into the economy through training, micro-credits and education.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Enact legislation to reinforce Article 5 of the National Constitution by 2009, in order to include landmine/ UXO victims in the category of “war victims” so that they can access the same rights for compensation, and ensure non-discrimination between the victims of the Liberation war and the victims of the 1998-99 conflict. • Develop a complete and comprehensive national plan which includes awareness campaigns on the needs of people with disabilities by 2007. • Develop a strategy to ensure legal and social recognition of the rights of the disabled within society in Guinea-Bissau in 2006.

MOZAMBIQUE

– Mozambique has a national plan of action for the disability sector. The sections relevant to victim assistance are under review.

OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	
Part 1: Understanding the extent of the challenge faced	
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives:
Part 2: Emergency and continuing medical care	
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives:

Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> • Expand rehabilitation services to all provinces of Mozambique. • Build capacity of rehabilitation centres through training of personnel and improved infrastructure and supplies. • Improve information and referral systems to enable all known survivors to receive rehabilitation services by 2009. • Develop a transportation system for access to rehabilitation centres. • Improve coordination between all actors in mine victim assistance.
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Improve counselling services for persons with disabilities to help them adapt to their situations. • Strengthen organizations of persons with disabilities. • Ensure the mobility of children with physical disabilities and stimulate inclusive education.
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Identify economic opportunities for persons with disabilities, including income generating activities and micro-credits.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Create a National Coordination Group for Disability.

NICARAGUA

– Nicaragua has revised its objectives. The document is in the process of being translated.

OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	
Part 1: Understanding the extent of the challenge faced	
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Develop a strategy to guarantee the management of mine casualty data beyond 2006. • Develop a strategy to strengthen the collection of data using national institutions that cover the whole territory. • Work closely in support to the efforts by the Ministry of Health (MINSa) on the certification of people with disabilities using the mechanisms already established for gathering information on mine survivors. • Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009.
Part 2: Emergency and continuing medical care	
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Continue to strengthen national capacities to address the emergency and ongoing medical needs of mine/UXO survivors through the Integrated Assistance Programme. • Develop a strategy to ensure the availability of continuing medical care for mine survivors beyond 2006.
Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for	Objectives: <ul style="list-style-type: none"> • Continue to strengthen national capacities for the provision of physical rehabilitation for mine/UXO survivors through the

landmine survivors, including the provision of appropriate assistive devices.	Integrated Assistance Programme. • Develop a strategy to ensure the physical rehabilitation of mine survivors beyond 2006.
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: • Continue to strengthen the national capacities to provide psychological support and social reintegration for mine/UXO survivors through the Integrated Assistance Programme. • Develop a strategy to ensure psychological support, if needed, for mine survivors beyond 2006.
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: • Continue to strengthen the national capacities to provide economic reintegration opportunities for mine/UXO survivors through the Integrated Assistance Programme. • Develop a strategy to ensure the continuation of opportunities for the economic reintegration of mine survivors beyond 2006.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives:

PERU

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT
Part 1: Understanding the extent of the challenge faced	
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: • Verify the information on mine survivors in the database, including through information provided by the OAS AICMA programme by the end of 2006. • Develop a strategy to provide direct and appropriate assistance for all registered mine survivors by 2009. • Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009.
Part 2: Emergency and continuing medical care	
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: • Elaboration of a directory of health facilities near mine-affected areas to facilitate access to emergency care in the shortest possible time by the end of 2006. • Create a database of doctors specialized in traumatic and reconstructive surgery, as well as eye and ear specialists by the end of 2006.
Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: • Create a directory of institutions involved in the production and fitting of prostheses and orthoses by the end of 2006.
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting	Objectives: • Work with representatives of survivor groups, like AVISCAM, to facilitate accessibility to services offering psychosocial support, if requested, for all registered mine survivors by 2006.

them to regain and maintain a healthy and positive outlook on life.	
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Develop a strategy to link all registered mine survivors with existing programs to facilitate their economic reintegration through training, employment and the establishment of small businesses, by 2006.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Develop a strategy to facilitate the joint participation of civil society and all organizations/agencies involved in mine victim assistance to execute activities that will benefit mine survivors by 2006.

SENEGAL

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT
Part 1: Understanding the extent of the challenge faced	
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Increase the effectiveness of the information management system to ensure that all casualties are recorded. • Improve the presentation and analysis of existing information for dissemination to relevant actors in victim assistance. • Amalgamate the casualty databases of Handicap International and the Army, and transfer the monitoring system to ASVM.
Part 2: Emergency and continuing medical care	
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Reduce the times taken to reach emergency medical care. • Improve the technical capabilities of emergency and continuing care providers. • Improve the supply of medicines and consumables to hospitals in mine-affected areas.
Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> • Improve the operation of existing rehabilitation centres. • Reinforce the capacity of the centres through updated equipment, training and supplies. • Develop a strategy to improve coordination of national structures working in the field of rehabilitation.
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Develop 2 public cells for psychological support (one in Kolda and one in Ziguinchor) • Restart the psychological support capacity of the hospital complex in Ziguinchor (Kénia). • Reinforce the capacities to provide social services at the CPRS and the welfare officer at CHRZ. • Train teachers in the special needs of students with disabilities. • Ensure the accessibility of community schools and other buildings.
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Restart economic activities in Casamance to facilitate opportunities for the employment of disabled people. • Reinforce the national poverty reduction programme to support persons with disabilities through access to credit and training in project management.

	<ul style="list-style-type: none"> • Ensure that 15 percent of the activities of PRAESC are devoted to the benefit of disabled people, including mine survivors and other victims of the conflict.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Respect and implement commitments made in official laws. • Ensure that new buildings and infrastructures in Casamance are accessible to persons with disabilities. • Ensure the development and strengthening of social and economic activities for persons with disabilities.

SERBIA

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	REVISED OBJECTIVES @ NOVEMBER 2007
Part 1: Understanding the extent of the challenge faced		
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Create a database that would contain names of persons injured by landmines, date of injury, diagnosis, method of treatment and rehabilitation, type of prosthesis, functional level, professional and social status, and recruit an expert team analyse the database. 	Revised objectives: <ul style="list-style-type: none"> • Create a database that would contain names of persons injured by landmines, date of injury, diagnosis, method of treatment and rehabilitation, type of prosthesis, functional level, professional and social status, and recruit an expert team analyse the database – SOME PROGRESS AT COMMUNITY LEVEL • Use the database to evaluate the needs of survivors in Serbia. • Develop a mechanism to improve reliability, monitoring and complexity of information in overlapping activities.
Part 2: Emergency and continuing medical care		
Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury	Objectives: <ul style="list-style-type: none"> • Establish ongoing medical care and rehabilitation for landmine survivors. 	Revised objectives: <ul style="list-style-type: none"> • Establish ongoing medical care and rehabilitation for all persons with disabilities, including landmine survivors – FUNCTIONING • Increase the efficiency and quality of medical interventions to assist landmine victims and other traumatic injuries – FUNCTIONING
Part 3: Physical rehabilitation		
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> • Determine the need for prosthetic aids among landmine survivors. • Develop a plan for the adequate education of members of the prosthetic/orthotic team. • Develop a plan for the implementation of community based rehabilitation and training of members of CBR teams on the basis of needs identified by the database. 	Revised objectives: <ul style="list-style-type: none"> • Determine the need for prosthetic aids among landmine survivors. • Develop a plan for the adequate education of members of the prosthetic/orthotic team to international standards – ACHIEVED BUT NO FUNDS TO IMPLEMENT • Develop a plan for the implementation of community based rehabilitation and training of members of CBR teams on the basis of needs identified by the database. • Evaluate the quality of facilities, equipment and tools in rehabilitation centres and workshops, and re-equip where necessary. • Establish the project “Evaluation of needs of landmine victims that have been rehabilitated in the Institute of Prosthetics Belgrade since 1991 till 2005.”

Part 4: Psychological support and social reintegration		
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives:	Revised objectives: <ul style="list-style-type: none"> ● Raise awareness among landmine survivors about counselling and where it is available. ● Improve the psychological support and social reintegration of landmine victims through implementation of “Standards on Standard Rules for Equalization of Opportunities for Persons with Disabilities” and CBR project in Serbia – ONGOING ● Train psychologists, defectologist and social workers how to assist with the specific problems of landmine survivors.
Part 5: Economic reintegration		
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> ● Develop a plan for professional rehabilitation of mine survivors. ● Initiate an income generating project on the basis of the plan for professional rehabilitation. 	Revised objectives: <ul style="list-style-type: none"> ● Develop a plan for professional rehabilitation of mine survivors. ● Initiate an income generating project on the basis of the plan for professional rehabilitation. ● Based on the database of landmine survivors evaluate the needs for vocational rehabilitation and suitable employment in cooperation with the Ministry of Welfare. ● Start vocational training programs in business training, computers, high tech applications, etc.
Part 6: Laws and public policies		
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> ● Develop a national strategy for improving the quality of life of disabled persons and their families on the basis of needs identified by the database and UN Standard rules for implementation of rights of persons with disabilities. 	Revised objectives: <ul style="list-style-type: none"> ● Develop a national strategy for improving the quality of life of disabled persons and their families on the basis of needs identified by the database and UN Standard rules for implementation of rights of persons with disabilities – PARTLY ACHIEVED ● Improve cooperation among professionals in field of rehabilitation and persons with disabilities at the regional level – SOME PROGRESS ● Implement the law of regulations of physical barriers for persons with disabilities – SOME PROGRESS

SUDAN

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	REVISED SMART OBJECTIVES @ NOVEMBER 2007	PLANS TO ACHIEVE REVISED OBJECTIVES
Part 1: Understanding the extent of the challenge faced			
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> ● Conduct comprehensive and coordinated nation-wide victim assistance surveys and community-based needs assessments in highly affected areas. ● Establish a comprehensive national injury surveillance, monitoring, reporting and referral system. 	Revised SMART objectives: <ul style="list-style-type: none"> ● Establish a nationwide mine/ERW casualty data collection system based on the Information Management System for Mine Action (IMSMA) standards, by December 2008. 	Plans to achieve revised objectives: <ul style="list-style-type: none"> ● The Federal Ministry of Health (FMoH), the Ministry of Health (MoH), the Ministry of Religion, Gender and Social Welfare (MoRGSW) and the Ministry of Social Welfare, Women and Child (MoSWWC), in collaboration with the UN Mine Action Office for Sudan (UNMAO), the National Mine Action Centre (NMAC), the South Sudan Demining Commission (SSDC), the South Sudan Commission for War

		<ul style="list-style-type: none"> • Provide technical support to healthcare, physical rehabilitation centres and DDR sub-offices in using the IMSMA format for the identification and registration of the mine/ERW victims, by the end of 2008. • Synchronize all existing databases into a standardised national mine/ERW victims database, by the end of June 2008. • Conduct Victim Assistance surveys in mine/ERW affected areas, by June 2009. • Undertake needs assessments in at least 5 mine/ERW affected areas, by the end of 2008. 	<p>Disabled, Widows and Children (SSWDWC), and NGOs, will create a network of at least 6 institutions/organisations to collect and submit data/reports on a quarterly basis.</p> <ul style="list-style-type: none"> • SSWDWC, FMoH, and MoH, in collaboration with UNMAO and NGOs, will train 120 personnel working in health facilities on the IMSMA report format (10 in Kassala, 30 in Nuba Mountain, 10 in Darfur, 10 in Blue Nile, 60 in South Sudan). • SSWDWC, FMoH, and MoH, in collaboration with UNMAO will train 50 personnel working in the physical rehabilitation sector on the IMSMA report format. • DDR and UNDDR, in collaboration with UNMAO, will train 20 DDR personnel (10 in the north and 10 in the south) on the IMSMA report format. • UNMAO will collect all available information and fit into a final IMSMA database. • NMAC, SSDC and SSWDWC, in collaboration with UNMAO, NGOs and Community Based Organisations (CBOs) will identify and interview at least 500 mine victims in each of 6 selected areas using the IMSMA format. • MoRGSW, MoSWWC, and SSWDWC, in collaboration with relevant government agencies, SSDC, SSWDWC, UNMAO, DDR and NGOs, will organise needs assessment in 5 selected areas.
Part 2: Emergency and continuing medical care			
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop and provide medical transportation and evacuation systems, and supplies, to remote mine/UXO-affected areas. • Develop the capacity of emergency medical care facilities and service providers in remote mine/UXO-affected areas. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Enhance the institutional and operational capacity of healthcare and physical rehabilitation facilities and service providers to respond to mine/ERW victims and other traumatic injuries and persons with disabilities, by the end of 2008. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • FMoH and MoH, in collaboration with NMAC, SSDC and UNMAO, will edit and print 10,000 leaflets on first-aid for trauma. • FMoH and MoH, in collaboration with NMAC, SSDC and UNMAO, will organise 2 workshops to disseminate the first aid leaflets. • FMoH and MoH, in collaboration with NMAC, SSWDWC, UNMAO and NGOs, will train 100 health workers on first aid/trauma. • FMoH and MoH, in collaboration with NMAC, SSWDWC, UNMAO and NGOs, will train 50 NGO personnel and 50 nurses on first aid/trauma. • FMoH and MoH, in collaboration with NMAC, SSWDWC, UNMAO and NGOs, will provide

		<ul style="list-style-type: none"> • Conduct assessments to ascertain the technical and operational capacity of medical facilities by December 2008. • Develop a good practice module for medical care services for mine/ERW survivors and other persons with disabilities, starting by August 2009. 	<p>equipment and supplies to 5 selected health facilities in Kassala, Damazine, Malakal, and Yei.</p> <ul style="list-style-type: none"> • FMoH and MoH, in collaboration with relevant NGOs, will form a team and elaborate the methodology for the assessments. • FMoH and MoH, in collaboration with relevant NGOs, will carry out assessments of 10 health and/or physical rehabilitation facilities. • FMoH and MoH, in collaboration with the National Authority for Prosthetics and Orthotics (NAPO), NMAC, SSDC, and UNMAO, will organise one mission every 2 months for visits to facilities by a team of specialists. • FMoH, MoH, MoRGSW, MoSWWC, in collaboration with NAPO, UNMAO, NGOs and institutions, will create a committee and disseminate the module.
Part 3: Physical rehabilitation			
<p>Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop the national, institutional and operational capacity of NAPO for the delivery of physical rehabilitation products and services within highly affected communities. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Conduct assessments to ascertain the technical and operational capacity of physical rehabilitation facilities by December 2008. • Train at least 32 prosthetic and orthotic technicians to international standards by the end of 2011. • Train 30 physiotherapists to international standards and upgrade the knowledge of 10 physiotherapy assistants by the end of 2011. • Raise awareness of the benefits of an interdisciplinary and patient-friendly approach in the provision of physical rehabilitation services 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • FMoH and MoH, in collaboration with relevant NGOs, will form a team and elaborate the methodology for the assessments. • FMoH and MoH, in collaboration with relevant NGOs, will carry out assessments of 10 health and/or physical rehabilitation facilities. • FMoH and MoH, in collaboration with the National Authority for Prosthetics and Orthotics (NAPO), NMAC, SSDC, and UNMAO, will organise one mission every 2 months for visits to facilities by a team of specialists. • MoSWWC, in collaboration with NAPO, will provide training for 20 technicians. • Hope City, in collaboration with relevant ministries, will train 12 technicians. • FMoH and MoSWWC, in collaboration with universities and NGOs, will train 30 physiotherapists and employ in rehabilitation facilities. • MoSWWC, in collaboration with universities and NGOs, will upgrade 10 physiotherapy assistants to higher standards. • MoRGSW, MoSWWC, FMoH and MoH, in collaboration with NAPO, UNMAO, NGOs and the Sudan Campaign to Ban Landmines (SCBL), will organise 2 seminars (one in Juba and one in Khartoum)

		<p>by June 2008.</p> <ul style="list-style-type: none"> • Establish Community Based Rehabilitation (CBR) services by August 2009. • Enhance the capacity of local partners for the production of assistive devices, by the end of 2008. • Develop a good practice module for physical rehabilitation services for mine/ERW survivors and other persons with disabilities, starting by August 2009. 	<p>on the “patient friendly and interdisciplinary approach”.</p> <ul style="list-style-type: none"> • MoRGSW and MoSWWC will train 50 people in basic CBR skills and provide those trained with material and equipment. • MoRGSW and MoSWWC, in collaboration with NGOs, CBOs and SSWDWC, will create a network between CBR workers and the physical rehabilitation facilities in the area. • MoRGSW and MoSWWC will organise a Training of Trainers (TOT) course for 4 staff selected by a team of experts. • FMoH, MoH, MoRGSW, MoSWWC, in collaboration with NAPO, NGOs and other institutions, will select 4 workshops and increase the production of assistive devices. • The UN Mine Action Service (UNMAS), in collaboration with UNMAO, NAPO, and the Juba Rehabilitation Centre, will sponsor 2 technicians to attend a one year course at TATCOT in Tanzania. • FMoH, MoH, MoRGSW, MoSWWC, in collaboration with NAPO, UNMAO, NGOs and institutions, will create a committee and disseminate the module.
Part 4: Psychological support and social reintegration			
<p>Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop and implement psychosocial support and community reintegration programmes for landmine survivors and other persons with disabilities in highly affected communities. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Develop and implement effective and sustainable socio-economic projects with a focus on the most remote areas, by August 2009. • Support community-based service providers in developing activities and projects by June 2008. • Establish a mine/ERW victim’s network within existing national or state-based DPOs, by the end of 2008. • Establish a peer-to-peer support network to support mine/ERW victims and other persons with disabilities, by August 2009. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MoRGSW and MoSWWC, in collaboration with NMAC, DDR, SSWDWC, UNMAO, NGOs and CBOs, will support at least 1,500 landmine survivors, including affected families. • MoRGSW, MoSWWC, and Ministry of Humanitarian Affairs, in collaboration with NMAC, SSSDC, SSWDWC, SCBL, UNMAO and NGOs, will build the capacity of organisations in developing effective programming through the convening of 6 orientation sessions and workshops. • MoRGSW, MoSWWC, NMAC, SSSDC, and SSWDWC, in collaboration with Unions of Persons with Disabilities, UNMAO and NGOs, will organise associations/groups of landmine survivors and affected families. • MoRGSW and MoSWWC, in collaboration with NMAC, SSWDWC, UNMAO and NGOs, will organise 4 TOT courses for 40 selected peer-to-peer

		<ul style="list-style-type: none"> • Establish centres (within health facilities or at the community level) or rehabilitate the existing centres for counselling and psychosocial support, by August 2009. • Develop and implement a plan to promote education for affected children, by June 2009. 	<p>counsellors (mine/ERW survivors or other persons with disabilities) and will monitor the impact of peer-to-peer support at the community level.</p> <ul style="list-style-type: none"> • FMOH, MoH, MoRGSW, MoSWWC (at central and state levels), in collaboration with SSWDWC, UNMAO and NGOs, will select 10 facilities in the most needed areas and will train 3 personnel on basic counselling skills in at least 10 centres. • MoRGSW, MoSWWC, Ministry of Education and National Council for Children, in collaboration with the Unions of Persons with Disabilities, UNMAO and NGOs, will provide direct support to 300 children with disability. • Ministry of Youth and Sports, in collaboration with NMAC, SSWDWC, UNMAO and NGOs, will promote and support sports and entertainment-related activities. • Ministry of Education, in collaboration with UN agencies and NGOs, will select 50 teachers and organise a Special Needs Education Teacher Training.
Part 5: Economic reintegration			
<p>Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop and implement education, vocational training and socio-economic reintegration programmes in highly mine/UXO-affected areas by 2008. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Develop and implement effective and sustainable socio-economic projects with a focus on the most remote areas, by August 2009. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MoRGSW and MoSWWC, in collaboration with Unions of Persons with Disabilities, UNMAO and NGOs, will secure employment for 500 mine survivors and other persons with disabilities.
Part 6: Laws and public policies			
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop and implement a national victim assistance support structure, strategy and work plan. • Develop and implement comprehensive national legislation on the rights of mine survivors and other persons with disabilities. • Build and strengthen the Ministry of Welfare and Social Development's capacity to monitor and enforce the nation-wide implementation of public policies that guarantee the rights of landmine survivors and other persons with disabilities. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Conduct awareness raising activities using user-friendly information, to raise the priority given to mine/ERW victims and disability issues within relevant ministries and government bodies, on an ongoing basis through August 2009. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MoRGSW, MoSWWC, Ministry of Information and Culture (MoIC), and Ministry of Sports and Culture (MoSC), in collaboration with NMAC, SSWDWC, UNMAO, NGOs, and DPOs, will organise 50 awareness programmes such as radio, TV, rallies (twice a year), and sports (twice a year). • MoRGSW, MoSWWC, MoIC, and MoSC, in collaboration with NMAC, SSWDWC, UNMAO, NGOs, and DPOs, will produce 1,000 t-shirts and 1,000 badges during International Mine Action Day and the International Day for Persons with Disabilities. • MoRGSW, MoSWWC, MoIC, and MoSC, in collaboration with NMAC, SSWDWC, UNMAO, NGOs, and DPOs, design and produce posters, newsletters, magazines and signboards. • MoIC, NMAC, and SSWDWC, in collaboration with

		<ul style="list-style-type: none"> • Review, adopt and implement national disability policies and laws, on an ongoing basis, including: the 1984 Law of Care and Rehabilitation (amended in 2006); the Civil Service Act of the Sudan (Article 24 states that 2 percent of employment should be for persons with disabilities); and the Bill of Rights of Interim Transactional Constitution of 2005. • Ratify the International Convention on the Rights of Persons with Disabilities (CRPD), by June 2008, and organise an awareness raising campaign. • Ministries directly involved in victim assistance and disability-related issues and other government bodies will ensure that victim assistance-related activities are included in their work and financial plans and strategies, by July 2008. • Develop coordination mechanisms involving all relevant ministries and other actors, by October 2007. • Organise at least one national Victim Assistance coordination meeting every year. • Monitor periodically victim assistance-related plans and achievements. 	<p>UNMAO, NGOs and DPOs, will directly involve landmine/ERW survivor networks and other persons with disabilities in awareness raising initiatives.</p> <ul style="list-style-type: none"> • Ministry of Justice (MoJ), MoRGSW, MoSWWC, and the Commissions, in collaboration with Local Government, will form a national committee to monitor the activation and implementation of the mentioned laws and any other relevant policies in this regard. • MoJ, MoRGSW, MoSWWC, and the Commissions, will conduct a revision of implementation of policies/laws. • MoJ, MoRGSW, MoSWWC, and the Commissions, will form a specialised committee according to the CRPD. • MoJ, Ministry of Foreign Affairs, MoRGSW, MoSWWC, in support from Local Government authorities and DPOs, will ratify the Convention. • Local Government authorities, in collaboration with UN agencies and NGOs, will organise 2 workshops on the Convention by the end of 2008. • Relevant ministries, with support for NMAA, Commissions, DDR and States, will include issues regarding persons with disabilities, including mine/ERW survivors, in their national financial and work plan. • Chairs of the Working Groups, in collaboration with UNMAO, will establish 2 Working groups chaired by the Government. • Chairs of Working Groups, in collaboration with UNMAO, will develop terms of reference for each Victim Assistance working group. • Chairs of the Working Groups, in collaboration with UNMAO and NGOs, will organise regular monthly meetings. • NMAC, SSDC, and SSWDWC, in collaboration with UNMAO and NGOs, will reinforce coordination mechanisms through a national coordination workshop every year. • UNMAO and relevant ministries, in collaboration with Commissions and various organisations, will organise a mid-review exercise of the work plan and strategic framework by August 2009. • Ministry of Foreign Affairs, in collaboration with
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		<ul style="list-style-type: none"> • Build the capacity of Mine Action Centre/Commission, government offices and organisations working on victim assistance and disability related activities, by August 2009. • Develop and disseminate an up-to-date directory and list all NGOs, CBOs, organisations and government bodies working in the victim assistance and disability sectors, indicating their place of work, functions, funding sources and priority areas, by March 2008 – ACTIVITIES STARTED 	<p>NMAC and SSDC, will submit the voluntary Form J with Sudan's annual Article 7 Report with information on victim assistance-related activities.</p> <ul style="list-style-type: none"> • Relevant ministries, UNMAO and partners, will organise regular field monitoring visits on the ongoing activities. • NMAC and the Commissions, with support from UNMAO, will involve members of the NMAC and Commissions and NGOs in all victim assistance activities and programme phases. • MoGSWRA, MoSWWC, and UNMAO, in collaboration with NMAC, SSDC, SSWDWC, UNAMO, VA/Disability Working Groups, SCBL and NGOs, will create a database on organisations working on victim assistance in Sudan. • MoGSWRA, MoSWWC, and UNMAO, in collaboration with NMAC, SSDC, SSWDWC, UNAMO, VA/Disability Working Groups, SCBL and NGOs, will prepare a list and contacts of Government bodies in charge of disability/victim assistance related issue.
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TAJIKISTAN

	OBJECTIVES AS OUTLINED IN <i>ZAGREB PROGRESS REPORT</i>	REVISED SMART OBJECTIVES @ NOVEMBER 2007	PLANS TO ACHIEVE REVISED OBJECTIVES
<i>Part 1: Understanding the extent of the challenge faced</i>			
<p>Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Gather accurate information to establish the number of mine survivors in Tajikistan by December 2006 • Develop a country-wide injury surveillance, data collection and information management system by December 2006 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Develop and maintain a comprehensive country-wide mine injury surveillance, data collection and information management system which includes information on health and socioeconomic status by December 2006 – ONGOING • Set priorities based on available information on the situation of mine/UXO survivors and the families of those killed, by mid 2007, for delivery or expansion of healthcare, rehabilitation, education, and socioeconomic reintegration services, and awareness-raising campaigns. • Create an up-to-date database on all disability services available in Tajikistan by the end of 2006 – ACHIEVED • Develop an appropriate mechanism by the end of 2006 for TMAC, in collaboration with relevant 	<p>Plans to achieved revised objectives:</p> <ul style="list-style-type: none"> • Collate mine/UXO casualty information from all known sources into the IMSMA database, and verify data to avoid duplications. • Information from all regions will be completed on one standard IMSMA form. • In collaboration with WHO and a yet to be identified NGO, TMAC'S Victim Assistance Officer will be responsible for conducting the needs assessment of mine/UXO survivors in all mine-affected communities, and the families of those killed, analyzing the results to determine their health and socioeconomic status, and setting priorities based on results. • TMAC will identify NGOs working in disability sector and create a directory of these NGOs • TMAC will send questionnaires to all agencies/NGOs working in the disability sector in Tajikistan, and compile an accessible database using the information received. • TMAC has recruited a Victim Assistance Officer to work closely with relevant government ministries, UNDP,

		ministries and other actors, to coordinate and advocate for mine victim assistance activities based on needs – ACHIEVED	UNICEF, ICRC, Tajik Red Crescent Society, WHO, NGOs and Disabled Persons Organizations to explore and develop new initiatives, fund-raising mechanisms and assist with capacity development, and to ensure that TMAC victim assistance initiatives are well integrated into national disability planning and frameworks.
Part 2: Emergency and continuing medical care			
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop a strategy to improve emergency response capabilities through improved transportation, the supply of medicines to Central District Hospitals, and the training of intensive care, trauma and surgical staff. • Provide each Central District Hospital with basic medical equipment in accordance with the Ministry of Health strategy for emergency care. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Create a directory of all emergency and continuing medical care services in mine-affected areas, and referral services in other areas, by the end of 2006. • Improve emergency response capabilities in Tajikistan by 2008 – ACTIVITIES STARTED • Train at least 50 healthcare workers to improve the pre-hospital emergency response capacity in all mine-affected districts by the end of 2007. • Improve the health status of 50 percent of registered mine/UXO survivors by 2009. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • TMAC will send questionnaires to all agencies/NGOs working in the health sector in Tajikistan, and compile an accessible database using the information received. • The MoH will implement the World Health Organisation's two-year emergency and disaster preparedness program, which includes improving the performance of hospitals and emergency departments. • In case of emergency and disaster situations the MoH will provide each Central District Hospital with basic medical equipment, medicines, and anaesthesia and trauma kits, in accordance with the Ministry of Health strategy for emergency care. • The MoH, in cooperation with other agencies/NGOs, will develop and implement a training program for medical staff and vulnerable community members, based on best practices for the pre-hospital emergency care of mine/UXO and other traumatic injuries. • The MoH will provide refresher training for CDH intensive care, trauma and surgical staff in all mine-affected districts. • Based on identified needs, TMAC will refer mine/UXO survivors to specialized healthcare services as appropriate – ONGOING • TMAC will establish an emergency fund to assist mine/UXO casualties and their families meet the costs of obtaining emergency and continuing healthcare services related to their injuries.
Part 3: Physical rehabilitation			
<p>Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop a strategy to strengthen the capacity of the National Ortho Centre and the district satellite workshops, including through training and the recruitment of specialists. • Develop a strategy to ensure the provision of quality services to amputees and other disabled on the basis of long-term independent and 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Create a directory of all physical rehabilitation services in mine/affected areas, and referral services in other areas, by the end of 2006 - ACHIEVED • Ministry of Labour, Social Protection and Population (MLSPP) to assume full responsibility for the running of the NOC beginning from 2007, ensuring the provision of quality services to amputees and other people with disabilities on the 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • TMAC will send questionnaires to all agencies/NGOs providing physical support activities in Tajikistan. • ICRC will work with MLSPP to fully implement the ICRC handover Plan of Action agreed in May 2003 – ONGOING • ICRC will work with MLSPP on establishing a self-financing system of operation at the NOC – ONGOING • ICRC in cooperation with MLSPP will work to for strengthen

	<p>stable operation of the centre.</p> <ul style="list-style-type: none"> Establish a self-financing system of operation at the National Ortho Centre. 	<p>basis of long-term independent and stable operation of the centre – ONGOING</p> <ul style="list-style-type: none"> Continue ongoing national physical rehabilitation services and provide all registered mine/UXO survivors with adequate and appropriate physical rehabilitation services by 2009 regionally as well as nationally. 	<p>the capacity of the NOC and the district satellite workshops, through training and recruitment of specialists, and upgrading of equipment.</p> <ul style="list-style-type: none"> MLSPP will strengthen the capacity of the NRIRD through refresher training for specialists in 2006, and upgrading of equipment to international standards. (This under-funded project would benefit greatly from international assistance) – ONGOING TMAC will refer mine/UXO survivors to physical rehabilitation services as appropriate – ONGOING TMAC will establish an emergency fund to assist mine/UXO survivors access physical rehabilitation services, based on identified need – PROJECT PROPOSALS DEVELOPED
Part 4: Psychological support and social reintegration			
<p>Goal:</p> <p>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> Develop and support psychosocial and peer support programmes in Tajikistan by 2007. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> Create a directory of all psychological support and social reintegration services in mine/affected areas, and referral services in other areas, by the end of 2006 – COMPLETED Provide psychological support, if requested, to at least 50 percent of registered mine/UXO survivors, or families or those killed in mine/UXO incidents, by the end of 2008. Raise awareness among teachers and communities on the rights and capacities of children and adults with disabilities, on an ongoing basis. 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> TMAC will send questionnaires to all agencies/NGOs providing psychological support and social reintegration activities in Tajikistan. Develop and implement a peer support program, including sports and social activities, in at least three mine-affected districts – ONGOING Develop proposals for psychological support projects to assist landmine survivors in mine-affected districts. Include psychological support in the national strategy document for mine action – ACHIEVED Refer mine/UXO survivors, and the families of those killed, to other psychological support services as appropriate – ONGOING Implement an awareness-raising program among teachers and communities on the rights and capacities of children and adults with disabilities by the end of 2006 – PROJECT PROPOSALS DEVELOPED
Part 5: Economic reintegration			
<p>Goal:</p> <p>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> Assess the status of employment of mine survivors by the end of 2006. Develop and implement a strategy to support projects that improve the economic condition of 50 percent of registered mine survivors by end 2006. 	<p>Revised objectives:</p> <ul style="list-style-type: none"> Create a directory of all economic reintegration services in Tajikistan, including micro-finance providers, and vocational training and employment centres, by the end of 2006 – ACHIEVED Disseminate the directory of economic reintegration services in Tajikistan to all mine-affected communities, as appropriate, by the end of 2007 – ONGOING Assess the economic status of mine/UXO survivors, and the families of those killed, by mid 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> TMAC will send questionnaires to all agencies/NGOs supporting economic activities in Tajikistan. Utilize the RCST volunteer network to disseminate the directory in mine-affected communities. TMAC's Victim Assistance Officer will conduct the needs assessment in all mine-affected communities – ONGOING

		<p>2007.</p> <ul style="list-style-type: none"> • Improve the economic condition of 50 percent of registered mine/UXO survivors, or families or those killed in mine/UXO incidents, by the end 2008. 	<ul style="list-style-type: none"> • Expand the RCST income generation project to assist new families – NOT FUNDED IN 2006-2007 • Develop and implement new income generation projects based on identified needs and the desires of mine/UXO survivors and their families – ONGOING • Refer mine/UXO survivors, or family members of those killed or injured, to micro-credit programs, vocational training programs and employment centres as appropriate – ONGOING • Implement an awareness-raising program among employers in the public and private sector on the rights and capacities people with disabilities to encourage affirmative action in employment policies. • Re-start NOC income generation projects as part of a plan to make the centre at least partially self-supporting.
Part 6: Laws and public policies			
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Assess the experience of organisations and agencies assisting mine survivors by the end of 2006 to identify the support needed. 	<p>Revised Objectives:</p> <ul style="list-style-type: none"> • Improve coordination among all relevant actors at the national, regional and local levels by the end of 2006 – ONGOING 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • The relevant Ministries and TMAC will establish an inter-ministerial coordination group that meets on a regular basis and includes representatives of mine survivors and other people with disabilities and agencies/NGOs working on disability issues, to improve coordination, planning and decision making among all relevant actors, to avoid duplication in the delivery of victim assistance and other disability services. TMAC will coordinate such activities and act as secretariat if required.

THAILAND

– Thailand adopted its Master Plan for Mine Victim Assistance 2007-2011 in February 2007. Implementation of the plan is ongoing. The Master Plan takes into account Thailand’s extensive institutional and legal frameworks to address disability issues and assigns responsibility for implementation to relevant ministries. A revised response to the 2005 Victim Assistance questionnaire is in the process of being translated.

OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	
Part 1: Understanding the extent of the challenge faced	
<p>Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Increase the registration rate of persons with disabilities by 80 percent with information on the causes of disability so that landmine survivors can be identified. • Establish a separate data set on landmine survivors in the high-risk mine-affected areas.
Part 2: Emergency and continuing medical care	
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Establish coordination offices in the mine-affected areas. • Organize a workshop on emergency and medical care for mine casualties. • Increase the number of skilled health personnel and staff at every level.

Part 3: Physical rehabilitation	
Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.	Objectives: <ul style="list-style-type: none"> • Train survivors and their families in self-help physical therapy. • Achieve comprehensive coordination between all concerned organizations.
Part 4: Psychological support and social reintegration	
Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.	Objectives: <ul style="list-style-type: none"> • Build up a network among all concerned agencies. • Coordination of services at the national level.
Part 5: Economic reintegration	
Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.	Objectives: <ul style="list-style-type: none"> • Comprehensively provide vocational training for every community with persons with disabilities in the target areas, based on the interests of the person and the needs of the job market. • Greater access for landmine survivors to the Rehabilitation Fund for persons with disabilities, to facilitate self employment opportunities.
Part 6: Laws and public policies	
Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities	Objectives: <ul style="list-style-type: none"> • Increase the number of laws which aim to promote and develop the quality of life of persons with disabilities. • Set up action plans which authorise local authorities to provide comprehensive services for persons with disabilities in their own communities. • Improve the laws related to persons with disabilities, particularly on the right of assurance and protection. • Stimulate the public and private sectors to implement the laws which aim to facilitate the capacity building process for persons with disabilities. • Increase the role of local authorities in the tasks related to persons with disabilities.

UGANDA

	OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT	REVISED SMART OBJECTIVES @ NOVEMBER 2007	PLANS TO ACHIEVE REVISED OBJECTIVES
Part 1: Understanding the extent of the challenge faced			
Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses	Objectives: <ul style="list-style-type: none"> • Establish a functional efficient and comprehensive nation-wide landmine casualty surveillance system that contains information on mine/UXO casualties, their injuries, assistance received, and their health and economic status by 2007. • Create a directory of actors engaged in assistance to mine survivors and other persons with disabilities by 2006. • Integrate mine casualty data collection into a nation-wide information system by 	Revised objectives: <ul style="list-style-type: none"> • Establish a functional, efficient and comprehensive nation-wide surveillance system with information on landmine/ERW casualties, injury type, health condition, assistance received and economic status by 2012. • Develop a functional and operational Health Management Information System (HMIS) by 2010 with data analysed and utilised for planning 	Plans to achieve revised objectives: <ul style="list-style-type: none"> • Uganda Mine Action Centre (UMAC), in collaboration with the Ministry of Health (MoH) and other actors will develop and pre-test mine/ERW casualty data collection tools prior to the establishment of a data collection mechanism and later widen the scope of injury surveillance for all causes of injury, for example domestic violence, occupational hazards, road accidents, battle field injuries, landmine/ERW injuries and polio. • MoH, in collaboration with local authorities and other actors, will continue to implement the Health Sector Strategic Plan II 2005-2010 (HSSP II) to improve data generation, collection,

	2006.	<p>and decision making at all levels.</p> <ul style="list-style-type: none"> • Establish a database on landmine survivors and other persons with disabilities to assess their needs and gaps in the provision of services by 2008. • Create and disseminate a directory of actors engaged in assistance to mine survivors and other persons with disabilities in mine/ERW affected areas by 2009. • Develop and disseminate guidelines for local government to integrate disability issues in all planning processes by 2011. • Monitor accuracy, relevancy and reliability of data on landmine survivors and other persons with disabilities on an ongoing basis. • Provide statistics for decision making to relevant Ministries and Accredited Partners and develop mechanism to share information with DPOs by 2009. 	<p>analysis, dissemination and utilisation.</p> <ul style="list-style-type: none"> • MoH in collaboration with the Ministry of Gender, Labour and Social Development (MGLSD) and other actors will conduct a needs assessment of persons with disabilities in post-conflict areas and assess capacities of service providers to meet the health, social and economic needs on annual basis and adjusted to respond to the confidential issues within the Convention on the Rights of Persons with Disabilities. • UMAC in collaboration with other stakeholders will compile details of Actors in mine action in Uganda. • MGLSD, in collaboration with the Ministry of Local Government and other actors, will develop and disseminate guidelines to integrate disability issues within the planning and budgeting process in all line ministries including local government. • The National Council for Disability (NCD) in collaboration with MoH, MGLSD, landmine survivors groups, disabled persons organisations and other actors will establish a mechanism to monitor, evaluate and disseminate available data on landmine survivors and other persons with disabilities to facilitate programme development, planning and effective use of resources. • MoH will establish structures and protocols to share and exchange information between MGLSD, other Ministries, NGOs, and Disabled Persons Organisations (DPOs) respecting the right to confidentiality.
Part 2: Emergency and continuing medical care			
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop and implement a strategy to increase community level capacities to respond to landmine emergencies in the affected communities by 2006. • Develop the emergency care services in all the health units in mine-affected areas to reduce pre-hospital mortality from landmine/UXO injuries by half by 2009. • Establish functional referral systems in affected areas by 2007. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Develop and implement a strategy to improve emergency response capacities in Uganda by 2009. • Disseminate guidelines on the handling of trauma, disabilities and rehabilitation on an ongoing basis. • Establish a functional ambulance or emergency evacuation system in all mine/ERW affected districts by 2009. • Establish functional Accident and Emergency Units in all Regional Referral Hospitals and 80 percent of general hospitals by 2010. • Improve emergency response capacities in all 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MoH, in collaboration with WHO, will undertake an assessment of emergency response capabilities to identify gaps in service provision. • MoH, in collaboration with MGLSD, local authorities and other actors, will develop and disseminate guidelines on Psychosocial Support. • MoH, in collaboration with local authorities and other actors, will continue to implement the HSSP II to establish a functional emergency evacuation capability. • MoH, in collaboration with local authorities and other actors, will continue to implement the HSSP II to establish emergency care facilities, training of service providers and the provision of essential medicines and supplies. • MoH, in collaboration with local authorities and other agencies,

		<p>health units in all mine/ERW affected Districts by 2009.</p> <ul style="list-style-type: none"> • Establish fully equipped Village Health Teams (VHTs), with at least one third of team members being women, trained in emergency first aid in at least 25 percent of mine/ERW affected villages by 2010. • Reach 80 percent of the population with messages on disability prevention and rehabilitation by 2010. • Increase accessibility to adequately staffed and equipped health units through referral structures in 6 mine/ERW affected districts by 2012. <ul style="list-style-type: none"> • Provide appropriate and sustainable health services for vulnerable communities and individuals in post-conflict situations in line with the Uganda National Minimum Health Care Package in all mine affected districts by 2012. <ul style="list-style-type: none"> • Strengthen and/or establish functional referral systems in all mine/ERW affected districts by 2012. • Strengthen the multi-sectoral approach in managing medical emergencies, on an ongoing basis. • Develop and disseminate an integrated strategy to address sexual and gender-based violence (SGBV) in the health sector by 2010. 	<p>will continue to implement the HSSP II with the aim of enabling all health units to provide basic life saving measures.</p> <ul style="list-style-type: none"> • MoH, in collaboration with local authorities and other actors, will continue to implement the HSSP II to establish a network of functional VHTs with the aim of facilitating the process of community mobilization and empowerment for health action. • MoH, in collaboration with local authorities and other actors, will continue to implement the HSSP II to disseminate disability related messages to raise awareness in the population. • MoH, in collaboration with local authorities and other actors, will continue to implement the HSSP II with the aim of reducing the disparity in access in remote areas through establishing or rehabilitating centres, training of service providers, and the provision of supplies and equipment. • MoH, in collaboration with local authorities and other actors, will continue to implement the HSSP II to reach vulnerable communities and individuals including through equitable resource allocation, infrastructure development, community mobilization, and capacity building with particular emphasis on basic health services, psychological support and physical rehabilitation. • MoH, in collaboration with local authorities and other actors, will continue to implement the HSSP II with the aim of strengthening the referral system through provision of communication facilities and transport. • MOH will sensitize the line ministries and key players about management of medical emergencies. • MoH, in collaboration with MGLSD, local authorities and other actors, will develop and disseminate a strategy on SGBV.
Part 3: Physical rehabilitation			
<p>Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Provide all registered landmine survivors with rehabilitation services by 2009. • Promote awareness on the effects of landmines and provide information on how to manage disabilities arising from landmines, by 2007. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Provide at least 70 percent of registered landmine survivors with rehabilitation services by 2012. • Promote awareness on the effects of landmines and provide information on how to manage disabilities arising from landmines by 2012. • Strengthen the referral mechanism for persons with disability to improve access to rehabilitation and increase the capacity at the three orthopaedic 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MGLSD in collaboration with MOH will provide Community Based Rehabilitation (CBR) and Physical Rehabilitation services • MGLSD, in collaboration with other relevant actors, will use media and other avenues within the Health Care structures to disseminate information on the effects of landmines and management of emergencies and disabilities. • MoH, in collaboration with MGLSD and other relevant actors, will sensitize persons with disabilities about the availability of services and how to access those services, and increase capacity

		<p>workshops by 2010.</p> <ul style="list-style-type: none"> ● Increase the provision of assistive devices and strengthen the functional capacity of existing orthopaedic workshops by 2012. ● Integrate physiotherapy services and develop outreach services into the three orthopaedic workshops in the mine affected areas by 2009. 	<p>through: in-service training of rehabilitation workers; recruitment of relevant human resources; improvement of infrastructure and procurement of equipment at rehabilitation centres; provision of necessary consumables; and, the provision of accommodation, food and transport while accessing the services at rehabilitation centres.</p> <ul style="list-style-type: none"> ● MoH, in collaboration with MGLSD and other actors, will strengthen orthopaedic workshops for the production of assistive devices. ● MoH, in collaboration with other relevant actors, will integrate physiotherapy services and develop outreach services through the recruitment of trained rehabilitation workers and in-service training of workers.
Part 4: Psychological support and social reintegration			
<p>Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> ● Provide regular cost-effective psychosocial support to 25 percent of registered landmine survivors and their families at the rehabilitation centres and in the community, by 2009. ● Establish cost-effective community based psychosocial support networks in mine-affected areas by 2007. ● Develop and implement a strategy to increase community awareness on the needs and to support mine survivors and their families, by 2007. ● Make 10 secondary schools accessible to children with disabilities. 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> ● Provide regular cost-effective community based psychosocial support and peer to peer support networks to at least 25 percent of registered landmine survivors in mine-affected areas by 2009. ● Establish mental health units in all regional referral hospitals by 2012. ● Increase community access to mental health services by 50 percent by 2012. ● Undertake research on mental health and trauma and the different manifestations identifying and sharing best practices and lessons learnt, on an ongoing basis. ● Raise awareness on the psychological challenges and concerns facing persons with disabilities, including landmine survivors, on an ongoing basis. ● Expand (CBR) to 50 sub-counties in landmine/ERW affected areas by 2012. ● Provide regular social support to at least 50 percent of persons with disabilities including 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> ● MGLSD, in collaboration with other relevant actors, will integrate psychological services into existing community based rehabilitation services, including training of persons with disabilities as trainers to offer peer group training as well as peer to peer support services. ● MoH, in collaboration with local authorities and other actors, will establish mental health units to enhance the capacity of individuals for social adoption and a positive state of mental well-being and to address effects of trauma and violence in conflict situations. ● MoH, in collaboration with local authorities and other actors, will increase access to mental health services. ● MoH in collaboration with MGLSD and other key actors will undertake research on issues relating to persons with disabilities, and advocate for the incorporation of psychological questions/issues into national surveys conducted by government. ● MGLSD, in collaboration with other relevant actors, will implement an awareness raising campaign including through the use of workshops, radio programmes and spot messages, community sensitisation, the use of Information, Education, Communication (IEC), and printed information and documentation. ● MGLSD, in collaboration with other actors will implement the National Community Based Rehabilitation Strategic Plan (NCBRSP) with the overall objective of improving the psychosocial, physical, political and socio-economic status and enhancing equal opportunities for persons with disabilities. ● MGLSD, in collaboration with other actors, will continue to provide social support within the framework of NCBRSP.

		<p>landmine survivors and their families, and promote their active participation in community development activities through awareness raising and capacity building in CBR areas by 2012.</p> <ul style="list-style-type: none"> ● Develop four community awareness packages on the rights, needs and potentials of persons with disabilities including landmine survivors by 2012. ● Establish at least five landmine survivor groups in affected areas and identify their role as a specialized group with linkages with other associations of persons with disabilities by 2012. ● Establish a mechanism to monitor social status and inclusion of landmine survivors and other persons with disabilities in community development programmes, by 2012. ● Build and/or strengthen the capacity of Social Development institutions, other sectors and communities to mainstream concerns and needs of landmine survivors and other persons with disabilities. ● Develop and operationalise an institutional mechanism for planning, coordination, networking, promotion, awareness raising, monitoring and evaluation of an effective Social Development System, by 2009. ● Advocate for accessibility to the physical environment and public transport through media, awareness raising and policy review/ formulation within the relevant government and private sector agencies by 2008. ● Advocate for and introduce technology for information to be available in disability friendly formats, on an ongoing basis. ● Develop sports and coaching pilot programmes for persons with disabilities including mine survivors in 50 sub counties in landmine/ERW affected areas by 2009. ● Lobby and advocate for the rights of landmine 	<p>Activities will include establishment of cost effective social support networks, community sensitisation meetings, training of community educators, training in management of disabilities, development of theatrical activities, games and sports.</p> <ul style="list-style-type: none"> ● MGLSD, in collaboration with other relevant actors, will implement awareness raising campaign through workshops, radio programmes and spot messages, community sensitisation, the use of Information, Education, Communication, and printed information and documentation. ● MGLSD, with other actors in the disability sector, will support the establishment and capacity building of landmine survivor' groups and link these groups at regional and local level to work in partnership with the relevant ministries and NGOs. ● National Council for Disability (NCD) will develop a mechanism to monitor the social status and inclusion of landmine survivors and other persons with disabilities in community development programmes. ● MGLSD in collaboration with UMAC, local authorities and other agencies, will implement the Social Development Strategic Investment Plan (SDIP) to mainstream concerns and needs of landmine survivors and other person with disabilities. ● MGLSD, in collaboration with the Office of the Prime Minister (OPM), MoH, local authorities and other agencies, will continue to implement the SDIP to develop a resourced and efficient secretariat to assist in sectoral coordination and regulation mechanisms, including policies, standards and guidelines, for all interventions and raise awareness regarding the disability sector at national and local levels. ● MGLSD, in collaboration with other actors, will conduct an awareness raising campaign to sensitise stakeholders on existing guidelines on accessibility and their practical application, the needs of persons with various types of disability, and encourage the construction of adaptive structures/infrastructure to cater for the needs of disabled persons (ramps, special toilets etc). ● MGLSD, in collaboration with relevant ministries and actors, will transcribe and translate information and materials into accessible formats. ● Ministry of Education and Sport (MoES), in collaboration with NGOs and other agencies, will continue to implement the Education Sector Strategic Plan 2004-2015 (ESSP) through equipping facilities for sports for disabled, training of coaches, and support for local and international competitions. ● MGLSD, in collaboration with other key actors, will organize a
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		<p>survivors in 50% of the landmine/ERW districts by 2012.</p> <ul style="list-style-type: none"> • Advocate for traditional formal and non formal family and community systems to care for landmine survivors, other persons with disabilities and the elderly. • Increase literacy levels among landmine survivors and other persons with disabilities from 62 percent to 70 percent for males with disabilities and from 32 percent to 40 percent for females with disabilities aged 10 years and above by 2012. • Increase participation of children with disabilities including landmine survivors in primary and post-primary education in mine/ERW affected communities by at least 40 percent by 2012. • Increase the number of trained teachers, tutors and Centre Coordinating Tutors for the inclusion of children with disability into the education system by 2012. • Increase the number of youth landmine survivors and other persons with disability's access to employable skills training, vocational training and higher education by 2012. • Affirmative action established to reduce the gender disparity shown between men with disabilities and women with disabilities in secondary schools, vocational training and higher education by 2012. 	<p>fora for landmine survivor groups and other DPOs to meet and identify their differences and similarities. Provide technical guidance for establishment of an umbrella organisation for landmine survivor groups. Identify a voice for landmine survivors within other DPOs. Mobilise resources for capacity building and collaboration mechanisms to monitor and evaluate programmes.</p> <ul style="list-style-type: none"> • MGLSD will raise awareness among policy makers, service providers and the community on the benefits of traditional structures. • MGLSD will encourage functional adult literacy as a major input into community empowerment and build capacity at all levels, through training of survivor group members in functional literacy skills and advocacy for the provision of and access to adult literacy by persons with disabilities including landmine survivors. • MoES, in collaboration with NGOs and other agencies, will provide flexible basic education system through expansion of facilities, the rehabilitation of education facilities, teacher training and monitoring the inclusion of girls with disability at secondary level through the National Surveillance Database. • MoES, in collaboration with NGOs and other agencies, will integrate special needs education in the training curriculum. • MoES, in collaboration with the Uganda Vocational Qualifications Authority, NGOs and other service providers, will expand and improve the Business, Technical and Vocational Education and Training Centres (BTNET) through the rehabilitation and equipping of existing facilities, development of modular courses, and support to non formal providers of BTNET. • MGLSD, in collaboration with other relevant ministries and actors will establish a mechanism to promote equal opportunities to encourage landmine survivors and other persons with disability to access vocational training and higher education through University scholarships established through philanthropy specifically ear marked for a person with disability.
Part 5: Economic reintegration			
<p>Goal: To assist landmine survivors to either return to their pre-</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Develop and implement a strategy by 2007 to improve the economic status of the disabled population in mine-affected 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Establish a mechanism to identify the economic and development needs of landmine survivors and other persons with disabilities and 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MGLSD, in collaboration with other relevant ministries and key actors, will establish a mechanism to monitor and report on the inclusion of persons with disabilities including landmine

<p>injury occupation, or prepare for and find suitable employment.</p>	<p>communities through education, economic development of community infrastructure and creation of employment opportunities.</p> <ul style="list-style-type: none"> • Develop and implement a strategy by 2007 to provide increased opportunities for income-generation and small-enterprise projects, and to promote and encourage literacy and vocational training, apprenticeships and job referrals by 2009. • Provide 60 landmine/UXO survivors with vocational training, by 2009. • Mainstream 60 landmine/UXO survivors into micro-finance schemes, by 2006. • Develop and implement a strategy to assist in the capacity building of micro-finance institutions (MFIs), especially in rural areas, including through demand-driven training of MFI staff and clientele, product development and promotion of agricultural financing, increased access to rural financial services, and building business culture amongst rural borrowers. 	<p>incorporate them into development plans at all levels, by 2008.</p> <ul style="list-style-type: none"> • At least 30 percent of persons with disabilities including landmine survivors, and their families, in highly landmine affected areas are accessing open and self employment, income generating opportunities, and micro-finance and small enterprise projects by 2012. • At least 60 percent of persons with disabilities, including landmine survivors, in affected landmine areas of return access affirmative action in areas of resettlement by 2009. • Establish cash grants for 60 percent of severely affected landmine survivors and other persons with disabilities, by 2012. 	<p>survivors in economic development activities, access to services, provision of materials for resettlement and advocate for affirmative action through local government initiatives within Internally Displaced Persons (IDP) Policy.</p> <ul style="list-style-type: none"> • MGLSD, Ministry of Finance, Planning and Economic Development (MoFPED) and MoES, in collaboration with other actors, will increase opportunities for vocational training, management skills training, and access to seed capital for persons with disabilities including landmine survivors through: banks, micro-finance Institutions, savings and credit co-operative organisations (SACCOs) and other revolving loans to improve their livelihoods. • Identification of available and viable income generation activities; and by raising awareness among employees on the capacities of persons with disabilities and the benefits of employing disabled persons. • MGLSD, in collaboration with other actors will empower communities and protect landmine survivors, other persons with disabilities and elderly through provision of basic needs, production tools and farm implements, right to land ownership and encourage persons with disabilities, including landmine survivors, to participate in development activities. • MGLSD, in collaboration with other actors, will establish a framework for cash transfers, training of stakeholders in the management of grants, and a system to identify the most vulnerable.
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Part 6: Laws and public policies

<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Lobby for the continuous implementation of the law on affirmative action for persons with disabilities. • Strengthen the role of local councillors representing persons with disabilities in the mine-affected northern and western regions by 2006. • Campaign for the participation of landmine and UXO survivors in the representation of persons with disabilities. • Formulate and implement national policies and legislative frameworks for the full and equal participation of landmine survivors and other persons with disabilities by 2007. • Establish mechanisms for the full 	<p>Revised SMART objectives:</p> <ul style="list-style-type: none"> • Build the capacity of implementers for effective implementation of programmes on Victim assistance by 2008. • Strengthen the capacity of local councillors representing persons with disabilities in the mine affected regions by 2010. • Strengthen existing institutional frameworks, building new structures if required, and formulate regulations and guidelines for the implementation of existing laws, policies and acts relating to persons with disabilities by 2009. • Monitor and evaluate the implementation of 	<p>Plans to achieve revised objectives:</p> <ul style="list-style-type: none"> • MGLSD to develop terms of reference for the position of technical advisor. • Recruit Disability technical advisor seconded to the MGLSD. • MGLSD, in collaboration with other relevant actors, will build the capacity and understanding of local councillors through: awareness-raising activities to establish and implement ordinances and by-laws on disability issues; sensitisation of communities, line ministries, media, service providers, traditional healers, religious leaders on laws pertaining to disability; and, through comprehensive training and budget allocations. • MGLSD, in collaboration with other relevant ministries, will review existing frameworks and status of implementation to develop regulations and guidelines on implementation of the laws and policies, and identify priorities. • A coordination committee is formed with representatives from
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	<p>implementation of existing legislation to protect the rights of persons with disabilities.</p>	<p>Uganda Comprehensive Plan of Action for Victim Assistance 2008-2012 on an ongoing basis.</p> <ul style="list-style-type: none"> ● Assess progress in the implementation of the Plan of Action for African Decade of the Disabled 2000-2009 by end of 2008. ● Ratify the Convention on the Rights of Persons with Disabilities by 2008. ● Educate persons with disabilities, including landmine survivors, and the community at large on the existing legislation and the Convention regarding the rights of persons with disabilities, on an ongoing basis. 	<p>MGLSD, MoH, MoES, MoFPED, Ministry of Justice and Constitutional Affairs (MoJCA), OPM, NCD, NUDIPU, mine/ERW survivors, and DPOs, will meet on a regular basis to monitor and update the objectives and activities of the Comprehensive Plan for Victim Assistance.</p> <ul style="list-style-type: none"> ● MGLSD, in collaboration with other relevant ministers and actors in the disability sector, will seek the assistance of a qualified consultant to coordinate the drafting of an interim report on progress. ● MGLSD, in collaboration with other relevant actors including the National Union of Disabled Persons in Uganda (NUDIPU), DPOs and NGOs, will lobby the government to ratify the Convention, and raise awareness in the general public through a campaign using radio, television, print media, and workshops, and prepare a Cabinet Memorandum on the Convention and take steps for ratification. ● MGLSD, in collaboration with other relevant actors, will develop a document which simplifies and translates the laws into local languages and accessible formats including Sign language, tactile and Braille materials.
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YEMEN

	<p align="center">OBJECTIVES AS OUTLINED IN ZAGREB PROGRESS REPORT</p>	<p align="center">PLANS TO ACHIEVE OBJECTIVES</p>
<p><i>Part 1: Understanding the extent of the challenge faced</i></p>		
<p>Goal: Define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses</p>	<p>Objectives:</p> <ul style="list-style-type: none"> ● Develop a nation-wide landmine surveillance system in 2006. ● Visit, interview and register all survivors in the affected communities. 	<p>Plans to achieve objectives:</p> <ul style="list-style-type: none"> ● Implement Phase I of the program to visit all mine victims in their communities and assess their needs – ONGOING
<p><i>Part 2: Emergency and continuing medical care</i></p>		
<p>Goal: Reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury</p>	<p>Objectives:</p> <ul style="list-style-type: none"> ● Provide and cover the cost of emergency medical services to all landmine casualties in the country and provide ongoing medical care to approximately 2,000 survivors by 2009, serving 500 survivors per year. ● Provide assistive devices such as crutches, wheelchairs, prosthetics, eye glasses, hearing aids, medical shoes, et cetera. ● MoPHP to evaluate, in 2006, the health infrastructure, equipment and supplies in health facilities to determine if they are adequately supplied. ● MoPHP to identify ways and means to improve the health infrastructure, equipment and supplies in health facilities 	<p>Plans to achieve objectives:</p> <ul style="list-style-type: none"> ● Implement Phase II of the program to transfer all survivors with medical needs, to a major hospital or, in some cases, abroad for further treatment such as surgery, physiotherapy etc – ONGOING ● Implement Phase III of the program to provide support such as crutches, wheelchairs, prosthetics, eyeglasses, hearing, medical shoes etc – ONGOING

	<p>found to be inadequately supplied.</p> <ul style="list-style-type: none"> • Improve coordination and cooperation in the field with survivors, clinics, hospitals, and other relevant actors. 	
Part 3: Physical rehabilitation		
<p>Goal: To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Provide physical rehabilitation support to 500 landmine survivors per year and to 2,000 mine survivors by 2009. • MoPHP to undertake an assessment (starting in 2006), with assistance from YEMAC, to determine if the rehabilitation needs of mine survivors are being met. 	
Part 4: Psychological support and social reintegration		
<p>Goal: To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Determine what counselling services are needed and how these services could be realistically and appropriately established. 	
Part 5: Economic reintegration		
<p>Goal: To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Economically reintegrate 500 survivors, by 2009, by providing training and establishing small enterprises. • Establish six vocational training centres for the disabled, as part of Yemen's 2nd Socio-Economic Plan, bringing the total number of centres to 15. 	<p>Plans to achieve objectives:</p> <ul style="list-style-type: none"> • Implement Phase IV of the program to provide training and establish small enterprises.
Part 6: Laws and public policies		
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • Implement the MoSAL five year strategic plan for persons with disabilities once it has been approved by the office of the Prime Minister. • Raise awareness among persons with disabilities on their rights. 	