

# **ASSISTING LANDMINE AND OTHER ERW SURVIVORS IN THE CONTEXT OF DISARMAMENT, DISABILITY, AND DEVELOPMENT**

A decade of deliberations on the problems caused by conventional weapons has resulted in various international legal instruments. Based on the precedents established through more than a decade of efforts to implement the Anti-Personnel Mine Ban Convention, there is consistency amongst these instruments. Different legal instruments, but with a uniform approach as concerns assisting victims and survivors of landmines and other explosive remnants of war, present certain opportunities. These opportunities concern ensuring coherence, closer cooperation and efficiency, ultimately with a view to achieving the greatest impact on the ground in affected communities. Taking advantage of these opportunities means enhancing the understanding of a wide range of actors on assisting survivors in the context of disarmament, disability and development. The purpose of this publication is to assist in meeting this need.

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## FOREWORD

My ultimate dream is that all of us, people with disabilities, are treated equally and that everyone understands, and welcomes, the contribution that we persons with disabilities can bring to the social, cultural, economic and political life of our communities.

Sadly, there is a long way to go before my dream is realised. In many countries, people with disabilities still struggle to have their voices heard and to enjoy their basic human rights. One of the main challenges highlighted in efforts to implement the Convention on the Rights of Persons with Disabilities (CRPD) is how to translate policy into practice to actually bring about tangible improvements in the quality of daily life of persons with disabilities and facilitate their full participation and inclusion.

In June 2010, I had the pleasure of participating in the Anti-Personnel Mine Ban Convention's Standing Committee on Victim Assistance and Socio-Economic Reintegration. This gave me an opportunity to share some reflections on the reach and scope of the CRPD, as well as on the work of the CRPD's treaty body, which is called the United Nations Committee on the Rights of Persons with Disabilities (the Committee). The primary purpose of the Committee is to monitor the implementation of the CRPD by all those countries which have ratified it. The CRPD, which enshrines the human rights of us persons with disabilities, is relevant to victim assistance.

To prepare myself for the meeting, I researched the problem of landmines and other explosive remnants of war (ERW) and was shocked to discover the extent of the suffering and the number of people still living with this scourge. I did not know how many of my sisters and brothers with disabilities had joined our family because of these insidious weapons. It made me realise that many of us are working within a narrow framework, whether it be disability, disarmament, development or other fields, and that we are not fully aware of broader issues that may have relevance to our work. The connectivity between disarmament, disability and development is one case in point.

This publication brings together over a decade of experience in efforts to assist the victims of landmines and other ERW. The publication will make a valuable contribution to raising awareness among a broad range of actors working on issues and in sectors central to efforts to assist survivors and other persons with disabilities. Furthermore, the publication has the potential to promote coherence, closer cooperation and efficiency in collective efforts to implement relevant instruments of international humanitarian and human rights law.

The impact of international humanitarian law, starting with the Anti-Personnel Mine Ban Convention, in addressing the rights and needs of persons with disabilities should not be under-estimated. The parties to the Anti-Personnel Mine Ban Convention and Protocol V of the Convention on Certain Conventional Weapons have adopted principles, understandings and plans that have the potential to improve the quality of daily life of survivors, their families and other people with disabilities in affected countries. The codification of these principles and understandings in the text of the Convention on Cluster Munitions is another significant development.

The role that survivors and civil society played in the negotiations of the Anti-Personnel Mine Ban Convention in the 1990s gave impetus to the participation of people with disabilities in negotiations for the CRPD. The catchphrase "nothing about us without us" now has real meaning, as in many fora people with disabilities are no longer invisible but are constructive partners on issues that affect their lives.

I was particularly impressed in June 2010 with the level of participation of experts, including experts with disabilities, in the work of the Anti-Personnel Mine Ban Convention. These experts were engaged at the national level on issues such as healthcare, rehabilitation, psychological support and

disability rights. They had come together to share their experience to advance victim assistance-related efforts. They brought life and vitality to the discussions.

Through my interaction with these experts I learnt some valuable lessons that may be useful in efforts to advance implementation of the CRPD on the ground.

The recognition by instruments of international humanitarian law of the importance of a human rights-based approach to assistance and not a charity-based approach is another noteworthy development. But understanding this principle on paper is not enough, it must be reflected in actions on the ground.

I cannot stress enough the fundamental importance of all actors involved in relevant instruments of international humanitarian and human rights law strengthening collaboration in their efforts to implement the various instruments on the ground in affected countries. Resources are limited and may easily be wasted if we fail to work with one another.

My dream will only be realised if States, people with disabilities and their representative organisations, international agencies, non-governmental organisations and the donor community work together in a spirit of partnership and collegiality to achieve a common purpose: the full inclusion and effective participation of all we persons with disabilities, including landmine and other ERW survivors, in the social, cultural, economic and political life of our communities.

**Professor Emeritus Ron McCallum AO**  
**Chair**

**United Nations Committee on the Rights of Persons with Disabilities**

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## **PART I - INTRODUCTION AND BACKGROUND**

### **INTRODUCTION**

Assisting the victims and survivors of a particular weapon system, or “victim assistance”, in the context of disarmament is a relatively new concept. This concept first appeared in the text of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (Anti-Personnel Mine Ban Convention), which was adopted on 18 September 1997. Through this, an important promise was made. This promise was that, in addition to preventing any future suffering caused by a weapon by banning it, States would seek to address existing suffering by assisting those who had fallen victim and survived the weapon in question.

The Anti-Personnel Mine Ban Convention set a precedent in incorporating a legal obligation to assist victims and survivors, no matter how tentative, into an international instrument governing conventional weapons. Following entry into force, the States Parties to this instrument, with the support of survivors and a wide range of non-governmental and international organisations, articulated a rich set of understandings on this matter and developed methods to bring the promise of the Convention to life.

These understandings concern national ownership, equality, non-discrimination between survivors and other persons with disabilities, full inclusion and participation, an integrated and comprehensive approach, a gender and diversity perspective, transparency, efficiency, accountability, accessibility and sustainability. It has also been understood that efforts to assist the victims should be integrated into broader national policies, plans and legal frameworks related to disability, health, rehabilitation, social services, education, employment, human rights, development and poverty reduction.

The experience of efforts to implement the provision to assist the victims in the Anti-Personnel Mine Ban Convention in turn served as the basis for how other international instruments dealing with conventional weapons have dealt with assisting the victims. On 28 November 2003, the High Contracting Parties to the Convention on Certain Conventional Weapons (CCW) adopted the Protocol on Explosive Remnants of War, or “Protocol V”. (endnote 1) In this Protocol, a promise, modelled on that contained in the Anti-Personnel Mine Ban Convention, was made to the victims and survivors of unexploded and abandoned ordnance. On 11 November 2008, the parties to Protocol V adopted a “Plan of Action on Victim Assistance”, which incorporated principles and approaches consistent with those developed in the pursuit of the fulfilment of the Anti-Personnel Mine Ban Convention’s promise to survivors.

When the movement emerged to negotiate a convention banning cluster munitions, negotiators had the advantage of almost a decade of practice used in the context of the Anti-Personnel Mine Ban Convention to assist survivors and to guarantee their rights. States and organisations participating in the negotiations of the Convention on Cluster Munitions (CCM) ultimately took full advantage of this experience. They did so by embodying into the legal text of the CCM, which was adopted on 30 May 2008, the understandings and practices consistent with those agreed to and employed in the context of the Anti-Personnel Mine Ban Convention.

A decade of deliberations on the problems caused by conventional weapons has resulted in various international legal instruments. However, there is consistency amongst these instruments as concerns assisting victims and survivors regardless of the weapon that resulted in injury and disability. Added to this body of international humanitarian law that concerns itself with “victim assistance” is relevant human rights law, in particular the 2006 Convention on the Rights of Persons with Disabilities (CRPD). The CRPD is particularly relevant as what has become known as “victim assistance” is recognised as a human rights issue.

Different legal instruments, but with an agreed uniform approach to assisting victims and survivors of landmines and other explosive remnants of war, present certain opportunities. This was recognised by Australia, amongst others, at the December 2010 Tenth Meeting of the States Parties (10MSP) to the Anti-Personnel Mine Ban Convention. Australia expressed the need to enhance the understanding of a wide range of actors on assisting survivors in the context of disarmament, disability and development, believing that it was “essential for coherence, closer cooperation (and) efficiency” and to “achieve the greatest impact on the ground in affected communities.” (endnote 2) The purpose of this publication is to assist in meeting this need.

This publication brings together the principles and understandings agreed by the States Parties to the Anti-Personnel Mine Ban Convention and the experience gained through their application at the national level. As noted, the international community has appreciated that these principles and understandings have widespread applicability. This is simply logical given that most States affected by anti-personnel mines are also affected by unexploded and / or abandoned explosive ordnance, including, in some instances, cluster munition remnants.

The publication aims to promote coherence, closer cooperation and efficiency in collective efforts to implement relevant instruments of international humanitarian and human rights law. It aims to do so by enhancing understanding of “victim assistance” in the context of disarmament, disability and development, including by making the strategic approach on victim assistance used by the States Parties to the Anti-Personnel Mine Ban Convention more widely known. It is hoped that this publication will assist States in applying this approach, strengthen understanding and links between actors working in the field on issues such as disability, inclusive development, human rights and mine action, and facilitate progress in efforts to improve the quality of life of survivors, the families of those killed or injured, and other persons with disabilities, through the integration of victim assistance-related efforts into broader frameworks.

The publication is intended to benefit a wide spectrum of actors working on issues and in sectors central to efforts to assist survivors and other persons with disabilities, including: relevant ministries, agencies and other actors in affected States; delegations in Geneva or New York and their counterparts in capitals with responsibilities for conventional weapons instruments; development agencies and programme implementers; mine action authorities and operators; associations of survivors and other persons with disabilities; and, international and non-governmental organisations and service providers. Ultimately, this publication should assist in the goal held by many of achieving the full and effective participation and inclusion of survivors and the families of those killed or injured in the social, cultural, economic and political life of their communities.

## **ENDNOTES**

1. The full name of the Convention is “the Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May Be Deemed to Be Excessively Injurious or to Have Indiscriminate Effects”.
2. Statement by Australia, Assisting the Victims, Tenth Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, Geneva, 1 December 2010.

## **CHAPTER 1 - EVOLUTION OF ASSISTANCE TO VICTIMS AND SURVIVORS IN INTERNATIONAL HUMANITARIAN LAW**

Two decades ago, the movement to deal with the devastating effects of antipersonnel landmines was born. While this movement emerged in response to the suffering of innocent women, girls, boys and men, the pre-occupation at the time was in eliminating future use of the weapon concerned. At the time, to many involved, assisting the survivors within the context of a legal regime was a secondary priority, if one at all. However, in the space of a relatively short amount time, much of the international community now considers an instrument of international humanitarian law that deals with the humanitarian problems caused by conventional weapons incomplete without a provision to assist the victims and survivors of the weapons in question.

Landmine survivors were first given a voice at the international level to raise awareness of their rights and needs in September 1995 in Vienna at the First Review Conference of the Convention on Certain Conventional Weapons (CCW). While at the time many organisations and agencies were implementing projects at the national level to assist survivors, few were pushing to have assistance to victims and survivors included as part of a new instrument on anti-personnel landmines. The primary focus of non-governmental organisations and concerned individuals was on achieving a global ban. Some believed that insisting on provisions to assist the victims would be a distraction and give governments “another excuse for not committing to a ban.” (endnote 1)

Despite the suffering of innocent women, girls, boys and men being a major impetus for efforts to ban landmines, the provision to assist the victims in the Anti-Personnel Mine Ban Convention was not included in draft texts until the final negotiations in September 1997. How did “victim assistance” come to be manifested in international humanitarian law? How have the States Parties to the Anti-Personnel Mine Ban Convention come to understand what it means to fulfil the promise of the Convention for survivors and their families?

### **The Ottawa Process and Victim Assistance**

In May 1996, the CCW’s First Review Conference, while agreeing to minor adjustments to the international regime governing the use of anti-personnel mines, failed to address the problems caused by this weapon in a comprehensive manner. In an effort to achieve a comprehensive solution, Canada convened, in October 1996, a conference entitled “Towards a Global Ban on Anti-Personnel Mines.” Canada invited to this conference the Landmine Survivors Network (LSN) to speak on behalf of survivors around the world. Delegates were challenged to do more to give survivors “a chance to be productive again, not to be dependent on charity.” (endnote 2) By the end of the conference, the issue of assisting victims and survivors had received some support for inclusion in any new convention, including from Canada and Ireland. (endnote 3)

The Ottawa conference marked the start of the Ottawa Process when, at the conclusion of the conference, Canada’s Foreign Minister, Lloyd Axworthy, invited States to return to Ottawa in December 1997 to sign a treaty banning the production, export and use of anti-personnel landmines. Axworthy challenged “the governments assembled...to put our rhetoric into action...” (endnote 4) In the relatively short period of 14 months, from October 1996 to December 1997, the Anti-Personnel Mine Ban Convention was drafted, negotiated and signed.

The Ottawa Process featured a series of conferences and meetings designed to build momentum and generate political will. The active participation of survivors ensured that the issue of assisting the victims remained part of the discussions. In addition, experts from international organisations, particularly the International Committee of the Red Cross (ICRC), and non-governmental organisations, mainly through the International Campaign to Ban Landmines (ICBL), shared their experience from the field to highlight the impact of landmines and what was needed to address the



needs of landmine victims and survivors. The ICBL played a particularly important role in ensuring that the voices of survivors were front and centre at Ottawa Process events.

In the lead-up to the September 1997 Oslo Diplomatic Conference when the Convention was negotiated, numerous global, regional and sub-regional meetings were held, including: the First Expert Meeting on the Convention for the Prohibition of Anti-Personnel Mines in Vienna in February 1997; the Fourth International NGO Conference on Landmines in Maputo in February 1997; Japan's Conference on Demining and Victim Assistance in March 1997; the Organisation of African Unity (OAU) conference entitled *Toward a Landmine-Free Africa* in May 1997; and, the Brussels International Conference for a Global Ban on Anti-Personnel Mines in June 1997.

In the process of drafting the Anti-Personnel Mine Ban Convention, provisions on cooperation and assistance first appeared in the second draft of 14 March 1997, prepared by Austria. (endnote 5) However, neither the second draft nor the third draft of 13 May 1997 contained specific measures to assist landmine victims. At the June 1997 conference in Brussels, a call to action from survivors focused convention drafters on the need to include humanitarian provisions to address the needs of landmine victims. (endnote 6) The ICRC also called for the inclusion of a process to assist the victims in its formal comments on the third and final drafts of the convention. (endnote 7) Nevertheless, the Brussels Declaration failed to include a reference to the importance of assisting the victims. (endnote 8)

At the September 1997 Oslo Diplomatic Conference, advocates pressured States to include assistance to victims and survivors in the text of Convention. Obligations to provide assistance for the care and rehabilitation, and social and economic reintegration, of landmine victims were agreed "only after lengthy debate" with a number of donor governments "concerned about the financial ramifications of such obligations." (endnote 9)

The preamble to the Anti-Personnel Mine Ban Convention expresses the wish of the States Parties "to do their utmost in providing assistance for the care and rehabilitation, including the social and economic reintegration of mine victims." This wish is translated into an obligation in Article 6 on International Cooperation and Assistance. Article 6.3 requires that "each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims (...)." The article continues by indicating that such assistance may be provided through a variety of means, including "the United Nations system, international, regional or national organizations or institutions, the International Committee of the Red Cross, and national Red Cross and Red Crescent societies and their International Federation, non-governmental organizations, or on a bilateral basis."

In December 1997, in what was described as a "victory for humanity" and "the cause of humanitarian values," (endnote 10) 122 States signed a convention banning the use, stockpiling, production and transfer of anti-personnel mines. (endnote 11) The new Convention was a significant achievement for its time. The Anti-Personnel Mine Ban Convention became the first multilateral arms control treaty to address the humanitarian needs of the victims of a particular weapon system. Landmine survivors played a significant role "in ensuring that the people most wounded by these inhumane devices would not be forgotten in the first treaty to ban their use." (endnote 12)

In the period between the signing ceremony and entry into force on 1 March 1999, efforts continued to advance the cause of victim assistance. For example, in 1998, the World Health Assembly declared that the "damage caused by the use of anti-personnel mines is a public health problem" and urged "governments of affected States to incorporate, as a priority, in national health plans prevention of anti-personnel-mine injury and assistance to victims, including treatment and rehabilitation." (endnote 13) In addition, the ICBL adopted four new goals for victim assistance at its General Assembly Meeting in February 1998 to enhance implementation of the Convention after entry into

force. (endnote 14) Nevertheless, only limited attention had been given to improving the coordination and delivery of assistance to landmine victims at the international level before the entry into force of the Anti-Personnel Mine Ban Convention. (endnote 15)

### **Progress in the first five years after entry into force**

A disarmament convention that included a provision to assist the victims created great optimism among many survivors and their families that they would see an improvement in their daily life. But most would agree that in the early years after entry into force of the Anti-Personnel Mine Convention not enough was being done or done well enough. For the States Parties tasked with implementing the Convention making provision for the victims created a conundrum. While it was clear that more needed to be done, what exactly needed to be done? How should this be done? And who was ultimately responsible?

The 1999 First Meeting of the States Parties to the Anti-Personnel Mine Ban Convention (1MSP) in Maputo, Mozambique provided an opportunity for the States Parties to take action to better assist the victims. In the lead-up to the meeting, Switzerland, in cooperation with the ICRC, the World Health Organization (WHO), UNICEF and the ICBL, drafted a strategic framework for planning integrated landmine victim assistance programmes. The Strategic Framework for Victim Assistance, or Maputo Strategy, was based on seven principles: 1) non-discrimination of victims; 2) an integrated and comprehensive approach; 3) co-participation of all relevant actors; 4) national ownership and institutional support; 5) transparency and efficiency; 6) a sustainable development approach; and, 7) the empowerment of victims. Pilot projects were subsequently carried out in Afghanistan, Bosnia and Herzegovina, Mozambique and Nicaragua. (endnote 16)

Furthermore, at the 1MSP, the States Parties recognised that “anti-personnel mines represent a major public health threat” and that “assistance must be integrated into broader public health and socio-economic strategies to ensure not simply short-term care for victims, but special attention to the serious long-term needs for social and economic reintegration.” (endnote 17) In Maputo, the States Parties considered the following future actions on victim assistance. (endnote 18)

- > Promote the exchange of experiences, taking into account the particularities and characteristics of successful national, subregional and regional programmes, adapted to the cultural and socio-economic reality of the different countries, considering that there is not a single model to address this issue.
- > Support a wider and integral scope of landmine victim assistance, including medical and rehabilitation aspects of individuals as well as communities and the reconstruction of the socio-economic conditions in affected communities.
- > Facilitate on the national level the practical use of the Strategic Framework for Victim Assistance, including mobilisation of resources to allow affected countries to utilise and further refine this and other tools, including ICBL guidelines.
- > Sharing of information on resource allocation at the donor and mine-affected country level, as well as from operational agencies, in order to identify existing gaps and make most efficient use of available funding and avoid duplication.
- > Formulate a methodology and systems for evaluation of mine victim assistance programme implementation. In other words, identify benchmarks for progress.

The outcomes of the 1MSP provided the newly established Standing Committee on Victim Assistance and Socio-Economic Reintegration with a framework for its work. The Standing Committee has

played a central role in advancing understanding and identifying the rights and needs in relation to victim assistance among the States Parties. (endnote 19) Standing Committee meetings have been conducted in what has been described as a “spirit of practical cooperation, inclusivity and collegiality.” (endnote 20) The ICBL, including landmine survivors and its member organisations, the ICRC, national Red Cross and Red Crescent Societies and their international federation, and UN departments, offices and agencies have worked closely with the States Parties to advance the work of the Standing Committee.

At the first meeting of the Standing Committee on Victim Assistance and Socio-Economic Reintegration in September 1999, five “Network Groups” were established to focus on specific issues: Information and Data Coordination (facilitated by Switzerland); Victim Assistance Reporting (facilitated by the ICBL and Handicap International); Portfolio of Country and Regional Projects (facilitated by the ICBL); Strategic Approach to “Guidelines” (facilitated by Nicaragua and Mexico); and, Donor Coordination (facilitated by Sweden). (endnote 21)

One of the first undertakings of the Standing Committee was to clarify terms that are central to the realisation of the Convention’s aim of assisting the victims. The States Parties were aided by the ICBL’s Working Group on Victim Assistance. Under the leadership of the US-based Landmine Survivors Network (which later evolved to become the Survivor Corps), the ICBL had adopted various definitions on key terms like victim and victim assistance and various views on the place of victims and victim assistance in broader contexts. (endnote 22) These positions subsequently became the basis for discussions in the Standing Committee on Victim Assistance and Socio-Economic Reintegration in 1999-2000 and beyond. (endnote 23)

The ICBL Working Group on Victim Assistance’s close collaboration with States Parties resulted in aspects of victim assistance, which might otherwise have been neglected or avoided, becoming part of the general discussions of the Standing Committee on Victim Assistance and Socio-Economic Reintegration. Collaboration allowed States Parties, survivors and non-governmental and international organisations to become allies on some issues and to better understand each other’s perspectives. It also “allowed for more perspectives, ideas, strategies, and mutual accountability among the various actors...than would have ever been possible in a more limited forum.” (endnote 24)

In December 2000, Jerry White, a survivor and co-founder of the Landmine Survivors Network / Survivor Corps, called on the States Parties “to deepen the inclusion of landmine victims (in the work of the Convention) to counteract the typical, human reaction to persons with disability, which is often exclusion; we need to make inclusion a conscious, undeniable choice. It should be at the core of victim assistance efforts.” (endnote 25) The States Parties heeded the call and the principle of inclusion has been central to the work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration.

In May 2001, the Co-Chairs of the Standing Committee (Japan and Nicaragua) released a compilation of key documents related to victim assistance – “Providing assistance to landmine victims: A collection of guidelines, best practices and methodologies” – with the aim of ensuring that all relevant actors had access to various reference documents on victim assistance. (endnote 26)

In October 2001, significant progress was made when Canada, as Co-Chair, hosted a “Standing Committee Planning Workshop” in Ottawa to discuss establishing a framework for future Standing Committee activities and to identify the key issues to be addressed. (endnote 27) As a result of the workshop, the United Nations Mine Action Service (UNMAS) was invited to undertake a consultative process to identify priority areas for future discussions within the Standing Committee on Victim Assistance and Socio-Economic Reintegration. The main aims of the consultative process were to: articulate a concise and understandable set of critical issues in the field of victim assistance; identify

concrete progress that could be made by 2004 and beyond; and, identify the Standing Committee's particular niche in contributing to progress. (endnote 28) Subsequently, the consultative process identified five priority areas: emergency and continuing medical care; physical rehabilitation including prosthetics; psychological and social support; economic reintegration; and, laws, public policies and national planning. (endnote 29)

In 2002, the States Parties reflected upon the work of the Standing Committees since entry into force and recalibrated the Convention's Intersessional Work Programme to ensure its continued effectiveness. The main result of this process was that space was opened up for States Parties in the process of fulfilling key elements of the Convention to express their voices. As concerns victim assistance, this meant that from 2003 onwards the Standing Committee on Victim Assistance and Socio-Economic Reintegration placed an increased emphasis on hearing from affected States on concrete actions for the care, rehabilitation and reintegration of landmine survivors. States were encouraged to present their plans, progress and priorities for victim assistance, and their problems in addressing the rights and needs of the victims.

By 2004, the States Parties and their partners had spent five years giving detailed consideration to what the Convention's promise to victims and survivors meant to them. This effort culminated in the Convention's First Review Conference in 2004, the Nairobi Summit on a Mine-Free World, when the States Parties formally adopted principles and understandings on victim assistance that had evolved since entry into force. Furthermore, they identified key challenges to be addressed to fulfil the promise to mine survivors that the Convention implied.

These understandings included clarity regarding what was meant by the terms "landmine victim" and "victim assistance". (endnote 30) The States Parties also agreed that victim assistance efforts should not exclude any person injured or disabled in another manner. In addition, it was acknowledged that assistance should be viewed as a part of a country's overall public health and social services systems and human rights frameworks. As well, it was understood that assistance should be seen in a broader context of development and underdevelopment. (endnote 31)

The question of responsibility was also clarified. At the Nairobi Summit, more than 20 States Parties indicated that they had significant numbers of mine survivors – hundreds, thousands or tens of thousands – and hence "the greatest responsibility to act, but also the greatest needs and expectations for assistance" in providing adequate services for their care, rehabilitation and reintegration. These States Parties became a focus of attention in the subsequent work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration. (endnote 32)

The First Review Conference also adopted the Nairobi Action Plan for the period 2005-2009. With respect to victim assistance, the Nairobi Action Plan aimed to "enhance the care, rehabilitation and reintegration efforts" through eleven "actions." The Nairobi Action Plan committed the States Parties to do their utmost to establish and enhance healthcare services needed to respond to the immediate and ongoing medical needs of mine victims; to increase national physical rehabilitation capacities; to develop capacities to meet the psychological and social support needs of mine victims; to actively support the socio-economic reintegration of mine victims; to ensure that national legal and policy frameworks effectively address the needs and fundamental human rights of mine victims; to develop or enhance national mine victim data collection capacities; to ensure that in all victim assistance efforts, emphasis is given to age and gender considerations; to provide external support to assist affected States in the care, rehabilitation and reintegration of mine victims; to monitor and promote progress in achieving the victim assistance goals; and, to ensure the effective participation of mine victims in the work of the Convention. (endnote 33)

The Nairobi Action Plan noted that the Convention's victim assistance obligations constitute "a vital promise for hundreds of thousands of mine victims around the world, as well as for their families and

communities” and that “keeping this promise is a crucial responsibility of all States Parties,” with it being “especially the case for those States Parties where there are vast numbers of victims.” (endnote 34) Furthermore, the Nairobi Action Plan committed the States Parties, “particularly those with the greatest numbers of mine victims,” to do their utmost to proceed with specific actions related to the six defined areas of victim assistance. (endnote 35)

### **Progress in achieving the victim assistance-related aims of the Nairobi Action Plan**

Unlike the clear tasks and deadlines related to stockpile destruction and mine clearance, the Anti-Personnel Mine Ban Convention’s victim assistance obligation is less specific. However, the States Parties have not seen this as an obstacle, but seized upon it as an opportunity to take action. In doing so the States Parties, particularly through the work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration following the Nairobi Summit, made great advances regarding what the aim of victim assistance is and how it should be pursued.

Following the Nairobi Summit, the States Parties still lacked a clear understanding of what could be or should be achieved by a certain point of time. By not knowing what needed to be done by certain key milestone dates like the Convention’s Second Review Conference in 2009, the States Parties were setting themselves up for disappointment because there was no measure regarding what it meant to have fulfilled their promise to mine victims. To pursue the Convention’s aim of assisting victims and survivors with the same seriousness and precision as the States Parties pursued the aims of destroying stockpiled mines or clearing mined areas, specificity and precision were required.

In 2005 following the Nairobi Summit, the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Nicaragua and Norway, initiated efforts to apply the principles and understandings adopted in Nairobi in a manner that would see victim assistance become specific, measurable and time-bound. Looking five years ahead to the 2009 Second Review Conference, the Co-Chairs sought to place the matter of spelling out what could be and should be achieved in the hands of those States Parties that had indicated that they were ultimately responsible for significant numbers of survivors.

The Co-Chairs developed a foundation tool – a questionnaire – in consultation with key stakeholders, including Handicap International (HI), the Landmine Survivors Network, the World Rehabilitation Fund (WRF), the WHO, the ICRC and the ICBL. This questionnaire was inspired by the Strategic Framework for Victim Assistance, developed by Switzerland in 1999, and was based on the Guidelines for the Socio-Economic Reintegration of Landmine Survivors, produced by the WRF and the UNDP in 2003. The main aim of this questionnaire was to encourage the relevant States Parties to establish SMART – specific, measurable, achievable, relevant and time-bound – objectives to improve and/or change the current situation for mine survivors and other persons with disabilities in their country by the time of the Second Review Conference in 2009. In early 2005, the questionnaire was sent to relevant States Parties. (endnote 36)

To further support the efforts of the relevant States Parties in developing concrete and measurable objectives for victim assistance, the Co-Chairs convened workshops in Managua, in which all four relevant Latin American States Parties participated, and in Nairobi, in which 10 of the 11 relevant African States Parties participated. (endnote 37) 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 December 2005, the Sixth Meeting of the States Parties’ Zagreb Progress Report contained a lengthy annex which summarised the responses made by 22 relevant States Parties. (endnote 38) This has now become part of the Convention’s permanent record. As a result, there were the beginnings of a much more solid basis for developing a clearer road map regarding what needed to

be done by the Second Review Conference and how the effort could be measured in 2009. As noted in the Zagreb Progress Report, the response provided by each State Party was “not an end-product but rather an initial step in a long-term planning and implementation process.” (endnote 39) A continuation of efforts was required and all Co-Chairs since 2005 have followed-up on the method introduced at that time.

Since 2005, efforts undertaken by all Co-Chairs of the Convention’s Standing Committee on Victim Assistance and Socio-Economic Reintegration have been based on the logic that the ultimate responsibility of meeting the rights and 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 and in developing and monitoring the effectiveness 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.

The efforts to implement the victim assistance provision of the Anti-Personnel Mine Ban Convention have shown clearly that what can or should be achieved, by when and how, is different for each State, given their very diverse circumstances and unique characteristics. All Co-Chairs have recognised that the best way to assure progress is to work intensively, on a national basis with relevant States Parties. The primary focus of their work has been to assist government ministries responsible for healthcare, rehabilitation, social services or disability issues more generally in the process of setting their own specific and measurable objectives and developing and implementing plans of action. As this has been a priority for Co-Chairs since 2005, the matter of advising States Parties on applying such a strategic approach has since that time been an important area of work for the Convention’s Implementation Support Unit (ISU).

Support provided by the ISU has focused on assisting States Parties in developing a response to address the needs and guarantee the rights of victims and survivors in the context of broader State efforts as concern healthcare, rehabilitation, disability rights, development and other endeavours. A key aim is to see if States can ensure that their actions on victim assistance are nested within a broader approach to disability. This is consistent with the States Parties’ agreed principles on non-discrimination in the provision of assistance and, as such, sees that the States Parties approach to victim assistance has been and remains equally applicable as concerns the victims and survivors of conventional weapons other than anti-personnel landmines.

The ISU has developed a method of support that aims to take the emphasis off of a single episode or event and, instead, direct attention to an ongoing process. The ISU has coined the term “process support”, which involves: (a) one-on-one meetings with officials from relevant ministries to raise awareness of victim assistance and the understandings adopted by their State, and to stimulate inter-ministerial coordination; (b) outreach to relevant international and other organisations to ensure that their efforts in support of the State Party in question are both incorporated into and incorporate victim assistance efforts; (c) inter-ministerial workshops to bring together all relevant actors to discuss and consolidate improvements on objectives and the development of plans, as appropriate, and, (d) follow-up to assist in the application of plans and in the development of monitoring mechanisms. (endnote 40) Process support aims to advance a State’s inter-ministerial efforts to establish better objectives and develop and/or implement good plans. The aims are an improved capacity on the part of the State Party to set its own specific objectives, to develop and implement a plan of action and to improve institutional frameworks to address disability issues, in order to ultimately achieve a tangible improvement in services available to landmine victims and other persons with disabilities.

This focus has provided a useful framework for the work on victim assistance within the context of the Anti-Personnel Mine Ban Convention and has contributed to the introduction of implementation

processes for victim assistance at the national level in several of the relevant States Parties. The focus has also contributed to processes that have benefited the disability sector as a whole. For example, in Afghanistan, Burundi and Cambodia, through the focus on victim assistance, relevant ministries and other actors have come together to develop the States' first plans of action to address the rights and needs of all persons with disabilities, including landmine and other ERW survivors.

Through the work of the Co-Chairs of the Standing Committee, awareness was raised of the importance of the logic behind this exercise. After years of Convention meetings wherein affected States Parties had their pleas for assistance to mine victims fall on deaf ears, the power has been given to them to make a compelling case to the donor community about what actually needs to be done. Making such a case not only served as a powerful demonstration of State responsibility, but also made it more inescapable for donors when calls were made for States Parties in a position to do so to live up to their commitment in Action #36 of the Nairobi Action Plan, to "act upon their obligation under Article 6 (3) to promptly assist those States Parties with clearly demonstrated needs for external support (...), responding to priorities for assistance as articulated by those States Parties in need (...)".

In addition to the work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, other implementation mechanisms have adapted themselves or have emerged to assist in the application of the States Parties understandings on victim assistance. A key development since the First Review Conference is that through the Convention's sponsorship programme, experts from relevant ministries and agencies are now participating in international meetings to advance understanding on the victim assistance issue. For example, at the June 2005 meetings of the Standing Committee, five relevant States Parties included a victim assistance expert in their delegation. By the time of the Cartagena Summit, relevant experts, including survivors and other persons with disabilities, were on the delegations of 19 relevant States Parties.

In addition, since 2007, the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration have organised programmes for these experts that have run parallel to the meetings of the Standing Committees and the Meetings of the States Parties. These programmes have made the best possible use of the time dedicated by health, rehabilitation, social services and disability rights professionals from relevant States Parties by stimulating discussion and increasing the knowledge of the participants on key aspects of victim assistance and the disability issue more generally. Particular emphasis has been given to the place of victim assistance in the broader contexts of disability, healthcare, social services and development. The programme also benefits from the active participation of mine survivors and other experts with disability, and experts from international agencies and non-governmental organisations, including the WHO, International Labour Organization (ILO), the United Nations Office of the High Commissioner for Human Rights (UNOHCHR), the ICRC, the International Federation of Red Cross and Red Crescent Societies (IFRC), Handicap International (HI) and the International Disability Alliance (IDA).

The parallel programme for victim assistance experts has provided a forum in which the experts can share experiences, priorities and challenges in addressing the rights and needs of landmine victims and other persons with disabilities and provides a clearer picture of the reality on the ground in many affected States Parties. As part of the parallel programmes, expert presenters discuss good practice and new developments in areas such as emergency medical care, physical rehabilitation, psychological and psychosocial support including peer support, economic empowerment, community based rehabilitation, data collection, inclusive development, disability sector coordination mechanisms and the UN Convention on the Rights of Persons with Disabilities (CRPD).

In May 2009, the Belgian and Thai Co-Chairs of the Standing Committee on Victim Assistance and Economic Reintegration convened a retreat in Geneva to bring together experts representing States Parties, international agencies, the ICRC, the IFRC and the ICBL and its member organisations. Experts

included survivors, doctors, rehabilitation experts, disability and human rights experts, representatives of relevant ministries and agencies in affected States Parties, development agencies and service providers. The retreat was possibly the first time that a fully inclusive and representative group of actors have come together to do some “big picture” thinking on victim assistance. (endnote 41)

Discussions at the retreat and subsequent parallel programme for victim assistance experts at the May intersessional meetings provided a solid foundation to develop sound strategies for the period 2010 to 2014, based on the lessons learnt and priorities identified since the First Review Conference. Priority issues identified for future action included: inclusion; a holistic approach; accessibility; coordination and planning; capacity building; and international cooperation and assistance.

At the 2009 Second Review Conference – the Cartagena Summit on a Mine-Free World – the States Parties reaffirmed their understandings on victim assistance, which had evolved through years of implementing the Convention and new developments in other instruments of disarmament and human rights law. The States Parties also adopted the Cartagena Action Plan for the period 2010 to 2014. Through the Cartagena Action Plan, all States Parties resolved to provide assistance to victims and survivors, in accordance with applicable humanitarian and human rights law “with the aim of ensuring their full and effective participation and inclusion in the social, cultural, economic and political life of their communities.” (endnote 42) The Cartagena Action Plan includes 14 victim assistance-related commitments. These include commitments to address issues of inclusion, coordination, data collection, legislation and policies, planning, monitoring and evaluation, the involvement of relevant experts, capacity building, accessibility including to appropriate services, good practice, awareness raising, resource mobilisation, inclusive development, and, regional and bilateral cooperation. (endnote 43)

The victim assistance-related actions of the Cartagena Action Plan reflect the collaborative efforts of the States Parties, including experts from affected States, the ICBL, including survivors, and its members, the ICRC and UN agencies to ensure coherence with the victim assistance provisions of the Convention on Cluster Munitions (CCM) and the CCW’s Plan of Action on Victim Assistance under Protocol V. In addition, at the Cartagena Summit, the States Parties were presented with the “Survivors’ Call to Action”, which spells out landmine survivors’ expectations of the States Parties during the period 2010-2014 and the commitments that survivors themselves have made to advance the aims of the Convention.

### **Victim assistance after the Cartagena Summit**

At the Cartagena Summit, the States Parties recognised that the most identifiable gains in victim assistance had been process-related and that the real promise of the Convention is to make a difference on the ground, in the lives of survivors, the families of those killed or injured and their communities. A persistent challenge remains in translating increased understanding on victim assistance into tangible improvements in the quality of daily life of mine victims. (endnote 44)

To ensure that victim assistance efforts continue, in November 2009, the Co-Chairs of the Standing Committee presented recommendations on national implementation measures for the Cartagena Action Plan. (endnote 45) These included recommendations that relevant States Parties and other stakeholders may wish to undertake to facilitate measurable progress in each of the victim assistance-related actions within the Cartagena Action Plan. To enhance their usefulness at the national level, these recommendations have been translated widely, including into Albanian, Arabic, Dari, English, French, Khmer, Pashtu, Portuguese, Spanish and Tajik.

Since the Cartagena Summit, the primary focus of the work of the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration has been to continue the work of



their predecessors and assist national authorities responsible for healthcare, rehabilitation, social services, employment or disability issues more generally in the process of setting their own specific and measurable objectives and developing, implementing and monitoring plans of action. In 2010, the ISU continued to support the work of the Co-Chairs through the provision of advice to all relevant States Parties and through in-country process support visits.

The Co-Chairs have continued to facilitate a parallel programme for victim assistance experts on the margins of the meetings of the Standing Committees and the Meetings of the States Parties. Particular emphasis has been given to resource mobilisation and utilisation, capacity building of survivors and their organisations, community based rehabilitation and challenges and opportunities in implementing the Cartagena Action Plan. When possible, field visits have been arranged for experts.

The Co-Chairs have also taken steps to strengthen links between the work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration and implementation mechanisms developed under the CRPD. At the June 2010 meeting of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, the Co-Chairs invited Professor Ron McCallum, Chair of the CRPD's Committee on the Rights of Persons with Disabilities, to speak on the work of the Committee and its relevance for the application of the victim assistance aspects of the Cartagena Action Plan. At the October 2010 meeting of the CRPD's Committee on the Rights of Persons with Disabilities, the ISU was invited to share experiences on implementing the Anti-Personnel Mine Ban Convention's provision to assist the victims. In March 2011, the ISU presented to the Human Rights Council's session that concerned the implementation of the CRPD to highlight the common purpose that States Parties to the Anti-Personnel Mine Ban Convention and members of the Human Rights Council have with respect to disability and human rights.

Through over a decade of efforts to implement the victim assistance provision of the Anti-Personnel Mine Ban Convention it is clear that strengthening collaboration and cooperation between all relevant actors at the national and international level is essential if measurable progress in improving the quality of daily life of mine victims is to be achieved. Affected States, survivors, international agencies, non-governmental organisations, the donor community and civil society must continue to work together.

### **Victim assistance in other instruments of international humanitarian law**

The Anti-Personnel Mine Ban Convention's work on victim assistance has provided a basis for how instruments of international humanitarian law that have emerged since 1997 have sought to assist the victims and survivors of other conventional weapons. As noted, the inclusion of a provision to assist victims and survivors in the Anti-Personnel Mine Ban Convention was a hard-won victory in 1997. However, in 2003 it was accepted as a logical course of action when the member states of the CCW adopted Protocol V on Explosive Remnants of War, incorporating in that protocol, virtually word for word, the Anti-Personnel Mine Ban Convention's ground breaking provision on assisting the victims. Article 8.2 of Protocol V reads: "Each High Contracting Party in a position to do so shall provide assistance for the care and rehabilitation and social and economic reintegration of victims of explosive remnants of war. Such assistance may be provided inter alia through the United Nations system, relevant international, regional or national organizations or institutions, the International Committee of the Red Cross, National Red Cross and Red Crescent Societies and their International Federation, non-governmental organizations, or on a bilateral basis."

In 2008, High Contracting Parties to Protocol V of the CCW adopted a "Plan of Action on Victim Assistance", with the intent being to address the needs and guarantee the rights of victims and survivors of incidents involving unexploded ordnance and abandoned explosive ordnance. (endnote 46) The approach taken in this plan of action is entirely complementary to the approach taken to

landmine victims and survivors in the context of the work of the Anti-Personnel Mine Ban Convention. Also in 2008, a questionnaire was developed to better understand the situation in affected States. Protocol V's Coordinator for Victim Assistance guides the work of High Contracting Parties to advance their efforts to assist the victims.

CCW Protocol V Meetings of Experts have continued to provide valuable opportunities to deepen the understanding of victim assistance and to further explore the implementation of Article 8 Paragraph 2 and the Plan of Action on Victim Assistance. As in the context of the Anti-Personnel Mine Ban Convention, Protocol V deliberations have benefited from the participation of survivors. Their participation has helped reinforce the key principles, including non-discrimination, national ownership, sustainability, a broad definition of "victim" and that assistance is a matter of human rights, not charity. In addition, in 2011, High Contracting Parties to Protocol V raised the question of synergies and the potential benefits from a closer coordination between Protocol V and other relevant instruments. A number of countries favoured convergence between the different legal instruments with respect to victim assistance, as this was already the case on the ground.

In 2007, the Oslo Process was launched to conclude a new international instrument prohibiting the use of cluster munitions which cause unacceptable harm to civilians. When this occurred, participating States and other actors had the opportunity to draw from almost a decade of efforts undertaken in the context of the Anti-Personnel Mine Ban Convention and to apply lessons derived from this effort. Initially, it appeared as if this was going to be an opportunity lost when the text under discussion at the May 2007 Lima Conference on Cluster Munitions failed to take into account key principles on victim assistance that had been agreed to by States Parties to the Anti-Personnel Mine Ban Convention.

In the ISU's commentary on the Lima text, it was noted that, while the Anti-Personnel Mine Ban Convention was a major leap forward in terms of incorporating into a multilateral disarmament / arms control instrument an obligation to assist victims of the weapons in question, it did not place this obligation on equal footing with legal obligations related to other core aims of the Convention. A new instrument on cluster munitions had the chance to apply this lesson, particularly by clarifying that national responsibility as concerns clearance or stockpile destruction is equally applicable to assisting victims and survivors. It was also noted that the Lima text failed to incorporate the lessons learnt from the implementation of the Anti-Personnel Mine Ban Convention concerning victim assistance being part of a broader disability context and that efforts to address the needs of victims should be pursued in the context of existing healthcare, rehabilitation, reintegration and human rights frameworks of States.

Ultimately, the evolving negotiations on what, in 2008, became the Convention on Cluster Munitions (CCM), came to embody the key principles and understandings that States and non-governmental and international organisations had spent years elaborating through the work of the Anti-Personnel Mine Ban Convention. In 2009, the First Meeting of the States Parties to the CCM adopted the Vientiane Action Plan, which includes 13 victim assistance-related actions to enhance implementation efforts.

Through the legal text of the CCM, the understandings formally agreed to by the States Parties to the Anti-Personnel Mine Ban Convention, and the CCW Protocol V's Plan of Action on Victim Assistance, there is congruency with respect to the approach taken to assisting victims and survivors of conventional weapons in three legal instruments. In particular, the definition of a "victim" is common to all with it including persons directly impacted as well as their affected families and communities. The scope of "victim assistance" is accepted by all three instruments as including data collection, medical care, rehabilitation, psychological support, social inclusion and relevant / necessary laws and policies. It is understood by all that ultimate responsibility rests with States with respect to victims and survivors in areas under their jurisdiction or control. Moreover, analogous principles as concern

non-discrimination, the human rights context, gender and diversity, national development frameworks and cooperation and assistance are imbedded into the approaches taken by all three instruments.

## ENDNOTES

1. Jerry White and Ken Rutherford, "The Role of the Landmine Survivors Network" in Maxwell A. Cameron, Robert J. Lawson, and Brian W. Tomlin, *To Walk Without Fear: The Global Movement to Ban Landmines*, Oxford University Press, Toronto, 1998, 99, 104-105.
2. *Ibid*, 106-107.
3. *Ibid*, 107.
4. The Honourable Lloyd Axworthy, Minister of Foreign Affairs, address at the Closing Session of the International Strategy Conference Towards a Global Ban on Anti-Personnel Mines, Ottawa, 5 October 1996.
5. Stuart Maslen, *Commentaries on Arms Control Treaties, Volume I: The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction*, Oxford University Press, Oxford, 2004, 177.
6. Jerry White, Landmine Survivors Network, Chair, ICBL Working Group on Victim Assistance, The Principle and Practice of Inclusion Deepening Survivor Participation in the Implementation of the Mine Ban Treaty, Standing Committee on Victim Assistance, Socio-Economic Reintegration and Mine Awareness, Geneva, 4 December 2000.
7. Comments of the International Committee of the Red Cross on the Third Austrian Draft (13/5/97) of the Convention on the Prohibition of Anti-personnel Mines, Informal Working Paper for the Oslo Negotiations, September 1997.
8. This omission caused dissent among some States, particularly from Africa. See, Stuart Maslen, *Commentaries on Arms Control Treaties, Volume I*, 38.
9. *Ibid*, 55 and 183.
10. Cornelio Sommaruga, President, International Committee of the Red Cross, statement to "A Global Ban on Landmines: Treaty Signing Conference and Mine Action Forum," Ottawa, 3 December 1997.
11. Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Landmines and on Their Destruction, opened for signature 3-4 December 1997 and entered into force on 1 March 1999; also known as the Anti-Personnel Mine Ban Convention, AP Mine Ban Convention, Ottawa Convention, and the Ottawa Treaty.
12. Jerry White and Ken Rutherford, "The Role of the Landmine Survivors Network", 99.
13. WHA51.8, Concerted public health action on anti-personnel mines, Fifty-First World Health Assembly, Geneva, 11-16 May 1998, paragraphs 1 and 3.
14. Jerry White and Ken Rutherford, "The Role of the Landmine Survivors Network", 116.
15. Cornelio Sommaruga, President of the ICRC, Statement to "A Global Ban on Landmines: Treaty Signing Conference and Mine Action Forum," Ottawa, December 3, 1997.
16. For more information see Swiss Agency for Development and Cooperation, "Victim Assistance: A Comprehensive Integrated Approach." See also, Dr. Flavio Del Ponte, Chief Medical Advisor, Swiss Federal Department of Foreign Affairs, presentation to the Standing Committee on Victim Assistance, Socio-Economic Reintegration and Mine Awareness, Geneva, May 7, 2001.
17. Maputo Declaration, Final Report, 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.1/1999/1, 20 May 1999, paragraph 14.
18. Meeting Report, Victim Assistance, Intersessional Work Programme, 15-19 September 1999.
19. The Standing Committee is part of the Intersessional Work Programme established at the First Meeting of the States Parties in May 1999 to advance implementation of the Treaty. It was originally called the Standing Committee of Experts on Victim Assistance, Socio-Economic Reintegration and Mine Awareness. At the Third Meeting of the States Parties in 2001, issues relating to mine awareness/mine risk education were transferred to the Standing Committee that held responsibility

for mine clearance. Two States Parties serve as Co-Chairs, with the support of two Co-Rapporteurs, who serve annually between Meetings of the States Parties. The Standing Committee on Victim Assistance and Socio-Economic Reintegration has been Co-Chaired by Australia and Uganda since December 2010. The Co-Rapporteurs (who are expected to become Co-Chairs in December 2011) are Algeria and Croatia. Other Co-Chairs since 1999 are Mexico and Switzerland (1999/2000), Japan and Nicaragua (2000/2001), Canada and Honduras (2001/2002), Colombia and France (2002/2003), Australia and Croatia (2003/2004), Nicaragua and Norway (2004/2005), Afghanistan and Switzerland (2005/2006), Austria and Sudan (2006/2007), Cambodia and New Zealand (2007/2008), Belgium and Thailand (2008/2009), and, Peru and Turkey (2009/2010).

20. Report of the Meeting of the Standing Committee on Victim Assistance, Socio-Economic Reintegration and Mine Awareness, May 7-8, 2001.

21. Meeting Report, Victim Assistance, Intersessional Work Programme, 15-19 September 1999.

22. International Campaign to Ban Landmines, *Victim Assistance: Contexts, Principles and Issues*, Position paper of the International Campaign to Ban Landmines, 2000. This document was largely based on early thinking by Landmine Survivors Network. See, Jerry White and Ken Rutherford, "The Role of the Landmine Survivors Network", 103-104.

23. Final Reports of the Standing Committees of Experts: Report of the Standing Committee of Experts on Victim Assistance, Socio-Economic Reintegration and Mine Awareness. (Annex IV to the Final Report of the Second 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, 19 September 2000).

24. "Working Group on Victim Assistance," in International Campaign to Ban Landmines, *Landmine Monitor Report 2002*, Human Rights Watch, Washington, August 2002, p. 871.

25. Jerry White, Landmine Survivors Network, Chair, ICBL Working Group on Victim Assistance, The Principle and Practice of Inclusion Deepening Survivor Participation in the Implementation of the Mine Ban Treaty, Standing Committee on Victim Assistance, Socio-Economic Reintegration and Mine Awareness, Geneva, 4 December 2000.

26. The following documents are in the compilation: Victim Assistance: Context, Principles and Issues (ICBL); Standard Rules on Full Participation and Equalisation of Opportunities for People with Disabilities (UN General Assembly); Guidelines for the Care and Rehabilitation of Survivors (ICBL); Assistance for Victims of Anti-personnel Mines: Needs, Constraints and Strategy (Robin Coupland, ICRC); Guidance for Surveillance of Injuries Due to Landmines and Unexploded Ordnance (World Health Organisation); Guidelines for Socio-Economic Integration of Landmine Survivors (World Rehabilitation Fund); Victim Assistance: Proposed Strategic Framework for Planning Integrated Victim Assistance Programs (Swiss Agency for Development and Cooperation); Supporting the Coordination and Initiation of Services and Assistance for / with People with Disabilities including Landmine Victims in Cambodia (Helen Pitt, National Coordination and Disability Action Council, Cambodia); and, Mine Action Programmes from a Development-Oriented Point of View (German Initiative to Ban Landmines).

27. The workshop was attended by representatives of the governments of Canada, Honduras, France, Nicaragua and Japan, together with representatives of UNMAS, ICBL, Landmine Monitor, Landmine Survivors Network, Handicap International and other NGOs.

28. For more information, see A Consultative Process for Identifying New Opportunities for the Standing Committee on Victim Assistance and Socio-Economic Reintegration, statement by Co-Chairs to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Geneva, 28 January 2002.

29. For more information see, Judith Dunne, UNMAS, Update on a consultative process to provide planning opportunities for the Standing Committee, presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Geneva, 27 May 2002.

30. These terms will be discussed in more detail in Chapter 3.

31. Principles and understandings will be discussed in more detail in Chapter 4.

32. The States Parties are Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Colombia, Croatia, Democratic Republic of the Congo, El Salvador, Eritrea, Guinea-Bissau,

Mozambique, Nicaragua, Peru, Senegal, Serbia, Sudan, Tajikistan, Thailand, Uganda, and Yemen. 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 became a focus of attention after ratifying the Convention in December 2004. With the separation of Serbia and Montenegro in 2006, Serbia remained the focus of attention. In 2008, Iraq and Jordan also reported their responsibility for significant numbers of survivors.

33. For more details see, 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, Part III, Ending the Suffering Caused by Anti-Personnel Landmines: Nairobi Action Plan 2005-2009, Nairobi, 29 November – 3 December 2004, PLC/CONF/2004/5, 9 February 2005, paragraph 5.

34. Ibid.

35. Ibid, Actions #29-35.

36. The questionnaire will be discussed in more detail in Chapter 5.

37. Colombia, El Salvador, Nicaragua and Peru participated in the workshop in Managua. Angola, Burundi, the Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea-Bissau, Mozambique, Senegal, Sudan and Uganda participated in the workshop in Nairobi.

38. Victim assistance objectives of the States Parties that have reported the responsibility for significant numbers of landmine survivors, Annex V, 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).

39. Zagreb Progress Report, paragraph 72.

40. It should be noted that workshops are not considered as stand-alone activities or ends in themselves. Rather, workshops are part of a State Party’s overall process of objective setting, planning and implementation of efforts to ensure progress.

41. See, Victim Assistance in the Context of the AP Mine Ban Convention: Priorities and challenges during the period 2010-2014, presented by the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration (Belgium and Thailand), 29 May 2009.

42. Cartagena Action Plan 2010 – 2014: Ending the Suffering Caused by Anti-Personnel Mines, paragraph 12.

43. Actions #23-33, #39, #41 and #46, Cartagena Action Plan 2010 – 2014: Ending the Suffering Caused by Anti-Personnel Mines.

44. Achieving the aims of the Cartagena Action Plan: The Geneva progress report 2009-2010, presented to the Tenth 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, 29 November-3 December 2010, APLC/MSP.10/2010/WP.8\*, 16 December 2010, paragraph 70. See also, *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance*, Handicap International, September 2009.

45. Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014, Second 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, 30 November-4 December 2009, APLC/CONF/2009/MISC.6, 18 December 2009.

46. Final Document, CCW/P.V/CONF/2008/12, Annex IV, Plan of Action on Victim Assistance under Protocol V, adopted on 11 November 2008.

## **PART II - A FRAMEWORK FOR ACTION**

### **CHAPTER 2 - UNDERSTANDING THE TERMINOLOGY: VICTIM, SURVIVOR AND VICTIM ASSISTANCE**

As discussed in the previous chapter, assisting the victims and survivors of a particular weapon system in the context of disarmament was a new concept introduced into the Anti-Personnel Mine Ban Convention. The term “victim” was incorporated into the Convention when it was negotiated in 1997, which led to the frequent use of the term “victim assistance”. The term “victim” subsequently found itself in the text of both the Protocol V to the Convention on Certain Conventional Weapons (CCW) and in the Convention on Cluster Munitions (CCM). In addition, the term “victim assistance” appears in text of the CCM.

It is well understood that the discourse on disability has progressed greatly in recent years. As noted by the non-governmental organisation Sightsavers, efforts should be made to avoid using language “which could make disabled people objects of pity, such as ‘suffers from’ or ‘a victim of’”. (endnote 1) Nevertheless, the use of the terms “victim” and “victim assistance” has prevailed in relevant instruments of international humanitarian law, perhaps for two reasons. First, given that these terms appear in legal texts, to avoid ambiguity with legal obligations States may insist on using what is contained in the instruments that they signed up to. Second, as is noted below, the parties to the instruments in question have defined “victim” broadly to go beyond the individual. In fact, clarifying what is meant by “victim” and “victim assistance” was one of the first tasks carried out by the States Parties to the Anti-Personnel Mine Ban Convention.

This chapter will discuss the evolution of the concepts of “victim”, “survivor” and “victim assistance” in international humanitarian law.

#### **Who is a “Victim”?**

The report of the work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration in 2000 notes that its “approach rests upon the foundation of a three-tiered definition of ‘landmine victim’ which includes the directly affected individuals, their families, and mine affected communities.” (endnote 2) The definition of “landmine victim” was formally adopted at the Nairobi Summit when the States Parties agreed that landmine victims are “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 utilisation.” (endnote 3)

Subsequent instruments of disarmament law have endorsed and further codified this agreed definition. In November 2008, the Second Conference of High Contracting Parties to Protocol V of the CCW adopted the “Plan of Action on Victim Assistance under Protocol V”. The Plan of Action notes that the High Contracting Parties are “mindful that explosive remnants of war may not only affect the persons directly impacted by them, but also have larger social and economic consequences.”

The definition of “victim” is included in the text of the 2008 Convention on Cluster Munitions (CCM). Article 2.1 states that cluster munition victim “means all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalisation or substantial impairment of their rights caused by the use of cluster munitions. They include those persons directly impacted by cluster munitions as well as their affected families and communities.”

A broad approach to what is considered a “victim” has served a purpose in drawing attention to the full breadth of victimisation caused by landmines and other explosive remnants of war (ERW). The indiscriminate use of landmines and the threat of other ERW have left huge tracts of land inaccessible. Farmers often cannot work in the fields and produce much-needed food. Returning home is dangerous for refugees and displaced persons. The provision of humanitarian aid is threatened, and the difficulties of post-war reconstruction are exacerbated. Landmines and other

ERW most often strike at those least able to afford the costs of hospitalisation, rehabilitation and other services. Families may be forced to borrow money or sell land or other assets such as livestock to cover the costs. If the main provider is killed or injured, the economic impact on the family can be significant. Support may also be needed to overcome the psychological trauma of the explosion and its impact on the family.

In the past, most of the focus of efforts has been on the individual directly impacted in a landmine or other ERW accident. These individuals have specific rights and needs. However, after more than a decade of efforts to assist the victims under the Anti-Personnel Mine Ban Convention, the States Parties agreed in 2009 that more attention should be accorded to the impact on the family of those killed or injured in victim assistance-related efforts, particularly in areas such as psychological support, economic empowerment and support for the education of children. (endnote 4)

Focusing efforts on addressing the rights and needs of the individual, and the family of those killed or injured, has the potential for greater impact on the ground to improve their daily lives and overall well-being. The focus on the individual and family is consistent with the approach taken by the Convention on the Rights of Persons with Disabilities (CRPD). The preamble of the CRPD promotes the understanding that “the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities.” (endnote 5)

A focus on the individual and the family should not be seen as ignoring the broader definition of “victim” which includes the affected community. Addressing the full breadth of victimisation caused by landmines and other ERW on communities reinforces the need to strengthen the links between mine action and development. However, it should be noted that the community is the indirect beneficiary of victim assistance-related efforts through the strengthening of infrastructure and services and the community is already the direct beneficiary of landmine and other ERW clearance and ERW risk education activities.

### **Who is a “Survivor”?**

The evolution of disability discourse suggests that the more empowering term “survivor” should normally be used in relation to those individual women, girls, boys and men who have survived a landmine or other ERW accident. As noted above, various factors have led to the ongoing use of “victim” in the context of relevant instruments of international humanitarian law.

### **What is “Victim Assistance”?**

The 2000 report of the Standing Committee on Victim Assistance notes that “victim assistance – seen at an individual, family, and national level – is multi-faceted, and requires a broad range of activities from prevention, emergency medical care, physical and psychological rehabilitation to socioeconomic reintegration.” (endnote 6) Four years later at the Nairobi Summit, the States Parties agreed that “victim assistance” included work in the areas of: data collection to understand the extent of the challenges faced; emergency and continuing medical care; physical rehabilitation; psychological support and social reintegration; economic reintegration; and, the establishment, enforcement and implementation of relevant laws and public policies. (endnote 7)

The widespread acceptance of the components of victim assistance is evidenced in the “Plan of Action on Victim Assistance under Protocol V” of the CCW and Article 5 of the CCM. Both call on the States, inter alia, to undertake actions relating to: the provision of medical care, rehabilitation, psychological support and social and economic inclusion; data collection; and, laws and policies.

While initially defined as an issue with six components, at the 2009 Cartagena Summit, the States Parties noted that victim assistance is better understood as process involving a holistic and integrated approach rather than as a series of separate actions. (endnote 8) The aim of this approach is to remove, or reduce, the barriers that may limit the individual, or the families of those killed or injured, from achieving and maintaining the highest possible level of independence and quality of life. Each component of the holistic approach – emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, and social and economic inclusion – is important in promoting overall well-being. Each component requires specific objectives to ensure high quality standards, and the availability and accessibility of services. Survivors and the families of those killed or injured may need to access the various components at a different point throughout their lifetime depending on their personal circumstances. Achieving the ultimate aim of victim assistance – full and effective participation and inclusion in society – is dependent on the success of each single intervention in the process, as well as the availability of each component.

A holistic and integrated approach can only be achieved through collaboration and coordination between all relevant ministries and actors, including survivors and other persons with disabilities. In addition, data collection provides a foundation on which to develop services based on identified needs. Relevant laws and policies also provide overall protection of the rights of those needing to access services and opportunities on an equal basis with others.

## ENDNOTES

1. Sightsavers, *Simple Steps to Social Inclusion*, 2011.
2. Meeting Report, Standing Committee on Victim Assistance, Socio-Economic Reintegration and Mine Awareness, March and May 2000.
3. Final Report, 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, Part II, 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, APLC/CONF/2004/5, 9 February 2005 (Final report – First Review Conference), paragraph 64.
4. Final Report, Second 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, Part II, 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: 2005-2009, APLC/CONF/2009/9, 17 June 2010 (Final Report – Second Review Conference), paragraph 99.
5. Paragraph (x), Preamble, Convention on the Rights of Persons with Disabilities.
6. Meeting Report, Standing Committee on Victim Assistance, Socio-Economic Reintegration and Mine Awareness, March and May 2000.
7. Final Report – First Review Conference, paragraph 69.
8. Final Report – Second Review Conference, paragraph 106.



## **CHAPTER 3 - PRINCIPLES AND UNDERSTANDINGS ON VICTIM ASSISTANCE**

After over a decade of work, there are now clear principles and understandings to guide efforts to assist victims and survivors of landmines and other ERW. These principles and understandings are reflected in the context of the three relevant instruments of international humanitarian law – the Anti-Personnel Mine Ban Convention (endnote 1), Protocol V to the Convention on Certain Conventional Weapons (CCW) (endnote 2) and the Convention on Cluster Munitions (CCM) (endnote 3). In addition, these three instruments have linkages to the Convention on the Rights of Persons with Disabilities (CRPD).

This chapter will outline the principles and understandings that guide efforts to assist victims and survivors: non-discrimination; victim assistance in the context of disability, healthcare, rehabilitation, social services, education and employment; victim assistance in the context of human rights; victim assistance in the context of development; effective inclusion and participation; accessibility: a gender and diversity perspective; responsibility and national ownership; sustainability; and, coherence with other instruments of international humanitarian and human rights law.

### **Non-discrimination**

The principle of non-discrimination refers to the understanding that the call to assist landmine and other ERW victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled by other causes. This was first remarked on in 1999 at the First Meeting of the States Parties to the Anti-Personnel Mine Ban Convention. (endnote 4) In 2004, at the Nairobi Summit, this principle was formally agreed to by the States Parties. Subsequently, at the 2009 Cartagena Summit, the States Parties resolved “not to discriminate against or among mine victims, or between mine survivors and other persons with disabilities, and to ensure that differences in treatment should only be based on medical, rehabilitative, psychological or socio-economic needs of the victims.” (endnote 5) This principle of non-discrimination is also embedded in the text of the CCM, which states that each State Party shall “not discriminate against or among cluster munition victims, or between cluster munition victims and those who have suffered injuries or disabilities from other causes; differences in treatment should only be based on medical, rehabilitative, psychological or socio-economic needs.” (endnote 6) In a similar manner, the Plan of Action on Victim Assistance under Protocol V to the CCW resolves “to avoid discrimination against or among victims of explosive remnants of war, or between such victims and other victims of armed conflict.” (endnote 7)

The principle of non-discrimination adopted in the context of the relevant instruments of international humanitarian law is consistent with the approach of the CRPD, which defines discrimination as “any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.” (endnote 8)

### **Victim assistance in broader contexts**

A landmine or other ERW explosion can cause various injuries to an individual including the loss of limbs, facial, abdominal, chest and spinal injuries, burns, loss of sight, loss of hearing and less visible, psychological trauma not only to the person injured in the incident, but to the families of those killed or injured. The individual directly impacted usually requires hospitalisation, multiple operations, blood transfusions, intensive rehabilitation, psychosocial support and livelihood opportunities to promote their physical, social and economic well-being.

While the United Nations refers to victim assistance as an integral component of mine action (endnote 9), there are important contextual differences between humanitarian demining and activities related to assisting in the care, rehabilitation and reintegration of landmine and other ERW

victims. The challenges associated with clearing landmine and other ERW-contaminated areas are relatively distinct from other humanitarian, development or disarmament challenges. Consequently, humanitarian demining has developed as a relatively new and specialised discipline.

In comparison, victim assistance does not require the development of new fields or disciplines but rather calls for existing healthcare and social service systems, rehabilitation programmes and legislative and policy frameworks to adequately meet the needs of all citizens – including landmine and other ERW victims. However, States have different capacities. Many are not in a position to offer an adequate level of care and social assistance to their populations and to persons with disabilities in particular. Furthermore, it is widely acknowledged that people with disabilities, including landmine and other ERW survivors, are among the least empowered, living in situations of greater vulnerability than other members of their communities. They often experience stigma and discrimination with limited access to health-care, education and livelihood opportunities.

At the 2009 Cartagena Summit, the States Parties to the Anti-Personnel Mine Ban Convention strengthened their understanding of the place of victim assistance within the broader contexts of disability, healthcare, rehabilitation, social services, education and employment. (endnote 10) This is also reflected in the CCM and Plan of Action on Victim Assistance under Protocol V to the CCW, which both call on States to incorporate activities “within the existing national disability, development and human rights frameworks.” (endnote 11)

However, it is understood that to ensure accessibility to appropriate services, greater priority may need to be accorded to health, rehabilitation and social services systems in areas where landmine and other ERW victims are prevalent. Furthermore, it may also be necessary to implement a “twin-track approach” when integrating victim assistance-related efforts into broader frameworks as it may be necessary to provide specialised services to ensure that landmine and other ERW survivors are empowered to participate on an equal basis with others. (endnote 12)

### **Victim assistance in the context of disability**

Many individuals directly impacted by landmines and other ERW are left with a permanent disability. Consequently, these survivors are part of a subgroup of larger communities of persons with injuries and disabilities who face similar challenges, including lack of accessibility to appropriate services that may hinder their full participation and inclusion in their community. Following on from the principle of non-discrimination, victim assistance efforts should promote the development of services, infrastructure and policies to address the rights and needs of all women, girls, boys and men with disabilities, regardless of the cause of the disability.

The impetus provided by the Anti-Personnel Mine Ban Convention to assist landmine victims and survivors has provided an opportunity to enhance the well-being of not only survivors but also other persons with war-related injuries or other forms of disability in many affected States. The CRPD provides guidance on what is required to equalise opportunities and promote the full and effective participation and inclusion of landmine and other ERW survivors in the social, cultural, economic and political life of their communities.

Victim assistance in the context of healthcare, rehabilitation, social services, education and employment

All actors have a role to play in addressing the rights and needs of landmine and other ERW victims, including the United Nations and other international, regional and non-governmental organisations. However, relevant ministries must be at the forefront of efforts to enhance coordination and to avoid duplication of efforts. The key components of victim assistance – emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, social and economic

inclusion, data collection and laws and policies – all fall within the mandates of various State ministries. (endnote 13) For example:

i. Emergency and continuing medical care falls under the mandate of a Ministry of Health. In most States, a plan of action has been developed for the healthcare sector to promote the good health of the population. To address the rights and needs of landmine and other ERW victims it is essential that these plans include objectives related to issues such as: emergency response capabilities; trauma care; and, well-equipped facilities with skilled healthcare providers at all levels that are appropriate and accessible for persons with traumatic injuries and disabilities, in close proximity to affected areas.

ii. Physical rehabilitation usually falls under the mandate of a Ministry of Health but can also involve other ministries such as those with responsibility for social affairs, education, livelihoods and war veterans. Some States have developed a multi-sectoral rehabilitation plan to promote the physical well-being of the population, including persons with disabilities. To address the rights and needs of landmine and other ERW survivors it is essential that plans include objectives related to issues such as: a multidisciplinary approach to the provision of appropriate services; the provision, maintenance and repair of assistive devices; and, well-equipped facilities with skilled rehabilitative care personnel at all levels that are appropriate and accessible for persons with disabilities.

iii. Psychological and psychosocial support may fall within the mandate of several ministries including those with responsibility for health, rehabilitation, social affairs, education, livelihoods and war veterans. Formal and informal support may involve a wide range of actors including doctors, nurses, psychologists and other healthcare professionals, rehabilitation specialists, social workers, teachers, employment advisors, disability rights experts, community support groups and survivors themselves. To address the rights and needs of landmine and other ERW survivors it is essential that appropriate psychological and psychosocial support from suitably qualified personnel is available and accessible at all stages of recovery and reintegration, in close proximity to affected areas.

iv. Social and economic inclusion may fall within the mandate of ministries with responsibility for issues such as labour, vocational training, education, sports, social welfare and war veterans. To address the rights and needs of landmine and other ERW survivors it is essential that plans and policies take into account the special needs of persons with disabilities. Furthermore, programmes should be available and accessible to improve the social and economic status of survivors and their families, in close proximity to affected areas.

v. Data collection provides the foundation for the development of services and programmes. Several ministries may have different mechanisms to gather information on the population, including landmine and other ERW victims. For example, the Ministry of Health may have a hospital information system or a national injury surveillance mechanism, a ministry with responsibility for social affairs or war veterans may have a system to record information on those accessing services, and a ministry with responsibility for planning may conduct a national census. To ensure that a national injury information system captures as complete a picture as possible, such a system could include the category of mine or other ERW incident as a cause of injury. (endnote 14)

vi. The development of laws and policies falls under the mandate of various government ministries and agencies. It is essential that relevant national laws and policies guarantee the rights of persons with disabilities, including mine and other ERW survivors, to access treatment, services and opportunities on an equal basis with others.

## **Victim assistance in the context of human rights**

The States Parties to the Anti-Personnel Mine Ban Convention (endnote 15) and the CCM (endnote 16) have explicitly recognised that victim assistance is more than just a medical or rehabilitation issue – it is also a human rights issue. A rights-based, not charity-based, approach is essential in efforts to address the needs of landmine and other ERW victims.

The CRPD reinforces the importance of respecting human rights in the process of providing assistance to the victims of landmines and other ERW as it records in a comprehensive manner what is required in a rights-based approach to promote the full and effective participation and inclusion of persons with disabilities, including landmine and other ERW survivors, in the social, cultural, economic and political life of their communities. Of the 50 Articles in the CRPD, 22 are particularly relevant to victim assistance. The CRPD provides the standard by which to measure victim assistance efforts. Furthermore, the CRPD can provide affected States with a more systematic, sustainable, gender sensitive and human rights-based approach by bringing victim assistance into the broader context of policy and planning for persons with disabilities more generally. (endnote 17)

## **Victim assistance in the context of development**

Providing assistance to landmine and other ERW survivors must be seen in a broader context of development and underdevelopment. (endnote 18) Many of the States that are affected by landmines and other ERW, particularly those in Africa, have a low Human Development Index score – a measure established by the United Nations Development Programme (UNDP) to assess the level of well-being of a country's population. Moreover, many of these States have some of the world's lowest rankings of overall health system performance. A political commitment within these countries to assist persons with disabilities, including landmine and other ERW survivors, is essential. However, ensuring that a real difference can be made may require addressing broader development concerns as an improvement in the daily life of survivors and other persons with disabilities cannot be separated from the sustainable development of their community as a whole.

It is now widely recognised that victim assistance should be integrated into development plans and poverty reduction strategies. The States Parties to the Anti-Personnel Mine Ban Convention have recognised the importance of development cooperation that is inclusive of and accessible to persons with disabilities, including mine and other ERW survivors. (endnote 19) Likewise, development is also reflected in the CCM and the Plan of Action on Victim Assistance under Protocol V to the CCW. (endnote 20) Furthermore, the CRPD encourages the integration of persons with disabilities into all development activities rather than treating disability as a stand-alone thematic issue.

Victim assistance is also relevant to an affected State's efforts to achieve the UN's Millennium Development Goals (MDGs). Although disability is not specifically mentioned in the MDGs, the targets or the indicators, it is widely acknowledged that it will be impossible to achieve these goals without taking into consideration the rights and needs of persons with disabilities, including survivors.

The concept of inclusive development (endnote 21) has been highlighted as an appropriate mechanism to ensure that landmine and other ERW victims and other persons with disabilities have access to the same opportunities in life as every other sector of a society. Inclusive development is the process of "assessing the implications for persons with disabilities of any planned action, including legislation, policies and programmes, in all areas and at all levels." (endnote 22)

The concept of integrated mine action may also be useful in efforts to address the rights and needs of survivors, the families of those killed or injured and other persons with disabilities in affected

communities. Integrated mine action refers to programmes that comprise mine and other ERW clearance, mine/ERW-risk education, victim assistance and advocacy. A variety of actors are involved in these programmes which are also integrated into other sectors including, among others, health, education, agriculture, poverty reduction and development. An integrated mine action programme has the potential to address the broad definition of a victim: the individual, the family and the affected community. However, to be effective, the integrated mine action programme will address inequalities between persons with disabilities and non-disabled persons in all strategic areas of work, while at the same time supporting specific initiatives to enhance the empowerment of persons with disabilities. (endnote 23)

Victim assistance efforts that address the underdevelopment of women, girls, boys and men with disabilities, including landmine and other ERW survivors, will facilitate their full participation and inclusion in social, economic and political spheres. Such efforts will in turn empower them to contribute to achieving their country's development objectives, including the MDGs.

### **Effective inclusion and participation**

The ultimate aim of victim assistance is the full and effective participation and inclusion of landmine and other ERW survivors, including women, girls, boys and men, and the families of those killed or injured, in the social, cultural, economic and political life of their communities. (endnote 24) This aim is also consistent with one of the guiding principles of the CRPD; "full and effective participation and inclusion in society." (endnote 25)

The principle of participation and inclusion is well understood in the context of the Anti-Personnel Mine Ban Convention (endnote 26), Protocol V to the CCW (endnote 27) and the CCM (endnote 28), with parties to each heeding the message of "nothing about us without us". The participation of persons with disabilities, including landmine and other ERW survivors, in all aspects of planning, coordination, implementation, monitoring and evaluation of activities that affect their lives is essential. The CRPD also makes clear "that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them." (endnote 29)

Survivors and other persons with disabilities have a unique perspective on their own situation and needs. Survivors can and should be constructive partners in all victim assistance efforts. Effective participation and inclusion should be a central element in all actions to address the rights and needs of landmine and other ERW survivors, and their families.

However, full and effective participation and inclusion goes beyond being consulted and participating in meetings. Inclusion is a much broader concept. Inclusion means providing opportunities for everyone to participate in the most appropriate manner possible. This may require adapting the environment to suit the individual or providing services such as physical rehabilitation, education, or psychological support to facilitate equal access to the social, cultural, economic and political life of the community.

When the Anti-Personnel Mine Ban Convention and Protocol V to the CCW were negotiated, Article 6.3 and Article 8.2 respectively obliged each "Party in a position to do so" to "provide assistance for the...social and economic reintegration" of mine and ERW victims. However, "reintegration" implies adapting the victim to fit within their community or environment rather than adapting the environment to accommodate the change in the individual. With the shift over the past decade to a rights-based approach to disability, the more empowering term "inclusion" should now be used.

## **Accessibility**

The States Parties to the Anti-Personnel Mine Ban Convention (endnote 30) and the CCM (endnote 31) recognise the importance of addressing the issue of accessibility, or lack of accessibility, to opportunities and appropriate services, particularly in rural areas. Accessibility is about enabling landmine and other ERW survivors to live independently and participate fully in all aspects of life by ensuring equal access to the physical environment, services, communications and information, and identifying and eliminating obstacles and barriers to them. There is a need to ensure that victim assistance efforts take into account the social and human rights of women, girls, boys and men with disabilities, including the removal of physical, social, cultural, economic, political, geographic and other barriers.

Article 9 of the CRPD focuses on the issue of accessibility. It obliges States to “enable persons with disabilities to live independently and participate fully in all aspects of life” by taking “appropriate measures to ensure...access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas” including through “the identification and elimination of obstacles and barriers to accessibility.” (endnote 32)

## **Gender and diversity**

The Parties to the Anti-Personnel Mine Ban Convention (endnote 33), Protocol V to the CCW (endnote 34) and the CCM (endnote 35) agree on the importance of the provision of age- and gender-sensitive assistance to victims and survivors. The States Parties to the Anti-Personnel Mine Ban Convention have also identified the need to include a diversity perspective in all victim assistance efforts to address the circumstances and experience of all persons living in situations of vulnerability in affected communities, including internally displaced persons, the elderly, people living in extreme poverty and other marginalised groups. (endnote 36)

Principles that guide implementation of the CRPD include: respect for difference and acceptance of persons with disabilities as part of human diversity; equality of opportunity; and, equality between men and women. (endnote 37)

Although women and girls make up the minority of landmine and other ERW survivors, they can face greater obstacles than boys and men in accessing services to promote their physical, psychological and economic well-being. For cultural reasons, girls and women may not be able to access medical or rehabilitation services if only male practitioners are available, or they may not be able to travel to available services without a male escort. Childcare responsibilities may limit the time women can be away from home to receive rehabilitative care and psychological support. Even if not directly impacted by a landmine explosion, women may face additional burdens if the main breadwinner in the family is killed or injured. In many cultures, women have limited opportunities to access economic empowerment initiatives to support their families. Women and girls with disability can also face greater discrimination within their communities.

The gender, age and diversity dimension of victim assistance will vary according to the local context in terms of how mine and other ERW accidents affect various groups of people. This must also be taken into consideration in victim assistance efforts.

## **Responsibility and national ownership**

The parties to relevant instruments of international humanitarian law have accepted that each party in a position to do so has a responsibility to assist the victims and survivors. However, flowing from

some basic principles of the international system such as the principles of sovereignty and individual state responsibility for domestic affairs, it is logical that it is a basic responsibility of a State to ensure the well-being of its population, including the well-being of landmine and other ERW survivors and other persons with disabilities. Of the Anti-Personnel Mine Ban Convention's 156 States Parties, 26 have indicated that they hold ultimate responsibility for the care, rehabilitation and reintegration of significant numbers of landmine survivors. (endnote 38) Since 2005, these States Parties have been a focus of attention in the work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration. (Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Colombia, Croatia, Democratic Republic of the Congo, El Salvador, Eritrea, Ethiopia, Guinea-Bissau, Iraq, Jordan, Mozambique, Nicaragua, Peru, Senegal, Serbia, Sudan, Tajikistan, Thailand, Uganda, and Yemen.)

National ownership is crucial to the long term sustainability of victim assistance efforts. At the June 2010 meetings of the Anti-Personnel Mine Ban Convention's Standing Committees, during a special session held to discuss international cooperation and assistance, it was proposed that national ownership in relation to victim assistance could comprise the following six elements:

- a) a high level commitment to addressing the rights and needs of mine victims and other persons with disabilities
- b) a national coordination mechanism empowered and provided with the human, financial and material capacity to carry out its responsibilities
- c) a comprehensive plan and legislation to address the rights and needs of persons with disabilities including mine victims
- d) a regular, significant commitment to implement the policy, plan and legislation and to provide services
- e) capacity to implement the policy, plan and legislation or steps taken to acquire the resources necessary to build this capacity
- f) a national focal entity for disability-related issues

It was noted that such an expression of what might be expected from States Parties in terms of "national ownership" may provide a more specific means of evaluating progress in this area in the future. (endnote 39) The CCM and the Plan of Action on Victim Assistance under Protocol V to the CCW also include provisions that have the potential to strengthen national ownership, including the development of a comprehensive plan and the designation of a national focal point. (endnote 40)

Landmine and other ERW survivors may require various types of assistance throughout their lifetime. Sustainability is crucial to adequately addressing their rights and needs. Unless victim assistance is part of a State's existing responsibilities in the areas of healthcare, rehabilitation, social services, education, employment, human rights and development, the potential for long-term sustainability is limited. To ensure sustainability, it is essential that relevant authorities have the capacity and the means to coordinate, monitor and provide appropriate services.

Affected States are encouraged to strengthen ownership by allocating national resources, including financial and human resources, to the implementation, monitoring and evaluation of plans of action and services by relevant ministries and agencies for persons with disabilities, including landmine and other ERW survivors, and the families of those killed or injured.

## **Sustainability**

National ownership, adequate infrastructure, and human, technical and financial resources are essential for the long term sustainability of programmes and services. Weak capacity to address disability issues at all levels including within the governmental and non-governmental sector has been identified as a significant challenge. Many States report inadequate resources to build government capacity to provide services in rural areas and to implement legal obligations, due in part to the absence of budget lines for disability-related activities. In many States, appropriate, accessible and affordable services are not meeting the needs in terms of both quantity and quality especially due to a lack of capacity of personnel and the migration of capacities to the capital or outside the country.

Many affected States are dependent on international and non-governmental organisations for delivery of services. It is essential that national authorities take steps to prepare for the takeover of activities by developing the necessary technical, human and financial resources. Affected States are encouraged to support a programme to assess the capacities, competencies and training needs of all relevant stakeholders, including government, organisations of survivors and other persons with disabilities, local NGOs and other service providers with a view to taking steps to address gaps identified.

## **Coherence with other instruments of international humanitarian and human rights law**

As noted in Chapter 2, a consistent approach has been taken in the context of three instruments of international humanitarian law as concerns assisting victims and survivors of conventional weapons. The definition of a “victim” is common to all, with the inclusion of persons directly impacted as well as their affected families and communities. The scope of “victim assistance” is accepted by all three instruments as including data collection, medical care, rehabilitation, psychological support, social inclusion and relevant / necessary laws and policies. It is understood by all that ultimate responsibility rests with States with respect to victims and survivors in areas under their jurisdiction or control. Moreover, analogous principles and understandings as concerns issues such as non-discrimination, the human rights context, gender and diversity, national development frameworks and cooperation and assistance are imbedded into the approaches taken by all three instruments.

The parties to these three instruments have no excuse but to approach this matter in a coherent way. This has been recognised by the parties to these instruments. The Cartagena Action Plan calls on the States Parties to the Anti-Personnel Mine Ban Convention to “make use of synergies with other relevant instruments of international humanitarian and human rights law.” (endnote 41) Furthermore, at the 2010 First Meeting of the States Parties to the CCM, States Parties adopted the Vientiane Action Plan, which, under Action #56, calls on the States Parties to “take full advantage of victim assistance...efforts already undertaken within other frameworks and explore ways to facilitate closer cooperation and meet overlapping obligations in a way that maximises efficiency and impact of efforts...”. (endnote 42) Protocol V’s Plan of Action notes “the need to coordinate adequately efforts undertaken respectively in various fora to address the rights and needs of victims of various types of weapons”.

The scope for coherence is most profound with respect to cases of States that have obligations to victims and survivors in the context of more than one instrument. As noted, there are 26 States Parties to the Anti-Personnel Mine Ban Convention that are responsible for significant numbers of survivors. Of these, nine – Albania, Bosnia and Herzegovina, Croatia, El Salvador, Guinea-Bissau, Nicaragua, Peru, Senegal and Tajikistan – are parties to Protocol V to the CCW. While none has requested assistance using the “explosive remnants of war database,” all are subject to the Plan of Action on Victim Assistance under Protocol V with respect to victims of ERW in areas under its jurisdiction or control.



Of the States which signed the CCM and are considered by the Cluster Munition Coalition (CMC) to be affected by cluster munitions, nine – Afghanistan, Albania, Angola, Bosnia and Herzegovina, Chad, Croatia, the Democratic Republic of the Congo, Iraq and Uganda – are Anti-Personnel Mine Ban Convention States Parties that are responsible for significant numbers of survivors. As of 2 June 2011, three of these – Albania, Bosnia and Herzegovina and Croatia – had ratified the CCM. An additional two CCM parties – Lao PDR and Lebanon – are also responsible for significant numbers of survivors, although neither is party to the Anti-Personnel Mine Ban Convention or to Protocol V to the CCW.

Any discussion on coherence that concerns assisting victims and survivors also needs to take into account the efforts undertaken in the CRPD to guarantee the rights of women, girls, boys and men with disabilities. As of 2 June 2011, 101 States and the European Union had ratified the CRPD, with 61 also ratifying the Optional Protocol.<sup>43</sup> Of these Parties to the CRPD, 91 are Parties to the Anti-Personnel Mine Ban Convention,

Protocol V to the CCW, and/or the CCM, including 15 States reporting responsibility for significant numbers of landmine survivors and another three States that likely have significant numbers of ERW survivors. Coherence with the CRPD is logical for two main reasons: firstly, the level of adherence to the CRPD by Parties to the Anti-Personnel Mine Ban Convention, Protocol V to the CCW, and the CCM; and, secondly, the coherence between the agreed principles and understandings that underpin victim assistance efforts and the CRPD, as highlighted above.

## ENDNOTES

1. The States Parties to the Anti-Personnel Mine Ban Convention adopted clear principles and understandings in 2004 at their First Review Conference which were reaffirmed at the 2009 Second Review Conference. See, Final Report, Second 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, Part II, 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: 2005-2009, APLC/CONF/2009/9, 17 June 2010 (Final Report – Second Review Conference), paragraph 113.
2. The preamble to the CCWs' 2008 Plan of Action on Victim Assistance under Protocol V includes reference to human rights, and non-discrimination. Also, actions in the plan call for a gender perspective, integration into broader frameworks, and inclusion. See, Final Document, CCW/P.V/CONF/2008/12, Annex IV, Plan of Action on Victim Assistance under Protocol V.
3. The preamble to the CCM includes reference to the rights of victims and their inherent dignity, gender and diversity, non-discrimination and coordination of efforts. Article 5 outlines obligations to assist the victims in accordance with human rights law, based on a gender perspective, non-discrimination, integration into broader frameworks and inclusion of the victims. Article 5 also includes provisions that have the potential to strengthen national ownership. See, Convention on Cluster Munitions.
4. Swiss Agency for Development and Cooperation, Victim Assistance: Proposed Strategic Framework for Planning Integrated Victim Assistance Programmes, 1999.
5. Part IV, Assisting the Victims, Cartagena Action Plan 2010-2014: Ending the Suffering Caused by Anti-Personnel Mines, 11 December 2009, paragraph 14.
6. Paragraph 2 (e), Article 5, Convention on Cluster Munitions.
7. Preamble, Plan of Action on Victim Assistance under Protocol V.
8. Article 2, Definitions, Convention on the Rights of Persons with Disabilities.
9. It is important to note that mine action also covers issues relating to cluster munitions and other ERW.
10. Final Report – Second Review Conference, paragraph 117.
11. Paragraph 2 (c), Article 5, Convention on Cluster Munitions; and Action 4 (c), Plan of Action on Victim Assistance under Protocol V.

12. The “twin-track approach” will be discussed in more detail in Chapter 8 in the context of inclusive development.
13. For a detailed discussion on the various components see chapters 5 and 6.
14. For a detailed discussion on data collection see chapter 5.
15. The Cartagena Action Plan reaffirmed “the fundamental goals of preventing mine casualties and promoting and protecting the human rights of mine survivors.” See, Paragraph 1, Introduction, Cartagena Action Plan 2010-2014.
16. The CCM obliges each State Party to assist the victims in accordance with applicable human rights law. See, Paragraph 1, Article 5, Convention on Cluster Munitions.
17. The relevance of the CRPD will be highlighted throughout the text and discussed in more detail in Chapter 9.
18. In this context, underdevelopment refers to the circumstance in which individuals are unable to reach their full potential through limited or no access to opportunities that would empower them to participate in the economic, social and cultural life of their communities on an equal basis with others.
19. Final Report – Second Review Conference, paragraph 115.
20. Paragraph 2 (c), Article 5, Convention on Cluster Munitions; and Action 4 (c), Plan of Action on Victim Assistance under Protocol V.
21. Inclusive development will be discussed in more detail in Chapter 8.
22. Bill Albert, A.K. Dube, Trine Cecilie Riis-Hansen, Executive Summary, Has Disability Been Mainstreamed into Development Cooperation?, Disability Knowledge and Research Programme, July 2005, 2.
23. For more information, see Sally Campbell Thorpe, *Landmine Victim Assistance in Integrated Mine Action Programs: Recommendations*, Standing Tall Australia, February 2006.
24. Final Report – Second Review Conference, paragraphs 106 and 113; Action #23, Cartagena Action Plan 2010-2014; see also, Paragraph 1, Article 5, Convention on Cluster Munitions; and Action 1, Plan of Action on Victim Assistance under Protocol V.
25. Paragraph (c), Article 3, General principles, Convention on the Rights of Persons with Disabilities.
26. Final Report – Second Review Conference, paragraph 114.
27. Action 4 (f), Plan of Action on Victim Assistance under Protocol V.
28. Paragraph 2 (f), Article 5, Convention on Cluster Munitions.
29. Paragraph (o), Preamble, Convention on the Rights of Persons with Disabilities.
30. Action #31, Cartagena Action Plan 2010-2014.
31. Action #25, Vientiane Action Plan.
32. Handicap International has developed guidance to that may assist affected States in improving accessibility for survivors and other persons with disabilities. See: *Accessibility: How to design and promote an environment accessible to all?* Handicap International, Policy Paper, November 2009.
33. Paragraph 12, Cartagena Action Plan 2010-2014.
34. Action 1, Plan of Action on Victim Assistance under Protocol V.
35. Paragraph 1, Article 5, Convention on Cluster Munitions.
36. Final Report – Second Review Conference, paragraph 116.
37. Article 3, General principles, Convention on the Rights of Persons with Disabilities.
38. As of June 2011.
39. Achieving the aims of the Cartagena action plan: The Geneva progress report 2009-2010, Tenth 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, Geneva, 28 November – 3 December 2010, APLC/MSP.10/2010/WP.8\*, 16 December 2010, paragraph 78.
40. Paragraph 2, Article 5, Convention on Cluster Munitions; see also Action 4, Plan of Action on Victim Assistance under Protocol V.
41. Action #65, Cartagena Action Plan 2010-2014.
42. Action #56, Vientiane Action Plan.
43. For up-to-date information, see [www.un.org/disabilities/](http://www.un.org/disabilities/)

## CHAPTER 4 - THE BASIS FOR ACTION: UNDERSTANDING THE EXTENT OF THE CHALLENGE

All relevant instruments of international humanitarian law – the Anti-Personnel Mine Ban Convention (endnote 1), Protocol V to the Convention on Certain Conventional Weapons (CCW) (endnote 2), and the Convention on Cluster Munitions (CCM) (endnote 3) – call on the Parties to collect reliable and appropriate data on the victims. The CRPD also includes relevant provisions. Article 31 calls on the States Parties to “collect appropriate information, including statistical and research data, to enable them to formulate and implement policies” ensuring that the collection and maintenance of information complies “with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities” and “internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.” (endnote 4)

Appropriate data is fundamental to a meaningful strategic approach to addressing the rights and needs of survivors and the families of those killed or injured. Without accurate and comprehensive data it will not be possible for the relevant authorities to fully understand the extent of the challenges faced in efforts to assist the victims. Furthermore, data provides a foundation on which to develop services based on identified needs.

Accurate, disaggregated and up-to-date data on landmine and other ERW casualties, the needs of survivors and other persons with disabilities and the availability, accessibility and capacities of services are essential in order to use limited resources most effectively and to formulate and implement policies, plans and programmes. Furthermore, the collection of data should comply with internationally accepted norms to protect human rights, fundamental freedoms and ethical principles in the collection and the use of statistics, ensuring confidentiality and respect for privacy. The CRPD also calls on the States Parties to “protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.” (endnote 5)

While up-to-date data is essential for planning purposes, it must be remembered that data is not just about statistics – it is about people. Consequently, appropriate training to raise awareness among data collectors on the rights, needs and capacities of survivors and other persons with disabilities should be an integral component of an information system. Sensitivity to the possible psychological trauma caused by a landmine or other ERW explosion is also necessary when collecting information from survivors or family members.

Despite advances made in data collection tools and methodology and information systems, many affected States still know little about the number of survivors or their specific needs, and in some cases, the prevalence of new victims. Even in countries with functioning ERW casualty data collection and information management systems, it is believed that not all landmine and other ERW casualties are reported or recorded. This was and is particularly the case in countries experiencing ongoing conflict, or with minefields in remote areas, or with limited resources to monitor public health services.

Affected States should take concrete steps to improve their capacity to understand the extent of the challenge, with a particular focus on affected areas. For example, steps could be taken to include the category of “landmine”, “cluster munition” and “ERW” as causes of injury in existing data collection mechanisms to facilitate the monitoring of the needs of, and services accessed, by survivors. Consideration could also be given to the establishment or strengthening of a centralised body to coordinate work, to develop national statistic reporting forms for all types of services and to collect, analyse, share and disseminate information among all relevant government agencies, national and international organisations and other actors in an accessible format. (endnote 6)

Developments internationally have the potential to improve the availability of information relating to landmine and other ERW casualties and survivors.

In May 2007, the World Health Assembly (WHA) again urged its Member States “to develop, implement, consolidate and assess plans to strengthen their health information systems,” and requested the Director-General of the World Health Organization (WHO) “to increase WHO’s activities in health statistics at the global, regional and country levels and provide harmonised support to Member States to build capacities for development of health information systems and generation, analysis, dissemination and use of data.” (endnote 7) In addition, the WHA noted that “health information systems in most developing countries are weak, fragmented, have on occasion scattered, isolated and hard-to-reach primary sources of information, and are understaffed and inadequately resourced.” (endnote 8) A health information system (HIS) “integrates data collection, processing, reporting, and use of the information necessary for improving health service effectiveness and efficiency through better management at all levels of health services.” (endnote 9)

In relation to disability data more generally, in February 2011, under Resolution 65/186 adopted at its sixty-fifth session, the UN General Assembly reiterated its concern that “the lack of data and information on disability and the situation of persons with disabilities at the national level contributes to the invisibility of persons with disabilities in official statistics, presenting an obstacle to achieving development planning and implementation that is inclusive of persons with disabilities.” (endnote 10) The Resolution called “upon Governments to strengthen the collection and compilation of national data and information about the situation of persons with disabilities following existing guidelines on disability statistics...” and requested “the United Nations system to facilitate technical assistance, within existing resources, including the provision of assistance for capacity building and for the collection and compilation of national and regional data and statistics on disability, in particular to developing countries...” (endnote 11)

Furthermore, the 2010 guidance note to UN Country Teams on including the rights of persons with disabilities in programming included a recommendation to “assess the quality of existing statistical data on persons with disabilities, to determine if they are reliable, comprehensive, and appropriately disaggregated, by sex, age, geographic area, ethnicity, disability type, refugee status and other criteria, and whether they come from a variety of sources...” and to “assess national capacity to compile and analyze such data, and identify knowledge and data gaps for consideration in allocating further programme support, so as to ensure better data.” (endnote 12)

Different types of data are necessary to address not only the immediate needs of casualties but also the long-term rights and needs of survivors and affected families. However, before establishing an information management/data collection system it is essential that stakeholders agree on the type of data that is to be collected, how it will be collected and updated, and most importantly what it will be used for. Some of the main mechanisms and methods that may assist affected States in understanding the extent of the challenge include: injury surveillance/casualty data collection; needs assessments and community surveys; and, mapping.

### **Injury surveillance/casualty data collection**

In 1998, before the Anti-Personnel Mine Ban Convention entered into force, the WHA requested the Director-General of the WHO “to strengthen the capacity of affected States for the planning and execution of programmes for (inter alia) better assessment of the effects of anti-personnel mine injuries on health through the establishment or reinforcement of surveillance systems.” (endnote 13) Data on landmine and other ERW casualties can be collected as part of a national injury surveillance mechanism or through a dedicated casualty data collection system.

### **Injury surveillance**

Surveillance is defined as “the ongoing and systematic collection, analysis, interpretation and dissemination of...information.” (endnote 14) More specifically, injury surveillance is “the continuing

scrutiny of all aspects of occurrence and patterns of injury that are pertinent to effective prevention and control.” (endnote 15) Accident surveillance, in the context of mine/ERW action, refers to the information management activities aimed at supporting decisions relating to land release and risk education.

The Violence and Injury Prevention and Disability Department of the WHO collaborates with other experts to develop the tools needed for collecting data on injuries. The results of this collaboration include the International Classification for External Causes of Injuries (ICECI), a detailed classification scheme for injuries. The ICECI provides guidance to researchers and practitioners in the field on how to classify and code data on injuries according to agreed international standards. The ICECI is an extensive system with code sets for issues such as intent of injury, mechanism of injury, object producing the injury, place of occurrence and activity when injured. Information for most data elements can be classified at either a basic or expanded level. The system includes the categories of “landmines placed during conflict” and “explosion of devices placed during conflict,” and the criteria of “post conflict incidents”. (endnote 16)

In 2001, the WHO, in collaboration with the Centers for Disease Control, released Injury surveillance guidelines, a manual which seeks to help people design, establish and maintain good injury surveillance systems. The intent is to record information on individual cases of injury and produce a statistical overview of an injury problem with all the relevant data being classified and coded according to agreed international standards. (endnote 17) According to the WHO, the manual is “especially useful to those in settings where resources are scarce” and “shows how to set up systems for collecting, coding and processing data even if there is no electronic equipment, few staff, and/or staff with many other demands on their time and no expertise in research.” (endnote 18)

In addition to hospital-based surveillance, household or community-based surveys have the potential to gather more detailed information on injuries and the causes, including landmines or other ERW. In 2004, the WHO released Guidelines for conducting community surveys on injuries and violence, which uses a relatively simple standard methodology for collecting data on injuries in the community, as a companion to the earlier guidelines on injury surveillance. (endnote 19)

The WHO, together with its partners, provides guidance to build the capacity of ministries of health or other relevant agencies to implement and maintain a surveillance system. Nevertheless, very few affected States have implemented a comprehensive nationwide injury surveillance mechanism.

The WHO proposes a 12-step process to designing and building an injury surveillance system, including: identify stakeholders; define system objectives; define “a case”; identify data sources; assess available resources; inform and involve stakeholders; define data needs; collect data; establish a data processing system; design and distribute reports; train staff and activate the system; and, monitor and evaluate the system. (endnote 20) Such a system could include the category of “landmine,” “cluster munition” and “ERW” explosion as a cause of injury to facilitate the integration of casualty data into existing injury surveillance and health information systems.

### **Casualty data collection**

In 2000, in response to the 1998 request of the World Health Assembly, the WHO published Guidance for surveillance of injuries due to landmines and unexploded ordnance as a standardised tool for information gathering on landmine and other ERW victims as well as guidance on how to use this tool. (endnote 21) This publication is concerned with identifying the scale of the problem using hospital based information. Also in 2000, Physicians for Human Rights, a founding member of the ICBL produced guidelines to assist in efforts to understand the extent of casualties caused by landmines and other ERW. (endnote 22) Both of these guidance documents propose systems that can be integrated into broader injury surveillance mechanisms. The guidelines utilise a questionnaire to gather relevant information and diagrams to show the type of injuries sustained.

Several States have landmine and other ERW casualty data collection mechanisms that are used by national mine action authorities or mine action centres. In 2008, Landmine casualty data: best practices guidebook was released by James Madison University's Mine Action Information Center with the aim of enhancing efforts by mine action structures and other actors to establish or strengthen effective systems for the collection of landmine and other ERW casualty data and ongoing victim information. (endnote 23)

A few mine action structures are implementing information management systems using their own specialised software to record new casualties and other related information. For example, the Cambodian Mine/ERW Victim Information System (CMVIS) maintains a system for data collection, storage and dissemination of information relating to landmines and other ERW casualties and incidents nationwide and issues reports on a monthly basis to relevant stakeholders. CMVIS has a longstanding reputation and is widely seen as a model for its victim surveillance capacity and information. In Bosnia and Herzegovina, the Mine Action Centre created a data set with 133 questions to record landmine and other ERW casualties and to assess and monitor the needs of survivors, as part of its mine action information management system.

The Information Management System for Mine Action (IMSMA), developed by the Geneva International Centre for Humanitarian Demining (GICHD), also has the capacity to manage information on mine and other ERW casualties. IMSMA is a data management tool designed to assist with the management of the information needed to implement efficient and effective mine action programmes. With respect to casualty data, IMSMA is principally used for accident surveillance to determine the location of the accident and secondly on the injuries sustained to assist in determining the type of ordnance and activity that caused the accident. IMSMA is particularly useful for the planning of mine risk education activities, the prioritisation of clearance operations and land release. The surveillance tools developed by the WHO served as the model for the design of IMSMA's elements related to data on casualties.

Ongoing developments of the IMSMA software have enabled a much more flexible approach to the type of information that could be included on casualties and survivors. In 2005, UNMAS proposed using the new IMSMA version 4 "as a baseline to monitor changes in the lives of mine victims" using five indicators related to hospital care, access to rehabilitation and equipment, trauma and social intervention, education (both academic and vocational training opportunities) and economic situation. (endnote 24) However, although IMSMA includes comprehensive functionality for victim surveillance, it is a more powerful tool for accident surveillance.

While IMSMA and other dedicated landmine/ERW casualty information systems are capable of delivering such information, mine/ERW action structures are only an interim solution to track and monitor the needs of survivors and their families; this task is more appropriately part of the responsibilities of a relevant ministry. It is a challenge for many affected States to develop and maintain comprehensive injury surveillance mechanisms and health and/or disability information systems to support the needs of programme planners and resource mobilisation. Integrating landmine and other ERW casualty/survivor data into such systems presents a further challenge.

Considerable financial, technical and human resources are required to establish and maintain an information management system. If these resources are focused on building the capacity of mine action structures to monitor survivors, the potential for fully integrating victim assistance into the broader contexts of disability and development, together with the long-term sustainability of the system, will be limited.

### **Needs assessments and community surveys**

A needs assessment can be defined as a “set of activities necessary to understand a given situation” and “entails the collection, up-dating and analysis of data pertaining to the population of concern (needs, capacities, resources, etc), as well as the state of infrastructure and general socio-economic conditions in a given location/area.” (endnote 25) A well-planned needs assessment can identify the health, psychological and economic status and needs of all survivors, the families of those killed or injured, and other persons with disabilities in the affected population, together with risks, vulnerabilities, capacities and opportunities. In relation to victim assistance, needs assessments are sometimes linked to collecting data on casualties for a mine/ERW action information system.

A community survey, on the other hand, “gathers information through observations and questionnaires from a representative sample of the affected population.” (endnote 26) Specifically, a survey is a formal procedure to ask people questions, using a quantitative method that collects standardised information. It obtains information from a sample that is representative of the population it was drawn from. Surveys are often used because they are cheaper than a national census and can provide more information on a specific group. In addition, surveys are more practical than a national census as it takes less time to interview a limited number of people, but they are accurate in that the results can be valid for a wider population. (endnote 27)

Needs assessments and community surveys are useful tools to identify gaps in services and priority issues that may require attention to improve the quality of life of persons needing to access the services, as a precursor to developing a plan of action. However, they are usually a one-time activity requiring significant financial and human resources. To use resources efficiently and effectively, considerable care should be taken to ensure that the methodology, scope of questionnaires and training of collectors is appropriate to generate the most productive outcomes.

In addition, better coordination may be required between different sectors conducting assessments and surveys to avoid the risk of ‘survey fatigue’ and the duplication of efforts. Whether utilising a needs assessment or a community survey, a participatory approach is essential; survivors and other persons with disabilities, along with relevant authorities, need to be involved at every stage of the process to identify problems and priorities.

Needs assessments or surveys have been conducted in several affected States to better understand the extent of the challenge. For example, in Uganda, the Ministry of Gender, Labour and Social Development added the category of landmine/ERW survivor to its Community Information System (CIS) and conducted a baseline survey on landmine and other ERW survivors in four affected districts. In Colombia, a national strategy has been developed to collect data on the situation of persons with disabilities, including the category of landmine/ERW survivor. In Nicaragua, information on landmine and other ERW survivors has been collected as part of community surveys on persons with disabilities across the country. Also, the 2005 National Disability Survey in Afghanistan resulted in a better understanding of the number of persons with disabilities, including an estimated number of landmine/ERW survivors, and their needs. In Bosnia and Herzegovina, Sudan, Tajikistan and Thailand, mine/ERW action structures have undertaken comprehensive needs assessments of all known survivors to identify priority areas for intervention.

Guidance documents, such as *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care* and *Conducting surveys on disability: a comprehensive toolkit*, are available to assist in the planning and implementation of a needs assessment or community survey. (endnote 28)

### **Mapping**

Relevant authorities in affected States require a good understanding of the services available, or gaps in services, in affected areas to address the rights and needs of persons with disabilities, including landmine and other ERW survivors, and the families of those killed or injured. As part of a situation

analysis, a mapping at the local level is a useful method to determine who is doing what and where in relation to survivors and other persons with disabilities. The analysis would also look at issues such as capacities and competencies, training needs and accessibility; it provides a solid foundation on which to develop plans and programmes to address identified gaps. Guidance documents are available to assist affected States to undertake a mapping of services. (endnote 29)

## ENDNOTES

1. The Cartagena Action Plan calls on relevant States Parties to “collect all necessary data, disaggregated by sex and age, in order to develop, implement, monitor and evaluate adequate national policies, plans and legal frameworks including by assessing the needs and priorities of mine victims and the availability and quality of relevant services, make such data available to all relevant stakeholders and ensure that such efforts contribute to national injury surveillance and other relevant data collection systems for use in programme planning” (Action #25, Cartagena Action Plan 2010-2014).
2. Action #3 of Protocol V’s Plan of Action states that “each High Contracting Part should make every effort to collect reliable relevant data with respect to victims.”
3. Article 5.1 of the Convention on Cluster Munitions states that “Each State Party shall make every effort to collect reliable relevant data with respect to cluster munition victims” and the Vientiane Action Plan calls on the relevant States Parties to “collect all necessary data, disaggregated by sex and age, and assess the needs and priorities of cluster munition victims... Such data should be made available to all relevant stakeholders and contribute to national injury surveillance and other relevant data collection systems for use in programme planning” (Action #22, Vientiane Action Plan).
4. Paragraph 1, Article 31, Statistics and data collection, Convention on the Rights of Persons with Disabilities.
5. Paragraph 2, Article 22, Respect for privacy, Convention on the Rights of Persons with Disabilities.
6. For more examples of recommended activities, see *Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014*, 4.
7. Sixtieth World Health Assembly, Strengthening of health information systems, 23 May 2007, WHA 60.27.
8. Ibid.
9. *Developing Health Management Information Systems: A Practical Guide for Developing Countries*, WHO Regional Office for Western Pacific, 2004, 3.
10. Resolution adopted by the General Assembly, 65/186, Realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond, United Nations General Assembly, Sixty-fifth session, Agenda item 27 (b), A/RES/65/186, 4 February 2011.
11. Ibid, paragraph 13 and 14. UN guidelines developed to assist States include: Department of Economic and Social Affairs Statistics Division, *Guidelines and Principles for the Development of Disability Statistics*, UN, New York, 2001; Department of Economic and Social Affairs Statistics Division, *Principles and Recommendations for Population and Housing Censuses Revision 2*, UN, New York, 2008; WHO/UNESCAP, *Training Manual on Disability Statistics*, WHO/UNESCAP, Bangkok, 2008; and, Statistics Division Economic and Social Commission for Asia Pacific Region, *Guidelines for cognitive and pilot testing of disability questions for use in surveys*, UNESCAP, Bangkok, December 2010.
12. Including the rights of persons with disabilities in United Nations planning at country level: A Guidance Note for United Nations Country Teams and Implementing Partners, United Nations Development Group / Inter-Agency Support Group for the CRPD Task Team, July 2010, 11.
13. Fifty-First World Health Assembly, Concerted public health action on anti-personnel mines, 16 May 1998, A51/VR/10.
14. Centers for Disease Control and Prevention and World Health Organization, *Injury Surveillance Guidelines*, WHO, Geneva, 2001, 11.
15. David Meddings, Department of Injuries and Violence Prevention, World Health Organization, *Injury surveillance: Establishing an injury surveillance system*, presentation to the Parallel



Programme for Victim Assistance Experts, Anti-Personnel Mine Ban Convention Intersessional Standing Committee Meetings, Geneva, 26 April 2007.

16. For more information, see [www.rivm.nl/who-fic/ICECleng.htm](http://www.rivm.nl/who-fic/ICECleng.htm)

17. Centers for Disease Control and Prevention and World Health Organization, *Injury Surveillance Guidelines*, WHO, Geneva, 2001.

18. *Ibid*, viii.

19. WHO, *Guidelines for conducting community surveys on injuries and violence*, WHO, Geneva, 2004.

20. For more information, see Centers for Disease Control and Prevention and WHO, *Injury Surveillance Guidelines*, WHO, Geneva, 2001, 18-49; see also, David Meddings, Department of Injuries and Violence Prevention, WHO, Injury surveillance: Establishing an injury surveillance system, presentation to the Parallel Programme for Victim Assistance Experts, Anti-Personnel Mine Ban Convention Intersessional Standing Committee Meetings, Geneva, 26 April 2007.

21. WHO, *Guidance for surveillance of injuries due to landmines and unexploded ordnance*, Injuries and Violence Prevention Department, WHO, Geneva, 2000.

22. Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000.

23. Mine Action Information Center, *Landmine casualty data: best practices guidebook*, James Madison University, 2008.

24. Letter from Akiko Ikeda, Victim Assistance Officer, UNMAS, 17 November 2005.

25. Inter-Agency Standing Committee, Operational Guidance for Coordinated Assessments in Humanitarian Crises, Needs Assessment Task Force, Provisional Version, 1 February 2011, 43.

26. *Ibid*, 53.

27. Jean-Francois Trani, Parul Bakhsi and Cécile Rolland, *Conducting surveys on disability: a comprehensive toolkit*, Handicap International, Lyon, 2006, 9.

28. Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000; and, Jean-Francois Trani, Parul Bakhsi and Cécile Rolland, *Conducting surveys on disability: a comprehensive toolkit*, Handicap International, Lyon, 2006. Other guidelines that may be useful include, *Guidelines for cognitive and pilot testing of disability questions for use in surveys: ESCAP project on improving disability measurement and statistics in the Asia Pacific Region*, Statistics Division, Economic and Social Commission for Asia Pacific Region, December 2010; and, WHO/UNESCAP, *Training Manual on Disability Statistics*, United Nations, Bangkok, 2008.

29. See for example, Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000; see also, [www.who.int/healthinfo/systems/serviceavailabilitymapping/en/#](http://www.who.int/healthinfo/systems/serviceavailabilitymapping/en/#) and [www.who.int/health\\_mapping/tools/healthmapper/en/index.html](http://www.who.int/health_mapping/tools/healthmapper/en/index.html)

## **CHAPTER 5 - A HOLISTIC AND INTEGRATED APPROACH TO ADDRESSING THE RIGHTS AND NEEDS OF VICTIMS AND SURVIVORS: GOOD PRACTICE**

As noted previously, victim assistance does not require the development of new fields or disciplines but rather should be integrated into existing healthcare, rehabilitation, education, employment, social service systems and development programmes. Considerable effort has gone into the development of standards, guidelines and lessons learnt by various actors including the World Health Organization (WHO), the United Nations Development Programme (UNDP), the International Labour Organization (ILO), the International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), Handicap International (HI), Trauma Care Foundation (TCF) and other international agencies and non-governmental organisations that are relevant to all aspects of victim assistance. The importance of ensuring the development, dissemination and application of relevant standards, guidelines and good practice in victim assistance-related efforts to improve accessibility to appropriate services is recognised in the context of the Anti-Personnel Mine Ban Convention (endnote 1), Protocol V to the CCW's Plan of Action (endnote 2), the Convention on Cluster Munitions (CCM) (endnote 3), and the Convention on the Rights of Persons with Disabilities (CRPD) (endnote 4).

Victim assistance should be seen as a holistic and integrated approach aimed at removing – or reducing as far as possible – the factors that limit the activity and participation of a person with disability, so that he/she can attain and maintain the highest possible level of independence and quality of life: physically, psychologically, socially and economically. The aim should be to provide the individual with the best possible opportunity for full and effective participation and inclusion in society, with possibilities to study, work and access services; opportunities that are equal to those of other members of their community. To achieve full inclusion, many different interventions may be needed, which, depending on the type of disability, may include one or several of the following: medical care; physical and functional rehabilitation including the provision of assistive devices; psychological and psychosocial support services; education; employment or other income generation opportunities; support for social and economic self-reliance, et cetera. Furthermore, the family of those killed or injured in a landmine or other ERW explosion may also need to access different interventions at various times such as psychological and psychosocial support services, education and employment or other income generation opportunities to overcome the consequences of the explosion.

In many affected States, appropriate, accessible and affordable services are not available to meet the needs of the population, including victims and survivors and other persons with disabilities, in terms of both quantity and quality due to a lack of infrastructure and capacities of personnel. Standards, guidelines, examples of good practice and expert advice are all available to enhance capacities, and can be adapted, as appropriate, to the national context. Affected States are encouraged to take concrete steps to utilise the tools and expertise available to build their capacities to address the rights and needs of victims and survivors, and other persons with disabilities.

This chapter will look at good practice, including the links with the CRPD, in addressing the rights and needs of victims and survivors, including the families of those killed and injured and other persons with disabilities to promote their full and effective participation and inclusion in the social, cultural and economic life of their communities. The chapter will present an overview of the components of a holistic and integrated approach: emergency and continuing medical care; physical and functional rehabilitation; psychological and psychosocial support; social inclusion; and, economic inclusion.

The chapter will conclude with a discussion on laws and policies. As noted in Chapter 3, laws and policies provide overall protection of the rights of those needing to access services and opportunities on an equal basis with others. Appropriate laws and policies that are fully implemented are essential to ensure a holistic and integrated approach to assisting victims and survivors to make possible their full and effective participation and inclusion.

## **Emergency and continuing medical care**

Because of the severity of injuries caused by a landmine or other ERW explosion, those impacted have specific needs for medical care. The provision of appropriate emergency and continuing medical care, or the lack of it, has a profound impact on the immediate and long-term recovery of individuals involved in a landmine or other ERW explosion.

Emergency medical care, or pre-hospital trauma care, relates to first-aid and other treatment to stop the bleeding and stabilise the casualty, and evacuation to a hospital with the capacity to treat a person with injuries caused by landmines, other ERW, or other traumatic injury. Continuing medical care refers to services such as trauma care, competent surgical management, nursing, physiotherapy, pain management and other services that can promote recovery and maintain health.

The CRPD recognises that “persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability” and that health services should be available “as close as possible to people’s own communities, including in rural areas.” (endnote 5)

In May 2007, the Sixtieth World Health Assembly (WHA) urged its Member States “to assess comprehensively the pre-hospital and emergency-care context including, where necessary, identifying unmet needs,” and requested the Director-General of the WHO “to devise standardised tools and techniques for assessing need for pre-hospital and facility-based capacity in trauma and emergency care” and “to collaborate with Member States, non-governmental organisations and other stakeholders in order to help ensure that the necessary capacity is in place effectively to plan, organise, administer, finance and monitor provision of trauma and emergency care.” (endnote 6)

### **Emergency medical care**

Greater efforts are needed to build capacities to provide appropriate emergency medical care, including transportation, to enhance the prospects of landmine and other ERW casualties surviving an accident.

An effective pre-hospital care system comprises of three levels: (endnote 7)

- i. first responders – includes people with basic or advanced first aid training and who can call for help
- ii. basic pre-hospital care – includes people with more advanced knowledge and skills to provide a wider range of care to stabilise the injured person
- iii. advanced pre-hospital trauma care – includes physicians or highly skilled paramedics to provide a wide range of more invasive procedures before the injured person arrives at a hospital (this level is usually only found in suburban areas of developed countries)

The training of lay-people in affected communities is an effective means of providing an appropriate emergency response as soon as possible after accidents to lower mortality rates. (endnote 8) Training first responders at the village and community level increases accessibility to services by bringing the services closer to the people. Such training of first responders is being provided by organisations such as Emergency, International Medical Corps, the TCF, the ICRC, national Red Cross and Red Crescent Societies, and the WHO. Some affected States are using the International Trauma Life Support (ITLS) course to provide pre-hospital care providers with the skills necessary to provide a thorough assessment, initial resuscitation and rapid transportation of trauma victims. (endnote 9) Lessons from such experiences should be applied.

In an ideal situation, a severely injured person would be transported from the scene of the accident to a district or regional hospital equipped with a trauma unit by ambulance as quickly and safely as possible. However, in many affected areas such transport is not available. Instead, it can take some casualties hours or days to reach the nearest equipped medical facility by whatever means of transport is available; in a taxi, on donkeys, on bicycles, in wheelbarrows, in the back of a truck, carried by friends, et cetera. Too many casualties continue to die at the scene of the accident because of the lack of transportation.

Guidance documents are available to assist affected States in improving their emergency response capabilities, for example, the WHO's *Prehospital Trauma Care Systems*, TCF's *Save Lives, Save Limbs* and the ICRC's *First Aid in armed conflicts and other situations of violence*. (endnote 10)

Affected States should consider developing and/or implementing programmes, in collaboration with relevant partners, to strengthen emergency response capacities in affected communities to respond to ERW and other traumatic injuries through the provision of basic supplies and appropriate training of lay-persons and community healthcare workers in the provision of primary assistance and referral to appropriate health facilities. (endnote 11)

### **Examples of good practice**

> In Afghanistan, since 2006 the WHO has been collaborating with the Ministry of Public Health to build capacities in emergency and essential surgical and anaesthesia procedures at regional and provincial hospitals through the Integrated Management for Emergency and Essential Surgical Care programme.

> In Thailand, the Ministry of Public Health's Emergency Medical Services System has expanded to all provinces and local communities, including the 27 affected provinces. A comprehensive network of emergency response teams is in place nationwide and can be accessed in emergency situations by dialling the emergency hotline (or 1669). The service is fully-functioning and easily accessible, with the exception of very remote communities along the border areas with neighbouring countries.

### **Continuing medical care**

Many affected countries continue to report a lack of trained staff, medicines, blood for transfusions, equipment and infrastructure to adequately respond to ERW and other traumatic injuries. Landmine and other ERW casualties often require complex surgery including amputations, blood transfusions, pain relief, physiotherapy, antibiotics and prolonged hospitalisation.

Training is a challenge for many affected States with respect to trauma surgeons and nurses. Appropriate training should be an integral component of studies in medical schools and continuing education. As well, many affected States face the ongoing challenge of ensuring that medical facilities can provide an adequate level of care and that they have the staff, equipment, supplies and medicines necessary to meet basic standards. Moreover, some States face problems related to the proximity of services to affected areas and difficulties in transporting those who require care to these services.

To adequately assist landmine and other ERW casualties, surgeons may need specific training in war surgery and correct amputation techniques. When required, a good amputation will allow for the proper fitting of the prosthesis and avoid the need for corrective surgery to the stump.

The WHO's Emergency and Essential Surgical Care project has the potential to strengthen the capacity of district hospitals in affected countries to better respond to landmine and other ERW casualties. This project has two main objectives:

> support capacity building in the safe and appropriate use of emergency and essential surgical procedures and linked equipment in resource limited healthcare facilities, thereby improving the quality of care

> strengthen existing training and education programmes for safety of emergency and essential clinical procedures in countries

According to the WHO, well-organised surgical, trauma care and anaesthesia services are essential for a district hospital to be an effective community resource. These services should be developed within the framework of the country and district's health care infrastructure. A training programme has been developed to achieve the objectives. (endnote 12)

Other specialised training for trauma surgeons and nurses is available through projects implemented by the ICRC, and NGOs such as Emergency, International Medical Corps, TCF and others. Some States are utilising the Advanced Trauma Life Support (ATLS) course which was developed by the American College of Surgeons. The course covers the breadth of trauma care, oriented primarily towards the first hour of care in an emergency department. (endnote 13)

After surgical care, survivors are often faced with long periods of hospitalisation. Access to adequate and appropriate physiotherapy, equipment, medicines and dressing materials is essential to improve prospects for rehabilitation. (endnote 14) Adequate physiotherapy during the acute phase is particularly important: for respiratory management; for the prevention of contractures; for maintaining strength, mobility and range of movement; and, where necessary for splinting and casting.

After the initial lifesaving medical care, survivors may need to access various forms of healthcare throughout their lifetime. Primary healthcare facilities in close proximity to affected areas should have the equipment, supplies and medicines necessary to meet basic standards. Pain management can be an issue long after the accident. Survivors may suffer pain from shrapnel remaining in their bodies, or in the case of amputees, residual limb pain or phantom pain in the missing limb. When more specialised services are needed a referral network should be in place to ensure accessibility to appropriate services.

In addition to the availability of adequate healthcare facilities, the providers of services must have positive attitudes towards disability and persons with disabilities, and the appropriate skills to ensure equitable access. (endnote 15)

Guidance documents are available to assist States in meeting the challenge of providing appropriate continuing medical care, including trauma care services. For example, the ICRC's *Hospitals for war-wounded: a practical guide for setting up and running a surgical hospital in an area of armed conflict*, the WHO's *Essential Trauma Care Project: Checklists for Surveys of Trauma Care Capabilities, Guidelines for Essential Trauma Care*, and *Surgical Care at the District Hospital*, among others. (endnote 16)

Affected States are encouraged to develop and implement programmes to establish and/or improve healthcare infrastructure in affected areas and to increase the number of trained healthcare workers (including trauma surgeons and nurses) in hospitals in, or accessible to, affected areas. They are also encouraged to ensure that orthopaedic surgery and physiotherapy are available as soon as possible after an accident to prevent complications, to prepare for rehabilitation and to facilitate the use of proper assistive devices. (endnote 17)

## Physical and functional rehabilitation

Physical and functional rehabilitation are a crucial means to the ultimate aim of landmine and other ERW survivors: full inclusion and participation. The CRPD calls on the States Parties to “take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities” and to “organize, strengthen and extend comprehensive...rehabilitation services and programmes.” (endnote 18)

Physical rehabilitation involves the provision of services in rehabilitation, including physiotherapy and the supply of assistive devices such as prostheses, orthoses, walking aids and wheelchairs to promote the physical well-being of persons with disabilities, including landmine and other ERW survivors. Physical rehabilitation also includes activities aimed at maintaining, adjusting, repairing and renewing assistive devices as needed. Physical rehabilitation is focused on helping a person regain or improve the capacities of his/her body, with physical mobility as the primary goal.

Functional rehabilitation includes all measures taken to lead a person with disability to be able to engage in activities or fulfil roles that she/he considers important, useful or necessary. Functional rehabilitation targets issues beyond the physical ones, such as sight and hearing. These issues may also include: psychosocial support (adjusting to a changed body-image, handling other people’s reactions), pain management, self-care, returning to work or school and performing complex activities such as driving or cooking. Occupational therapists play an important role in enabling persons with disability to participate in the activities of everyday life.

Rehabilitation services should apply a multidisciplinary approach involving a team working together, which includes medical doctors, physiotherapists, prosthetic/orthotic professionals, occupational therapists, social workers and other relevant specialists. The survivor and his/her family have an important role in this team.

Many landmine and other ERW survivors, particularly amputees, will require physical rehabilitation services throughout their lifetimes. Nevertheless, few affected States have the human, technical and financial resources to develop and sustain adequate and appropriate physical rehabilitation services. The majority of services are heavily supported by international agencies such as the ICRC and NGOs such as HI. Furthermore, many physical rehabilitation centres, particularly those providing prostheses and orthoses, are located in capital cities far from affected areas. Many survivors cannot access these centres due to costs of transport or insecurity. Services are also needed for the maintenance, repair and replacement of devices. These services are sometimes available at the community level through outreach activities, mobile clinics or at small repair centres.

In some affected States, basic physical rehabilitation services are being provided through Community-Based Rehabilitation (CBR) programmes. These services should maintain close links with, and provide referrals to, specialised physical rehabilitation centres as needed to facilitate the long-term success of rehabilitation efforts. (endnote 19)

Affected States face major challenges in addressing the needs for physical rehabilitation, including:

- > to increase / expand access to and ensure the sustainability of national physical rehabilitation capacities
- > to increase the number of trained rehabilitation specialists including doctors, nurses, physiotherapists, prosthetic and orthotic technicians and occupational therapists
- > to provide rehabilitation services in or near affected communities and/or to ensure that survivors have access to transportation to these services

> to engage all relevant ministries as well as national, regional and international health and rehabilitation organisations to ensure effective coordination in advancing the quality of care and increasing the numbers of individuals assisted

Coordination, collaboration and cooperation among all actors in this field are crucial to improving results.

In 2005, the Fifty-Eighth World Health Assembly urged Member States to “promote and strengthen community-based rehabilitation programmes” and “facilitate access to appropriate assistive technology” and called on the Director-General of the WHO “to provide support to Member States in strengthening national rehabilitation programmes.” (endnote 20) The resolution also called on the WHO to produce a world report on disability and rehabilitation. The report is due to be released in June 2011 and may provide useful guidance to States in improving access to rehabilitation services.

In 2006, the *Prosthetics and Orthotics Programme Guide: Implementing P&O Services in Low-Income Settings* was released. The Guide, developed through the collaboration of 35 organisations and agencies active in the field of physical rehabilitation, provides guidance on a comprehensive approach to implementing prosthetic and orthotic programmes. The Guide emphasises the goal that services should be: long-term; financially sustainable; integrated into national healthcare structures; financially accessible to potential users; based on principles of non-discrimination; comprehensively planned; utilise appropriate technologies, working methods and well-trained staff; and, monitored to maintain the quality of the services. (endnote 21)

Progress has also been made in the development of other guidelines for physical rehabilitation, particularly in the area of prosthetics and orthotics and assistive devices. For example, *Prosthetics and Orthotics Project Guide: Supporting P&O Services in Low-Income Settings*, the WHO’s *Guidelines on the provision of Manual Wheelchairs in less resourced settings*, and *Life after Injury: A rehabilitation manual for the injured and their helpers*, among others. (endnote 22)

In addition to formal tertiary level education, training of technical staff in prosthetics / orthotics, physiotherapy and other rehabilitation skills in affected countries is carried out by organisations such as the ICRC, HI, Cambodia Trust, the Centre for International Rehabilitation and the University Rehabilitation Institute of Slovenia. The WHO’s *Guidelines for Training Personnel in Developing Countries for Prosthetics and Orthotics Services* also provide guidance in this area. (endnote 23)

Progress has also been made by virtue of the fact that the Anti-Personnel Mine Ban Convention has increased attention on physical rehabilitation and prosthetics. Nevertheless, the needs in this area continue to exceed the level of resources applied to the provision of services.

Affected States are encouraged to develop and/or implement programmes to improve access to physical rehabilitation services in affected communities, allocate a specific budget line to meet the physical and functional rehabilitation needs of all persons with disabilities, regardless of the cause of disability, and to ensure a sufficient number and quality of rehabilitation professionals in accordance with the needs and geographical coverage. (endnote 24)

### **Examples of good practice**

In Cambodia, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) has the mandate for disability issues including responsibility for providing people with disability with rehabilitation. In June 2008, a memorandum of understanding (MoU) was signed between MoSVY and all international organisations supporting the physical rehabilitation sector, with a view to equipping the ministry with the managerial, technical and financial skills to take on the role of managing the 11 rehabilitation centres in the country by the end of 2011. Since 2004, the ICRC has

focused on strengthening MoSVY's management capacity at the national level and within the centres. Progress in implementing the MoU has been slower than planned, mainly due to MoSVY's lack of financial and human resources. However, progress is being made. For example, by 2009, ICRC staff were acting as advisers for management and provision of services with all other responsibilities transferred to MoSVY at the previously ICRC-supported Battambang Regional Physical Rehabilitation Centre, Kompong Speu Regional Physical Rehabilitation Centre and the Phnom Penh Prosthetic and Orthotic Component Factory.

### **Psychological and psychosocial support**

Psychological and psychosocial support can assist victims to overcome the trauma of a landmine or other ERW explosion and promote social well-being, self-reliance and independence. Psychological support refers to professional counselling, where necessary, with professionals such as psychiatrists and psychologists. Psychosocial support includes activities such as peer-to-peer support, community support services, associations of persons with disabilities, and sport and other recreational activities.

The IFRC defines psychosocial support as "a process of facilitating resilience within individuals, families and communities by enabling families to bounce back from the impact of crises and helping them to deal with such events in the future." In addition, "by respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure." (endnote 25)

Activities that empower survivors and promote social inclusion are integral to enhancing psychological well-being. Psychosocial support should be community-based to ensure culturally appropriate support from both formal and non-formal health and social service providers. (endnote 26) Appropriate psychological and psychosocial support has the potential to make a significant difference in the lives of landmine and other ERW survivors, and the families of those killed or injured. Psychological and psychosocial support may be necessary in the immediate aftermath of the accident, at the hospital and at different times throughout their lifetime.

The IFRC and its International Federation Reference Centre for Psychosocial Support has undertaken significant work to produce guidance documents on psychological and psychosocial support that may be useful to build capacities in affected States. (endnote 27) Guidance is based on the experiences of the IFRC and national Red Cross and Red Crescent Societies in responding to disasters and emergencies.

The CRPD calls on the States Parties to "take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence." (endnote 28)

Organisations such as the Landmine Survivors Network / Survivor Corps have promoted peer support as a means of promoting psychological and social well-being. Peer support refers to support provided by persons with disabilities to and for other persons with disabilities. Peer counsellors are people who have experienced psychological trauma and are interested in helping others with similar difficulties. By listening empathetically, sharing their experiences and offering suggestions, peer counsellors are uniquely able to help others like themselves. This approach assumes that women and men who have experienced a traumatic event can better understand and relate to other individuals who are trying to deal with their traumatic event. Furthermore, by the sharing of experiences and challenges problems can be shared, and solutions found, which helps to minimise feelings of isolation. Peer support helps survivors rise above their circumstance and builds a network of survivors working together to give back and make positive change in their communities and in the world. The family of a person killed or injured could also benefit from peer support through interaction with another family in a similar situation. (endnote 29)



Survivor Corps' "Peer Support Model":

- > provides social and emotional support for survivors by other survivors through one on one visits and social support groups
- > builds mutually empowering relationships
- > strengthens self-advocacy
- > breaks down isolation and helps build community
- > develops advocacy skills for social and systemic change
- > ensures participation of survivors in decisions that affect their lives (endnote 30)

According to survivors involved in peer support programmes, the experience of peer support has empowered many survivors to be: psychologically active; socially productive; a good role model; a leader of the community; a business person; a mother or father and form a family; a good advocate for her/his peers; a good sports woman/man; employee or even employed others; a renowned scholar; a medical doctor, engineer, scientist, etc. (endnote 31)

In some affected States, the psychological and social well-being of survivors has been enhanced through creative therapy including activities such as art, music, singing, dancing and photography.

While progress has been made in some affected communities, psychological and psychosocial support is an area that has not received the attention or resources necessary to adequately address the needs of survivors and the families of those killed or injured. The challenge for many affected States is to increase national and local capacity in these areas. Efforts to do so will involve the engagement of all actors working on the issue including relevant ministries, trauma recovery experts, academics, international and regional organisations, and non-governmental organisations and agencies working with other groups in vulnerable situations. In addition, efforts to provide psychological and psychosocial support should take full advantage of the fact that survivors themselves are resources who can act as constructive partners in programmes.

Affected States are encouraged to develop and/or implement a programme to provide psychological support in healthcare and rehabilitation facilities, and to support the establishment of peer support networks in affected areas. (endnote 32)

### **Examples of good practice**

> In Tajikistan, the Tajikistan Mine Action Centre (TMAC) published a "Guideline on psycho-social support for landmine survivors" and "Borderline mental disorders and quality of life of landmine survivors" for psychologists, social workers, University students and others involved in the rehabilitation of mine survivors. The publications were produced by a qualified psychologist, psychiatrist, neurologist and social worker who is employed as TMAC's Victim Assistance Officer.

> In Uganda, the Ministry of Gender, Labour and Social Development (MGLSD) finalised "Psychosocial Support for Survivors of Landmines and Explosive Remnants of War: A training manual for community level development workers." The manual is being used to train Community Development Workers and Rehabilitation Officers in affected districts.

### **Social inclusion**

As noted, psychological well-being and social inclusion are closely inter-linked. Psychological well-being can lead to full and effective social inclusion while inclusion contributes to psychological well-being. Furthermore, to enjoy full and effective inclusion survivors must be empowered to change their situation and access their rights. (endnote 33)

A central principle of the CRPD is the "full and effective participation and inclusion in society" of persons with disabilities. (endnote 34) Furthermore, Article 19 calls on the States Parties to "take

effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.” (endnote 35)

A socially inclusive society can be defined “as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity.” (endnote 36) The promotion of social inclusion and the empowerment of survivors, and the families of those killed or injured, to participate in the social, cultural and political life of their communities, includes activities such as: recreation, leisure and sports; organisations of survivors and other persons with disabilities; self-help groups; and personalised social support.

### **Recreation, leisure and sports (endnote 37)**

Article 30 of the CRPD recognises “the right of persons with disabilities to take part on an equal basis with others in cultural life” including through appropriate measures such as access to cultural activities and places for cultural performances or services; opportunities to develop and utilise their creative, artistic and intellectual potential; and, participation on an equal basis with others in recreational, leisure and sporting activities. (endnote 38)

Recreation, leisure and sports are a common part of daily life in many countries and are important for health, well-being and social interaction. Nevertheless, many persons with disabilities are denied access to these types of activities due to discrimination, stigma, negative perceptions about the capacities of persons with disabilities, or a lack of accessibility to facilities or programmes.

In particular, the active participation of survivors and other persons with disabilities in sporting activities has the potential to breakdown negative stereotypes by focusing on ability rather than disability, and contributes to the building of a more inclusive society. The active participation in sport by persons with disabilities “can promote self-confidence and a healthy lifestyle, increase social networking and create a positive enabling image of persons with disabilities for others.” (endnote 39) Furthermore, sport is recognised as a means to promote physical and psychological well-being, self-esteem, social skills, friendships and social inclusion through the empowerment of people with a disability.

Sport can provide an opportunity and the necessary space for children and adults with disabilities to find new ways of dealing with the challenges of daily life and build confidence to take advantage of education or employment opportunities.

Sport for survivors and other persons with disabilities can be informal, for example by encouraging participation in games in the community or through organised programmes. In organised programmes, participation in sport is usually on three levels: mainstream, disability-specific or adaptive. Mainstream sport means persons with disabilities participate alongside their able-bodied peers. In disability-specific sport, persons with disabilities participate with others with a similar disability. The third category is adaptive sport where the rules are changed to accommodate those with disabilities. An example of this type of sport is sitting volleyball where the method of play has been adapted to accommodate teams which include those with disabilities and those without. Events such as the Paralympics have served to raise awareness of the capacities of survivors and other persons with disabilities.

Women and girls with disabilities often face double discrimination so additional efforts may be required to ensure that they have opportunities to participate in recreation, leisure and sports activities in their communities to reduce gender and negative disability stereotypes.

Affected States are encouraged to support the development and implementation of programmes that promote sport and recreational activities for persons with disabilities and their families, and to

ensure access for landmine and other ERW survivors, on an equal basis with others, to cultural life, recreation, leisure and sport activities of their communities. (endnote 40)

### **Examples of good practice**

> In Bosnia and Herzegovina, sport has been recognised as a means of assisting people with disabilities in their physical and psychological rehabilitation. In the Federation of BiH, there are sitting volleyball clubs, wheelchair basketball clubs, football clubs and athletic clubs for people with disabilities, including women with disabilities. In Republika Srpska, the Secretariat for Sport and Youth has a focal person to promote the issue of sports for people with disabilities, and the RS government has an annual budget allocation for sports for persons with disabilities.

### **Organisations of persons with disabilities (DPOs)**

Under Article 29 of the CRPD the States Parties will “guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others” including by “forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels.” (endnote 41)

DPOs are formal groups of persons with disabilities with a philosophy to promote self-representation, participation, equality and integration of people with disabilities. DPOs are committed to lobbying for human rights and advocating for and representing the needs of their members through campaigning and appropriate activities. DPOs can play a key role in improving the social inclusion of mine survivors and other persons with disabilities through awareness-raising and advocacy on the rights and capacities of persons with disabilities.

Similarly, associations of landmine and other ERW survivors also serve to empower survivors through peer support and education on their rights.

Affected States, and States in a position to assist, are encouraged to facilitate the development and implementation of programmes to build the capacities of persons with disabilities, including landmine and other ERW survivors, to become advocates and leaders for change. (endnote 42) States are also encouraged to facilitate the establishment of DPOs and associations of landmine and other ERW survivors, as appropriate, and support their ongoing activities.

### **Self-help groups**

Self-help groups have been established in several affected countries, usually with the support of NGOs such as HI and Action on Disability and Development (ADD). A self-help group of survivors and other persons with disabilities enables peers with disability in the community to become self-motivated and self-reliant. The group is usually run by a self-motivated person with disability. Self-help groups help to build confidence, through mutual support and encouragement, and through exposure to role models who have a disability.

States have also recognised the value of self-help groups. In 2002, States in the Asia Pacific region adopted the Biwako Millennium Framework which sets out a rights-based approach to addressing the significant poverty faced by people with disability in the region and to achieve progress during the Second Asian and Pacific Decade of Persons with Disabilities 2003-2012. Seven priority areas for action were identified including self-help organisations of persons with disabilities and related family and parent associations. (endnote 43)

The Biwako Millennium Framework recognises that “persons with disabilities are the most qualified and best equipped to support, inform and advocate for themselves and other persons with disabilities” and that “self-help organizations are the most qualified, best informed and most motivated to speak on their own behalf concerning the proper design and implementation of policy,

legislation and strategies which will ensure their full participation in social, economic, cultural and political life and enable them to contribute to the development of their communities.” (endnote 44)

Affected States, and States in a position to assist, are encouraged to support the development and sustainability of self-help groups of victims and survivors and other persons with disabilities in affected communities and facilitate their participation in decision making processes.

### **Personalised social support**

Organisations such as HI promote the concept of personalised social support as a means of facilitating social inclusion. Personalised social support is a voluntary, interactive and participatory approach which aims to empower people with disabilities to achieve their life goals and strengthen their self-determination by developing their self-confidence, self-esteem, positive self-image, sense of initiative and control over their own life. It refers to positive notions of social participation and empowerment. Social workers play a key role in social support programme implementation. HI has developed guidelines to support affected States and other actors to enhance the social inclusion of survivors, the families of those killed or injured and other persons with disabilities. (endnote 45)

### **Economic inclusion**

The ability to earn an income and be a productive member of one’s family and community is essential to promote self-esteem, self-sufficiency and independence. Those survivors who have participated in the work of the Anti-Personnel Mine Ban Convention have indicated that economic inclusion is their highest priority. While progress has been made in developing guidelines (endnote 46) and implementing programmes in some affected communities, in many countries there continues to be few opportunities for survivors and other persons with disabilities to improve their economic status.

Many survivors and other people with disability live in conditions of poverty, with a lack of access to basic necessities such as food, clean water, clothing and shelter. Providing opportunities for their economic inclusion can break the “vicious cycle of poverty” (endnote 47) and promote physical, psychological and social well-being and economic independence.

The economic status of survivors depends largely upon the political stability and economic situation of the communities in which they live. Many affected areas have low levels of development and high levels of people living in poverty. The impact of a landmine or other ERW explosion can place an additional burden on families that may already have few opportunities for economic independence. The challenge for many States is to develop sustainable economic activities in affected areas that would benefit not only those individuals directly impacted by landmines and other ERW, but the families of those killed or injured and their communities.

In 1983, the General Conference of the International Labour Organization adopted C159 Vocational Rehabilitation and Employment (Disabled Persons) Convention with the purpose of promoting vocational rehabilitation to enable a person with disability to secure, retain and advance in suitable employment and thereby facilitate their inclusion in society. To date, 82 States have ratified C159, including at least 14 with significant numbers of landmine and/or other ERW survivors. (endnote 48)

The CRPD recognises “the right of persons with disabilities to work, on an equal basis with others...in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.” (endnote 49) The realisation of this right can be promoted through measures such as “effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training,” and promoting “opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one’s own business,” and

“vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.” (endnote 50)

In a study on good practices for economic inclusion, HI proposed a livelihoods approach to economic inclusion for persons with disabilities. Livelihood is defined as “the sum of ways and means by which individuals, households or communities make and sustain a living” which might include self-employment, seasonal migration, farming and agriculture, savings or other income generating activities. The livelihoods approach takes into account the individual’s social, institutional and organisational environment. (endnote 51) The livelihoods approach may be particularly useful in affected communities where the opportunities for wage employment are limited.

The economic inclusion of survivors and other persons with disabilities is challenging. The report of the Director-General to the ILO’s 91st Session in 2003, noted that “[t]he most common form of discrimination is the denial of opportunities to persons with disabilities either to work altogether or to build on their abilities and potential.” (endnote 52) Other obstacles to economic reintegration include limited prospects for education at all levels and skills training; limited access to transport, footpaths and buildings; and economies with few jobs and high unemployment in the general population.

Special attention is needed to ensure that women and girls with disability, including survivors, have equal access to services and opportunities for economic inclusion. Women with disabilities are likely to be poorer, less healthy and more socially isolated than their male counterparts. Furthermore, women may become the principal income earner or head of the household if their partner is killed or injured in a landmine or other ERW explosion and are often the primary caregiver. For children, the impact on the economic situation of the family often results in a child losing the opportunity to gain an education, as the child is forced to look for employment to support the family. (endnote 53) Greater efforts may be needed to support the families of those killed or injured, particularly in the area of economic inclusion and the education of children. (endnote 54)

The ILO’s “Alleviating Poverty through Peer Training” programme provides an example of what can be done in affected communities to benefit not only survivors and other persons with disabilities but also their families and the community as a whole. The programme is based on an informal strategy known as Success Case Replication. It uses people with successful small businesses or income-generating activities as peer trainers. This strategy cuts through barriers of accessibility, attitudes and lack of services in remote villages by bringing the services of a peer directly to the individual’s home, village or other nearby location. One-on-one peer training helps the trainee to learn how to replicate an already successful business when there is a market for another such income-generating activity. (endnote 55)

Affected States are encouraged to undertake specific activities to improve the economic status of survivors, the families of those killed or injured and other persons with disabilities. (endnote 56) Activities to promote economic inclusion should include several elements such as: education and lifelong learning; skills development; self-employment; access to capital; wage employment; and, social protection.

### **Education and lifelong learning (endnote 57)**

The CRPD recognises “the right of persons with disabilities to education...without discrimination and on the basis of equal opportunity” and will “ensure an inclusive education system at all levels and lifelong learning.” (endnote 58)

Survivors, including women, girls, boys and men, and other persons with disabilities have the right to education and lifelong learning which has the potential to lead to fulfilment of potential, a sense of dignity and self-worth and effective participation in society. Education can be formal or informal.

Formal education takes place in schools, colleges and universities leading to recognised qualifications or certificates. Informal education is what happens throughout life with families, friends or communities. Lifelong learning refers to all types of learning that promotes participation in society and personal development including adult literacy and the skills and knowledge needed for employment. Adequate and appropriate education will enhance the future employment prospects of survivors and other persons with disabilities.

### **Skills development (endnote 59)**

Everyone needs skills for a productive working life, including survivors and other persons with disabilities. However, because of discrimination or lack of accessibility particularly in rural areas, persons with disabilities often miss out on education and training opportunities that others may take for granted. The ILO promotes the concept that each person with disability “is an individual with unique talents, capabilities, needs and wants” and advocates for training programmes that “acknowledge this diversity and allow disabled people to develop the skills they need to realize their full potential – just like any other person.” (endnote 60) Training programmes for the wider population should be inclusive of persons with disabilities. However, specialised training should also be available when required.

Skills training programmes should be relevant to the local economy and development context. It should be noted that not all survivors are poor and may have been employed or running a small business before their accident. Retraining or providing opportunities to learn new skills may be required to allow these survivors to resume their productive lives. Members of the families of those killed or injured may also need to access training programmes to enhance opportunities to improve the economic status of the family.

The skills needed for a productive working life can be grouped under four headings: foundation skills; technical, vocational and professional skills; core life skills; and, entrepreneurial and business management skills.

a) Foundation skills include the ability to read, write and understand written material, and basic numeracy.

b) Technical, vocational and professional skills are the skills required to carry out a particular task, employment opportunity or business activity. Landmine and other ERW survivors have been involved in a number of technical, vocational and professional training programmes to learn the skills necessary for a number of occupations such as accountants, beekeepers, boat builders, carpenters, computer technicians, dressmakers, electricians, farmers, graphic designers, hairdressers, mechanics, musicians, physiotherapists, prosthetic technicians, school teachers, shopkeepers, solar energy technicians and wheelchair makers. (endnote 61)

c) Core life skills are those skills which everyone needs in their working life, whether disabled or not, including: effective listening and communication skills; interpersonal and social skills; team and networking skills; creative thinking, problem solving and decision making skills; initiative and enterprise skills; planning and organising skills; self-management skills; and, learning skills.

d) Entrepreneurial or business management skills include the skills required to successfully run a small business, including: bookkeeping, planning, organisational skills, goal setting, problem solving, market analysis, how to obtain resources, and other related skills.

### **Self-employment (endnote 62)**

In many affected communities, particularly in rural areas, self-employment, either alone or in a group, is often the only option for people with a disability because of limited opportunities for wage employment. Many survivors and other persons with disabilities are engaged in activities and

businesses such as farming, agriculture, tailoring, hairdressing, mechanical repairs, street vending, shops and craft workshops.

In addition to having the appropriate skills, marketing is an important component of self-employment. Before establishing a business or activity, it is important to know what products or services the community needs, how much they are willing to pay, how the products or services can be delivered, and how to inform and attract customers to buy the products or services.

However, self-employment is not the best solution for everyone as a successful business requires more than just skills training; it requires motivation, self-confidence, a positive attitude and the support of family and friends. Programmes that provide self-employment opportunities for survivors and other persons with disabilities should include more than just skills training and marketing. A multi-sectoral approach is necessary to ensure that the beneficiaries have access to services such as healthcare, physical rehabilitation including assistive devices, information on their rights and psychosocial support, as needed.

### **Access to capital (endnote 63)**

A prerequisite for self-employment is access to capital. However, the lack of access to capital is one of the main obstacles to establishing a small business. Some of the main sources of capital include: borrowing from family and friends; borrowing from banks or credit unions; borrowing from a micro-credit scheme; self-help groups; and, grants. Borrowing is often difficult for persons with disabilities, particularly those from poor communities who may not meet the strict criteria set down by lenders.

Microcredit schemes provide small-scale loans that need to be repaid with interest over a specified period of time. Grants, on the other hand, refer to capital provided in cash or in kind, such as tools, animals, seeds, agricultural equipment or a sewing machine, that do not have to be repaid. Grant schemes are sometimes set up by government agencies or are a part of nongovernmental programmes to assist groups in a vulnerable situation including persons with disabilities, women-headed households and internally displaced persons.

Other schemes have also been established with the aim of enhancing the economic inclusion of survivors and their families. For example, in some affected communities, a “cow bank” has been created. Under this scheme, the loan is in the form of a cow with the debt repaid by returning a specified number of the offspring of the cow to the bank. These calves are then given to new beneficiaries and the cycle begins again. Not only does the cow increase the assets of the family but it can also provide milk for the children.

In addition to providing psychosocial support, self-help groups can also bring survivors and other persons with disabilities together for the common purpose of saving, helping members start or expand their business or sharing risk in joint activities.

### **Wage employment (endnote 64)**

With appropriate skills training and education, survivors and other persons with disabilities can undertake a wide range of work and contribute to the labour market. However, it may be necessary to conduct disability awareness training among employers and other employees on the capacities of persons with disabilities and to ensure that transport, workplaces and equipment are fully accessible. In some affected States, laws and policies have been adopted to promote the employment of persons with disabilities in mainstream enterprises including through quotas, anti-discrimination measures, affirmative action and tax incentives. (endnote 65)

### **Social protection**

The CRPD also recognises “the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous

improvement of living conditions” and “the right of persons with disabilities to social protection...without discrimination on the basis of disability” including by ensuring “access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes.” (endnote 66)

Social protection includes the provisions made by the government, often in the form of pensions or cash transfers, and sometimes international agencies and non-governmental organisations, to support those who are unable to work or generate an income by other means, including survivors and other persons with disabilities. Social protection may also include other forms of poverty alleviation such as food support. The aim of social protection should be to ensure that those covered can enjoy a minimum standard of living. Nevertheless, in many affected States, pensions and other support are not available or are inadequate to meet basic needs. Special efforts are needed to ensure that persons with disabilities, including women, have access to available social protection schemes.

However, social protection must be based on a human-rights based approach, not a charity-based approach as is the practice in some States. It must ensure that persons with disability have equal access to clean water, to public housing, and to appropriate and affordable services, assistive devices and other assistance for disability-related needs.

### **Laws and policies**

The Anti-Personnel Mine Ban Convention (endnote 67), the Plan of Action on Victim Assistance under Protocol V to the CCW (endnote 68), and the CCM (endnote 69) all recognise the importance of appropriate laws and policies to protect the rights and needs of victims, survivors and other persons with disabilities. Furthermore, the CRPD obliges the States Parties to “ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability” including through: adopting “all appropriate legislative, administrative and other measures;” taking “into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes.” (endnote 70)

Laws and policies include legislation and actions that promote effective treatment, care and protection for all citizens with disabilities, including landmine and other ERW survivors. Affected States do not require specific laws and policies relating to the victims, but rather should ensure that the rights and needs of landmine and other ERW survivors and the families of those killed or injured are addressed within existing or new laws, policies and programmes.

Many affected States have legislation to protect the rights of persons with disabilities, and to provide social assistance; for example, in the form of pensions. However, in some instances legislation takes a charity-based, not a human rights-based approach. In addition, it remains a challenge for many States to fully implement the provisions of the legislation, to provide pensions that are adequate to maintain a reasonable standard of living and to ensure accessibility to public and private infrastructure.

Affected States are encouraged to undertake various activities such as reviewing their national legal and policy frameworks to determine if existing frameworks effectively address the needs and fundamental human rights of persons with disabilities, including landmine and other ERW survivors. (endnote 71)

### **Example of good practice**

Jordan, in 2007, adopted the National Disability Strategy for the period 2007 to 2015. The National Disability Strategy envisions a “society where persons with disabilities enjoy a sustainable, dignified life based justice and equality.” As an outcome of the Strategy, the 1993 Disability Welfare Law



(12/1993) was annulled and replaced by the comprehensive rights-based Law on the Rights of Persons with Disabilities (31/2007). The new 2007 Law established a National Fund for the Support of Persons with Disabilities and the Higher Council for the Affairs of Persons with Disabilities. The Higher Council has the mandate to coordinate, monitor and support disability issues in Jordan, including implementation of the CRPD. The Higher Council includes representatives from the Ministries of Health, Social Development, Labour, Finance and Education and other relevant agencies, the Jordanian Paralympics Committee, the National Fund for the Support of Persons with Disabilities and representatives of persons with disabilities. The Higher Council is also responsible for developing national policies and accreditation standards for disability programmes and services. In 2009, a National Committee on Victim Assistance under the umbrella of the Higher Council was established with the aim of mainstreaming the issues related to landmine and other ERW survivors within national strategies in general and disability strategies in particular.

## ENDNOTES

1. Action #32, Cartagena Action Plan 2010-2014.
2. Action 4 (h), Plan of Action on Victim Assistance under Protocol V.
3. Paragraph 2 (h), Article 5, Convention on Cluster Munitions; see also, Action #28, Vientiane Action Plan.
4. Paragraph 1 (b), Article 32, Convention on the Rights of Persons with Disabilities.
5. Paragraph (c), Article 25, Health, Convention on the Rights of Persons with Disabilities.
6. Sixtieth World Health Assembly, Health systems: emergency-care systems, Agenda Item 12.14 (WHA 60.22).
7. WHO, *Prehospital Trauma Care Systems*, WHO, Geneva, 2005, 21-28.
8. See for example, H. Husum, M. Gilbert, T. Wisborg, Y.V. Heng, and M. Murad, Rural prehospital trauma systems improve trauma outcome in low-income countries: a prospective study from North Iraq and Cambodia, *Journal of Trauma*, 55, 2003, 466-70; and, T. Wisborg, M. Murad, T. Edvardsen, and H. Husum, Prehospital trauma system maturation and adaption during eight years in low-income countries, *Journal of Trauma*, 64(5), 2008, 1342-1348.
9. ITLS was previously known as Basic Trauma Life Support. For more information on courses see, [www.itrauma.org](http://www.itrauma.org)
10. See for example, the WHO's *Prehospital Trauma Care Systems*; TCF's *Save Lives, Save Limbs*; Robin Coupland, *Assistance for victims of anti-personnel mines: Needs, constraints and strategy*, ICRC, 1 August 1997; and, the ICRC's *First Aid in armed conflicts and other situations of violence*.
11. *Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014*, 8.
12. WHO, *Integrated Management on Emergency Essential Surgical Care - E-learning tool kit*, WHO, Geneva, 2007; see also, [www.who.int/surgery/en](http://www.who.int/surgery/en)
13. American College of Surgeons Committee on Trauma, *Advanced Trauma Life Support program for doctors: instructor manual*, American College of Surgeons, Chicago, 1997.
14. ICRC, *Caring for Landmine Victims*, ICRC, Geneva, June 2005, 7.
15. WHO, Health component, *Community-Based Rehabilitation CBR Guidelines*, 2010, 7.
16. See for example, the ICRC's *Hospitals for war-wounded: a practical guide for setting up and running a surgical hospital in an area of armed conflict*; the WHO's *Essential Trauma Care Project: Checklists for Surveys of Trauma Care Capabilities; Guidelines for Essential Trauma Care*, WHO, Geneva, 2004; *Surgical Care at the District Hospital*, WHO, Geneva, 2003; Robin Coupland, *Assistance for victims of anti-personnel mines: Needs, constraints and strategy*, ICRC, 1 August 1997; Trauma Care Foundation's *Save Lives, Save Limbs*; the IFRC's *Improving Health Care in the Community*; Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000; and, WHO, *The World Health Report 2008 – Primary Health Care (Now More Than Ever)*, WHO, Geneva, 2008.
17. *Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014*, 8.

18. Article 20, Personal mobility, and Paragraph 1, Article 26, Habilitation and rehabilitation, Convention on the Rights of Persons with Disabilities.
19. For more information see, WHO, Health component, *Community Based Rehabilitation CBR Guidelines*, Geneva, 2010, 45-72.
20. Fifty-Eighth World Health Assembly, Disability, including prevention, management and rehabilitation, Agenda item 13.13, (WHA58.23).
21. *Prosthetics and Orthotics Programme Guide: Implementing P&O Services in Low-Income Settings*, September 2006.
22. See for example, WHO, *Prosthetics and Orthotics Services in Developing Countries – a discussion document*, WHO, 1999; Liz Hobbs, Sue McDonough and Ann O’Callaghan, *Life after Injury: A rehabilitation manual for the injured and their helpers*, Third World Network, 2002; *Prosthetics and Orthotics Project Guide: Supporting P&O Services in Low-Income Settings*, September 2006; WHO, *Training in the community for people with disabilities*, WHO, Geneva, 1989; WHO, *Guidelines on the provision of Manual Wheelchairs in less resourced settings*, WHO, Geneva, 2008; Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000; and, Landmine Survivors Network’s *Surviving Limb Loss*.
23. WHO, *Guidelines for Training Personnel in Developing Countries for Prosthetics and Orthotics Services*, WHO, Geneva, 2004;
24. *Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014*, 9.
25. International Federation Reference Centre for Psychosocial Support, *Psychosocial interventions: A handbook*, IFRC, Copenhagen, 2009, 25.
26. ICBL Working Group on Victim Assistance, *Guidelines for the Care and Rehabilitation of Survivors*, ICBL, 2000.
27. See for example, International Federation Reference Centre for Psychosocial Support, *Community-Based Psychological Support: Trainer’s book*, IFRC, Copenhagen, 2009; International Federation Reference Centre for Psychosocial Support, *Psychosocial interventions: A handbook*, IFRC, Copenhagen, 2009; and, IFRC, *Psychological Support: Best Practices from Red Cross and Red Crescent Programmes*, Geneva, 2001. See also, WHO, *Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors*, Department of Mental Health and Substance Dependence, 2004.
28. Paragraph 1, Article 26, Habilitation and rehabilitation, Convention on the Rights of Persons with Disabilities.
29. For more information see, Landmine Survivors Network, *Surviving Limb Loss*; Steven Estey, Council of Canadians with Disabilities and Becky Jordan, Landmine Survivors Network, *Psychological Interventions and Peer Support for Landmine Survivors*, presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Geneva, 8 May 2001.
30. Dragana Bulic, Psycho-Social Support for Landmine Survivors, presentation to Parallel Programme for Victim Assistance Experts, Intersessional meetings, Geneva, 25 April 2007.
31. Bekele Gonfa, Landmine Survivors Network Ethiopia, and Sadiq Mohibi, Afghan Landmine Survivors’ Organisation (ALSO), presentation to Parallel Programme for Victim Assistance Experts, Intersessional meetings, Geneva, 5 June 2008.
32. *Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014*, 7, 9.
33. For more information see, WHO, Social component, *Community-Based Rehabilitation CBR Guidelines*, 2010; and WHO, Empowerment component, *Community-Based Rehabilitation CBR Guidelines*, 2010.
34. Paragraph (c), Article 3, General principles, Convention on the Rights of Persons with Disabilities.
35. Article 19, Living independently and being included in the community, Convention on the Rights of Persons with Disabilities.
36. David Cappo, Social Inclusion, Participation and Empowerment, presentation to Australian Council of Social Service (ACOSS) Congress, Hobart, Tasmania, 2002.

37. For more information see, WHO, Social component, *Community-Based Rehabilitation CBR Guidelines*, 2010; Sport for Development and Peace International Working Group, "Sport for Persons with Disabilities: Fostering Inclusion and Well-being", in *Harnessing the Power of Sport for Development and Peace: Recommendations to Governments*, Right to Play, 2008; International Platform on Sport and Disability, *Thematic Profile: Sport and Disability*, June 2009; UNICEF, *Sport, Recreation and Play*, UNICEF, New York, August 2004; and, Handicap International, *Fun inclusive: sports and games as a means for rehabilitation, interaction and inclusion for children and young people with disabilities*, Munich, 2004. See also, Disability and Sports, available at [www.un.org/disabilities](http://www.un.org/disabilities)
38. Article 30, Participation in cultural life, recreation, leisure and sport, Convention on the Rights of Persons with Disabilities.
39. Simon Walker, Office of the High Commissioner for Human Rights, The Convention on the Rights of Persons with Disabilities: Participation in Sport and the Right to Take Part in Culture, in *Sport in the United Nations Convention on the Rights of Persons with Disabilities*, International Disability in Sport Working Group, 2007, 16.
40. Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014, 9.
41. Paragraph (b) (ii), Article 29, Participation in political and public life, Convention on the Rights of Persons with Disabilities.
42. Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014, 9.
43. Biwako Millennium Framework, available at [www.unescap.org/esid/psis/disability/bmf/bmf.html](http://www.unescap.org/esid/psis/disability/bmf/bmf.html)
44. Biwako Millennium Framework, paragraph 16.
45. For more information, see Handicap International, *Personalised social support: Thoughts, Method and Tools in an Approach of Proximity Social Services*, Lyon, December 2009.
46. See for example, World Rehabilitation Fund, *Guidelines for Socio-Economic Integration of Landmine Survivors*, 2003; Handicap International, *Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries*, August 2006; The Atlas Alliance, *Microcredit for self-employed disabled persons in developing countries*, 2005; Landmine Survivors Network, *Surviving Limb Loss*; ILO, *The Right to Decent Work of Persons with Disabilities*, ILO, Geneva, 2007; ILO, *Job and Work Analysis: Guidelines on Identifying Jobs for Persons with Disabilities*, ILO, Geneva, 2005; ILO, *Skills development through Community Based Rehabilitation (CBR)*, ILO, Geneva, 2008; ILO, *Time for Equality at Work: Global Report under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work*, ILO, Geneva, 2003; WHO, Livelihood component, *Community-Based Rehabilitation CBR Guidelines*, 2010; and, WHO, Education component, *Community-Based Rehabilitation CBR Guidelines*, 2010.
47. Department for International Development, *Disability, Poverty and Development*. DFID Issues, London, February 2000, 3-4.
48. For the text of the C159, see [www.ilo.org/ilolex/cgi-lex/convde.pl?C159](http://www.ilo.org/ilolex/cgi-lex/convde.pl?C159); and, for a list of ratifications, see <http://webfusion.ilo.org/public/applis/appl-byconv.cfm?conv=C159&hdroff=1&lang=EN>
49. Paragraph 1, Article 27, Work and employment, Convention on the Rights of Persons with Disabilities.
50. Paragraph 1 (d), (f) and (k), Article 27, Work and employment, Convention on the Rights of Persons with Disabilities.
51. Handicap International, *Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries*, August 2006, 19-20; see also, ILO, *Skills development through Community Based Rehabilitation (CBR)*, ILO, Geneva, 2008.
52. Time for Equality at Work: Global Report under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report of the Director-General, International Labour Conference, 91st Session 2003, Report I (B), Part 1, paragraph 114.
53. UNICEF, *Impact of Landmines on Children in the East Asia and Pacific Region*, East Asia and Pacific Regional Office, UNICEF, September 2003, 10-11.

54. Final Report, Second 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, Part II, 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: 2005-2009, APLC/CONF/2009/9, 17 June 2010, paragraph 99.
55. For more information, see ILO, *Replicating Success: a manual to alleviate poverty through peer training*, ILO, Subregional Office for East Asia, 2009.
56. See, for example, *Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014*, 10.
57. For more information see, WHO, Education component, *Community-Based Rehabilitation CBR Guidelines*, 2010.
58. Paragraph 1, Article 24, Education, Convention on the Rights of Persons with Disabilities.
59. For more information, see ILO, *Skills development through Community Based Rehabilitation (CBR)*, ILO, Geneva, 2008, 17-23; see also, WHO, Livelihood component, *Community-Based Rehabilitation CBR Guidelines*, 2010, 11-21.
60. ILO, *Skills development through Community Based Rehabilitation (CBR)*, ILO, Geneva, 2008, 17.
61. For more details, see Standing Tall Australia and Mines Action Canada, *101 Great Ideas for the Socio-Economic Reintegration of Mine Survivors*, Brisbane, June 2005.
62. For more information, see WHO, Livelihood component, *Community-Based Rehabilitation CBR Guidelines*, 2010, 23-35; and, Handicap International, *Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries*, August 2006, 17-20, 24.
63. For more information, see Handicap International, *Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries*, August 2006; The Atlas Alliance, *Microcredit for self-employed disabled persons in developing countries*, 2005; WHO, Livelihood component, *Community-Based Rehabilitation CBR Guidelines*, 2010, 47-55; and, ILO, *Skills development through Community Based Rehabilitation (CBR)*, ILO, Geneva, 2008, 92-96.
64. For more information see, ILO, *The Right to Decent Work of Persons with Disabilities*, ILO, Geneva, 2007; ILO, *Job and Work Analysis: Guidelines on Identifying Jobs for Persons with Disabilities*, ILO, Geneva, 2005; ILO, *Skills development through Community Based Rehabilitation (CBR)*, ILO, Geneva, 2008, 81-91; and, WHO, Livelihood component, *Community-Based Rehabilitation CBR Guidelines*, 2010, 37-46.
65. For more information on developing laws and policies see, ILO, *Achieving Equal Employment Opportunities for People with Disabilities through Legislation: Guidelines*, ILO, Geneva, 2007.
66. Article 28, Adequate standard of living and social protection, Convention on the Rights of Persons with Disabilities.
67. Action #26 of the Cartagena Action Plan 2010-2014 calls on relevant States Parties to “develop, or review and modify if necessary, implement, monitor and evaluate national policies, plans and legal frameworks with a view to meet the needs and human rights of mine victims.”
68. Action 4 of the Protocol V’s Plan of Action calls on the parties to “develop, implement and enforce any necessary national laws and policies.”
69. Article 5, paragraph 2 (c) obliges the States Parties to the Convention on Cluster Munitions to “develop, implement and enforce any necessary national laws and policies.” Article #26 of the Vientiane Action also relates to laws and policies.
70. Paragraph 1, Article 4, General obligations, Convention on the Rights of Persons with Disabilities.
71. See also, *Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014*, 5.

## **PART III - ENHANCING EFFORTS TO ASSIST VICTIMS AND SURVIVORS**

### **CHAPTER 6 - A STRATEGIC APPROACH TO ASSISTING VICTIMS AND SURVIVORS**

As noted, following the 2004 Nairobi Summit, States Parties to the Anti-Personnel Mine Ban Convention still lacked a clear understanding of what could be or should be achieved by a certain point of time in relation to assisting the victims and survivors. A strategic approach was needed to ensure that the Convention lived up to its promise. This chapter will firstly outline the process of developing a strategic approach to assist victims and survivors before discussing the 13 steps of this strategic approach. The chapter will conclude with a brief overview of some of the progress made in applying the approach at the national level in affected States. The aims of this chapter are twofold: to make the strategic approach more widely known; and, to clearly show the relevance of the strategic approach to efforts to implement relevant instruments of international humanitarian and human rights law.

#### **Developing a strategic approach to assist victims and survivors**

The 2004 Nairobi Summit established a more solid basis for action on victim assistance. The principles and understandings agreed to along with the adoption of the Nairobi Action Plan provided guidance to the States Parties to enhance care, rehabilitation and reintegration efforts in the period leading to the 2009 Second Review Conference. This guidance facilitated the development of a strategic approach to enhance victim assistance efforts in the period 2005-2009 and beyond. With the reaffirmation of the principles and understandings at the Cartagena Summit and the adoption of the Cartagena Action Plan 2010-2014, the strategic approach remains valid. It is an approach that is equally applicable in the context of Protocol V to the Convention on Certain Conventional Weapons (CCW) and the Convention on Cluster Munitions (CCM).

In essence, the conclusions of the Nairobi Summit provided a basis to begin treating responsibilities to landmine victims and survivors with the same degree of seriousness and precision that the international community gives to the Convention's prohibitions or its obligations to destroy mines. However, there are some complications to treating responsibilities to landmine victims and survivors in a manner similar to the Convention's obligations to destroy stockpiled or emplaced mines. The obligation to destroy, and end-point with respect to destroying, stockpiled or emplaced anti-personnel mines is universally applicable and measurable for each State Party reporting such mines, and the deadline for fulfilling obligations remains the same. However, in relation to assisting the victims there is no deadline or end-point as a survivor may need various forms of assistance throughout their lifetime. Furthermore, what can be and / or should be achieved by each of the States Parties reporting significant numbers of landmine survivors will be different.

That is, the magnitude of the challenge faced by each of these States Parties is significantly different – from hundreds of landmine survivors in some countries to tens of thousands in others. And the capacity of each to act equally is dramatically diverse.

Again, in keeping with the basic characteristics of the international system which points to ultimate responsibility resting with each State Party, these States themselves must define what can be / should be achieved. Moreover, until what is deemed by these States Parties to be a specific, achievable and relevant objective is measurable and time-bound, and, until there are plans in place, success / failure will constantly be an undefined and / or a changeable target.

In early 2005 a comprehensive questionnaire was prepared for relevant States Parties. This was intended to be a tool to provide the space to the relevant States Parties to define for themselves what can be / should be achieved and for others to assist them in doing so. These States could set their own agenda by addressing the following questions:

> what is the current situation in relation to understanding the extent of the challenges faced, emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, social and economic inclusion and laws and policies?

> in a SMART manner – specific, measurable, achievable, relevant and time bound – what does the State wish the situation to be in relation to understanding the extent of the challenges faced, emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, social and economic inclusion and laws and policies?

> what are the plans of the State to achieve this situation in relation to understanding the extent of the challenges faced, emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, social and economic inclusion and laws and policies, by specific milestone dates?

> do these plans take into account the place of victim assistance in broader contexts?

> what means are available or required to implement these plans?

In 2008, to further support the efforts of the relevant States Parties, the Convention's Implementation Support Unit (ISU) finalised a checklist – Victim Assistance in the Context of the AP Mine Ban Convention: Checklist. The checklist was developed as a tool that could be used by these States Parties and others in the process of developing a comprehensive response to assisting the victims in the context of broader efforts concerning healthcare, rehabilitation, reintegration, development and human rights. The checklist includes a series of questions in each area of victim assistance to assist the State in analysing the current situation and to guide thinking on what could be done to improve or change the current situation as a first step in developing SMART objectives and a plan of action. It was prepared in response to a need expressed by expert representatives of the relevant States Parties, and is a companion piece to the 2008 *Guide to Understanding Victim Assistance in the Context of the AP Mine Ban Convention*.

It is clear that a comprehensive and integrated approach to addressing the rights and needs of survivors and the families of those killed or injured requires a national plan of action together with effective coordination and monitoring mechanisms. When strategies and plans already exist for healthcare, education, employment, disability, development or poverty reduction more generally, affected States should ensure that landmine and other ERW survivors, and the families of those killed or injured, have access to the services and benefits enshrined within those plans. In some cases, this may involve expanding target areas for implementation of programmes to affected communities. In other States, it may be necessary to engage all relevant ministries and other actors in the process of developing a plan to address the rights and needs of all persons with disabilities, including landmine and other ERW survivors.

The Anti-Personnel Mine Ban Convention's strategic approach to victim assistance was not developed in isolation from the experience and good practices of those working in the field with landmine and other ERW survivors and other persons with disabilities. Consequently, the strategic approach is also applicable to addressing the rights and needs of victims of all war-related injuries or persons with disabilities from other causes within a population. The approaches taken by other relevant instruments of international humanitarian and human rights law are also compatible with this approach. Given this coherence, appropriate steps should be taken to foster synergies when implementing all relevant instruments in relation to victim assistance or persons with disabilities more generally.

## **Implementing the strategic approach at the national level**

As noted previously, national ownership is crucial to the long term sustainability of victim assistance efforts. A key indication of national ownership is a high level commitment by relevant authorities to address the rights and needs of landmine and other ERW victims and other persons with disabilities.

In order to take charge of their obligations under relevant instruments of international humanitarian law to assist the victims and survivors, each affected State is encouraged to undertake a 13-step strategic approach to the process of developing and implementing a national plan of action to address the rights and needs of landmine and other ERW survivors, the families of those killed or injured, and other persons with disabilities, within their population. (endnote 1) Central to this approach is the effective inclusion and participation of survivors and other persons with disabilities as constructive partners in each stage of the process. In addition to implementation support mechanisms within the relevant instruments, international and non-governmental organisations have expertise that can also assist the affected State in implementing the strategic approach.

It is important to note that when implementing the strategic approach, each step should not be considered in isolation but instead as an on-going and overlapping process. The 13 steps of the strategic approach include: awareness raising; assigning responsibility; designating an inter-ministerial/inter-sectoral group; situation analysis; convening a national workshop or consultations; review of situation analysis; formulating a national plan and budget; inclusion of plan in work plans and budgets; resource mobilisation; coordination; monitoring and evaluation; and, reporting.

### **Step 1: Raise awareness**

In 2004, the States Parties to the Anti-Personnel Mine Ban Convention adopted comprehensive principles and understandings regarding victim assistance. Nevertheless, it is clear that there is a need to deepen the understanding of these States on their promise to landmine survivors, to recall the commitments made initially in the Nairobi Action Plan and later in the Cartagena Action Plan and to raise awareness at the national level of the work of the Convention's Standing Committee on Victim Assistance. (endnote 2)

Therefore, the first step in the strategic approach is to conduct awareness raising activities on two levels. Firstly, to sensitise relevant ministries and other key actors in the disability, development and other relevant sectors on victim assistance in the context of the relevant instruments of international humanitarian law and the State's obligations under these instruments. Particular attention should be given to the principles and understanding adopted and the place of victim assistance in broader contexts. Secondly, it is also necessary to raise awareness on the rights and contributions of persons with disabilities, including survivors, to their communities. Awareness needs to be raised among survivors and their families, communities, professionals and authorities at all levels to promote inclusion.

The Cartagena Action Plan and the CCM's Vientiane Action Plan both recognise the importance of awareness raising. (endnote 3) The CRPD also recognises the need to: "raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities...combat stereotypes, prejudices and harmful practices" and "promote awareness of the capabilities and contributions of persons with disabilities." (endnote 4)

Activities to raise awareness are essential because landmine and other ERW survivors, and other persons with disabilities, often face stigma, discrimination and misunderstanding from their families and communities. Social and economic inclusion and participation in the social, cultural, economic and political life of their communities is hindered by a lack of understanding based on stereotypes

and misperceptions among the general population of the rights, needs and capacities of persons with disabilities. In many societies, persons with disabilities are still seen as objects of charity and not as subjects of rights, able to make decisions and participate in society. Persons with disabilities are often unaware of their rights and lack the capacity to advocate for themselves.

Awareness raising activities should be undertaken in partnership between the government, organisations of survivors and other persons with disabilities, and other relevant partners.

## **Step 2: Assign responsibility for the process**

It is essential that a focal entity, or a qualified individual within the focal entity, is assigned responsibility for the process of implementing the strategic approach. It is likely that the focal entity would be the ministry or national agency with responsibility for disability-related issues. However, in situations where a relevant ministry lacks the capacity to undertake the task, another ministry or national agency might assume responsibility. The focal entity should have a clear mandate, the authority and resources to carry out its task.

The importance of a focal entity/focal point is recognised by the parties to the Anti-Personnel Mine Ban Convention (endnote 5), the Plan of Action on Victim Assistance under Protocol V to the CCW (endnote 6), and the CCM (endnote 7). The CRPD also calls on States to “designate one or more focal points within government.” (endnote 8)

The focal point/entity is responsible for activities such as: establishing a timeframe for the process; organising the work of the inter-ministerial/intersectoral group; the preparation of draft documents and a national plan of action; facilitating consultations among key stakeholders; and other activities in support of the process. The name and contact details of the focal entity/focal point should be made known to all relevant actors to enhance consultation and collaboration.

## **Step 3: Designate an inter-ministerial/inter-sectoral group**

The focal entity/focal point leading the process should designate an interministerial/inter-sectoral group to oversee the process of implementing the strategic approach. Because victim assistance should be undertaken in the context of existing domains, officials and experts from relevant ministries must be engaged in the process of addressing the rights and needs of victims and survivors. Therefore, this group should include representatives of relevant government ministries and agencies with decision making authority, survivors and other persons with disabilities, international agencies and non-governmental organisations working in the healthcare, education, employment, disability, development and other relevant sectors. The group should have official recognition with a transparent selection criteria, adequate resources to carry out its function, and a clear terms of reference for members including roles, responsibilities and meeting schedule.

## **Step 4: Analyse the situation**

Before objectives can be developed, it is essential for the relevant authorities to have a good understanding of the current situation in relation to the policies, plans, programmes and services available to address the rights and needs of persons with disabilities, including mine and other ERW survivors, and the families of those killed or injured. A mapping should be undertaken to determine who is doing what and where, looking specifically at the current situation in all areas that may be relevant to landmine and other ERW survivors and other persons with disabilities. The mapping should determine the factors that favour or impede achieving the best possible quality of life and enjoyment of human rights for persons with disabilities, including capacities and competencies and training needs.



The perspectives of landmine and other ERW survivors, the families of those killed or injured, and other persons with disabilities must be taken into account in the situation analysis.

As part of the situation analysis, affected States should undertake a review of existing national plans in relevant areas such as health, education, employment, development, poverty reduction and human rights to identify gaps and/or opportunities to address the rights and needs of victims and survivors.

Furthermore, the activities of all other actors, such as international agencies, national and international non-governmental organisations, organisations of persons with disabilities and other service providers involved in relevant sectors, together with legal and policy frameworks, should also be taken into account.

It is likely that additional human and financial resources will be required to undertake a situation analysis. Affected States may need to call on international agencies, experienced NGOs, consultants and States in a position to assist, to support the task to ensure the most useful outcome.

#### **Step 5: Convene a national workshop / consult**

A national workshop (endnote 9) could be convened to bring together all key actors to develop short, medium and long term goals based on the situation analysis. If resources are not available for a full situation analysis, a national workshop can also serve to gather information on the actual situation through presentations by those working in the relevant sectors as the basis for developing short and medium term goals.

The participants at the national workshop should include all relevant ministries, the national body or organisations involved in service coordination and/or service provision, associations of persons with disabilities (including landmine and other ERW survivors), international organisations and nongovernmental organisations supporting service provision.

Alternatively, if no resources are available to convene a national workshop, short, medium and long term goals could be developed through a consultative process to ensure the active participation of a wide range of actors in the process. Consultation could involve a range of activities including: focus groups in affected areas; inviting comment on draft proposals from selected interested parties; roundtable meetings with relevant ministries and agencies, with survivors and their families and with services providers; and, surveys at facilities that are providing services to survivors and other persons with disabilities. Consultation will likely be on-going throughout the entire process.

Involvement of a wide range of actors in the process is necessary to ensure a sense of ownership over the outcomes of the process.

#### **Step 6: Review the situation analysis**

The inter-ministerial/inter-sectoral group should review the situation analysis and outcomes of the national workshop or consultative process, including any draft objectives or proposed activities to achieve the objectives. The main purpose of the review is: to get a better understanding of the situation on the ground, including the availability of services; to identify gaps or duplication in capacities and services; to identify weaknesses in laws, policies and programmes; and, to identify key actors.

Following the review, the key question to be answered is: what does the State want the situation to be in the short, medium and long-term?

## **Step 7: Develop SMART objectives**

After the review, the next step in the process is for the inter-ministerial/inter-sectoral group to prepare, or revise, a set of SMART – specific, measurable, achievable, relevant, and time-bound – objectives based on the review and what the State wants the situation to be in the short, medium and long-term. The objectives should improve and/or change the current situation in the specified timeframe. Achievement of objectives should lead to an improved quality of life for landmine and other ERW survivors and other persons with disabilities, or the families of those killed or injured, through improved access to quality services.

Objectives should be:

- > Specific: the objective should describe a quantifiable change relative to the current situation
- > Measurable: there should be or will be a system in place to measure progress towards the achievement of the objective
- > Achievable: it should be realistic that, with a reasonable amount of effort and adequate resources, the objective could be met within the timeframe
- > Relevant: the objective should be important to achieve an improvement in the services available and/or the quality of life of persons with disabilities
- > Time-bound: the timeframe for reaching the desired objective should be specified

## **Step 8: Develop a national plan and formulate a budget**

As noted previously, a comprehensive and integrated approach to addressing the rights and needs of victims and survivors and other persons with disabilities requires a national plan of action to facilitate coordination and implementation of activities.

The importance of planning is recognised by the parties to the Anti-Personnel Mine Ban Convention (endnote 10), Protocol V to the CCW (endnote 11), and the CCM (endnote 12).

If appropriate, a second national workshop might be organised to develop the plan of action based on the SMART objectives. The plan of action should detail the strategies and activities that will be undertaken to change/improve the current situation to reach the stated objectives. The plan should also indicate the ministry/agency with responsibility/oversight for the achievement of each objective.

Alternatively, the focal entity may be tasked with developing the national plan in consultation with the inter-ministerial/inter-sectoral group. A consultative process could again provide comment before finalisation of the plan.

The final stage of plan development is the formulation of the budget to implement the plan. The formulation of the budget is often challenging but is essential if the State is seeking international resources to support implementation.

## **Step 9: Integrate the national plan in broader work plans and budgets**

To ensure that the plan of action does not remain just a piece of paper, it is necessary that the plan is approved at the highest level by relevant government authorities. Furthermore, objectives and activities of the national plan of action should be included in the work plans and budgets of relevant ministries and other agencies. Where activities to achieve certain objectives are implemented by

other actors, the relevant ministry or agency should still include oversight of activities in their work plan and budget.

The process of integrating the plan of action in work plans and budgets will assist the affected State in identifying gaps in resources available to implement the national plans and to seek specific support from the international community to address the gaps.

### **Step 10: Mobilise resources**

Addressing the rights and needs of landmine and other ERW victims and survivors is a long-term commitment that requires sustained political, financial and material commitments, provided through national commitments and international, regional and bilateral cooperation and assistance, in accordance with the obligations under Article 6.3 of the Anti-Personnel Mine Ban Convention, Article 8.2 of Protocol V to the CCW, and Articles 5 and 6.7 of the CCM. Furthermore, the CRPD highlights “the importance of international cooperation for improving the living conditions of persons with disabilities...particularly in developing countries.” (endnote 13)

Both the Cartagena Action Plan and the Vientiane Action Plan highlight the importance of resource mobilisation and propose actions to enhance efforts. For example, the Cartagena Action Plan calls on the States Parties to “support the national efforts of those States Parties with clearly demonstrated needs to develop their capacities to provide assistance to mine victims and other persons with disabilities by providing where possible multi-year financial, material or technical assistance in response to the priorities of the affected State to facilitate long-term planning, implementation and monitoring of victim assistance-related activities.” (endnote 14) While the Vientiane Action Plan calls on States to “mobilize adequate national and international resources through existing and innovative sources of financing.” (endnote 15)

It is essential that relevant authorities identify the resources that are available at the local, national and international levels to implement the national plan of action. Steps should be undertaken to assess the needs for additional resources that may be required. Subsequently, the relevant authorities, or the focal entity, should make these needs known at the national and international level. This could include actions such as: integrating resource mobilisation efforts into broader development assistance appeals; bilateral discussions with States in a position to assist; discussions with UN and other international agencies on priority areas for support; and, through presentations at international meetings of relevant instruments of international humanitarian and human rights law.

### **Step 11: Coordinate**

To ensure a holistic and integrated approach to assisting victims and survivors within broader frameworks it is essential that there is a functional mechanism to enhance coordination, collaboration and cooperation between relevant government ministries and other actors. An effective coordination mechanism is needed to ensure that the plan is implemented, monitored, evaluated and progress or problems reported. Coordination will also serve to avoid duplication or gaps in service provision.

Affected States are encouraged to establish or strengthen a functional coordination mechanism, led by the ministry or national agency with responsibility for disability-related issues. The coordination mechanism should include the active participation of all relevant ministries and agencies, local authorities, survivors and other persons with disabilities and their representative organisations, international agencies and NGOs working in the disability, development and other relevant sectors. Affected States may also decide to establish a victim assistance sub-committee within an existing coordination mechanism to facilitate the inclusion of victim assistance efforts into broader policies,

plans and programmes. Nevertheless, it is essential that the coordination mechanism has the authority and resources to carry out its task.

The States Parties to the Anti-Personnel Mine Ban Convention (endnote 16) and the CCM (endnote 17) have recognised the importance of coordination. The CRPD also calls on States to “give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.” (endnote 18)

### **Step 12: Monitor and evaluate**

Monitoring and evaluation of plans, policies and legal frameworks are essential to ensure that activities are having a tangible impact on the quality of daily life of survivors, the families of those killed or injured and other persons with disabilities. After the plan of action is adopted, affected States should establish clear and measurable objectives, indicators, baselines and targets against which results can be measured and evaluated.

Monitoring represents an on-going activity to track progress against objectives. It is a continuous and regular process that aims to track the various activities and interventions, in order to assess progress or challenges in achieving objectives. As a result of monitoring, adaptations may have to be made to the plan of action.

Evaluation, on the other hand, is the process of determining the worth and significance of an activity or invention in achieving an objective. It is based on an independent examination/ analysis that is as systematic and impartial as possible.

The Cartagena Action Plan calls on relevant States Parties to “monitor and evaluate progress regarding victim assistance within broader national policies, plans and legal frameworks on an ongoing basis.” (endnote 19) Monitoring is also highlighted in the Vientiane Action Plan. (endnote 20) In addition, the CRPD calls on States to “maintain, strengthen, designate or establish...a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor...”adding the call for “civil society, in particular persons with disabilities and their representative organizations” to “be involved and participate fully in the monitoring process.” (endnote 21)

In order to monitor and evaluate the implementation of the plan of action, appropriate mechanisms should be developed and implemented. It is important to assign responsibility for monitoring and evaluation to an appropriate entity, and to ensure sufficient financial, human and technical resources are available to facilitate adequate monitoring and evaluation systems and procedures.

However, many affected States lack the capacities needed to implement appropriate mechanisms for monitoring and evaluation. These States are encouraged to utilise the expertise that exists within international agencies and NGOs to build their capacities to establish sustainable mechanisms. States in a position to assist should support these efforts.

### **Step 13: Report**

The final step in the strategic approach is to report on the progress made in implementing the national plan of action. Reporting may be necessary at several levels, including to coordination bodies, local authorities, national authorities, donors and in response to the criteria set down in instruments of international humanitarian and human rights law.

The Cartagena Action Plan calls on relevant States Parties to “to report on the progress made, including resources allocated to implementation and challenges in achieving their objectives.”

(endnote 22) The States Parties can use the voluntary Form J attachment to their annual Article 7 transparency report or present reports during the Standing Committee on Victim Assistance and the annual Meetings of the States Parties.

The Plan of Action on Victim Assistance under Protocol V to the CCW calls on the Parties “to exchange information regularly on the implementation” of the Plan. (endnote 23)

The CCM includes an obligation for States Parties to report annually on “the status and progress of implementation” and “the amount of national resources allocated” to implementation under Article 7. (endnote 24)

The CRPD also obliges each State Party to submit “a comprehensive report on measures taken” to implement the Convention and on progress. (endnote 25) The initial report is due within two years after entry into force for the State Party concerned and then every four years.

To rationalise efforts, with a view to facilitating the work of administrations of affected States, and to ensure efficiency in international reporting obligations, there is a need to ensure coherence in the preparation of reports. A reporting format should be developed to enable all relevant actors to report on a regular basis. Coherence could be enhanced through the inclusion of the category of “landmine,” “cluster munition” and “ERW” as a cause of injury in data collection and monitoring mechanisms. Furthermore, if information on the status of victim assistance-related efforts is made available to relevant authorities for inclusion in the report on implementation of the CRPD, it could serve to raise awareness on progress, challenges and gaps in addressing the rights and needs of survivors, and be useful for annual reporting obligations under international humanitarian law.

In November 2009, Guidelines on treaty-specific document to be submitted by states parties under article 35, paragraph 1, of the Convention on the Rights of Persons with Disabilities, were released by the Committee on the Rights of Persons with Disabilities to facilitate reporting under the CRPD. (endnote 26) These guidelines may also be useful in the preparation of reports under relevant instruments of international humanitarian law.

However, it is essential that sufficient financial, human and technical resources are available, through national and international mechanisms, to facilitate adequate reporting systems and procedures.

### **Overview of good practice in applying the strategic approach at the national level**

Since 2005, there have been various degrees of progress in implementing the strategic approach at the national level by relevant States Parties to the Anti-Personnel Mine Ban Convention. (endnote 27) Actions to implement the strategic approach at the national level include:

> Workshops or seminars have been convened by relevant authorities to raise awareness on victim assistance and/or to develop a plan of action in several affected States, including: Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Colombia, Democratic Republic of the Congo, El Salvador, Ethiopia, Iraq, Nicaragua, Peru, Senegal, Sudan, Tajikistan, Thailand and Uganda.

> Several affected States have developed and/or reviewed a national plan of action for victim assistance. In Afghanistan, Burundi and Cambodia, for example, the focus on victim assistance resulted in the development of plans of action to address the rights and needs of all persons with disabilities, including landmine and other ERW survivors: the Afghanistan National Disability Action Plan 2008-2011; Burundi’s National Plan of Action to Assist the Victims of Landmines/ Explosive Remnants of War and other Persons with Disabilities 2011-2014; and Cambodia’s National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors 2009-2011.

> Several affected States Parties have reported establishing, or are in the process of establishing an inter-ministerial/inter-sectoral coordination mechanism for the development, implementation, monitoring and/or evaluation of relevant national plans. For example: Afghanistan's Disability Sector Coordination Group; Cambodia's National Disability Coordination Committee; El Salvador's National Council for Persons with Disabilities; Jordan's Higher Council for the Affairs of Persons with Disabilities; and, Sudan's High Disability Council. However, in many affected States coordination is weak or remains under the domain of a mine action authority or centre rather than being a part of broader coordination mechanisms.

## ENDNOTES

1. A 10 step process to develop a national plan was originally proposed in the 2008 Guide to Understanding Victim Assistance in the Context of the AP Mine Ban Convention. However, as several States Parties now have a plan of action, three additional steps have been added to enhance implementation and resource mobilisation efforts; coordination, monitoring and evaluation and reporting.
2. Part II, Achieving the Aims of the Nairobi Action Plan: The Geneva Progress Report 2005-2006, Final Report, Seventh Meeting of the States Parties, Geneva, 18-22 September 2006, APLC/MSP.7/2006/5, 17 January 2007, paragraph 46.
3. Action #33, Cartagena Action Plan 2010-2014; and, Action #27, Vientiane Action Plan.
4. Paragraph 1, Article 8, Awareness raising, Convention on the Rights of Persons with Disabilities.
5. Action #24, Cartagena Action Plan 2010-2014.
6. Action 4 (g), Plan of Action on Victim Assistance under Protocol V.
7. Paragraph 2 (g), Article 5, Convention on Cluster Munitions; and Action #21, Vientiane Action Plan.
8. Paragraph 1, Article 33, National implementation and monitoring, Convention on the Rights of Persons with Disabilities.
9. The Anti-Personnel Mine Ban Convention's Implementation Support Unit has developed a three-day agenda for a national workshop that has proved useful in some of the relevant States Parties. The draft agenda includes a significant component of working group activities aimed at encouraging more in-depth small group discussions to facilitate the development of objectives and a draft plan of action.
10. Action #27, Cartagena Action Plan 2010-2014.
11. Action 4 (c), Plan of Action on Victim Assistance under Protocol V.
12. Paragraph 2 (c), Article 5, Convention on Cluster Munitions; and Action #24, Vientiane Action Plan.
13. Paragraph (l), Preamble, Convention on the Rights of Persons with Disabilities.
14. Action #39, Cartagena Action Plan 2010-2014.
15. Action #29, Vientiane Action Plan.
16. Action #24, Cartagena Action Plan 2010-2014.
17. Paragraph 2 (g), Article 5, Convention on Cluster Munitions; and Actions #21 and #23, Vientiane Action Plan.
18. Paragraph 1, Article 33, National implementation and monitoring, Convention on the Rights of Persons with Disabilities.
19. Action #28, Cartagena Action Plan 2010-2014.
20. Action #21, Vientiane Action Plan.
21. Paragraph 2 and 3, Article 33, National implementation and monitoring, Convention on the Rights of Persons with Disabilities.
22. Action #28, Cartagena Action Plan 2010-2014.
23. Paragraph II, Plan of Action on Victim Assistance under Protocol V.
24. Paragraph (k) and (m), Article 7, Convention on Cluster Munitions.
25. Paragraph 1, Article 35, Reporting by States Parties, Convention on the Rights of Persons with Disabilities.

26. Guidelines on treaty-specific document to be submitted by States Parties under article 35, paragraph 1, of the Convention on the Rights of Persons with Disabilities, Committee on the Rights of Persons with Disabilities, Second Session, Geneva, 19–23 October 2009, CRPD/C/2/3, 18 November 2009.

27. For more information, see Achieving the aims of the Cartagena Action Plan: The Geneva progress report 2009-2010, presented to the Tenth 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, 29 November-3 December 2010, APLC/MSP.10/2010/WP.8\*, 16 December 2010, paragraphs 68-76.

## **CHAPTER 7 - STRATEGIES TO ENHANCE EFFORTS TO ASSIST VICTIMS AND SURVIVORS IN BROADER CONTEXTS**

Since the Anti-Personnel Mine Ban Convention entered into force in 1999 there has been an increased focus on the rights and dignity of persons with disabilities. Strategies have been developed or enhanced in the broader context of addressing the rights and needs of all persons with disability that have the potential to enhance victim assistance efforts. This chapter will look at three of those strategies – inclusive development, community based rehabilitation and inclusive education – and their relevance to efforts to assist landmine and other ERW victims and survivors. The successful implementation of these strategies will require close collaboration between relevant ministries and other actors, including survivors and other persons with disabilities, international agencies and non-governmental organisations.

### **Inclusive development**

Many landmine and other ERW victims and survivors live in conditions of poverty, with a lack of access to basic necessities such as food, clean water, clothing and shelter. Furthermore, they are often denied access to the resources that would allow them to meet their basic needs. As noted previously, efforts to assist the victims must be seen in the broader context of development.

The concept of inclusive development has been identified as an appropriate mechanism to ensure that landmine and other ERW survivors have access to the same opportunities in life as every other sector of a society. Inclusive development recognises diversity as a fundamental aspect in the process of socio-economic and human development. It claims a contribution by each human being to the development process, and rather than implementing isolated policies and actions, promotes an integrated strategy benefiting persons and society as a whole. Inclusive development is an effective tool for overcoming social exclusion, combating poverty and ensuring social and economic sustainability. (endnote 1)

Mainstreaming disability in development, or inclusive development, is the process of “assessing the implications for persons with disabilities of any planned action, including legislation, policies and programmes, in all areas and at all levels.” (endnote 2) However, mainstreaming does not replace the need for targeted, disability-specific policies and programmes, and positive legislation; nor does it do away with the need for disability units or focal points. (endnote 3)

This so-called “twin-track” approach focuses on empowering those who may be excluded through addressing special needs but treats disability as a cross-cutting issue at the same time. These special needs may include access to physical rehabilitation, mobility aids, psychological support et cetera. The twin track approach aims at removing barriers to participation and mainstreaming disability into every sector and every development action. (endnote 4)

Inclusive development is the process of ensuring that all marginalised / excluded groups are included in the development process. (endnote 5) It has the potential to assist States in achieving the ultimate aim of victim assistance – the full and effective participation and inclusion of mine survivors and the families of those killed or injured, including girls, women, boys and men, in the social, cultural, economic and political life of their communities.

The Cartagena Action Plan calls on all States Parties to “ensure that international cooperation and assistance, including development cooperation, is age-appropriate and gender-sensitive and inclusive of, and accessible to, persons with disabilities, including mine survivors.” (endnote 6) The CRPD also emphasises “the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development.” (endnote 7)



In February 2011, under Resolution 65/186, the UN General Assembly urged Member States and other actors “to promote the realization of the Millennium Development Goals for persons with disabilities by, inter alia, explicitly including and mainstreaming disability issues and persons with disabilities in national plans and tools designed to contribute to the full realization of the Goals.” The Resolution further calls for the UN Secretary General to “provide information on best practices at the international, regional, subregional and national levels for including persons with disabilities in all aspects of development efforts.” The report will be submitted to the sixty-seventh session of the General Assembly in 2012. (endnote 8)

Affected States are encouraged to develop and/or implement poverty reduction strategies, policies and programmes that are inclusive of issues concerning women, girls, boys and men with disabilities, including landmine and other ERW survivors. It is also recommended that States take affirmative action to ensure that women, girls, boys and men with disabilities have access to all activities within poverty reduction and development programmes in their communities. (endnote 9) Furthermore, it is important to ensure that when disability is included in development assistance the resources are adequate to make a tangible and sustainable difference.

### **Community Based Rehabilitation**

Community Based Rehabilitation (CBR) programmes implemented in affected communities can enhance efforts to assist survivors and the families of those killed or injured. The States Parties to the Anti-Personnel Mine Ban Convention recognise CBR as an appropriate mechanism in some affected States to strengthen, and improve access to, services. (endnote 10)

CBR is a multi-sectoral strategy within general community development for enhancing the quality of life of persons with disabilities by improving service delivery for health, rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of persons with disabilities. CBR is implemented through the combined efforts of persons with disabilities themselves, their families, organisations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services. (endnote 11)

The major objectives of CBR are: (1) to ensure that persons with disabilities are able to maximise their physical and mental abilities, to access regular services and opportunities and to become active contributors to the community and society at large; and, (2) to activate communities to promote and protect the human rights of persons with disabilities through changes within the community, for example, by removing barriers to participation. (endnote 12)

Victim assistance fits well within the common CBR framework. The CBR matrix consists of five key components, with five elements within each component, which represent the multi-sectoral development approach: health; education; livelihood; social; and, empowerment. (endnote 13)

In 2010, the World Health Organization (WHO), together with the International Labour Organization (ILO), UNESCO and the International Disability and Development Consortium (IDDC), released the Community Based Rehabilitation Guidelines as a tool to support community-based inclusive development. (endnote 14)

Affected States are encouraged to develop or strengthen CBR programmes in affected communities to promote a holistic approach to assistance and to promote full and effective participation and inclusion of landmine and other ERW survivors and other persons with disabilities. In addition, they are encouraged to mobilise and engage capacities and resources available in local communities, including survivors, families, community workers, volunteers, local organisations and authorities to improve access to services. (endnote 15)

## **Inclusive education**

Education is central to social and economic inclusion and empowers people to reach their full potential. Survivors and their families may not have access to appropriate education due to a lack of resources or exclusion. Greater support may be needed to facilitate access to education for survivors and/or the children of those killed or injured in a landmine or other ERW explosion. Inclusive education is a strategy that, when effectively implemented, may improve access.

The CRPD recognises “the right of persons with disabilities to education...without discrimination and on the basis of equal opportunity” and the need to “ensure an inclusive education system at all levels and lifelong learning.” (endnote 16) The States Parties to the Anti-Personnel Mine Ban Convention also recognise “that all persons have a right to education regardless of their individual difficulties or characteristics.” (endnote 17)

Inclusive education is an approach that seeks to address the learning needs of all children, youth and adults with a specific focus on those who are vulnerable to marginalisation and exclusion. It is a means of ensuring that children and adults with disabilities have access to quality education at all levels including primary school, secondary and tertiary education.

Survivors and other persons with disabilities also have a right to lifelong learning, which refers to adult literacy, the knowledge and skills needs for employment and other income generating opportunities and all types of learning that promotes personal development and participation in society. (endnote 18)

In 2009, UNESCO released Policy Guidelines on Inclusion in Education to: 1) assist countries in strengthening the focus on inclusion in their strategies and plans for education; 2) introduce the broadened concept of inclusive education; and, 3) highlight the areas that need particular attention to promote inclusive education and strengthen policy development. (endnote 19)

Affected States are encouraged to develop and/or implement a programme to promote inclusive education at all levels, including primary, secondary, tertiary, vocational training and adult education, and lifelong learning, as part of the national education plans, policies and programmes. (endnote 20)

## **ENDNOTES**

1. Commission for Social Development, Emerging Issue Panel Discussion: “Mainstreaming Disability in the Development Agenda,” 12 February 2008.
2. Bill Albert, A.K. Dube, Trine Cecilie Riis-Hansen, Executive Summary, Has Disability Been Mainstreamed into Development Cooperation?, Disability Knowledge and Research Programme, July 2005, 2.
3. Mainstreaming disability in the development agenda, Economic and Social Council, Commission for Social Development, Forty-sixth session, 6-15 February 2008, E/CN.5/2008/6, 23 November 2007.
4. Department for International Development, *Disability, Poverty and Development*, DFID Issues, London, February 2000; and, Handicap International and Christoffel Blindenmission, *Making PRSP Inclusive*, January 2006, 65.
5. What is inclusive development?, International Disability and Development Consortium, available at, [www.make-development-inclusive.org](http://www.make-development-inclusive.org)
6. Action #41, Cartagena Action Plan 2010-2014.
7. Paragraph (g), Preamble, Convention on the Rights of Persons with Disabilities.
8. Resolution adopted by the General Assembly, 65/186, Realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond, United Nations General Assembly, Sixty-fifth session, Agenda item 27 (b), A/RES/65/186, 4 February 2011.

9. Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014, 11-12.
10. Final Report, Second 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, Part II, 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: 2005-2009, APLC/CONF/2009/9, 17 June 2010, paragraph 120.
11. WHO, Introductory booklet, *Community-Based Rehabilitation CBR Guidelines*, 2010, 24.
12. ILO, UNESCO and the WHO, *CBR: A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities*, Joint Position Paper, WHO, 2004, 2-3.
13. WHO, Introductory booklet, *Community-Based Rehabilitation CBR Guidelines*, 2010, 24-25.
14. WHO, *Community-Based Rehabilitation CBR Guidelines*, 2010.
15. Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014, 7-8.
16. Paragraph 1, Article 24, Education, Convention on the Rights of Persons with Disabilities.
17. Final Report, Second 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, Part II, 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: 2005-2009, APLC/CONF/2009/9, 17 June 2010, paragraph 121.
18. WHO, Education component, *Community-Based Rehabilitation CBR Guidelines*, 2010, 9.
19. UNESCO, *Policy Guidelines on Inclusion in Education*, Paris, 2009, 8.
20. Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014, 10.

## **CHAPTER 8 - VICTIM ASSISTANCE AND THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES**

Many landmine and other ERW survivors are left with a permanent disability and may require various forms of assistance throughout their lifetimes. These women, girls, boys and men have specific rights and needs that must be taken into account. The relationship between victim assistance and human rights was first recorded by the States Parties to the Anti-Personnel Mine Ban Convention in 2004 at the Nairobi Summit. They noted that “many mine-affected States Parties have legislation to protect the rights of persons with disabilities (...)” and that “the success and lessons learned from the work to implement the Convention have helped inspire further efforts at the international level to protect and promote the rights of persons with disabilities.” (endnote 1)

At the 2009 Cartagena Summit, the States Parties expressed their “resolve” to provide assistance to victims and survivors “in accordance with applicable international humanitarian and human rights laws”. (endnote 2) In addition, throughout the Cartagena Action Plan, the States Parties elaborated on their understanding of a rights-based approach to disability and how this relates to their responsibility to survivors. References to human rights are also contained in the Plan of Action on Victim Assistance under Protocol V to the Convention on Certain Conventional Weapons (CCW) and in the legal text of the Convention on Cluster Munitions (CCM).

The entry into force of the Convention on the Rights of Persons with Disabilities (CRPD) in 2008 has provided parties to all relevant international instruments of international humanitarian law with the highest accepted legal and normative standards as concerns disability rights. This chapter will consider the potential for coherence between the CRPD and the Anti-Personnel Mine Ban Convention, Protocol V to the CCW and the CCM. It will first provide a brief overview of the CRPD, followed by a review of the CRPD’s relevance to victim assistance, before concluding with recommendations for coherence.

### **Overview of the Convention on the Rights of Persons with Disabilities (CRPD)**

Prior to the CRPD, States’ efforts on disability rights were underpinned by the World Programme of Action concerning Disabled Persons and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

> The World Programme of Action concerning Disabled Persons, adopted under resolution 37/52 of 3 December 1982 by the UN General Assembly, provided the international community with a comprehensive policy framework to enhance the prevention of disability, the rehabilitation of persons with disabilities, the realisation of the goals of full participation of persons with disabilities in social life and national development and of equality. The World Programme was the first international instrument to attempt to articulate a developmental and rights-based approach to disability. (endnote 3)

> The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted by the UN General Assembly through resolution 48/96 of 20 December 1993, summarise the message of the World Programme of Action concerning Persons with Disabilities to address all aspects of life of persons with disabilities. They provide for a continuum of interventions that are critical to the equalisation of opportunities for all persons with disabilities. The Standard Rules imply a strong moral and political commitment to take the necessary actions to ensure that people with disabilities enjoy the same rights and opportunities as other members of their communities. The 22 rules cover areas such as preconditions for equal participation (awareness-raising, medical care, rehabilitation and support services), and target areas for equal participation (accessibility, education, employment, income maintenance and social security, family life and personal integrity, culture, recreation and sports and religion). (endnote 4)

While providing valuable guidance, the World Programme of Action and the Standard Rules were not legally binding. With the adoption of the CRPD and its Optional Protocol by the UN General Assembly on 13 December 2006, the international community codified in law a human rights-based approach to addressing the rights and needs of persons with disabilities, including landmine and other ERW survivors. The CRPD, the first human rights treaty of the 21st century, aims “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms of all persons with disabilities.” (endnote 5)

The CRPD represents a “paradigm shift” in approaches to disability. Where previously persons with disabilities were viewed as objects of medical treatment, charity and social protection, the CRPD promotes the social model where persons with disability are subjects of human rights, active in the decisions that affect their lives and empowered to claim their rights. The CRPD does not introduce any new rights, but rather sets out the State’s obligations to meet the existing civil, cultural, economic, political and social rights in the specific context of persons with disabilities. (endnote 6)

The CRPD contains provisions on 17 “rights” in the context of persons with disabilities, including:

- > Equality before the law without discrimination (article 5)
- > Right to life, liberty and security of the person (articles 10 and 14)
- > Equal recognition before the law and legal capacity (article 12)
- > Freedom from torture (article 15)
- > Freedom from exploitation, violence and abuse (article 16)
- > Right to respect physical and mental integrity (article 17)
- > Freedom of movement and nationality (article 18)
- > Right to live in the community (article 19)
- > Freedom of expression and opinion (article 21)
- > Respect for privacy (article 22)
- > Respect for home and the family (article 23)
- > Right to education (article 24)
- > Right to health (article 25)
- > Right to work (article 27)
- > Right to adequate standard of living (article 28)
- > Right to participate in political and public life (article 29)
- > Right to participation in cultural life (article 30)

The rights of “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” are protected and guaranteed under the CRPD. (endnote 7)

The CRPD opened for signature in New York on 30 March 2007 and entered into force on 3 May 2008. By 2 June 2011, the number of signatories had reached 149, with 101 States and the European Union ratifying; 61 States had also ratified the Optional Protocol. (endnote 8) Of the 101 States that had ratified the CRPD, 91 were States Parties to the Anti-Personnel Mine Ban Convention, including 15 States reporting responsibility for significant numbers of landmine survivors.

The CRPD contains 50 articles, of which 22 are particularly relevant to assisting victims and survivors, including articles on issues such as: health; personal mobility; habilitation and rehabilitation; education; work and employment; adequate standard of living and social protection; living independently and being included in the community; participation in cultural life, recreation, leisure and sport; participation in political and public life; accessibility; awareness raising; statistics and data collection; women with disabilities; children with disabilities; equality and non-discrimination; situations of risk and humanitarian emergencies; national implementation and monitoring; and, international cooperation.

## **The relevance of the CRPD to victim assistance**

As noted, the Parties to the Anti-Personnel Mine Ban Convention, Protocol V to the CCW and the CCM have all recognised that victim assistance is a human rights issue. The States Parties to the Anti-Personnel Mine Ban Convention (endnote 9) and CCM (endnote 10) have specifically recognised the relevance and potential of the CRPD to promote inclusion and the human rights of persons with disabilities, including survivors.

The CRPD reinforces the importance of respecting human rights in the process of assisting victims and survivors of landmines and other ERW. Consequently, the CRPD can provide guidance to all affected States, and States in a position to assist, in meeting their responsibilities to persons with disabilities, including landmine and other ERW survivors and their families. In particular, the CRPD can provide guidance on a more systematic, sustainable, gender sensitive and human rights based approach by bringing victim assistance into the broader context of policy and planning for persons with disabilities more generally.

Throughout this publication specific reference has been made to the coherence between the CRPD and the three relevant instruments of international humanitarian law, where appropriate. These consistencies include:

> The CRPD is appropriate to the broad definition of “victim” with its focus on the individual and their family. The preamble promotes the understanding that “the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities.” (endnote 11) The community is the indirect beneficiary of the strengthening of services and the empowerment of all its members.

> The principles that guide implementation of the CRPD include, inter alia: non-discrimination; full and effective participation and inclusion; respect for difference and acceptance of persons with disabilities as part of human diversity; accessibility; equality of opportunity; and, equality between men and women. (endnote 12) These principles are complementary to principles adopted in the context of victim assistance, including: non-discrimination; effective inclusion and participation; a gender and diversity perspective; and, accessibility.

> The principles of accessibility and inclusion have a particular emphasis in the CRPD. Article 9 is focused on the issue of accessibility. (endnote 13) Inclusion is highlighted in the general obligations which call on the States Parties “to closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations” in the development and implementation of legislation and policies to implement the CRPD. (endnote 14)

> Weak capacity to address disability issues at all levels, including within the governmental and non-governmental sector, has been identified in the context of the Anti-Personnel Mine Ban Convention as a significant challenge to sustainability. The CRPD obliges States to “promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention so as to better provide the assistance and services guaranteed by those rights” (endnote 15) and to facilitate and support “capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices.” (endnote 16)

> The CRPD is particularly relevant to victim assistance in the context of development as it promotes a shift in thinking about development by encouraging the integration of persons with disabilities into all development activities, rather than treating disability as a stand-alone thematic issue. The preamble to the CRPD emphasises “the importance of mainstreaming disability issues as an integral

part of relevant strategies of sustainable development.” (endnote 17) The preamble also recognises “the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that...full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty.” (endnote 18)

> The CRPD has linkages to all agreed components of victim assistance, particularly through the promotion of: health, including medical care (endnote 19); physical rehabilitation (endnote 20); psychological support (endnote 21); social inclusion (endnote 22); economic inclusion (endnote 23); data collection (endnote 24); and, laws and policies (endnote 25).

> The CRPD provides additional guidance in relation to the 13-step strategic approach to assisting victims and survivors presented in Chapter 6 through its provisions on: awareness raising (endnote 26); focal points and coordination (endnote 27); monitoring and evaluation (endnote 28); reporting (endnote 29); and, resource mobilisation (endnote 30).

> The CRPD’s provisions relating to international cooperation are complementary to provisions within the Anti-Personnel Mine Ban Convention, Protocol V to the CCW and the CCM. The CRPD’s preamble recognises “the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries.” (endnote 31) Article 32 reiterates this importance in support of national efforts and “partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities.” (endnote 32)

Strengthening collaboration on efforts to implement the relevant instruments of international humanitarian law and the CRPD is logical for two main reasons. Firstly, as of June 2011, approximately two-thirds of the parties to the Anti-Personnel Mine Ban Convention, Protocol V to the CCW and / or the CCM were also parties to the CRPD; and, secondly, as noted above, there is coherence between these instruments on fundamental principles and understandings. Coherence has the potential to improve the quality of daily life of survivors and their families and facilitate progress in achieving the full and effective participation and inclusion of survivors and the families of those killed or injured, in the social, cultural, economic and political life of their communities.

Coherence is also something promoted by the ICBL and the Cluster Munition Coalition (CMC), which have highlighted the scope for doing so through their publication *Connecting the Dots*. (endnote 33)

### **Recommendations to achieve coherence**

Partnership, coordination and coherence in support of efforts to address the rights and needs of persons with disabilities, including landmine and other ERW survivors and their families, are essential to ensure that limited resources are used effectively for maximum impact on the ground. A conscious and concerted effort is needed to achieve coherence in efforts to implement the Anti-Personnel Mine Ban Convention, Protocol V to the CCW, the CCM and CRPD to assist victims and survivors. Recommendations to enhance and/or achieve coherence include:

> The UN departments and agencies and other organisations and actors tasked with supporting implementation of relevant instruments could establish regular communications to share information on the activities that each is doing in particular States.

> The UN departments and agencies and other organisations and actors tasked with supporting implementation of relevant instruments could share contact details of their governmental partners at the national level in relevant countries.

- > There could be regular contact between those States that have taken on roles of responsibility related to the operations of the relevant instruments. In addition, those tasked with supporting implementation of each instrument could participate more in the meetings of the other instruments.
- > Resources to address disability issues are a challenge for all developing countries. Greater collaboration on the issue of international cooperation could bring positive results for progress in implementing the CRPD and provisions to assist the victims under the Anti-Personnel Mine Ban Convention, Protocol V to the CCW and the CCM.
- > The UN departments and agencies and other organisations and actors tasked with supporting implementation of relevant instruments could raise awareness among the development agencies of States in a position to assist on the potential for coherence and greater impact in their support to affected States in relation to assisting victims, survivors and other persons with disabilities.
- > The UN departments and agencies and other organisations and actors tasked with supporting implementation of relevant instruments could explore avenues for collaboration on monitoring, evaluation and reporting.
- > At the international level and in affected States, victim assistance workshops and roundtables could always include a discussion on the CRPD. Activities to raise awareness of the CRPD could also include a discussion on the State's obligations under relevant instruments of international humanitarian law.
- > Much could be gained from a greater sharing of good practice in addressing the rights and needs of persons with disabilities between all actors working on the implementation of the relevant instruments.
- > Advocacy is a key aspect of ensuring progress in implementing the relevant instruments. Non-governmental actors, including survivors and other persons with disabilities, could seek to broaden their constituencies and strategies to cover all instruments.
- > A broad range of stakeholders is involved in implementing activities in support of the relevant instruments. Activities to raise awareness on the relevance of these instruments in their work could facilitate the integration of relevant principles and understandings in the internal operations of these actors.

## ENDNOTES

1. Final Report, 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, Part II, 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, APLC/CONF/2004/5, 9 February 2005, paragraphs 78 and 84.
2. Final Report, Second 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, Part III, Cartagena Action Plan 2010-2014, APLC/CONF/2009/9, 17 June 2010, paragraph 12.
3. For more information on the World Programme of Action, see [www.un.org/disabilities/default.asp?id=23](http://www.un.org/disabilities/default.asp?id=23)
4. For more information on the Standard Rules, see [www.un.org/disabilities/default.asp?id=26](http://www.un.org/disabilities/default.asp?id=26)
5. Article 1, Purpose, Convention on the Rights of Persons with Disabilities.
6. Simon Walker, Advisor, Human Rights and Disabilities, Office of the UN High Commissioner for Human Rights, "Convention on the Rights of Persons with Disabilities," presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Geneva, 27 April 2007.
7. Article 1, Purpose, Convention on the Rights of Persons with Disabilities.



8. For up-to-date information on ratifications, see [www.un.org/disabilities/](http://www.un.org/disabilities/)
9. Final Report – Second Review Conference, paragraph 165.
10. Preamble, Convention on Cluster Munitions.
11. Paragraph (x), Preamble, Convention on the Rights of Persons with Disabilities.
12. Article 3, General principles, Convention on the Rights of Persons with Disabilities.
13. Article 9, Accessibility, Convention on the Rights of Persons with Disabilities.
14. Paragraph 3, Article 4, General obligations, Convention on the Rights of Persons with Disabilities.
15. Paragraph 1 (i), Article 4, General obligations, Convention on the Rights of Persons with Disabilities.
16. Paragraph 1 (b), Article 32, International cooperation, Convention on the Rights of Persons with Disabilities.
17. Paragraph (g), Preamble, Convention on the Rights of Persons with Disabilities.
18. Paragraph (m), Preamble, Convention on the Rights of Persons with Disabilities.
19. Article 25, Health, Convention on the Rights of Persons with Disabilities.
20. Article 20, Personal mobility, and Article 26, Habilitation and rehabilitation, Convention on the Rights of Persons with Disabilities.
21. Paragraph 1, Article 26, Habilitation and rehabilitation, and 3 and 3 (a), Article 24, Education, Convention on the Rights of Persons with Disabilities.
22. Article 19, Living independently and being included in the community, Paragraph (b) (ii), Article 29, Participation in political and public life, Article 30, Participation in cultural life, recreation, leisure and sport, and Paragraph 1 (b), Article 26, Habilitation and Rehabilitation, Convention on the Rights of Persons with Disabilities.
23. Paragraph 1, Article 27, Work and employment, Article 28, Adequate standard of living and social protection, and Paragraph 1, Article 24, Education, Convention on the Rights of Persons with Disabilities.
24. Paragraph 1, Article 31, Statistics and data collection, and Paragraph 2, Article 22, Respect for privacy, Convention on the Rights of Persons with Disabilities.
25. Paragraph 1, Article 4, General obligations, Convention on the Rights of Persons with Disabilities.
26. Article 8, Awareness raising, Convention on the Rights of Persons with Disabilities.
27. Paragraph 1, Article 33, National implementation and monitoring, Convention on the Rights of Persons with Disabilities.
28. Paragraph 2, Article 33, National implementation and monitoring, Convention on the Rights of Persons with Disabilities.
29. Article 35, Reporting by States Parties, Convention on the Rights of Persons with Disabilities.
30. Article 32, International cooperation, Convention on the Rights of Persons with Disabilities.
31. Paragraph (l), Preamble, Convention on the Rights of Persons with Disabilities.
32. Paragraph 1, Article 32, International cooperation, Convention on the Rights of Persons with Disabilities.
33. *Connecting the Dots: Detailed Guidance*, ICBL-CMC, April 2011.

## **CHAPTER 9 - A MULTI-SECTORAL APPROACH TO VICTIM ASSISTANCE – THE MAIN STAKEHOLDERS**

The ultimate responsibility of guaranteeing the rights and meeting the needs of landmine and other ERW victims and survivors within a particular State rests with that State. Under the Anti-Personnel Mine Ban Convention, Protocol V to the Convention on Certain Conventional Weapons (CCW) and the Convention on Cluster Munitions (CCM), States Parties in a position to do so are also obliged to assist. For both those who are ultimately responsible and those in a position to assist, victim assistance is a multi-sectoral and cross cutting issue involving a wide range of actors. Moreover, a wide range of non-governmental, international and regional organisations have a role to play. As well, survivors and other persons with disabilities and their representative organisations must be involved in matters that concern them. In summary, there are a variety of stakeholders in victim assistance. This chapter aims to explain who some of the key ones are.

### **Relevant State entities**

At the 2009 Cartagena Summit, the States Parties to the Anti-Personnel Mine Ban Convention noted that “without the full involvement of the appropriate governmental actors and without the application of coherent and realistic strategies, the potential for meaningful, measurable or sustainable difference in the lives of mine victims would be limited.”(endnote 1) Victim assistance must be part of a State’s existing responsibilities in the areas of healthcare, rehabilitation, social services, education, employment and human rights. Victim assistance-related activities (ie activities to address the needs of individuals involved in a landmine or other ERW explosion and guarantee the rights of all persons injured or disabled, together with the families of those killed or injured) should be part of the work plans and budgets of a wide range of ministries and agencies, at the national, provincial, district and local level.

Relevant ministries and agencies may include those with responsibility for health, social affairs, labour, education, disability, women’s affairs, war veterans, transport, justice, development, planning, finance and possibly others, which have a mandate to provide facilities and services such as hospitals, rehabilitation centres, schools, training centres, roads and public transport for all the population, including survivors and other persons with disabilities. Relevant ministries and officials from these ministries need to be at the forefront of victim assistance efforts. Even if dependent on international agencies and non-government organisations for the delivery of services, relevant ministries should still have oversight of the coordination and monitoring of quality services.

### **Survivors and other persons with disabilities and their representative organisations**

Persons with disabilities, including landmine and other ERW survivors, and their representative associations and organisations are important stakeholders in victim assistance, particularly through their work on awareness-raising and advocacy to ensure that the issue is well understood at all levels. Survivors and other persons with disabilities have a unique perspective on their own situation and needs. They should be involved in all aspects of planning, coordination, implementation, monitoring, evaluation and reporting of activities that affect their lives. The perspective of the families of survivors and other persons with disability, and the families of those killed in a landmine or other ERW accident, should also be taken into account.

### **International organisations**

International organisations are key actors in generating resources and/or implementing programmes, including United Nations departments and agencies, the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC).

The ICRC has a presence in many affected States. The ICRC and IFRC play an important role in raising awareness on obligations under international humanitarian law, capacity building and service

provision, particularly in the areas of emergency care, trauma surgery, physical rehabilitation, psychological support and socio-economic inclusion. The ICRC's Physical Rehabilitation Programme supports around 82 projects, including projects for socio-economic inclusion, in 24 countries. In addition, the ICRC's Special Fund for the Disabled provides similar support to the Physical Rehabilitation Programme with around 63 projects in 30 low-income countries. ICRC support to physical rehabilitation includes activities such as: construction and renovation of facilities; supply of equipment, tools, raw materials and components; capacity building of local human resources; and, support to the development of a national strategy for physical rehabilitation. National Red Cross and Red Crescent societies also work in many affected countries to meet the needs of people in situations of vulnerability, including survivors, the families of those killed or injured and other persons with disabilities.

UN departments and agencies are key actors at the national and international level and the UN "stands ready to assist with programmes that address the needs of landmine and ERW victims preferably as part of national programmes that address the needs of all disabled people." (endnote 2) The UN's vision "is a world free of the threat of landmines and ERW, where individuals and communities live in a safe environment conducive to development and where the needs of mine and ERW victims are met and they are fully integrated into their societies." (endnote 3) Furthermore, UN mine action activities are intended to "promote national ownership, institution-building and capacity development." (endnote 4)

The United Nations Inter-Agency Mine Action Strategy: 2006-2010, which is applicable to the issue of landmines and other ERW, includes the aim "to support efforts by national authorities to assist survivors." (endnote 5) The strategy proposes activities such as: ensuring the establishment of adequate monitoring systems to measure progress in reducing casualty rates and to identify survivors; (endnote 6) supporting efforts to ensure the rights of landmine/ERW survivors within the context of national programmes and facilities for persons with disabilities; and, advocating for increased resources and support to persons with disabilities, including landmine and other ERW survivors. (endnote 7)

The UN Mine Action Strategy is intended to guide the work of the 14 members of the UN Mine Action Team (UNMAT), many of whom have a presence in affected States. The UNMAT includes: the Department of Peacekeeping Operations (DPKO); United Nations Mine Action Service (UNMAS); Office of Disarmament Affairs (UNODA); United Nations Development Programme (UNDP); United Nations Children's Fund (UNICEF); United Nations Office of Project Services (UNOPS); Food and Agriculture Organisation (FAO); Office for the Coordination of Humanitarian Affairs (UNOCHA); Office of the Special Adviser on Gender Issues (OSAGI); Office of the High Commissioner for Human Rights (UNOHCHR); United Nations High Commissioner for Refugees (UNHCR); World Food Programme (WFP); World Health Organization (WHO); and, the World Bank. (endnote 8)

The United Nations Inter-Agency Support Group (IASG) for the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol is also relevant to victim assistance. In 2010, the IASG developed its Strategy and Plan of Action to operationalise the commitment of the UN system to support the implementation of the CRPD. The Strategy and Plan of Action is the basis for coordinating the work of UN agencies to: ensure that the programmes and policies of the UN system are inclusive of the rights of persons with disabilities and accessible to persons with disabilities; and, support States in protecting and promoting the rights of persons with disabilities in line with the CRPD. (endnote 9) Membership of the IASG consists of representatives of UN departments, regional commissions, agencies, funds and programmes whose work is relevant to the CRPD. UNMAS, as the DPKO's focal point on disability issues, participates in the IASG.

UN agencies, like States, are not monolithic; they are complex. For instance, several aspects of the work of agencies such as the UNDP, UNICEF and the WHO may be relevant to what is considered

“assisting the victims”. Since 2005, the UNMAT has increasingly integrated their victim assistance efforts within the broader contexts of disability, healthcare, social services, rehabilitation, reintegration, employment, development, human rights and gender equality, and they have sought to strengthen national capacities in these areas; for example, in Afghanistan, Sudan and Tajikistan. (endnote 10) The level of engagement of UN agencies at the international and national level varies, but based on available information, the key actors in the implementation of victim assistance-related programmes are UNMAS, UNDP, UNICEF, UNOHCHR and the WHO.

UNMAS, within the DPKO, is the focal point for mine and other ERW action within the UN system. (endnote 11) In relation to victim assistance, UNMAS has supported mine action centres, for example in the Democratic Republic of the Congo and Sudan, to develop plans of action for victim assistance and implement projects. UNMAS has also funded the placement of victim assistance officers or advisors in mine action centres.

The UNDP’s main role, particularly through the Bureau for Crisis Prevention and Recovery, in relation to victim assistance, is capacity building and the promotion of inclusive development. UNDP also provides support and works closely with relevant authorities to ensure that landmine and other ERW survivors have access to programmes for their rehabilitation and reintegration into their communities as full and productive members. (endnote 12) The UNDP has also funded the placement of victim assistance officers or advisors in mine action centres.

UNICEF supports a variety of activities in affected States together with its partners, including developing landmine injury surveys and surveillance systems, and survivor assistance projects that are integrated in public health and social services programmes. UNICEF is also a strong advocate for the promotion of the rights of persons with disabilities, and the integration of victim assistance activities in public health, social services, education and other development programmes. Furthermore, UNICEF, in collaboration with the WHO, ICRC and other partners, ensures the integration of landmine and other ERW survivors in its broader public health, education and other development programmes, and advocates for similar inclusive strategies by other organisations. (endnote 13)

The UNOHCHR is mandated to support implementation of the CRPD. In affected States, the UNOHCHR has an important role to play in advocating for the inclusion of victim assistance in policies, plans and programmes for all persons with disabilities and efforts to implement the CRPD.

The WHO is responsible for the development of appropriate standards and methodologies, as well as the promotion of health service capacity building for sustainable victim assistance-related activities, through the Ministries of Health of affected countries. (endnote 14) In particular, the WHO can support capacity building in the areas of emergency medical care, trauma care, physical rehabilitation, community-based rehabilitation and data collection.

The International Labour Organization (ILO), although not a member of the UNMAT, also plays a significant role in victim assistance-related activities in many affected States. The ILO, particularly through the Skills and Employability Department, promotes skills development and employment opportunities for people with disabilities based on the principles of equal opportunity, equal treatment, mainstreaming into vocational rehabilitation and employment services programmes and community involvement. (endnote 15) The ILO was actively involved in the development of the 2010 Community Based Rehabilitation Guidelines and is a member of the Global Partnership for Disability and Development.

Victim assistance-related activities will, potentially, also benefit from the 2010 Guidance Note to UN Country Teams (UNCTs) on including the rights of persons with disabilities in programming at the national level. The aim of the guidance is to help UNCTs and implementing partners to better include

or mainstream the rights of persons with disabilities in UN country programming using a rights-based approach. (endnote 16)

### **Non-governmental organisations**

National and international non-governmental organisations (NGOs) provide a wide range of services for survivors and other persons with disabilities and their families in many affected States. Some are well known members of the community of actors that have sought to end the suffering and casualties caused by various conventional weapons. For example, Handicap International was at the forefront of the efforts to ban both anti-personnel mines and cluster munitions and has continued to play a leading role in assisting persons with disabilities and building national capacity. Landmine Survivors Network, which later became Survivor Corps, was instrumental in building States' understanding of the non-discriminatory, rights-based approach to victim assistance and in raising the voices of victims and survivors at the national and international levels. As well, the ICBL and the CMC have been instrumental in building international coalitions of non-governmental organisations and survivors.

Numerous other NGOs are actively involved at the national level working on issues such as health, disability, social services and development, but are not part of the disarmament community. In some instances, they may not be aware of the State's obligations under relevant instruments of international humanitarian law or that victim assistance is applicable to their work. In some affected States, there may still be a perception that those working on victim assistance are only assisting landmine or other ERW survivors to the exclusion of other persons with disabilities. Consequently, these NGOs may not see themselves as working on "victim assistance." Nevertheless, their engagement is significant for the long-term sustainability of services.

With the adoption of the CRPD and the increased focus on the rights of persons with disabilities, together with the focus on inclusive development in connection with the UN's Millennium Development Goals, there is potential to enhance victim assistance-related efforts by ensuring that survivors and their families are part of the agenda and can benefit from new policies and programmes. In order to better understand the scope of services and programmes available in affected States, and the gaps, a comprehensive mapping of all actors involved in activities applicable to "assisting the victims" in broader contexts is needed. Greater efforts may be necessary to raise awareness and engage other actors working in the disability, development and other relevant sectors in affected areas.

At the national level, the work of NGOs has been invaluable in efforts to improve the quality of daily life of survivors and other persons with disabilities. In addition, NGOs may have the ability to assist relevant authorities in understanding challenges and in developing and monitoring the effectiveness and implementation of plans. However, as noted, the ultimate responsibility of meeting the needs of a population rests with the State. Real and sustainable progress rests with relevant government authorities leading efforts to address the rights and needs of survivors and other persons with disabilities, and the families of those killed or injured. An effective system for coordination and collaboration between NGOs and relevant authorities, and also among NGOs, is indispensable to facilitate progress in achieving objectives and plans of action, to avoid duplication or gaps in services and to ensure that limited resources are used competently and efficiently.

Beyond those non-governmental organisations that have historically been involved in conventional weapons issues, there are a large number of NGOs whose primary focus is disability rights. These organisations can also provide a valuable input to the work of the Anti-Personnel Mine Ban Convention, Protocol V to the CCW and the CCM. Some of the key relevant umbrella organisations are the International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC). These organisations, while playing an important role in raising awareness of the

rights and needs of persons with disabilities, can also highlight the relevance of victim assistance in the broader contexts of disability and development, share good practice in addressing the rights and needs of survivors and other persons with disabilities and promote full implementation of relevant instruments of international humanitarian and human rights law.

### **National mine / ERW authorities and those who advise them**

The majority of affected States have a mine/ERW action centre and/or national mine/ERW action authority. Many of these structures are supported by an international agency and/or have technical advisors. In 2002, the Geneva International Centre for Humanitarian Demining (GICHD) released a study on “The Role of Mine Action in Victim Assistance” in response to “confusion over the nature of mine action’s role in providing assistance to victims.” (endnote 17)

In 2003, in an effort to improve the UN system’s contributions to “an effective and coordinated response to the needs of landmine victims and to a more systematic and concerted approach to services,” UNMAS provided guidance to UN-supported mine/ERW action centres and programmes on their role in victim assistance. (endnote 18) The policy highlights that “mine action centres are not designed to take the lead role in victim assistance, nor do they have the mandate, expertise or required resources.” Nevertheless, the policy goes on to suggest that mine action centres/authorities can make a “significant contribution” to assisting the victims in areas such as: data collection and dissemination; advocacy; planning and coordination; and, support to service delivery. (endnote 19)

However, given that victim assistance efforts should not discriminate against persons injured or disabled in another manner, such a broad focus is beyond the capacity of a mine/ERW action structure. Furthermore, as noted above, victim assistance must be part of a State’s existing responsibilities in the areas of healthcare, rehabilitation, social services, education, employment and human rights. Mine/ERW action structures are not the appropriate structure to take the lead in the care, rehabilitation and reintegration of a State’s population. However, in many affected States there is a need to reinforce existing State structures. If mine/ERW action structures assume the role of programme delivery and hence mobilise resources for such efforts, they may divert funding that needs to go to building capacity and support of relevant ministries and service delivery experts. Therefore, the role of mine/ERW action structures should largely relate to data collection and dissemination and advocacy.

In some circumstances, it may be appropriate for a mine/ERW action structure to take a more proactive role in victim assistance, such as when there is a lack of awareness about the State’s obligations to assist the victims under international humanitarian law, or a relevant government ministry lacks the capacity and/or resources to take the lead on victim assistance. In such situations, the mine/ERW action structure could employ a suitably qualified person to coordinate efforts, raise awareness, strengthen the engagement of relevant ministries, agencies and other partners, and to support capacity building efforts with the aim of integrating victim assistance into broader disability and development frameworks as soon as possible. Unless mine/ERW action structures are working in close collaboration with relevant ministries and other key actors in the disability and development sectors, activities will not be sustainable after the end of mine/ERW clearance activities.

There are several examples of good practice in the role taken by mine/ERW action structures to address the rights and needs of landmine and other ERW victims and survivors, including, among others:

> In Cambodia, the Cambodian Mine Action and Victim Assistance Authority (CMAA) delegated responsibility for victim assistance to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the Disability Action Council (DAC). In the absence of a plan for the disability sector,

MoSVY and CMAA led a process that culminated in the adoption of a plan of action for all persons with disabilities, including landmine and other ERW survivors. CMAA continues to participate in the National Disability Coordination Committee to ensure that issues relating to landmine and other ERW survivors are part of the agenda.

> In Afghanistan, the UN-supported Mine Action Coordination Centre (MACCA) took an active role in a process initiated by the Ministry of Foreign Affairs to develop a plan of action for victim assistance. The process culminated in the Afghanistan National Disability Action Plan with the Ministry of Labour, Social Affairs, Martyrs and Disabled leading the coordination body. Support to the disability sector is now transitioning from the MACCA to a dedicated Afghanistan Disability Support Programme.

> In Albania, the Albanian Mine Action Executive (AMAE) has been instrumental in advancing the victim assistance issue, working in close collaboration with the relevant ministries. Through the victim assistance strategy, which was led by a medical doctor serving as the Victim Assistance Officer, physical rehabilitation facilities and services for all persons with disabilities have been established in the affected region in collaboration with the Ministry of Health and Handicap International.

> In Uganda, the mine action centre, with the support of UNDP, facilitated the first national workshop on victim assistance in collaboration with relevant ministries. Following the workshop, victim assistance was integrated into broader policies and planning for the disability sector as a whole under the leadership of the Ministry of Gender, Labour and Social Development.

Mine/ERW action structures are playing an important role in assisting the victims at the community level with activities such as mine/ERW clearance, mine risk education and releasing land back to the community.

At the individual and/or family level, mine/ERW action structures could play a role in assisting the victims through activities such as: emergency medical response and evacuation, if the incident occurs in the vicinity of clearance teams; data collection/information on landmine and other ERW casualties and the sharing of such information with relevant authorities; referrals to link victims with available services; employment of survivors or family members of those killed or injured; and, where appropriate, resource mobilisation on behalf of relevant ministries and qualified service providers.

Mine/ERW action structures could also assist in advocacy-related activities: to promote post-clearance development programmes that are inclusive of survivors and their families; to promote opportunities for employment and income generation for survivors and their families; and, to raise awareness of gaps in services and capacities to assist the victims. To facilitate progress in assisting survivors and their families, mine/ERW action structures could also take steps to ensure that victim assistance is on the agenda of entities responsible for coordination, monitoring and implementation of plans and programmes to assist persons with disabilities, and to promote the participation of survivors in the process.

### **States and others in a position to assist**

In many affected States, there is a dependence on external resources to implement programmes and services to address the rights and needs of survivors and other persons with disabilities. The main actors in States in a position to assist who support victim assistance-related efforts are usually development agencies and ministries that engage in international cooperation efforts. However, within these agencies, there could be multiple agents including those desks / individuals responsible for bilateral development assistance with countries concerned, or providing assistance through multilateral entities for disability-related services or for “mine action” specifically. Ministries of foreign affairs and their embassies in affected States may also be implicated. Organisations of

survivors and other persons with disabilities, international agencies and national and international NGOs are also dependent on resources to implement their projects, which might come from donor States, charitable foundations or individuals. Better understanding of the place of victim assistance in the broader contexts of disability and development and coordination among donors could enhance victim assistance by minimising duplication of efforts and addressing gaps in services. (endnote 20)

### **Disarmament diplomats**

Since 1997, multilateral weapons conventions have sought to ensure that they, in part, address the needs and guarantee the rights of victims and survivors. Nevertheless, in the work of these instruments, parties to them are normally represented by their disarmament delegations. This may have led to a concern raised in the early years of the implementation of the Anti-Personnel Mine Ban Convention that the work of the Convention as concerned victim assistance was not well known at the national level.

A priority identified at the 2006 Seventh Meeting of the States Parties was to address the “need to deepen understanding of commitments made in the (Nairobi Action Plan) and the work of the Standing Committee (on Victim Assistance) among relevant officials and experts working on disability issues at the national level.” (endnote 21) Diplomats working on disarmament issues have an important role to play in advancing victim assistance by ensuring that the principles and understandings that guide efforts are well known at the national level, including by officials working in all relevant ministries and agencies, and by diplomats and development officers working in embassies in affected States. It is particularly important that those working on broader disability, development or human rights issues are aware of the relevance of victim assistance to their work, and their State’s obligations under relevant instruments of international humanitarian law, regardless of whether they represent an affected State or a State in a position to assist.

### **ENDNOTES**

1. Final Report, Second 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, Part II, 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: 2005-2009, APLC/CONF/2009/9, 17 June 2010 [Final Report – Second Review Conference], paragraph 112.
2. Mine Action and Effective Coordination: the United Nations Inter-Agency Policy, United Nations, New York, 6 June 2005 (Mine Action and Effective Coordination), paragraph 19.
3. Ibid, paragraph 1.
4. Ibid, paragraph 16.
5. United Nations Inter-Agency Mine Action Strategy: 2006-2010, paragraph 3. (This policy is currently under review.)
6. Ibid, paragraph 16 (d).
7. Ibid, paragraph 20 (c) and (d).
8. For more information, see Mine Action and Effective Coordination, paragraphs 79-166.
9. For more information, see United Nations Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities and its Optional Protocol: Strategy and Plan of Action, 23 February 2010, available at [www.un.org/disabilities](http://www.un.org/disabilities)
10. Final Report – Second Review Conference, paragraph 123.
11. Mine Action and Effective Coordination, paragraphs 80-90.
12. Ibid, paragraphs 97-113.
13. Ibid, paragraphs 114-124; See also, UNICEF Mine Action Strategy 2006-2009, 28 November 2007.
14. Ibid, paragraph 164.
15. For more information, see [www.ilo.org/skills/areas/lang--en/index.htm](http://www.ilo.org/skills/areas/lang--en/index.htm)



16. Including the rights of persons with disabilities in United Nations programming at the country level: A Guidance Note for United Nations Country Teams and Implementing Partners, United Nations Development Group/Inter-Agency Support Group for the CRPD Task Team, July 2010, 1.
17. The Role of Mine Action in Victim Assistance, GICHD, July 2002, 5.
18. Sectoral policy: The scope of action of mine action centres and organizations in victim assistance, Mine Action and effective coordination: the United Nations policy, UNMAS, May 2003, paragraph 4 and 5.
19. Ibid, paragraph 21.
20. The issue of international cooperation and assistance will be discussed in more detail in the next chapter.
21. Final Report, Seventh 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, Geneva, 18-22 September 2006, APLC/MSP.7/2006/5, 17 January 2007, Part II, Achieving the Aims of the Nairobi Action Plan: The Geneva Progress Report 2005-2006, paragraph 47.

## **CHAPTER 10 - INTERNATIONAL COOPERATION AND ASSISTANCE**

Without adequate resources to implement policies, plans and programmes, the potential for achieving the full and effective participation and inclusion of landmine and other ERW survivors, and the families of those killed or injured, is limited. It is a State responsibility to meet the rights and needs of its population, including landmine and other ERW victims. However, in many affected States the resources allocated through the national budget to ministries and agencies with responsibility for persons with disabilities and others in situations of vulnerability are inadequate to meet the needs. There is often no specific budget line to address the rights and needs of persons with disabilities and limited attention given to the inclusion of a disability perspective in efforts to address priority issues. Furthermore, States may lack human, technical and financial resources to adequately address the rights and needs of its population. These States are often dependent on international, regional and bilateral cooperation and assistance, and, in particular, on international agencies and NGOs for the delivery of services.

This chapter will review the current status of international cooperation and assistance as it relates to victim assistance by looking at six areas: international cooperation and assistance in the context of disarmament; international cooperation and assistance in the context of disability; international cooperation and assistance in the context of development; modes of international cooperation and assistance; mechanisms for international cooperation and assistance; and, challenges to effective international cooperation and assistance. The chapter will conclude with recommendations to enhance international cooperation and assistance.

### **International cooperation and assistance in the context of disarmament**

The Anti-Personnel Mine Ban Convention (endnote 1), Protocol V to the Convention on Certain Conventional Weapons (CCW) (endnote 2), and the Convention on Cluster Munitions (CCM) (endnote 3) contain provisions on international cooperation and assistance. Each instrument obliges “States Parties in a position to do so” to provide assistance to “victims”. However, “assisting the victims” is the most complex and challenging issue for the parties to these instruments. This complexity arises from several key issues:

> victim assistance is a human rights issue that aims to address the rights and needs of people who are often marginalised and living in situations of vulnerability in countries with limited resources and many competing priorities

> victim assistance is not a stand-alone activity but requires the coordination of and collaboration between a wide range of actors including several government ministries and agencies as well as non-state entities

> victim assistance should be inclusive of all persons with disabilities, regardless of the cause of disability

> victim assistance should be integrated into broader national policies, plans and legal frameworks related to issues such as disability, health, education, employment, development and poverty reduction

Addressing the rights and needs of landmine and other ERW victims is a long-term commitment, which requires sustained political, financial and material commitments provided through national resources and international, regional and bilateral cooperation and assistance.

A decade of efforts to implement the victim assistance provision of the Anti-Personnel Mine Ban Convention has resulted in a much clearer understanding of what victim assistance is and the challenges faced in addressing the rights and needs of the victims and other persons with disabilities.

However, the persistent challenge remains of translating the increased understanding on victim assistance into tangible improvements in the quality of daily life of landmine and other ERW survivors, the families of those killed or injured and other persons with disabilities.

### **International cooperation and assistance in the context of disability**

In keeping with the recognition that victim assistance must be undertaken in a non-discriminatory manner, and in understanding the place of victim assistance in the broader contexts of disability and human rights, it is important to look at the bigger picture when it comes to cooperation and assistance. The preamble to the Convention on the Rights of Persons with Disabilities (CRPD) refers to the “importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries.” (endnote 4) The CRPD stipulates that “each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of” economic, social and cultural rights of persons with disabilities. (endnote 5) In particular, Article 32 spells out four measures concerning international cooperation and assistance that are relevant to victim assistance, including by:

- > ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities
- > facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices
- > facilitating cooperation in research and access to scientific and technical knowledge
- > providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies

Article 32 also highlights the importance of cooperation between and among States and partnership with relevant international and regional organisations and civil society, in particular organisations of persons with disabilities.

In 2010, the UN Office of the High Commissioner for Human Rights undertook a study on the implementation of Article 32. The study suggests that “international cooperation, while explicitly including international development programmes, is also broader and could include other forms of cooperation such as international humanitarian assistance.” (endnote 6) The lessons learnt through this study may assist in improving cooperation and assistance under international humanitarian law.

### **International cooperation and assistance in the context of development**

States, international organisations and NGOs have recognised, and are promoting, the need to mainstream disability into development activities. This is essential if States want to achieve international development goals such as the UN’s Millennium Development Goals (MDGs). Even though disability is not specifically mentioned in the MDGs, the targets or the indicators, it is widely acknowledged that it will be impossible to achieve the MDGs without taking into consideration the needs of persons with disabilities.

The outcome document of the September 2010 High-level Plenary Meeting of the UN General Assembly on the MDGs, noted “the lessons learned and the successful policies and approaches in the implementation and achievement of the (MDGs)” and recognised “that with increased political commitment these could be replicated and scaled up for accelerating progress, including by... working towards greater transparency and accountability in international development cooperation,

in both donor and developing countries, focusing on adequate and predictable financial resources as well as their improved quality and targeting.” (endnote 7) The document further recognised that “policies and actions must focus on the poor and those living in the most vulnerable situations, including persons with disabilities, so that they may benefit from progress towards achieving the (MDGs)” adding that “in this respect, there is a particular need to provide more equitable access to economic opportunities and social services.” (endnote 8)

Furthermore, the UN General Assembly adopted Resolution 65/186 which called on “Governments to enable persons with disabilities to participate as agents and beneficiaries of development, in particular in all efforts aimed at achieving the (MDGs), by ensuring that programmes and policies, namely on....developing a global partnership for development, are inclusive of and accessible to persons with disabilities.” (endnote 9)

However, there is no clarity on the amount of resources available in the national budgets of affected States, or provided by States in a position to assist through development cooperation, that are benefiting survivors and other persons with disabilities. Survivors could potentially benefit when disability-related issues are included in poverty reduction and development strategies. For example, the Afghanistan National Development Strategy (ANDS) includes objectives from the Afghanistan National Disability Action Plan, which was developed in the context of meeting obligations under the Anti-Personnel Mine Ban Convention. In 2008, donors pledged more than US\$20 billion for implementation of the ANDS. It is likely that some of that funding has been allocated to disability/victim assistance-related activities.

### **Modes of international cooperation and assistance**

Cooperation and assistance is not only about cash transfers through bilateral or multilateral funding arrangements. Other modes of support can also be effective in enhancing victim assistance-related activities; for example, through the provision of technical support, capacity building activities and in-kind support such as the provision of equipment and supplies.

### **Technical support**

Cooperation and assistance through the provision of technical support is an important aspect of sharing knowledge and enhancing victim assistance-related activities. Technical support can include activities such as short term visits to assist in the implementation of a specific project, for example, developing a national plan of action, an evaluation or awareness-raising and the sharing of information on new developments, or the emplacement of a technical advisor to work in a ministry or governmental agency.

### **Capacity building**

The building of national capacities is essential for the long-term sustainability of victim assistance-related programmes and services. Weak capacity to address disability issues at all levels, including within the governmental and non-governmental sector, has been identified as a significant challenge. Many States report inadequate resources to build government capacity to provide services in rural areas and to implement legal obligations, due in part to the absence of budget lines for disability-related activities. In many States, appropriate, accessible and affordable services are not meeting the needs in terms of both quantity and quality, especially due to a lack of capacity of personnel and the migration of capacities to the capital or outside the country. It has been noted that “international cooperation should contribute to capacity-building of duty-bearers to meet their obligations and rights-holders to claim their rights.” (endnote 10) The CRPD also highlights the need “promote the training of professionals and staff working with persons with disabilities...so as to better provide ...assistance and services.” (endnote 11)

Capacity building includes, for example, the ICRC's activities to train prosthetic and orthotic technicians and seminars on war surgery, the WHO's training in essential emergency care, or the training of organisations of persons with disabilities for effective inclusion and participation. It is also necessary to build capacities for the implementation, monitoring and evaluation of plans of action and services for persons with disabilities, including landmine and other ERW survivors, by relevant ministries and agencies. Specialist centres, in other States, have the potential to play an important role in capacity building of personnel from affected States. For example, the Slovenian University Rehabilitation Institute provides skills upgrade training for rehabilitation professionals from affected States in south-east Europe and central Asia.

### **In-kind support**

Another form of cooperation and assistance that does not require cash transfers is the provision of equipment and other supplies to enhance victim assistance-related activities. This type of assistance can include the provision of materials and equipment for the production of prostheses and orthotics, or medical supplies for health centres. An example of this type of assistance is an agreement between Thailand's Ministry of Defence in cooperation with a national NGO, the Prosthesis Foundation, and Burundi's Ministry of Defence, for the equipping of a new prosthetic workshop and the training of technicians at the Military Hospital in Bujumbura. This will result in improved services being available for both military personnel and civilians, including landmine and other ERW survivors.

### **Mechanisms for international cooperation and assistance**

#### **Cooperation among States**

Cooperation among States can play an important role in addressing the rights and needs of survivors, the families of those killed or injured and other persons with disabilities, through activities such as: providing a means to share experiences in promoting and protecting disability rights including challenges and pitfalls; providing direct economic and technical assistance to poorer countries; and, helping countries to benefit from new developments in assistive technologies. North-South cooperation has been the focus of attention within the disarmament community, particularly in the areas of development cooperation, dedicated mine action funding, capacity-building and the sharing of information. However, South-South cooperation is also relevant to victim assistance-related efforts through the sharing of experiences between countries with similar levels of development or histories. (endnote 12)

The main actors in States in a position to assist are usually development agencies and ministries that engage in international cooperation efforts. However, as noted previously, within these agencies, there could be multiple agents including those desks / individuals responsible for bilateral development assistance with countries concerned, or providing assistance through multilateral entities for disability-related services or for "mine action" specifically. However, States in a position to assist are not monolithic, but complex. Aspects of the work of several ministries and government agencies with affected States may be relevant to what is considered "assisting the victims". For example, other ministries, such as foreign affairs, health, social affairs, education and defence, may have their own cooperation initiatives with counterparts in affected countries. It is essential that the principles and understandings that guide victim assistance efforts are well known at the national level, including by development officers and those working on broader disability, development or human rights issues, and that they are aware of the relevance of victim assistance to their work, in order to ensure coherence in efforts to assist affected States.

Several States in a position to assist have developed policies, guidelines or regulations to promote the participation and inclusion of persons with disabilities in social and economic development and

to ensure a rights-based approach to international cooperation and assistance through their development agencies. These include: the Australian Agency for International Development's (AusAID) Development for All: Towards a disability-inclusive Australian aid program 2009–2014; the Austrian Development Agency (ADA); the Canadian International Development Agency (CIDA); the German Federal Ministry for Economic Cooperation and Development (BMZ); the Italian Development Cooperation; the Japanese International Cooperation Agency (JICA); the Swedish International Development Agency (SIDA); the United Kingdom's Department for International Development (DFID); and, New Zealand and Norway. (endnote 13)

#### **Cooperation in partnership with international organisations:**

The Anti-Personnel Mine Ban Convention, Protocol V to the CCW, the CCM and the CRPD all recognise the importance of partnership in addressing the rights and needs of survivors and other persons with disabilities. In 2008, the UN General Assembly called on the Secretary-General "to give higher priority to the concerns of and issues related to persons with disabilities and their inclusion within the work programme of the United Nations system, and...to strengthen the role of the United Nations and its development programmes and agencies in mainstreaming disability issues," including through "assisting Member States in formulating comprehensive and coherent policies and action plans, as well as projects that promote, inter alia, international cooperation and technical assistance, in particular to enhance the capacities of government agencies, as well as civil society, including organizations of persons with disabilities to implement programmes on disability." (endnote 14)

UN agencies such as the WHO, UNDP, ILO, UNOHCHR, UNICEF, UNESCO, UNMAS, the Department of Economic and Social Affairs (DESA) and the World Bank, and also the ICRC and IFRC, play an important role at the international, regional and national level. They are particularly important in the areas of capacity building and support for service provision, and the enhancement of international cooperation through activities such as: gathering and disseminating information; providing States and civil society with guidance, expertise and experience through technical and development cooperation and humanitarian assistance; the transfer of knowledge, harmonisation of terminology and concepts; dissemination of good practice; providing forums for States and civil society organisations to share experiences; and, the promotion and coordination of research. (endnote 15) However, their work is only possible with the financial support of States and other donors.

#### **Cooperation in partnership with regional organisations:**

International cooperation and assistance at the regional level, particularly in the areas of capacity building and awareness raising, has been enhanced through the establishment of regional decades of persons with disabilities, for example, in Africa, Asia, and Arab States. Regional organisations active in cooperation and assistance within the disability sector include, among others: the African Union; the African Rehabilitation Institute; the Secretariat of the African Decade of Persons with Disabilities; the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP); the Asia-Pacific Development Centre on Disability (APDC); the European Commission; and, the Economic and Social Commission for Western Asia (ESCWA). (endnote 16)

Other regional organisations that have played a key role in providing financial, human or technical resources for victim assistance-related activities include the Organisation of American States, Pan American Health Organisation (PAHO) and the International Trust Fund for Demining and Mine Victims Assistance.

#### **Cooperation in partnership with non-governmental actors:**

Efforts to assist victims and survivors can be enhanced through effective cooperation with non-governmental organisations, including organisations of persons with disabilities (DPOs), community-

based groups, academic institutions, professional organisations, faith-based organisations and women's organisations. (endnote 17) International cooperation and assistance in partnership with NGOs takes place at the national, regional and international levels and can involve partnerships between States and NGOs or between NGOs themselves. DPOs have a particularly important role to play in such partnerships in ensuring the meaningful and effective participation of survivors and other persons with disabilities in international cooperation efforts.

While NGOs typically require international assistance in order to function, they can also be important providers of assistance, implementing projects and providing services. In addition, NGOs raise awareness and advocate. The ICBL and CMC, for instance, have established and support a network of victim assistance focal points, usually survivors, in affected States and provide small grants for the activities of their organisations.

The private sector, including individuals, charitable foundations and the business community, is potentially a key partner in victim assistance-related activities, particularly as a donor to NGOs and DPOs or as a provider of technical, human and other resources. Some of the better known supporters of victim assistance-related activities include, among others, the Open Society Institute, the Soros Foundation, Rotary International and the Soroptimists.

### **Multi-stakeholder partnership**

The Global Partnership for Disability and Development (GPDD), a global initiative that aims to strengthen international cooperation to advance the inclusion of disability issues and considerations into mainstream social and economic development efforts, was established by the World Bank. The membership of the GPDD represents an alliance of government ministries, bilateral and multilateral donors, UN agencies, NGOs, DPOs, national and international development organisations and other organisations committed to enhancing the rights of people with disabilities and inclusive development. The GPDD works through partnerships, with a specific emphasis on the participation of people with disabilities, their families and their organisations, in low-income countries. (endnote 18) Focus is on networking, knowledge sharing, knowledge creation, awareness raising and capacity building.

Examples of international funding mechanisms:

a) The World Bank: finances development projects involving disability components such as education, healthcare, infrastructure, employment, children and youth, transport and social develop. It also works on disability-related issues, such as data collection and statistics, research and analysis, good practice policies, technical assistance and knowledge sharing. The key strategy is to forge cross-cutting linkages and mainstreaming of disability into relevant projects and sector work. The World Bank's Human Development, Social Protection and Labour, Disability and Development Team has implemented several disability related activities jointly with partners. (endnote 19) Supporting funds include:

- i. the Japanese Policy and Human Resources Development Fund: provides funding for mainstreaming disability in World Bank projects
- ii. the Trust Fund for Environmentally and Socially Sustainable Development: is a multi-donor trust fund supported by Finland and Norway that provides grant resources for World Bank activities aimed at mainstreaming the environmental, social and poverty reducing dimensions of sustainable development into Bank work

iii. the Multi Donor Trust Fund on Global Partnership for Disability and Development: is administered by the World Bank to support the work of the GPDD with contributions from Finland, Italy and Norway (endnote 20)

b) The United Nations Voluntary Fund on Disability (UNVFD): was established by the UN General Assembly in preparation for the 1981 International Year of Disabled Persons. The Fund is administered by the CRPD's secretariat within the UNDESA. The funding priority for the UNVFD is primarily targeted towards building the capacity of non-governmental organisations to participate in the implementation of the CRPD. (endnote 21)

c) The United Nations Trust Fund for Human Security (UNTFHS): was established in 1999 by Japan and the United Nations secretariat. The UNTFHS finances projects carried out by organisations in the UN system, and when appropriate, in partnership with non-UN entities, to advance the operational impact of the human security concept. The UNTFHS places priority on projects that address issues such as protecting people in conflict situations who are exposed to physical violence, discrimination, exclusion and whose destitute situation derives mostly from inequalities in treatment. (endnote 22) The UNTFHS has supported victim assistance activities, including the development of a plan of action, in Sudan, through the UN Mine Action Office.

d) The United Nations Voluntary Trust Fund for Assistance in Mine Action was established in November 1994 to provide resources for mine action programmes and projects. (endnote 23)

e) The ICRC Special Appeal – Mine Action: was first launched in 1997 as the Special Appeal: Assistance for Mine Victims and repeated in 1998. Since the end of the five-year Special Appeal for Mine Action 1999-2003, annual appeals have continued the ICRC's work in affected States. The special appeal now supports the ICRC's physical rehabilitation programme and prevention programme. The physical rehabilitation programme focuses on improving accessibility, quality and sustainability of services for all persons with disabilities, including landmine and other ERW survivors. The preventative mine action programme includes information gathering, risk education, risk reduction and surveys and clearance.

f) The ICRC Special Fund for the Disabled (SFD): supports physical rehabilitation services in low-income countries, including affected countries, in cooperation with local partners. Priority is given to former ICRC projects. The SFD also offers technical courses to the national personnel of ICRC physical rehabilitation projects. The SFD relies exclusively on voluntary contributions to cover the costs incurred both in the field and at its headquarters. (endnote 24)

g) The Disability Rights Fund supports DPOs in developing countries to take the lead in advocating for the human rights of persons with disabilities at local and national levels. Donors include AusAID, DFID, and charitable foundations. (endnote 25)

In 2011, the Human Rights Council welcomed the initiative by the UNDP, UNOHCHR, DESA and UNICEF "to promote a new multi-donor trust fund through the establishment of the United Nations partnership for the rights of persons with disabilities to support the inclusion of the rights of persons with disabilities within the development cooperation programmes of the United Nations system," encouraging States, bilateral and multilateral donors and private donors to consider contributing to the fund once it is established. (endnote 26) The establishment of such a fund has the potential to improve access to services for landmine and other ERW survivors through integration into broader disability and development frameworks.



## **Challenges to effective international cooperation and assistance**

> In many affected States there is no mechanism by which resources from donors for victim assistance-related activities can be channelled directly to relevant ministries and other government agencies. This can present a significant obstacle to strengthening national ownership and building national capacities. UN agencies are often the preferred channel for funding to government authorities. However, in some cases, it has been reported that it can take months or even years for the funds to be released and the supporting agency sometimes lacks the technical expertise to be the implementing partner. The result can be that survivors and other persons with disabilities do not experience any benefit in their daily lives from the planned activities due to bureaucratic difficulties in implementing programmes.

> A relevant ministry or agency may not be a direct interlocutor in discussions concerning bilateral or other cooperation (or may be marginalised from discussions on implementation). Instead, resources are often channelled through a UN agency or NGO which is then responsible for implementation and monitoring of programmes in collaboration with the relevant national authority.

> In other situations, UN agencies and other international organisations reportedly stand ready to support the capacity building of national authorities and to provide services to address the rights and needs of persons with disabilities, including landmine and other ERW survivors. However, because a disability perspective is not highlighted in priority issues by the government, no request for assistance is forthcoming and therefore the potential implementing partner cannot seek resources from States in a position to assist for programmes that would contribute to the long-term sustainability of victim assistance-related efforts.

> In February 2011, the Special Rapporteur on Disability highlighted the challenge that “many development agencies are keen to mainstream disability in their work but face challenges such as, recipients not recognizing the urgent need for inclusive development, lack of awareness among both donors and recipients, and absence of established monitoring standards and mechanisms for the implementation of existing policies on inclusive development in donor countries.” (endnote 27)

> A significant challenge is to raise awareness of the importance of including a disability perspective in all relevant issues, including development and poverty reduction programmes, not only in affected States but also in the development discourse of States in a position to assist. The inclusion of a disability perspective has the potential to generate additional resource allocations through the national budget and funds available through international cooperation.

> The bulk of financial and other resources made available for activities considered consistent with “assisting the victims” are not captured in any assessment of “mine action” funding. The bulk of what is provided is through bilateral or multilateral cooperation between States to enhance healthcare systems (including injury surveillance, emergency response, institutions and human capacity), physical rehabilitation programmes, mental health services, the exercise of rights by persons with disabilities, etc. Furthermore, greater clarity is needed on the amount of national resources that are allocated to victim assistance-related activities in affected States.

> Action #39 of the Cartagena Action Plan calls on States Parties to “support the national efforts of those States Parties with clearly demonstrated needs...” However, in many affected States there is limited disability-related data available at the national level for strategic planning of services and programmes, making it difficult to know what the priorities are and where resources should be targeted. Furthermore, there is often no clear understanding of who is doing what and where due to a lack of coordination not only within the disability sector as a whole but sometimes also between NGOs. Undertaking a needs assessment or a situation analysis can be a costly exercise and donors are often reluctant to fund such activities. However, without a clear understanding of the extent of

the challenge it will not be possible to determine with clarity whether there is a need for increased international cooperation and assistance or whether the rights and needs of persons with disabilities, including landmine and other ERW survivors, are being adequately addressed.

> Many affected States lack the capacity for effective monitoring, evaluation and reporting of victim assistance-related efforts. Monitoring and evaluation of policies, plans and legal frameworks are essential to ensure that activities are having a tangible impact on the quality of daily life of landmine and other ERW survivors, their families and other persons with disabilities. States in a position to assist need to know if the resources they are providing are having the desired effect.

> Building capacities takes time to ensure the long-term sustainability of services. The practice of some donors to provide only annual project funding limits the potential for sustainability.

> Limited collaboration and the lack of a coordinated approach to victim assistance-related programming among all relevant stakeholders, including government authorities, persons with disabilities, donors and service providers, are a significant challenge in some affected States, which has sometimes resulted in inefficient and ineffective use of resources and duplication in services.

### **Recommendations**

> Increased efforts are needed to integrate victim assistance into broader disability and development frameworks to facilitate access to more opportunities for international cooperation and assistance, including through awareness raising activities at the national level in affected States and States in a position to assist on the principles and understanding adopted and the place of victim assistance in broader contexts.

> Affected States should be encouraged to include a disability perspective in their poverty reduction and development strategies.

> Greater efforts are needed to empower landmine and other ERW survivors to advocate for their rights and needs at the national, regional and international level in broader disability and development frameworks. States in a position to assist and other donors are encouraged to provide support to develop the capacities of organisations of survivors and other persons with disabilities for advocacy and for promoting good practices on inclusion.

> The disarmament community needs to move beyond calls that a specific percentage of “mine action” funding should be dedicated to victim assistance. As noted above, we do not know much about what surely amounts to the greatest investment being made in “assisting the victims” – support provided through bilateral and multilateral cooperation between States and international organisations to enhance healthcare systems, physical rehabilitation programmes, mental health services, the exercise of rights by persons with disabilities, etc. To argue for a greater piece of a finite “pie” for one activity may mean less for another. More funding for victim assistance at the expense of humanitarian demining (particularly when demining is one of the main activities to address the victimisation of communities and to prevent additional victims) may be counterproductive. Until there is better understanding of the extent of the challenge, we do not know how big the “pie” should be.

> When victim assistance is integrated into broader bilateral and multilateral cooperation, the States in a position to assist should report clearly on how their obligations to assist the victims under international humanitarian law are taken into account in this cooperation.

> A dialogue on enhanced cooperation and assistance as concerns victim assistance could itself be enhanced if those in a position of giving and receiving development assistance (and core budget

support) could provide greater clarity regarding the true magnitude of the effort being made to assist States in developing the responses necessary to meet the needs of all individuals who are injured and who live with disabilities. All stakeholders, including non-governmental organisations, need to be involved in this dialogue.

> International cooperation and assistance could be enhanced if all project and programme proposals submitted to donor agencies, including from the governmental and NGO sectors, clearly show how the proposed project or programme will contribute to achieving the objectives of the national plan of action or implementation of relevant instruments of human rights and international humanitarian law. This in turn would assist States in a position to assist to report with greater clarity on their disability and/or victim assistance-related funding provided to States with clearly identified needs. Furthermore, proposals should provide detail on the stakeholders consulted in the development of the proposal and who will be involved in implementation and monitoring.

> States in a position to assist and other donors should be encouraged to increase financial and technical support for the capacity building of national service providers as a way to increase national ownership, as well as of organisations of survivors and other people with disabilities.

> States in a position to assist should be encouraged to provide multi-year financial, material or technical assistance in response to the priorities of the affected State to facilitate long-term planning, implementation and monitoring of victim assistance-related activities.

## ENDNOTES

1. Article 6.3 of the Anti-Personnel Mine Ban Convention states that “each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims...” Article 6.3 further states that assistance may be provided through a variety of means, including through “the United Nations system, international, regional or national organizations or institutions, the International Committee of the Red Cross, and national Red Cross and Red Crescent societies and their International Federation, non-governmental organizations, or on a bilateral basis.” See also, Actions #39, #41 and #46, Cartagena Action Plan.

2. Article 8.2 of the Convention on Certain Conventional Weapons’ Protocol V on Explosive Remnants of War reads: “Each High Contracting Party in a position to do so shall provide assistance for the care and rehabilitation and social and economic reintegration of victims of explosive remnants of war. Such assistance may be provided inter alia through the United Nations system, relevant international, regional or national organizations or institutions, the International Committee of the Red Cross, National Red Cross and Red Crescent Societies and their International Federation, non-governmental organizations, or on a bilateral basis.”

3. Article 6.7 of the Convention on Cluster Munitions states that “Each State Party in a position to do so shall provide assistance for the implementation of the obligations referred to in Article 5 of this Convention to adequately provide age- and gender-sensitive assistance, including medical care, rehabilitation and psychological support, as well as provide for social and economic inclusion of cluster munition victims. Such assistance may be provided, inter alia, through the United Nations system, international, regional or national organisations or institutions, the International Committee of the Red Cross, national Red Cross and Red Crescent Societies and their International Federation, non-governmental organisations or on a bilateral basis.” See also, Actions #32 and #40, Vientiane Action Plan.

4. Paragraph (I), Preamble, Convention on the Rights of Persons with Disabilities.

5. Paragraph 2, Article 4, General obligations, Convention on the Rights of Persons with Disabilities.

6. Thematic study by the Office of the United Nations High Commissioner for Human Rights on the role of international cooperation in support of national efforts for the realization of the rights of persons with disabilities, Sixteenth session, Human Rights Council, A/HRC/16/38, 20 December 2010 (Thematic study), paragraph 13.

7. Resolution 65/1, Keeping the promise: united to achieve the Millennium Development Goals, Sixty-fifth session, UN General Assembly, Agenda items 13 and 115, A/RES/65/1, 19 October 2010, paragraph 23 (o).
8. Ibid, paragraph 28.
9. Resolution 65/186, Realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond, Sixty-fifth session, UN General Assembly, Agenda item 27 (b), A/RES/65/186, 4 February 2011, paragraph 9.
10. Thematic study, paragraph 15.
11. Paragraph 1 (i), Article 4, General obligations, Convention on the Rights of Persons with Disabilities.
12. Ibid, paragraphs 16-21.
13. See, Keeping the promise, realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond, Report of the Secretary-General, Sixty-fifth session, UN General Assembly, A/65/173, 26 July 2010 (Keeping the promise – 26 July 2010), paragraphs 52-55; and, Thematic study, paragraphs 20-21.
14. Resolution 63/150, Realizing the Millennium Development Goals for persons with disabilities through the implementation of the World Programme of Action concerning Disabled Persons and the Convention on the Rights of Persons with Disabilities, Sixty-third session, Third Committee, UN General Assembly, Agenda item 55 (e), A/RES/63/150, 18 December 2008, paragraph 11 and 11 (c).
15. For more information, see Keeping the promise – 26 July 2010, paragraphs 56-69; and, Thematic study, paragraphs 22-30.
16. For more information and examples of partnerships with regional organisations, see Thematic study, paragraphs 31-35.
17. For more information and examples of partnerships with civil society organisations, see Thematic study, paragraphs 36-45.
18. Keeping the promise – 26 July 2010, paragraphs 73-74; and, Thematic study, paragraph 43; see also [www.gpdd-online.org](http://www.gpdd-online.org)
19. For more information, see [www.worldbank.org/disability](http://www.worldbank.org/disability)
20. For more information, see [www.gpdd-online.org](http://www.gpdd-online.org)
21. For more information, see [www.un.org/disabilities/default.asp?id=29](http://www.un.org/disabilities/default.asp?id=29)
22. For more information, see <http://ochaonline.un.org/TrustFund/tabid/2107/Default.aspx>
23. For more information, see [www.mineaction.org](http://www.mineaction.org)
24. For more information, see [www.icrc.org/fund-disabled](http://www.icrc.org/fund-disabled)
25. For more information, see [www.disabilityrightsfund.org](http://www.disabilityrightsfund.org)
26. The role of international cooperation in support of national efforts for the realization of the rights of persons with disabilities, Human Rights Council, Sixteenth session, A/HRC/16/L.20, 21 March 2011, paragraph 8.
27. Mr. Shuaib Chalklen, Statement of the Special Rapporteur on Disability of the Commission for Social Development, Commission for Social Development, Forty-ninth session, United Nations, New York, 11 February 2011.

## **PART IV - CONCLUSIONS AND RECOMMENDATIONS**

### **CHAPTER 11 - OPPORTUNITIES AND LIMITATIONS**

The Anti-Personnel Mine Ban Convention broke new ground by incorporating a legal obligation to assist victims and survivors into an international instrument governing conventional weapons. This lead was followed by Protocol V to the Convention on Certain Conventional Weapons (CCW) and the Convention on Cluster Munitions (CCM). As such, hope has been given to survivors in some of the poorest countries in the world that something will be done to improve their lives.

Without a doubt, more than a decade of efforts to implement the Anti-Personnel Mine Ban Convention has had an impact. Awareness has been raised regarding the rights and needs of all persons with disabilities, including landmine and other ERW survivors. Millions of dollars have been raised. Human capacity and physical infrastructure have been built to address some of the needs of people living with physical disabilities, regardless of the cause, in many affected countries. States have organised themselves to give greater attention to disability issues. Action plans have been developed and cooperation has been enhanced.

The ultimate goal of victim assistance efforts, or efforts related to disability more generally, is to improve the quality of life of survivors and other persons with disabilities and to facilitate their full and effective participation and inclusion in the social, cultural, economic and political life of their communities. Despite the efforts that had been made by the 2004 Nairobi Summit, the International Campaign to Ban Landmines (ICBL) asserted that “in the vast majority of mine-affected countries, neither the national governments nor international donors are doing nearly enough” and the assistance available to address the needs of survivors remained “desperately inadequate.” (endnote 1) Similarly, before the 2009 Cartagena Summit, Handicap International (HI) claimed that despite the promise of the Anti-Personnel Mine Ban Convention to assist the victims, “survivors are still too often left to do just that – survive – on the margins of society, when they should be helped to rebuild their lives and thrive in the heart of their communities”. (endnote 2)

As rallying cries, these critiques are understandable. Quite simply, more needs to be done in every society to address the underlying reasons why a significant portion of the population – persons with disabilities – “is vulnerable, marginalised and experiences discrimination”. (endnote 3) Even in the most advanced societies, addressing these underlying reasons will take a long-term commitment from the governments in question. However, in countries where great numbers of landmine and other ERW survivors reside, an additional complication is that that these countries, for the most part, are the poorest on earth. Clearly, there are limitations on what instruments dealing with conventional weapons can achieve for the equalisation of opportunities and the exercise of the rights of all persons with disabilities in affected communities. The challenges faced by many States in “ensuring that political, legal, social and physical environments support the human rights and full inclusion and participation of persons with disabilities” ultimately include the full set of challenges faced by developing countries in general. (endnote 4)

As noted in Chapter 4, many of the States that are affected by landmines and other ERW, particularly those in Africa, have a low Human Development Index score – a measure established by the United Nations Development Programme (UNDP) to assess the level of well-being of a country’s population. Moreover, many of these States have some of the world’s lowest rankings of overall health system performance. A political commitment within these countries to assist persons with disabilities, including landmine and other ERW survivors, is essential. However, ensuring that a real difference can be made may require addressing broader development concerns as an improvement in the daily life of survivors and other persons with disabilities cannot be separated from the sustainable development of their community as a whole.

As noted, the challenges faced by many States in guaranteeing the human rights and full inclusion and participation of survivors and other persons with disabilities ultimately include the full set of challenges faced by developing countries in general. This means that there are factors, such as those related to good governance, national social and economic development and redistribution that are simply beyond what one could expect a community of actors to address in the context of an international conventional weapons instrument. There are limitations to what can be expected. It may be beneficial for the parties to relevant instruments to discuss how much should be expected from their conventions or protocols.

While it is clear that there are limitations, there are also great opportunities. Through the Anti-Personnel Mine Ban Convention, Protocol V to the CCW and the CCM, a bridge has been built from disarmament to a variety of sectors, which a little more than a decade ago would have been unknown territory for disarmament delegations in Geneva. It is clear that there is a relationship between “victim assistance” in disarmament treaties and disability and development. The opportunities lie in strengthening this bridge. Some ways to go about doing this are as follows:

> There is a significant focus in the work of the Human Rights Council and UN General Assembly on disability since the CRPD entered into force and on the UN Millennium Development Goals (MDGs). Discussions are on-going on issues that are relevant to assisting the victims and survivors, such as: accessibility; data collection; international cooperation and assistance; and, inclusive development. The disarmament community could be more proactive in contributing to these discussions, linking activities and utilising the tools that are being developed to enhance planning, monitoring, evaluation and reporting.

> Victim assistance activities could benefit from looking beyond mine action funding to broader disability and development funding channels. This will be particularly relevant if a multi-donor trust fund for persons with disabilities is established.

> Several development agencies have disability-specific policies to guide their international development cooperation. Raising awareness on the principles, understandings and relevance of victim assistance in the broader contexts of disability and development within these agencies has the potential to target resources more effectively in affected States and enhance victim assistance-related efforts. It could also improve reporting by States in a position to assist on their support to programmes that may benefit victims and survivors in the broader context of disability and development.

> A wealth of experience has been built up over more than a decade of efforts to assist the victims and survivors in the context of implementing relevant instruments of international humanitarian law, in the particular, through the Anti-Personnel Mine Ban Convention’s focus at the national level in affected States. This experience could be useful to those tasked with supporting implementation of the CRPD and other relevant disarmament instruments, or work in other areas such as assisting the victims of armed violence. Engagement with other actors to share experiences has the potential to facilitate the integration of victim assistance in the context of disarmament into broader frameworks, such as disability and development, through enhanced understanding of the coherence that exists between the sectors.

> Taking appropriate steps to ensure coherence in efforts to assist victims and survivors will serve not only to avoid confusion among stakeholders, but also has the potential to facilitate a stronger voice to promote the integration of victim assistance into broader relevant frameworks, including disability and development. Coherence will also reduce the potential for duplication of efforts and the inefficient use of limited resources.

> Programmes such as “Raising the Voices” and “Ban Advocates,” and the participation of survivors in the work of the ICBL / CMC, has increased the disarmament community’s understanding of the reality of daily life in affected communities and the positive contribution that survivors and other persons with disabilities can make, if opportunities are available. Efforts to integrate victim assistance more fully into broader disability and development frameworks could potentially benefit from further empowerment of survivor associations to participate in national, regional and international forums related to disability and development.

To conclude, it makes sense to be clear regarding the limitations of relevant instruments. But limitations notwithstanding, there are significant opportunities to facilitate progress in improving the quality of daily life and to facilitate the full and effective participation and inclusion of survivors and the families of those killed or injured in the social, cultural, economic and political life of their communities. This can be done by further strengthening the link between the relevant instruments of international humanitarian law and other contexts, including disability and development.

## ENDNOTES

1. International Campaign to Ban Landmines, Press Release, “Winning the War Against Anti-personnel Mines: Biggest Challenges Still Ahead,” 17 November 2004.
2. Handicap International, *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance*, September 2009, 6.
3. Sightsavers, *Simple Steps to Social Inclusion*, 2011, quoting the UN Office of the High Commissioner for Human Rights.
4. Sightsavers, *Simple Steps to Social Inclusion*, 2011.

## **CHAPTER 12 - THE WAY FORWARD**

Progress in improving the quality of daily life and ensuring the full and effective participation and inclusion of survivors and the families of those killed or injured in the social, cultural, economic and political life of their communities has been slower than many would want or hope for. A conscious, determined and sustained effort is needed to ensure that the Anti-Personnel Mine Ban Convention, Protocol V to the Convention on Certain Conventional Weapons (CCW), and the Convention on Cluster Munitions (CCM) deliver on their promise to victims and survivors.

The Convention on the Rights of Persons with Disabilities (CRPD) refers to the need for States to undertake appropriate measures “with a view to achieving progressively the full realisation of” the economic, social and cultural rights of persons with disabilities. Progress could be enhanced through partnership and coherence in efforts to implement relevant international instruments in the broader contexts of disability and development. Landmine and other ERW survivors and their representative organisations are central to these efforts. They should be further empowered to actively participate in the broader frameworks of disability and development at the national, regional and international level to ensure that their rights and needs are part of the agenda.

Furthermore, all stakeholders – affected States as well as those in a position to assist, survivors, organisations of persons with disabilities, international and regional organisations and non-governmental organisations – working in the disarmament, disability and development sectors should take concrete steps to establish or strengthen mechanisms for collaboration and coherence.

This final chapter will present recommendations, to which all relevant actors can contribute, to enhance partnership and/or achieve coherence at the national, regional and international levels.

### **Recommendations for action at the national level**

> Affected States, if they have not yet done so, should apply the strategic approach to the process of assisting victims and survivors with the aim of developing and implementing a national plan of action to address their rights and needs in the broader context of disability and development, or take steps to ensure that victims and survivors are included in broader plans for persons with disabilities or development more generally.

> Advocacy is a key aspect of ensuring progress in implementing the relevant international instruments. A broad range of stakeholders are involved in implementing activities in support of victims, survivors and other persons with disabilities at the national level. Activities to raise awareness on the application of these instruments to the work of relevant ministries, agencies and other actors, together with the State’s obligations under these instruments, could facilitate the integration of efforts to assist victims and survivors in the internal operations of these actors. Non-governmental actors, including survivors and other persons with disabilities, should be active partners in awareness raising activities at all levels.

> Affected States should be more proactive in their efforts to include survivors and other persons with disabilities and their representative organisations in all aspects of planning, implementation, monitoring, evaluation and reporting.

### **Recommendations at the regional level**

> Advocacy and awareness raising at the regional level with organisations such as the European Commission, the African Union, the Organisation of American States, the League of Arab States, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), the Asia-Pacific Development Centre on Disability and the Economic and Social Commission for Western Asia could be undertaken to promote understanding on victim assistance in the broader context of disability



and development and to ensure that victim assistance is integrated into regional frameworks such as the relevant decades of persons with disabilities.

### **Recommendations at the international level**

> Advocacy and awareness raising at the international level may be necessary within the UN system and other international agencies, and coalitions such as the Global Partnership for Disability and Development (GPDD) and the International Disability and Development Consortium (IDDC), in order to promote understanding on victim assistance in the broader contexts of disability and development and to facilitate the integration of efforts to assist victims and survivors into their work, as appropriate.

> Resources to address the rights and needs of victims, survivors and other persons with disability are a challenge for all developing countries. Greater collaboration with respect to international cooperation could bring positive results. Raising awareness on the part of States' development agencies of the relevance of victim assistance in the broader contexts of disability and development has the potential to ensure greater impact in their support to affected States.

> UN departments and agencies and other actors tasked with supporting implementation of relevant instruments could establish regular communications to share information on the activities that each is doing in particular States and to explore avenue for collaboration and coherence.

> Regular contact could be established between those States that have taken on roles of responsibility related to the operations of relevant international instruments. In addition, those tasked with supporting implementation of each instrument could participate and contribute more in the meetings of the other instruments.

> Political differences, such as the difference of opinion in the mid-1990s regarding how to deal with anti-personnel mines and the more recent divergence of views regarding how to address the problems caused by cluster munitions, have resulted in a complicated international legal framework. Many of these political differences persist and may need to be overcome if an ambitious coherence agenda is to be pursued. In the near-term, though, there is nothing stopping interested parties from ensuring a rational schedule of meetings and striving toward efficiency in the administration of delegate sponsorship programmes. If relevant meetings were scheduled back-to-back, this would ensure efficiency in terms of time and money.

> If there is an appetite on the part of the Parties to relevant instruments to go further faster with respect to their pursuit of coherence, the possibilities for next steps are numerous. For instance, joint meetings of committees or experts' groups that deal with victim assistance are possibilities. In addition, Meetings of the Parties could be held at the same time – in Geneva or perhaps in the capital of a State that is party to more than one instrument and affected by the weapons covered by these instruments.

In conclusion, when the last landmine, submunition or other explosive hazard has been cleared from the ground and mine/ERW action structures have closed their operations, there will still be survivors, affected families and other persons with disabilities who do not enjoy equality of rights and opportunities and who may not have access to appropriate healthcare, rehabilitation, social services, education, employment or other opportunities. Efforts to clear anti-personnel mines are already complete in about one-third of the Anti-Personnel Mine Ban Convention's parties that reported a clearance obligation. In these and other countries where humanitarian demining may no longer be necessary, it remains the responsibility of societies and governments to ensure that survivors, affected families and other persons with disabilities enjoy equal rights and have access to services and opportunities that could improve the quality of their daily lives.

To quote the words of Jerry White and Kirsten Young, formerly of Landmine Survivors Network / Survivor Corps, there can be “no success without the rest.” (endnote 1) The long-term sustainability of efforts to assist victims and survivors will depend on the disarmament community taking appropriate steps to ensure that their victim assistance-related work is fully integrated into broader disability and development frameworks at the international, regional and national level. Only then can survivors be assured of equal access to opportunities that promote their full and effective participation and inclusion in the social, cultural, economic and political life of their communities. Only then can we say that we have done our very best to improve the quality of daily life of landmine and other ERW survivors, the families of those killed and injured, victims of other war-related injuries and all persons with disabilities, in affected communities.

## **ENDNOTES**

1. Jerry White and Kirsten Young, “Nothing About Us Without Us: Securing the Disability Rights Convention,” in Jody Williams, Stephen D. Goose and Mary Wareham (eds), *Banning Landmines: Disarmament, Citizen Diplomacy, and Human Security*, Rowman & Littlefield Publishers, Lanham, 2008, 256.

## ANNEXES

### ACRONYMS

ADD	Action on Disability and Development
ATLS	Advanced Trauma Life Support
ANDS	Afghanistan National Development Strategy
AUSAID	Australian Agency for International Development
CMVIS	Cambodian Mine/ERW Victim Information System
CBR	Community Based Rehabilitation
CCM	Convention on Cluster Munitions
CCW	Convention on Certain Conventional Weapons
CMC	Cluster Munition Coalition
CRPD	Convention on the Rights of Persons with Disabilities
DESA	United Nations Department of Economic and Social Affairs
DPKO	(UN) Department for Peace Keeping Operations
DPO	Organisation of Persons with Disabilities
ERW	Explosive Remnants of War
GPDD	Global Partnership for Disability and Development
GICHD	Geneva International Centre for Humanitarian Demining
HI	Handicap International
ICBL	International Campaign to Ban Landmines
ICECI	International Classification for External Causes of Injuries
ICRC	International Committee of the Red Cross
IDA	International Disability Alliance
IDDC	International Disability and Development Consortium
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMSMA	Information Management System for Mine Action
ISU	Implementation Support Unit
MDGs	UN) Millennium Development Goals
NGO	Non-Governmental Organisation
SFD	(ICRC) Special Fund for the Disabled
SMART	Specific, Measurable, Achievable, Relevant and Time-Bound
TCF	Trauma Care Foundation
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UNMAT	United Nations Mine Action Team
UNODA	United Nations Office of Disarmament Affairs
UNOHCHR	United Nations Office of the High Commissioner for Human Rights
UNOPS	United Nations Office of Project Services
UNTFHSS	United Nations Trust Fund for Human Security
UNVFD	United Nations Voluntary Fund on Disability
WHA	World Health Assembly
WHO	World Health Organization

## **EXTRACT FROM THE CARTAGENA ACTION PLAN 2010-2014**

### **IV. ASSISTING THE VICTIMS**

12. States Parties are resolved to provide adequate age- and gender-sensitive assistance to mine victims, through a holistic and integrated approach that includes emergency and continuing medical care, physical rehabilitation, psychological support, and social and economic inclusion in accordance with applicable international humanitarian and human rights law, with the aim of ensuring their full and effective participation and inclusion in the social, cultural, economic and political life of their communities.

13. Victim assistance should be integrated into broader national policies, plans and legal frameworks related to disability, health, education, employment, development and poverty reduction, while placing particular emphasis on ensuring that mine victims have access to specialised services when needed and can access on an equal basis services available to the wider population.

14. States Parties are resolved not to discriminate against or among mine victims, or between mine survivors and other persons with disabilities, and to ensure that differences in treatment should only be based on medical, rehabilitative, psychological or socio-economic needs of the victims.

15. Victim assistance shall be made available, affordable, accessible and sustainable.

16. The principles of equality and non-discrimination, full inclusion and participation, openness, accountability and transparency shall guide victim assistance efforts.

To this end, States Parties, particularly those accountable to and responsible for the well-being of significant numbers of mine victims, will reinforce their efforts and will do their utmost to:

Action #23: Ensure the inclusion and full and active participation of mine victims and their representative organisations as well as other relevant stakeholders in victim assistance related activities, in particular as regards the national action plan, legal frameworks and policies, implementation mechanisms, monitoring and evaluation.

Action #24: Establish, if they have not yet done so, an inter-ministerial/inter-sectoral coordination mechanism for the development, implementation, monitoring and evaluation of relevant national policies, plans and legal frameworks, and ensure that this focal entity has the authority and resources to carry out its task.

Action #25: Collect all necessary data, disaggregated by sex and age, in order to develop, implement, monitor and evaluate adequate national policies, plans and legal frameworks including by assessing the needs and priorities of mine victims and the availability and quality of relevant services, make such data available to all relevant stakeholders and ensure that such efforts contribute to national injury surveillance and other relevant data collection systems for use in programme planning.

Action #26: Develop, or review and modify if necessary, implement, monitor and evaluate national policies, plans and legal frameworks with a view to meet the needs and human rights of mine victims.

Action #27: Develop and implement, if they have not yet done so, a comprehensive plan of action and budget that addresses the rights and needs of mine victims through objectives that are specific, measurable, achievable, relevant and time bound, ensuring that such a plan is integrated into broader relevant national policies, plans, and legal frameworks.

Action #28: Monitor and evaluate progress regarding victim assistance within broader national policies, plans and legal frameworks on an ongoing basis, encourage relevant States Parties to report on the progress made, including resources allocated to implementation and challenges in achieving their objectives, and encourage States Parties in a position to do so to also report on how they are responding to efforts to address the rights and needs of mine victims.

Action #29: Ensure the continued involvement and effective contribution in all relevant convention related activities by health, rehabilitation, social services, education, employment, gender and disability rights experts, including mine survivors, inter alia by supporting the inclusion of such expertise in their delegations.

Action #30: Strengthen national ownership as well as develop and implement capacity building and training plans to promote and enhance the capacity of the women, men and associations of victims, other organisations and national institutions charged with delivering services and implementing relevant national policies, plans and legal frameworks.

Action #31: Increase availability of and accessibility to appropriate services for female and male mine victims, by removing physical, social, cultural, economic, political and other barriers, including by expanding quality services in rural and remote areas and paying particular attention to vulnerable groups.

Action #32: Ensure that appropriate services are accessible through the development, dissemination and application of existing relevant standards, accessibility guidelines and of good practices to enhance victim assistance efforts.

Action #33: Raise awareness among mine victims about their rights and available services, as well as within government authorities, service providers and the general public to foster respect for the rights and dignity of persons with disabilities including mine survivors.

## **V. INTERNATIONAL COOPERATION AND ASSISTANCE FOR ACHIEVING THE CONVENTION'S AIMS**

17. States Parties recognize that fulfilling their obligations will require sustained substantial political, financial and material commitments, provided both through national commitments and international, regional and bilateral cooperation and assistance, in accordance with the obligations under Article 6. To this end, States Parties with obligations to destroy stockpiled anti-personnel mines, identify and clear mined areas, and assist mine victims, will:

Action #39: Support the national efforts of those States Parties with clearly demonstrated needs to develop their capacities to provide assistance to mine victims and other persons with disabilities by providing where possible multi-year financial, material or technical assistance in response to the priorities of the affected State to facilitate long-term planning, implementation and monitoring of victim assistance-related activities.

Action #41: Ensure that international cooperation and assistance, including development cooperation, is age-appropriate and gender-sensitive and inclusive of, and accessible to, persons with disabilities, including mine survivors.

Action #46: Develop and promote regional and bilateral cooperation in sharing and effectively using national experiences and good practices, resources, technology and expertise in addressing the rights and needs of mine victims and other persons with disabilities, to implement the Convention and to engage the cooperation of regional organizations.

## **RECOMMENDATIONS ON IMPLEMENTING THE CARTAGENA ACTION PLAN 2010-2014**

**30 NOVEMBER 2009 | CARTAGENA DE INDIAS | COLOMBIA**

### **ASSISTING THE VICTIMS: RECOMMENDATIONS ON IMPLEMENTING THE CARTAGENA ACTION PLAN 2010-2014**

Presented to the Second Review Conference of the States Parties to the Anti-Personnel Mine Ban Convention by Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration | Belgium and Thailand

#### **INTRODUCTION**

With the Second Review Conference of the AP Mine Ban Convention (The Cartagena Summit on a Mine-Free World), the States Parties have reaffirmed their understandings on victim assistance which have evolved through ten years of implementation of the Convention and new developments in other instruments of disarmament and human rights law.

One of the key developments has been the entry into force of the 2006 Convention on the Rights of Persons with Disabilities (CRPD) which provides a new human rights standard concerning persons with disabilities. The comprehensive manner in which the CRPD records what is required to promote the full and effective participation and inclusion of persons with disabilities, including mine survivors, in the social, cultural, economic and political life of their communities provides a new standard by which to measure victim assistance efforts. The CRPD has linkages to the six components of victim assistance and can provide a framework for all States in meeting their responsibilities to mine survivors and their families. Whether a State is Party to the CRPD or not it can provide a more systematic, sustainable, gender-sensitive and human rights-based approach by bringing victim assistance into the broader context of policy and planning for all persons with disabilities. States Parties may also find other regional or international instruments relevant to their work on victim assistance.

The States Parties to the AP Mine Ban Convention understand that victim assistance should be integrated into broader national policies, plans and legal frameworks related to disability, health, education, employment, development and poverty reduction. However, in meeting their obligations under the Convention, a particular emphasis may be needed to ensure that mine victims, in particular individuals and the families of those killed or injured, have access to specialised services when needed and can access on an equal basis services available to the wider population. The experience of 10 years of implementation of the Convention has shown the potential of victim assistance in building infrastructure and capacities to meet the rights and needs of mine survivors, other persons with disabilities, and their communities.

Victim assistance is better understood as a process involving a holistic and integrated approach rather than a series of separate actions. Each component of the process – emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, and social and economic reintegration – are of equal importance. However, each requires specific objectives to ensure high quality standards, and availability and accessibility of services to promote the ultimate aim of full and effective participation and inclusion. Survivors and the families of those killed or injured may need to access different stages of this process throughout their lifetime depending on their personal circumstances. Data collection and laws and policies are an important component of victim assistance but are not part of the process. Rather, laws and policies provide a framework for action and data collection provides a foundation on which to develop services based on identified needs.

Victim assistance should be available, affordable, accessible and sustainable. At the Cartagena Summit, the States Parties reaffirmed their understanding of the principles of equality, non-discrimination, full inclusion and participation, openness, accountability and transparency in all victim assistance efforts.

Through the Cartagena Action Plan 2010-2014, the States Parties have resolved to provide adequate age- and gender-sensitive assistance to mine victims, in accordance with applicable international humanitarian and human rights law. The States Parties have strengthened their understanding that a broad gender and diversity perspective is necessary in all victim assistance efforts to address the rights and needs of women, girls, boys and men. The circumstances and experience of all persons in vulnerable situations in affected communities, including other persons with disabilities, internally displaced persons, the elderly, people living in extreme poverty and other marginalised groups, should also be considered in victim assistance efforts.

The ultimate responsibility of meeting the rights and needs of landmine survivors within a particular State rests with that State. However, many affected States remain dependent on international agencies and non-governmental organisations for the delivery of appropriate services. Until governmental structures have the capacity to assume comprehensive service delivery it may be necessary for greater collaboration between relevant government entities and supporting organisations on resource mobilisation to ensure that appropriate services are available and accessible.

At the Cartagena Summit, the States Parties have reaffirmed their understandings and principles relating to victim assistance. These understandings and principles are in harmony with other relevant instruments of disarmament and human rights law. Victim assistance efforts that are inclusive of all persons with disabilities, regardless of the cause of disability, have a greater potential to be stronger and more sustainable in the long-term.

However, for many mine survivors the past five years has brought no measurable change in their lives. Progress has been made since the First Review Conference. Nevertheless, the persistent challenge remains of turning increased understandings on victim assistance into measurable improvement in the daily lives of mine survivors, their families, and communities. Additional effort will be needed to enhance national ownership and raise the priority of disability-related issues in the policies, plans and programmes of relevant government ministries and agencies.

Some States have already developed a national plan or are implementing specific actions to meet their obligations to mine victims. The victim assistance-related actions in the Cartagena Action Plan could be an opportunity to review existing national plans with a view to strengthen existing activities or provide a useful framework for States Parties to take concrete steps to address the rights and needs of mine victims.

This document is primarily intended to provide recommendations to States Parties on each action related to victim assistance in such a way as to facilitate a holistic and integrated approach to addressing the rights and needs of mine victims. The recommendations are not intended to replace existing plans, but rather, should be considered as ideas for enhancing the implementation of the Cartagena Action Plan in the period 2010 to 2014. The recommendations were developed in collaboration with experts from affected States Parties, survivors, international agencies, non-governmental organisations, and other experts. It is not expected that a State will implement every recommendation but rather will undertake relevant activities that will facilitate measurable progress. Moreover, the recommendations can be implemented or modified depending on the national context. These recommendations may also be relevant to States with responsibility for victims of other ERW.

The full implementation of the Cartagena Action Plan 2010-2014 in relation to assisting the victims will facilitate progress in achieving the ultimate aim of the full and effective participation and inclusion of mine survivors and the families of those killed or injured in the social, cultural, economic and political life of their communities.

### **Inclusion**

The inclusion of mine survivors and other persons with disabilities in all aspects of planning, coordination, implementation, monitoring and evaluation of activities that affect their lives is essential. Mine survivors and other persons with disabilities have a unique perspective on their own situation and needs. Survivors can and should be constructive partners in victim assistance when given the opportunity. Inclusion is a central element in all actions to address the rights and needs of mine victims.

Action #23: Ensure the inclusion and full and active participation of mine victims and their representative organisations as well as other relevant stakeholders in victim assistance related activities, in particular as regards the national action plan, legal frameworks and policies, implementation mechanisms, monitoring and evaluation.

- > Develop and implement a mechanism to ensure the active, effective and ongoing participation of survivors from different regions and backgrounds in the planning, dissemination, implementation, monitoring and evaluation of plans, policies, legislation and programmes.

- > Facilitate the development and implementation of a programme to strengthen the technical and financial capacity of associations of mine survivors and organisations of persons with disabilities (DPOs), at all levels.

### **Coordination**

To ensure a holistic and integrated approach to assisting mine victims it is essential that there is a functional mechanism to enhance coordination, collaboration and cooperation between relevant government ministries, organisations of persons with disabilities, international agencies, and non-governmental organisations. An effective coordination mechanism is needed for planning, implementation, monitoring, evaluation and reporting and will also serve to avoid duplication or gaps in service provision. Article 33 of the CRPD, for example, can provide guidance to States on establishing coordination mechanisms.

Action #24: Establish, if they have not yet done so, an inter-ministerial / inter-sectoral coordination mechanism for the development, implementation, monitoring and evaluation of relevant national policies, plans and legal frameworks, and ensure that this focal entity has the authority and resources to carry out its task.

- > Establish or strengthen a functional disability coordination mechanism, led by the ministry or national agency with responsibility for disability-related issues, which includes the active participation of relevant ministries, agencies, local authorities, mine survivors and other persons with disabilities and their representative organisations, international agencies and NGOs working in the disability sector.

- > Designate a functioning focal entity with a clear mandate and authority for coordination, implementation, monitoring and evaluation of victim assistance-related activities.



- > Establish, as appropriate, a victim assistance sub-committee within an existing coordination mechanism to facilitate the inclusion of victim assistance efforts into broader policies, plans and programmes.
- > Ensure official recognition of the coordination mechanism, specifying selection criteria, funding, members, roles, responsibilities and meeting schedule.
- > Utilise the provisions of relevant instruments, such as the CRPD, as guidance for the coordination, planning, implementation, monitoring and evaluation of relevant policies, plans and legal frameworks.
- > Utilise the coordination mechanism to facilitate dissemination and implementation of the Cartagena Action Plan within relevant ministries and at different levels within the country.

### **Understanding the extent of the challenges faced**

Accurate and up-to-date data on casualties, needs of mine victims and other persons with disabilities, capacities and available services are essential in order to use limited resources most effectively to formulate and implement policies, plans and programmes. It is essential that data collection mechanisms comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and the use of statistics, including ensuring confidentiality and respect for privacy.

Action #25: Collect all necessary data, disaggregated by sex and age, in order to develop, implement, monitor and evaluate adequate national policies, plans and legal frameworks including by assessing the needs and priorities of mine victims and the availability and quality of relevant services, make such data available to all relevant stakeholders and ensure that such efforts contribute to national injury surveillance and other relevant data collection systems for use in programme planning.

- > Conduct a needs assessment of survivors and other persons with disabilities to enhance planning and programming, with a particular focus on affected communities.
- > Carry out a mapping of all relevant service providers in the country (location, type of services, cost of services if any, etc), and of all governmental initiatives that could be available for persons with disabilities (to ensure access to services, to affordable transportation, etc).
- > Include the category of mine casualty and/or mine survivor in existing data collection mechanisms, for example, hospital records, injury surveillance, rehabilitation and social services monitoring, country surveys on disability and health, and the national census.
- > Establish and implement a centralised body to coordinate, develop national statistic reporting forms for all types of services, collect, analyse, share and disseminate information among all relevant government agencies, national and international organisations and other actors in an accessible format.
- > Develop and utilise a disability monitoring template using existing standard tools that have been tested for validity and reliability, including cross-cultural applicability.
- > Develop and implement a mechanism to collect data on mine victims and other persons with disabilities not normally reached through data collection efforts, for example in remote areas.
- > Develop and implement a training programme in data collection and analysis to increase human and technical capacities.

- > Include questions on disability in the national census, using existing standard questions as a guide.

### **Legislation and policies**

Appropriate legislation and policy frameworks promote the rights, accessibility, quality medical treatment, adequate healthcare, social protection and non-discrimination for all citizens with disability, including mine survivors. In many States, relevant laws and policies exist but are not fully implemented or their effectiveness or comprehensiveness is inadequate. The CRPD, for example, provides guidance to States on developing or modifying laws and policies. Article 4 of the CRPD outlines general obligations “to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.” Other national, regional, or international instruments may also be applicable to improve victim assistance. Addressing the rights of mine victims does not require the development of separate legislation and policies. However, positive steps should be taken to ensure the equalisation of opportunities and access to services for mine victims.

Action #26: Develop, or review and modify if necessary, implement, monitor and evaluate national policies, plans and legal frameworks with a view to meet the needs and human rights of mine victims.

- > Undertake an assessment of national legal and policy frameworks to determine if existing frameworks effectively address the needs and fundamental human rights of persons with disabilities, including mine survivors.
- > Enact national legislation and policies that promote and guarantee the rights of persons with disabilities, including mine survivors.
- > Modify or abolish existing laws, regulations, customs and practices that discriminate against persons with disabilities, including survivors, to promote equality and protection from discrimination in all areas of life.
- > Ratify or accede to the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol.
- > Utilise the provisions of relevant instruments, such as the CRPD, as guidance for the development, implementation and monitoring of relevant legislation and policies.

### **Planning**

A comprehensive and integrated approach to addressing the rights and needs of mine survivors and the families of those killed or injured requires a national plan of action to coordinate and implement activities. When strategies and plans already exist for healthcare, education, employment, disability or for poverty reduction more generally, States should ensure that mine victims have access to the services and benefits enshrined within those plans. In some cases, this may involve expanding target areas for implementation of programmes to affected communities. In other States, it may be necessary to engage all relevant ministries and other actors in the process of developing a plan to address the rights and needs of persons with disabilities, including mine survivors.

Action #27: Develop and implement, if they have not yet done so, a comprehensive plan of action and budget that addresses the rights and needs of mine victims through objectives that are specific,

measurable, achievable, relevant, and time bound, ensuring that such a plan is integrated into broader relevant national policies, plans, and legal frameworks.

- > Undertake a review of existing national plans in relevant areas such as health, education, employment, development, poverty reduction and human rights to identify gaps and/or opportunities to address the rights and needs of mine victims.
- > Based on the outcomes of the review, undertake a broad consultative process, involving persons with disabilities including mine survivors and all other relevant actors, to define SMART (Specific, Measurable, Achievable, Relevant, Time-bound) objectives that will integrate the rights and needs of mine victims into existing frameworks.
- > Develop a plan of action, as appropriate, detailing the strategies, activities, and the ministry/agency with responsibility / oversight, that will be undertaken to change/improve the current situation to reach the stated objectives.
- > Develop a budget for the implementation of the plan and/or integrate activities into the budgets and work plans of relevant ministries and agencies.
- > Develop and/or implement a programme to ensure sufficient national and international resources including by diversifying funding sources and mainstreaming activities into general development frameworks and budgets.
- > Develop and implement plans to ensure the long-term sustainability of services for persons with disabilities, including mine survivors.
- > Disseminate the plan of action to all relevant stakeholders.

### **Monitoring and evaluation**

Monitoring and evaluation of policies, plans and legal frameworks is essential to ensure that activities are having a tangible impact on the quality of daily life of mine victims and other persons with disabilities. States should establish clear and measurable objectives, indicators, baselines and targets against which results can be measured and evaluated. Article 33 of the CRPD, for example, can provide guidance to States on establishing mechanisms to monitor and evaluate their plans, policies legislation and programmes.

Action #28: Monitor and evaluate progress regarding victim assistance within broader national policies, plans and legal frameworks on an ongoing basis, encourage relevant States Parties to report on the progress made, including resources allocated to implementation and challenges in achieving their objectives, and encourage States Parties in a position to do so to also report on how they are responding to efforts to address the rights and needs of mine victims.

- > Utilise existing monitoring and reporting tools, including those developed in the framework of other humanitarian law and human rights instruments, for example, the CRPD.
- > Develop and implement a mechanism to monitor and evaluate the implementation of the policies, plans and legal frameworks and assign responsibility for monitoring and evaluation.
- > Develop and implement a reporting format to enable all relevant actors to report to the coordination body on progress in the implementation of the plan of action, on a regular basis, including resources allocated to implementation and challenges in achieving the objectives.

- > Disseminate nationally and internationally an annual progress report detailing progress made against each objective/action in the national plan and/or the Cartagena Action Plan.
- > Develop and implement a programme to ensure sufficient financial, human and technical resources, through national and international mechanisms, to ensure adequate monitoring, evaluation and reporting systems and procedures.
- > Undertake a mid-term evaluation of implementation, and if necessary adapt national policies, plans and legal frameworks.

### **Involvement of relevant actors**

Significant progress has been made to facilitate improved understanding of victim assistance within ministries working on disability-related issues at the national level. Appropriate experts from relevant State entities are now participating in the work of the Convention. The potential for meaningful, measurable or sustainable difference in the lives of mine victims would be limited without the full involvement of the appropriate governmental actors.

Action #29: Ensure the continued involvement and effective contribution in all relevant convention related activities by health, rehabilitation, social services, education, employment, gender and disability rights experts, including mine survivors, inter alia by supporting the inclusion of such expertise in their delegations.

- > Develop or strengthen existing mechanisms to ensure the effective and on-going participation of relevant experts, including survivors and their organisations, and officials in Convention-related activities at the regional and international level.

### **Capacity building**

National ownership, adequate infrastructure, and human, technical, and financial resources are essential for the long term sustainability of programmes and services. Weak capacity to address disability issues at all levels including within the governmental and non-governmental sector has been identified as a significant challenge. Many States report inadequate resources to build government capacity to provide services in rural areas and to implement legal obligations, due in part to the absence of budget lines for disability-related activities. In many States, appropriate, accessible and affordable services are not meeting the needs in terms of both quantity and quality especially due to a lack of capacity of personnel and the migration of capacities to the capital or outside the country. When international organisations are involved in the delivery of services, national authorities should take steps to prepare for the takeover of activities by developing the necessary technical, human and financial resources.

Action #30: Strengthen national ownership as well as develop and implement capacity building and training plans to promote and enhance the capacity of the women, men and associations of victims, other organisations and national institutions charged with delivering services and implementing relevant national policies, plans and legal frameworks.

- > Strengthen ownership by allocating national resources, including financial and human resources, to the implementation, monitoring and evaluation of plans of action and services for persons with disabilities, including mine survivors, by relevant ministries and agencies.
- > Facilitate a programme to assess the capacities, competencies and training needs of all relevant stakeholders, including government, DPOs, local NGOs and other service providers.

- > Facilitate the development and/or implementation of a programme to build the capacities, knowledge and skills of all relevant ministries, agencies, service providers and other partners to respect the rights of survivors and consider disability as a cross-cutting issue in all plans, policies and programmes.
- > Use existing standards to define the number of trained-human resources needed to ensure adequate service provision.
- > For each group of professionals, develop and implement a human resources development plan (including where the training will be done, by whom, the budget, funding available, etc).
- > Develop and implement an on-going education programme for those already working in the disability sector to increase their skills and knowledge.
- > Provide appropriate professional recognition for all types of professionals working in the disability sector, including status and salary.
- > Facilitate the development and implementation of a programme to train mine survivors and other persons with disabilities to become advocates and leaders for change.

### **Accessibility**

Accessibility is about enabling mine survivors and other persons with disabilities to live independently and participate fully in all aspects of life, by ensuring equal access to the physical environment, services, communications and information, and identifying and eliminating obstacles and barriers to accessibility. To ensure high quality standards, availability and accessibility of services it is essential that specific programmes are implemented in the areas of emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, education and socio-economic reintegration to facilitate a holistic approach.

Action #31: Increase availability of and accessibility to appropriate services for female and male mine victims, by removing physical, social, cultural, economic, political and other barriers, including by expanding quality services in rural and remote areas and paying particular attention to vulnerable groups.

- > Assess the physical accessibility of the physical environment (public places, hospitals, clinics, schools, airports, train stations, universities, libraries, ministries, roads, side walks, religious buildings, etc.)
- > Develop and implement a programme, based on international standards to adapt inaccessible construction to become fully accessible.
- > Create, disseminate and maintain a directory of all relevant services in or near affected areas in formats that are accessible for different types of disabilities and education levels.
- > Develop and/or implement a programme to ensure that victims know their rights and available services.
- > Develop and/or implement a programme to ensure that mine victims and other persons with disabilities have access to affordable transportation to available services and/or accommodation while accessing services if required.

- > Develop and/or activate a referral network between service users and service providers to ensure that appropriate services are available and accessible to all on an equal basis.
- > Develop and implement a plan to decentralise the provision of services to facilitate access to service providers.
- > Include accessibility in all laws and policies related to infrastructure and information.
- > Develop and/or implement, as appropriate, a community based rehabilitation programme in affected communities to promote a holistic approach to assistance and to promote full and effective participation and inclusion of mine survivors and other persons with disabilities.
- > Develop and/or implement a programme to mobilise and engage capacities and resources available in local communities, including survivors, families, community workers, volunteers, local organisations and authorities to improve access to services.

### **Emergency and continuing medical care**

Emergency and continuing medical care includes first-aid, emergency evacuation, and medical care including surgery, pain management, and other health services. The provision of appropriate emergency and continuing medical care, or the lack of it, has a profound impact on the immediate and long-term recovery of mine victims. Many affected countries continue to report a lack of trained staff, medicines, blood, equipment and infrastructure to adequately respond to mine and other traumatic injuries.

- > Develop and/or implement a programme to strengthen emergency response capacities in affected communities to respond to landmine and other traumatic injuries through the provision of basic supplies and appropriate training of lay-persons and other healthcare workers.
- > Develop and/or implement a programme to train local community workers in the provision of primary assistance and referral to appropriate health facilities.
- > Develop and implement a programme to establish and/or improve healthcare infrastructure in affected areas ensuring that facilities have adequate equipment, supplies and medicines necessary to meet basic standards.
- > Establish and/or implement a mechanism to ensure that healthcare services are affordable.
- > Develop and/or implement a programme to ensure that orthopaedic surgery and physiotherapy are available as soon as possible after an accident to prevent complications, to prepare for rehabilitation and to facilitate the use of proper assistive devices.
- > Develop and/or implement a programme to increase the number of trained healthcare workers (including trauma surgeons and nurses) in hospitals in, or accessible to, affected areas.

### **Physical and functional rehabilitation**

Physical rehabilitation involves the provision of services in rehabilitation and physiotherapy and the supply of assistive devices such as prostheses, orthoses, walking aids and wheelchairs to promote the physical well-being of mine survivors. Physical rehabilitation is focused on helping a person regain or improve the capacities of his/her body, with physical mobility as the primary goal. Functional rehabilitation includes all measures taken to lead a person with disability to be able to engage in activities or fulfil roles that she/he considers important, useful, or necessary. Functional

rehabilitation targets issues beyond the physical ones, such as sight and hearing. These issues may also include: psychosocial (adjusting to a changed body-image, handling other people's reactions), pain management, self-care, returning to work or school, and performing complex activities such as driving, or cooking. Rehabilitation services should apply a multidisciplinary approach involving a team working together including a medical doctor, a physiotherapist, a prosthetic/orthotic professional, an occupational therapist, a social worker and other relevant specialists. The person with disability and his/her family have an important role in this team.

- > Develop and/or implement a multi-sector rehabilitation plan or strategy that includes training and takes into account all types of disability.
- > Develop and/or implement a programme to ensure the provision of assistive devices and equipment by using, as much as possible, local material and resources.
- > Develop and/or implement a programme to promote knowledge and use of assistive devices among survivors and their families.
- > Develop and/or implement a programme to improve access to physical rehabilitation services in affected communities, including for the maintenance, repair and replacement of devices, through the provision of services at the community level through outreach activities, mobile clinics, and/or establishment of small repair centres.
- > Allocate a specific budget line to meet the physical and functional rehabilitation needs of all persons with disabilities, regardless of the cause of disability.
- > Develop and/or implement a training programme to ensure a sufficient number and quality of rehabilitation professionals in accordance with the needs and geographical coverage.

### **Psychological and psychosocial support**

Psychological and psychosocial support can assist mine victims to overcome the trauma of a landmine explosion and promote social well-being, self-reliance and independence. Activities include community-based peer support groups, associations of persons with disabilities, sporting and related activities, and where necessary, professional counselling. Appropriate psychological and psychosocial support has the potential to make a significant difference in the lives of mine survivors, and the families of those killed or injured. Psychological and psychosocial support is necessary in the immediate aftermath of the accident and may be needed at different times throughout their lifetime.

- > Develop and/or implement a programme to provide psychological support in healthcare and rehabilitation facilities.
- > Develop and/or implement a programme to establish peer support networks in affected areas.
- > Develop and/or implement a programme to promote sport and recreational activities for persons with disabilities and their families.
- > Develop and/or implement a programme to ensure access for mine survivors on an equal basis with others in cultural life, recreation, leisure, and sport activities.
- > Implement a programme to train service providers on issues of protection of privacy, disability rights and codes of ethics in treatment.

## **Social and economic reintegration/inclusion**

Social and economic reintegration/inclusion includes activities that improve the social and economic status of survivors and the families of those killed or injured through education, vocational training, access to micro-credit, income generation and employment opportunities, and the economic development of the community infrastructure. Economic empowerment is essential to promote self-sufficiency and independence. The challenge for many States is to build and develop sustainable economic activities in affected areas that would benefit not only those individuals directly impacted by mines, but their communities.

- > Assess the needs, experience, capacities and economic opportunities in affected communities.
- > Develop and/or implement a programme to facilitate the socio-economic inclusion of mine survivors and the families of those killed or injured, including by improving access to education and vocational training, micro-credit, and sustainable income generation and employment opportunities, on an equal basis with others, in affected communities.
- > Monitor the implementation of national legislation on the employment of persons with disabilities.
- > Develop and/or implement a programme to promote inclusive education at all levels, including primary, secondary, tertiary, vocational training and adult education, and lifelong learning, as part of the national education plans, policies and programmes.
- > Develop and/or implement a programme to facilitate access to education for girls and boys injured by the landmines or the children of those killed or injured in a landmine explosion.

## **Good practice**

Victim assistance does not require the development of new fields or disciplines but rather should be integrated into existing healthcare, rehabilitation and social service systems, and legislative and policy frameworks. Considerable effort has gone into the development of standards, guidelines, and lessons learnt by various actors including the WHO, UNDP, ICRC, and other international agencies and non-government organisations that are relevant to all aspects of victim assistance. Existing standards, guidelines and good practice can be adapted, as appropriate, to the national context.

Action #32: Ensure that appropriate services are accessible through the development, dissemination and application of existing relevant standards, accessibility guidelines and of good practices to enhance victim assistance efforts.

- > Develop, disseminate and monitor the implementation of minimum standards and accessibility guidelines for facilities and services open or provided to the public to guarantee access for women, girls, boys and men with disabilities.
- > Collate and disseminate examples of good practice in the provision of services and in addressing the rights and needs of mine victims and other persons with disabilities.

## **Awareness raising**

Mine survivors and other persons with disabilities often face stigma, discrimination and misunderstanding from their families and communities. Social and economic inclusion and participation in the social, cultural, economic and political life of their communities is hindered by a lack of understanding based on stereotypes and misperceptions among the general population of the



rights, needs and capacities of persons with disabilities. In many societies, persons with disabilities are still seen as objects of charity and not as subjects of rights, able to make decisions and participate in society. Persons with disabilities are often unaware of their rights and lack the capacity to advocate for themselves.

Action #33: Raise awareness among mine victims about their rights and available services, as well as within government authorities, service providers and the general public to foster respect for the rights and dignity of persons with disabilities including mine survivors.

- > Facilitate the development and/or implementation of a system to disseminate, on a regular basis, information on the availability of services and the rights of persons with disabilities.
- > Facilitate the development and implementation of a training package on the role of social and attitudinal barriers in preventing the participation of survivors and other persons with disabilities in society, and on obligations to remove these barriers.
- > Facilitate the development and implementation of a programme to raise awareness on the rights and contributions of persons with disabilities, including survivors, to their communities among survivors and their families, communities, professionals and authorities at all levels to promote inclusion.
- > Develop and implement a programme to train teachers on the rights and capacities of persons with disabilities and their special needs.
- > Include awareness about the rights and capacities of persons with disabilities in the school curriculum.
- > Include disability awareness in mine risk education programmes.

## **INTERNATIONAL COOPERATION AND ASSISTANCE**

### **Resource mobilisation**

Addressing the rights and needs of mine victims is a long-term commitment which requires sustained political, financial and material commitments, provided both through national commitments and international, regional and bilateral cooperation and assistance, in accordance with the obligations under Article 6.3. No progress in improving the quality of daily life of mine victims and other persons with disabilities will be possible without adequate resources to implement policies and programmes.

Action #39: Support the national efforts of those States Parties with clearly demonstrated needs to develop their capacities to provide assistance to mine victims and other persons with disabilities by providing where possible multi-year financial, material or technical assistance in response to the priorities of the affected State to facilitate long-term planning, implementation and monitoring of victim assistance-related activities.

- > Affected States: Identify gaps in resources available to implement national plans of action and seek specific support from the international community to address the gaps.
- > States in a position to assist: Provide financial and other resources that will support the building of national capacities in the areas that will promote implementation of the recipient State's plan of action.

- > Take steps to coordinate links between financial and other support mechanisms and actions that will facilitate progress in achieving the aims of national policies and plans.

### **Inclusive development**

The concept of inclusive development is as an appropriate mechanism to ensure that landmine victims and other persons with disabilities have access to the same opportunities in life as every other sector of a society. A “twin-track approach” is essential: While integrating victim assistance into development programmes is important it may also be necessary to provide specialised services to ensure that mine survivors and other persons with disabilities are empowered to participate on an equal basis with others. Development efforts that benefit mine victims and other persons with disabilities will in turn contribute to achieving a country’s development objectives, including the UN’s Millennium Development Goals, through their full participation in social, economic and political spheres.

Action #41: Ensure that international cooperation and assistance, including development cooperation, is age-appropriate and gender-sensitive and inclusive of, and accessible to, persons with disabilities, including mine survivors.

- > Develop and/or implement poverty reduction strategies, policies and programmes that are inclusive of issues concerning women, girls, boys and men with disabilities.
- > Take affirmative action to ensure that women, girls, boys and men with disabilities have access to all activities within poverty reduction and development programmes in their communities.
- > Develop and disseminate common terminology and concepts to enable stakeholders working in the areas of disability and/or victim assistance to engage fully in development processes.
- > Include the issue of disability/victim assistance in bilateral development cooperation discussions involving affected States.
- > Document and disseminate examples of good practice in international cooperation and inclusive development that promote victim assistance and the full participation of persons with disabilities, including survivors, in society.

### **Regional and bilateral cooperation**

Prior to 2009 there were only limited opportunities at the regional level for States Parties to develop partnerships, strengthen regional cooperation and share good practice in relation to victim assistance. Through regional workshops in Bangkok, Dushanbe, Managua and Tirana the need to strengthen bilateral and regional cooperation was identified.

Action #46: Develop and promote regional and bilateral cooperation in sharing and effectively using national experiences and good practices, resources, technology and expertise in addressing the rights and needs of mine victims and other persons with disabilities, to implement the Convention and to engage the cooperation of regional organisations.

- > Identify and utilise opportunities to enhance bilateral exchanges to share national experiences and good practices to promote victim assistance.
- > Identify and utilise opportunities to integrate victim assistance into existing relevant regional frameworks and the work of regional organisations.

## **EXTRACT FROM THE VIENTIANE ACTION PLAN**

### **VI. VICTIM ASSISTANCE**

States Parties with cluster munition victims in areas under their jurisdiction or control will:

Action #20: Increase in 2011 their capacities to assist cluster munition victims on the basis of plans and proposals presented at and following the First Meeting of States Parties, as national and international resources become available.

Action #21: Designate a focal point within the government to coordinate the development, implementation, and monitoring of victim assistance policies and plans in accordance with Article 5, paragraph 2, within six months of the Convention's entry into force for that State Party and make sure that the focal point has the authority, expertise and adequate resources to carry out its task.

Action #22: Collect all necessary data, disaggregated by sex and age, and assess the needs and priorities of cluster munition victims within one year of the Convention's entry into force for that State Party. Such data should be made available to all relevant stakeholders and contribute to national injury surveillance and other relevant data collection systems for use in programme planning.

Action #23: Integrate the implementation of the victim assistance provisions of this Convention in existing coordination mechanisms, such as coordination systems created under the Convention on the Rights of Persons with Disabilities (CRPD) or other relevant Conventions. In the absence of such mechanisms, establish such a coordination mechanism actively involving cluster munition victims and their representative organizations as well as relevant health, rehabilitation, social services, education, employment, gender and disability rights experts within one year of the Convention's entry into force for that State Party.

Action #24: Ensure that existing victim assistance and/or disability plans can ensure fulfilment of the victim assistance obligations under the Convention or adapt such plans accordingly. States Parties that have not yet developed such a plan, should do so and ensure that a comprehensive national plan of action and budget address the needs and human rights of cluster munition and other ERW victims.

Action #25: Review the availability, accessibility and quality of services in the areas of medical care, rehabilitation and psychological support, economic and social inclusion, and identify which barriers prevent access to these services for cluster munition victims. Take immediate action to increase availability and accessibility of services also in remote and rural areas so as to remove the identified barriers and to guarantee the implementation of quality services.

Action #26: Within one year of the Convention entering into force for that state, review national laws and policies, with a view to meeting the needs and protecting the human rights of cluster munition victims, ensuring that national legal and policy frameworks do not discriminate against or among cluster munition victims and those who have suffered injuries or disabilities from other causes. Implement relevant national laws and policies, which were newly developed or modified as needed, no later than the First Review Conference of the Convention.

Action #27: Raise awareness among cluster munition victims about their rights and available services, as well as within government authorities, service providers and the general public to foster respect for the rights and dignity of persons with disabilities, including cluster munition victims.

Action #28: Implement existing international standards, guidelines and recommendations in the areas of medical care, rehabilitation and psychological support as well as social and economic

inclusion, inter alia through education, training and employment incentive programmes of persons with disabilities in both public and private sectors, as well as through the micro-crediting possibilities and best practices, recognizing in particular the vulnerability of women with disabilities.

Action #29: Mobilize adequate national and international resources through existing and innovative sources of financing, bearing in mind the immediate and long-term needs of cluster munition victims.

All States Parties, in support of the implementation of Article 5, will seek to:

Action #30: Encourage and enable States Parties to include cluster munitions victims and their representative organisations in the work of the convention in a manner that is gender and age sensitive, sustainable, meaningful and non-discriminatory.

Action #31: Include relevant experts, including clusters munitions survivors, and representatives of disabled persons organisations, to be part of their delegations in all convention related activities.

Action #32: Promote and enhance the capacity of women, men and organizations of survivors as well as other national organisations and institutions delivering victim assistance services, including by financial and technical resources, effective leadership and management training, exchange programmes, with a view to strengthening national ownership and sustainability.

## **VII. INTERNATIONAL COOPERATION AND ASSISTANCE**

States Parties with obligations to destroy stockpiles, clear affected areas and assist victims should:

Action #33: Endeavour to, within one year after entry into force for that state party, develop or update comprehensive national plans for meeting all obligations concerning stockpile destruction, clearance and victim assistance, identify resources currently available to meet these obligations and identify needs for international cooperation and assistance.

Action #34: Identify and engage with relevant civil society groups, corporations, international organisations, and other States Parties that may be in a position to assist in addressing these gaps.

Action #35: Identify other affected States Parties as soon as possible and use meetings of the Convention and other bilateral and regional opportunities to exchange of information and technical expertise so as to be able to gain from each other's experience in implementation of the Convention.

Action #36: Promote technical cooperation, information exchange on good practices and other forms of mutual assistance with other affected States Parties to take advantage of the knowledge and expertise acquired in the course of fulfilling their obligations.

## **PLAN OF ACTION ON VICTIM ASSISTANCE UNDER PROTOCOL V**

Recalling the general principle of the protection of the civilian population against the effects of armed conflict;

Confirming their determination that in cases not covered by this Convention and its annexed Protocols or by other international agreements, the civilian population and the combatants shall at all times remain under the protection and authority of the principles of international law derived from established custom, from the principles of humanity and from the dictates of public conscience;

Recalling that pursuant to Article 8 paragraph 2 of Protocol V, “[E]ach High Contracting Party in a position to do so shall provide assistance for the care and rehabilitation and social and economic reintegration of victims of explosive remnants of war”;

Recalling the Convention on the Rights of Persons with Disabilities which, inter alia, requires that States Parties to that Convention undertake to ensure and promote the full realisation of all human rights and fundamental freedoms of all persons with disabilities without discrimination of any kind on the basis of disability;

Recognizing the right of each High Contracting Party to seek and receive assistance in accordance with the provisions of Protocol V;

Recognizing in particular that States having a responsibility for victims of explosive remnants of war will in many instances need support and cooperation by other countries, international organizations and institutions to rendering assistance to victims of explosive remnants of war;

Mindful of the need to coordinate adequately efforts undertaken respectively in various fora to address the rights and needs of victims of various types of weapons;

Resolved to avoid discrimination against or among victims of explosive remnants of war, or between such victims and other victims of armed conflict;

Mindful that explosive remnants of war may not only affect the persons directly impacted by them, but also have larger social and economic consequences.

The High Contracting Parties

I. Have reached a common understanding on the following Plan of Action which will be implemented without prejudice to their obligations under Protocol V and the CCW:

Action 1: With respect to victims of ERW in areas under its jurisdiction or control, each High Contracting Party, in accordance with applicable international law, should adequately provide or facilitate the provision of age- and gender-sensitive medical care, rehabilitation, psychological support and adequate assistance for social and economic inclusion in a non-discriminatory manner.

Action 2: Each High Contracting Party should make every effort to collect reliable relevant data with respect to victims.

Action 3: Each High Contracting Party in a position to do so should provide cooperation and assistance for victim assistance consistent with national laws and procedures of the recipient State. The High Contracting Parties urge all States as well as international organizations and institutions in a position to do so to cooperate and provide assistance.

Action 4: In implementing this Plan of Action each High Contracting Party should, as appropriate:

- (a) Assess the needs of victims;
- (b) Develop, implement and enforce any necessary national laws and policies;
- (c) Develop in accordance with national procedures, a national plan and provision of adequate resources, including timeframes to carry out these activities, with a view to incorporating them within as well as supporting applicable national disability, development and human rights frameworks and mechanisms, while respecting the specific role and contribution of relevant actors in the field of assistance and rehabilitation of victims of explosive remnants of war;
- (d) Seek to mobilise national and international resources;
- (e) Ensure that differences in treatment are based only on medical, rehabilitative, psychological or socio-economic needs;
- (f) Closely consult with and involve victims and their representative organizations;
- (g) Designate, in accordance with national procedures, a focal point within the government for the implementation of this Plan of Action; and
- (h) Strive to incorporate relevant guidelines and good practices including in the areas of medical care, rehabilitation and psychological support, as well as social and economic inclusion.

II. Decide to exchange regularly information on the implementation of this Plan of Action within existing mechanisms established by the CCW and Protocol V.

III. Decide to review regularly the implementation of this Plan of Action within existing mechanisms established by Protocol V in order to assess progress and take appropriate decisions for further improving assistance for victims.

## **SELECTED BIBLIOGRAPHY**

### **DATA COLLECTION**

Centers for Disease Control and Prevention and WHO, *Injury Surveillance Guidelines*, WHO, Geneva, 2001.

Jean-Francois Trani, Parul Bakhsi and Cécile Rolland, *Conducting surveys on disability: a comprehensive toolkit*, Handicap International, Lyon, 2006.

Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000.

UN, *Principles and Recommendations for Population and Housing Censuses Revision 2*, Department of Economic and Social Affairs Statistics Division, New York, 2008.

UNESCAP, *Guidelines for cognitive and pilot testing of disability questions for use in surveys: ESCAP project on improving disability measurement and statistics in the Asia Pacific Region*, Statistics Division, Economic and Social Commission for Asia Pacific Region, December 2010.

UNESCAP, Statistics, *Guidelines for cognitive and pilot testing of disability questions for use in surveys*, Statistics Division Economic and Social Commission for Asia Pacific Region, Bangkok, December 2010.

WHO, *Developing Health Management Information Systems: A Practical Guide for Developing Countries*, WHO Regional Office for Western Pacific, 2004.

WHO, *Guidance for surveillance of injuries due to landmines and unexploded ordnance*, Injuries and Violence Prevention Department, Geneva, 2000.

WHO, *Guidelines for conducting community surveys on injuries and violence*, Geneva, 2004.

WHO/UNESCAP, *Training Manual on Disability Statistics*, United Nations, Bangkok, 2008.

### **EMERGENCY AND CONTINUING MEDICAL CARE**

ICRC, *Hospitals for war-wounded: a practical guide for setting up and running a surgical hospital in an area of armed conflict*, Geneva, 2005.

Trauma Care Foundation, *Save Lives, Save Limbs: Life Support for Victims of Mines, Wars, and Accidents: A Handbook for Medics and Medical Teachers*, 2000.

WHO, *Essential Trauma Care Project: Checklists for Surveys of Trauma Care Capabilities*.

WHO, *Guidelines for Essential Trauma Care*, Geneva, 2004.

WHO, *Integrated Management on Emergency Essential Surgical Care - E-learning tool kit*, Geneva, 2007.

WHO, *Prehospital Trauma Care Systems*, Geneva, 2005.

WHO, *Surgical Care at the District Hospital*, Geneva, 2003.

## **PHYSICAL REHABILITATION**

Liz Hobbs, Sue McDonough and Ann O'Callaghan, *Life after Injury: A rehabilitation manual for the injured and their helpers*, Third World Network, 2002.

*Prosthetics and Orthotics Programme Guide: Implementing P&O Services in Low-Income Settings*, September 2006.

*Prosthetics and Orthotics Project Guide: Supporting P&O Services in Low-Income Settings*, September 2006.

WHO, *Guidelines for Training Personnel in Developing Countries for Prosthetics and Orthotics Services*, Geneva, 2004.

WHO, *Guidelines on the provision of Manual Wheelchairs in less resourced settings*, Geneva, 2008.

## **PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT**

International Federation Reference Centre for Psychosocial Support, *Psychosocial interventions: A handbook*, IFRC, Copenhagen, 2009.

International Federation Reference Centre for Psychosocial Support, *Community-Based Psychological Support: Trainer's book*, IFRC, Copenhagen, 2009.

## **SOCIAL INCLUSION**

Handicap International, *Fun inclusive: sports and games as a means for rehabilitation, interaction and inclusion for children and young people with disabilities*, Munich, 2004.

Handicap International, *Personalised social support: Thoughts, Method and Tools in an Approach of Proximity Social Services*, Lyon, December 2009.

International Platform on Sport and Disability, *Thematic Profile: Sport and Disability*, June 2009.

Sightsavers, *Simple Steps to Social Inclusion*, 2011.

Sport for Development and Peace International Working Group, "Sport for Persons with Disabilities: Fostering Inclusion and Well-being", in *Harnessing the Power of Sport for Development and Peace: Recommendations to Governments*, Right to Play, 2008.

UNICEF, *Sport, Recreation and Play*, UNICEF, New York, August 2004.

## **ECONOMIC INCLUSION**

Handicap International, *Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries*, August 2006.

ILO, *Achieving Equal Employment Opportunities for People with Disabilities through Legislation: Guidelines*, Geneva, 2007.

ILO, *Job and Work Analysis: Guidelines on Identifying Jobs for Persons with Disabilities*, Geneva, 2005.



ILO, *Replicating Success: a manual to alleviate poverty through peer training*, Subregional Office for East Asia, 2009.

ILO, *Skills development through Community Based Rehabilitation (CBR)*, Geneva, 2008.

ILO, *The Right to Decent Work of Persons with Disabilities*, Geneva, 2007.

The Atlas Alliance, *Microcredit for self-employed disabled persons in developing countries*, 2005.

World Rehabilitation Fund, *Guidelines for Socio-Economic Integration of Landmine Survivors*, 2003.

## **INCLUSIVE DEVELOPMENT**

Australian Agency for International Development (AusAID), *Development for All: Towards a disability-inclusive Australian aid program 2009 - 2014*, November 2008.

Handicap International and Christoffel Blindenmission, *Making PRSP Inclusive*, January 2006.

International Disability and Development Consortium, *A Guidance Paper for an Inclusive Local Development Policy*, September 2008.

World Bank, *Disability and International Cooperation and Development: A review of policies and practices*, Volume 1 – Disability, June 2010.

## **COMMUNITY BASED REHABILITATION**

WHO, *Community-Based Rehabilitation CBR Guidelines*, 2010.

## **INCLUSIVE EDUCATION**

UNESCO, *Policy Guidelines on Inclusion in Education*, Paris, 2009.

## **OTHER**

Handicap International, *Accessibility: How to design and promote an environment accessible to all?*, Lyon, November 2009.

ICBL-CMC, *Connecting the Dots: Detailed Guidance, Victim Assistance in the Mine Ban Treaty and the Convention on Cluster Munitions & in the Convention on the Rights of Persons with Disabilities*, Geneva, April 2011.

*Including the rights of persons with disabilities in United Nations programming at the country level: A Guidance Note for United Nations Country Teams and Implementing Partners*, United Nations Development Group/Inter-Agency Support Group for the CRPD Task Team, July 2010.

*Victim Assistance in the Context of the AP Mine Ban Convention: Checklist*, AP Mine Ban Convention Implementation Support Unit, Geneva, 2008.

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