

Policy Paper

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# Victim assistance in the context of mines and explosive remnants of war

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July 2014

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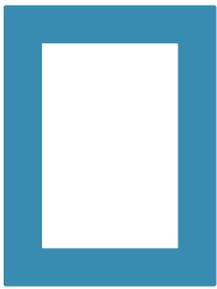
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Policy paper

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## Foreword

Given that States Parties have obligations towards mine / explosive remnants of war (ERW)<sup>1</sup> victims as per the Mine Ban Treaty (MBT) and the Convention on Cluster Munitions (CCM), VA is a doorway by which the inclusion of all people with disabilities can be advanced in countries affected by mine/ERW.

Handicap International's<sup>2</sup> work in VA has evolved tremendously over the last three decades. Five distinct periods mark this evolution. Our first activities in the early 1980s focused mainly on physical rehabilitation. This was then followed by the organizations' strong advocacy role leading up to the entry into force of the Mine Ban Treaty (MBT) in 1999. The organization then developed an increasingly comprehensive and holistic approach to victim assistance and disability that includes increasing access to education, social services and livelihoods. The fourth period is marked by advocacy work to ensure strong victim assistance obligations in the MBT and 2008 CCM building on practice and the standards set by Convention on the Rights of Persons with Disabilities (CRPD) and their comprehensive implementation. The fifth and last period began in 2010, where, in addition to its previous work, Handicap International has been getting involved in building national level capacity to coordinate VA.

This policy paper aims to consolidate a VA culture in the organization. It purports to expand our view to consider whether there is mine/ERW contamination in the countries in which we work and what situation is being faced by its victims. This paper promotes embracing VA as a cross-cutting issue and it does so for the following reasons:

- Our mandate is to advance the inclusion of the most vulnerable with a strong focus on people with disabilities
- The MBT and the CCM offer a strategic and historic opportunity.

So this policy paper aims to guide Handicap International's teams in their victim assistance (VA) efforts, but can be distributed more widely, notably amongst our local partners.

This paper presents background information on VA; reveals how it is rooted in two instruments of international humanitarian law and guided by the CRPD; resumes the current situation in terms of our day-to-day interventions and lays out a vision of VA that is in line with our 2011 - 2015 strategy<sup>3</sup>. In addition, it provides answers to some "frequently asked questions (FAQs) on VA" that deal with potentially sensitive issues. Overall, it aims to contribute to a common position and coherent communication on VA among Handicap International staff, whether at the operational, advocacy, communication or campaigning level and to instigate new ways of operating in order to capitalize on the opportunity presented by VA at this point in time.

The issue of mine/ERW victims cuts across three complementary conventions, namely the MBT, the CCM and the CRPD. The latter is the overarching human rights treaty, the enforcement of which would encompass adherence to VA as per the disarmament conventions. If States Parties to the MBT and the CCM took steps to comply with the CRPD and ensured victims other than mine/ERW survivors with disabilities were included at all levels of society, they would have effectively implemented their VA, as well as related their international cooperation obligations. When speaking of VA in the context of the MBT and the CCM, the term "victim" ought to be interpreted in the narrow sense of "victims of mine/ERW". It does not include the more general understanding of victims of conflict, such as child soldiers, nor victims of small arms or rape. That said, paradoxically, "victim assistance" in the context of these same legal instruments refers to any activity that advances the inclusion of mine/ERW victims and any person disabled through other causes, whether as a result of an accident with an improvised explosive device, a car accident or polio, to name only a few. As such, working on VA contributes to implementing Handicap International's strategy 2011 - 2015 and it opens doors with stakeholders not yet working on disability, whether in mine/ERW affected -or donor countries (more about this in a later section of this paper titled "Perspectives").



Mines and explosive remnants of war (ERW) continue to kill, injure and destroy lives and livelihoods. These weapons remain lethal long after a conflict has come to an end and kill or injure innocent civilians; men and women, boys and girls going about their daily life. They “... instill fear in communities, whose members often know they are working or walking in contaminated areas, but have no possibility to farm other land, or take another route to school. When land cannot be cultivated, when medical systems are drained by the cost of attending to landmine/ERW casualties, and when countries must spend money clearing mines rather than paying for education, it is clear that these weapons not only cause appalling human suffering, they are also a lethal barrier to development and post-conflict reconstruction”<sup>4</sup>.

Mine/ERW cause a minimum of 11 to 12 casualties on a daily basis and are not confined to a single part of the world. People fall victim to these weapons, generally not out of ignorance about their presence, but because they knowingly engage in risky activities mostly due to livelihood pressure. Whether farming a mined piece of land because this is the only parcel available, or searching for unexploded ordnance because of its scrap metal value, people that knowingly take risks almost always do so out of a situation of poverty and extreme vulnerability. The risk of getting injured is deemed lower than the risk of going hungry. Whether a child falls ill, or a crop fails, it is the increased value of scrap metal due to rising value of metal secondary to economic prosperity in China and Thailand that has caused a sharp rise in the number of cluster munitions casualties in countries such as Lao, Cambodia and Vietnam in the past six years. The Landmine Monitor has been recording annual casualty figures in all affected countries around the world since 1999, with a total of 4,286 new casualties from landmines and explosive remnants of war being recorded in 2011<sup>5</sup>. The number of survivors in the world is estimated at hundreds of thousands, often with a need for a lifelong support, while the number of indirect victims is significantly greater given that it includes all affected family members and people living in mine/ERW affected areas.

Those countries most affected in terms of mine/ERW casualties in 2012 were Afghanistan (766), Colombia (496), Yemen (263), Pakistan (247), Cambodia (186), Iran (127), Sudan (109) and Myanmar (106). The numbers quoted here are known casualties, however, it is estimated that the actual number is much higher.

The goal of VA is the inclusion of victims in society. When a person has an accident with a mine/ERW, the most urgent requirement generally is medical care and rehabilitation. However, VA does not stop there. Medical care and rehabilitation alone will not reach the goal of inclusion. VA is an integrated part of the global operational strategy to reduce the risk OR manage the consequences produced by mine/ERW. This strategy is commonly referred to as humanitarian mine action (HMA) and is comprised of five pillars<sup>6</sup>, namely: 1) humanitarian demining (survey, clearance and land release), 2) stockpile destruction, 3) risk education, 4) advocacy, and 5) victim assistance<sup>7</sup>. “The origins of HMA can be traced back to 1988, when for the first time the United Nations appealed for funds to carry out demining activities in Afghanistan”<sup>8</sup>.

This paper is grounded in Handicap International's experience in VA dating back from 1982 all the way through to the present (2014) in which we are working in more than 40 countries/ independent territories that are affected by mine/ERW. It takes into account the organization's internationally recognized advocacy role for a global ban on landmines and cluster munitions, field expertise from programmes in each continent and that of headquarter and national associations, survivors and their families, as well as other international organizations involved in VA and civil society organizations.

As Handicap International's role in VA has developed significantly over the last three decades, 2014 presents a timely opportunity to review its past activities on VA and establish a policy to serve as a guideline for future interventions for Handicap International staff and its partners.



Cambodia

# Principles and benchmarks

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# Definitions, importance and context

The following section provides a definition of the terms “victim” and “survivor”, explains what “victim assistance” is, highlights its relevance by showing how it is an important part of two legal disarmament conventions that has strong linkages to the Convention on the Rights of Persons with Disabilities (CRPD), and provides an overview of the evolution of VA in Handicap International since its early days.

## A

### Definition: Victim versus survivor

Handicap International understands the term “victim” as referring to those persons killed or injured by mine/ERW, as well as their families and mine/ERW affected communities; a conceptualization that is now officially recognized in article 2 of the Convention on Cluster Munitions (CCM) and articulated as follows: “all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalization or substantial impairment of the realization of their rights caused by the use of cluster munitions”<sup>9</sup>.

In order to make a distinction between those people that had an accident with a mine/ERW and other victims of the same weapon, the notion of “direct victims” has been introduced to refer to people injured or killed by mine/ERW, and “indirect victims” to refer to family of the person directly affected by a mine/ERW accident as well as communities affected by mine/ERW.

Mine/ERW victims are all, in one degree or the other, affected by the consequences of mine/ERW suspicion, utilization and presence in their community. One may also come

across the term “casualty”, which carries the same meaning as the term “direct victim” and denotes a person who had an accident with a mine/ERW and who was either injured or killed. Another more commonly used term is that of “survivor” which is used more specifically to refer to a person who had an accident with a mine/ERW and survived it.

The term “victim” tends to evoke a charitable and disempowering image, but, given the now internationally and legally accepted enlarged understanding of “victim” under the MBT and the CCM, Handicap International has decided to also use this term. Another reason for using this term is that it allows us to broaden the scope of our “VA” work to go beyond survivors and include affected families and community members as well.



### Frequently Asked Question

#### **Why do we speak of “assistance”, a term that reflects a charitable approach, rather than, for example, survivor inclusion?**

The term “victim assistance” is used in the Mine Ban Treaty and the Convention on Cluster Munitions as there is now a common understanding that it does not involve charity but that it is about implementing the human rights of all those affected by mine/ERW. It took many years for this consensus to emerge, but this is now widely recognized. Even though the desire to change the term “victim assistance” to “inclusion” is wide spread, achieving this is another matter. The notion of VA has been used since the early nineties and entered the official lexicon of international treaties in 1997 with the adaption of the MBT. Changing any term is difficult, if not impossible, and it is also likely to create confusion.

→ Thus, Handicap International has chosen to use the term “victim assistance” to refer to and cite the obligations of the conventions to all persons that have suffered the consequences of the use

of mine/ERW. Handicap International should use the term “survivor” to refer specifically to persons having been in an accident and having survived.

## B

### What is victim assistance?

In the context of the MBT and the CCM, State Parties have agreed that VA is comprised of the following six elements: 1) understanding the extent of the challenges (data collection); 2) emergency and ongoing medical care; 3) rehabilitation; 4) psychological and psycho-social support; 5) socio-economic inclusion; and 6) laws and public policies.

Rather than using the terms “medical care” and “socio-economic inclusion” - which were developed in a disarmament context - Handicap International has deliberately chosen to align the four service-related aspects of VA with the CRPD. Instead, Handicap International uses the terms “health” to cover the scope of activities referred to as “emergency and ongoing medical care” and “education” and “work and employment” instead of “socio-economic inclusion”<sup>10</sup>. As such, Handicap International refers to services in the following sectors/policy areas: 1) health, 2) physical and functional rehabilitation, 3) psychological and psycho-social support (including cultural, sports and leisure activities - CSL), 4) education, and 5) work and employment. In addition, Handicap International proposes a sixth service element, namely: adequate standards of living and social protection<sup>11</sup>.

MBT and CCM service delivery elements	Handicap International service sector/public policy areas
Emergency and ongoing medical care	Health
Rehabilitation	Physical and functional rehabilitation
Psychological and psycho-social support	Psychological and psycho-social support
Socio-economic inclusion	Education Work and employment
	Adequate standards of living and social protection

In order to ensure delivery of relevant, accessible and affordable services, Handicap International considers that States need to develop a number of implementation support measures, namely:

- Collection of relevant statistics and data, including assessments on the needs and priorities of survivors
- Participatory development and adoption of a national action plan on disability that is inclusive of the needs and rights of victims
- Ensure national legislation embodies the rights and obligations of survivors and other people with disabilities
- Adopt a disability perspective in all policy-making
- Provide relevant capacity-building and training to all stakeholders involved in victim assistance and disability related efforts
- Governance of victim assistance through an inter-ministerial process that coordinates work through a focal point or disability coordination mechanism and the mobilization of national and international resources - whether financial or technical.

VA efforts should be incorporated into, or at least linked to, broader disability, human rights and development frameworks at national and international level<sup>12</sup>. In addition, they should be guided specifically by the human rights principles of non-discrimination and special attention to groups in situation of vulnerability, full and effective participation and inclusion, as well as age and gender considerations.



### Recommendations for the implementation of victim assistance<sup>13</sup>

This focus includes the summary of a document titled “Recommendations for National Action Plans on Victim Assistance: 2011 - 2015”, which lists key elements that comprise VA according to Handicap International, and which should be reflected in National Action Plans on Victim Assistance.

#### 1. Sectors/policy areas

In order to take a comprehensive approach to inclusion, National Action Plans on Victim Assistance should include actions that target the provision of services in the following sectors/public policy areas: health, rehabilitation, psychological support, adequate standards of living and social protection, education, as well as work and employment.

#### 2. Cross-cutting issues of accessibility, empowerment and awareness-raising

National Action Plans on Victim Assistance should systematically include actions to improve accessibility, empowerment and awareness-raising - all crucial to ensuring sustainability.

Accessibility measures should eliminate obstacles and barriers in urban and rural areas to buildings, roads, transportation, schools, housing, medical facilities and workplaces, as well as to information and communications (media, technology, etc.). Empowerment measures should ensure

survivors know their rights and are able to advocate for them. Awareness-raising measures should ensure that the rights and capacities of survivors are known and respected throughout society as a whole.

#### 3. Implementation support measures

National Action Plans on Victim Assistance should: include measures to collect relevant statistics and data, including assessments on the needs and priorities of survivors and available services; ensure national legislation embodies the rights and obligations of survivors and other people with disabilities; include a disability perspective in all policy-making; provide relevant capacity building and training to all stakeholders involved in victim assistance; ensure victim assistance is governed through an inter-ministerial, multi-stakeholder process that coordinates work through a focal point; and mobilize national and international resources. All of these efforts should be incorporated into, or at least linked to, broader disability, human rights and development frameworks at national and international level.

#### 4. Guiding principles on human rights

National Action Plans on Victim Assistance should integrate specific and cross-cutting actions to advance human rights principles, especially those of non-discrimination, special attention to vulnerable groups, full and effective participation and inclusion, and age and gender considerations.

#### 5. Monitoring and reporting

National Action Plans on Victim Assistance should include mechanisms for annual monitoring and reporting at national and international levels, on the status and progress of victim assistance implementation. Reports should include information on the progress made during the reporting period, challenges in implementing the National Action Plan, the amount of resources allocated for its implementation, factors affecting its degree of fulfilment, and updated objectives.

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## 6. International cooperation and assistance

National Action Plans on Victim Assistance drawn up by mine/ERW-affected States should include information on the technical, economic and other resources required from the international community to complement national resources. State Parties committed to international cooperation and assistance should also support the implementation of victim assistance by: a) providing support to specific aspects of the National Action Plan on Victim Assistance, and b) ensuring cooperation policies and programs are designed to be inclusive of, and accessible to, survivors and other people with disabilities (including bilateral and multilateral cooperation and support to international and non-governmental organizations).

Thus Handicap International considers VA to be a set of sectors/public policy areas and implementation support measures that should be guided by certain cross-cutting issues, and human rights principles, and which requires monitoring and reporting as well as international cooperation and assistance.

The final goal of VA is the inclusion of victims into society. This does NOT require the development of a parallel system of services, but rather that an inclusive development approach to VA should be embraced, one that benefits survivors and people disabled through other causes alike<sup>14</sup>.

Finally, while Handicap International has focused much of its work over the past thirty years on mine/ERW survivors as part of the larger group of people with disabilities, our future work will aim to also benefit indirect victims, i.e. families of those injured or killed by mine/ERW and affected communities through achieving a reduction of the negative impact of mine/ERW. At the level of the family, this work will mean providing services in terms of psychological support, access to school or income generation opportunities.

At the level of the community, Handicap International will explore ways in which to support development and reconstruction efforts in those communities where demining efforts are still a long way away. Assisting families and communities should be seen as part of a process that ensures that the former can support their surviving family members and that the latter can be self-sufficient in the best way possible given ongoing mine/ERW contamination.

## C

### Legal frameworks

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Victim assistance is an obligation enshrined in two instruments of international humanitarian law, namely the Mine Ban Treaty (MBT) and the Convention on Cluster Munitions (CCM). Handicap International's advocacy for VA in these two conventions contributed to a broader shift away from a charitable approach to VA. Today, both instruments of international humanitarian law reflect that victims have rights equal to the rest of the population. This means that victims have the right to assistance - without their need to advocate for it - and that States Parties have the obligation to implement it and be accountable. Victims no longer need to depend on charity, as VA is in fact a State obligation.

Strong linkages exist between the MBT, CCM and the CRPD and synergies between these three conventions are evident. The Protocol V on ERW under the Convention on Conventional Weapons (CCW) has an action plan on victim assistance. However, as this action plan is but a protocol and bears no obligations whatsoever for State Parties, it will not be discussed in this policy paper.

### The Mine Ban Treaty

The Mine Ban Treaty is a disarmament convention in response to the problems posed by landmines.

Landmines, or simply “mines”, are explosive traps that are victim-activated, whether the intended target is a person or a vehicle. A mine comprises a quantity of explosive material contained within some form of casing (typically in metal, plastic or wood), and a fusing mechanism to detonate the explosives. Mines are generally classified into two categories: anti-tank (or anti-vehicle) and anti-personnel<sup>15</sup>. Antipersonnel mines are munitions designed to explode from the presence, proximity, or contact of a person. Anti-vehicle mines are munitions designed to explode from the presence, proximity, or contact of a vehicle as opposed to a person. Landmines are victim-activated and indiscriminate by design; thus whoever triggers the mine, whether a child or a soldier, becomes its victim.

By design, mines do not differentiate between civilians and military personnel. As such, mines placed during a conflict against enemy forces can still kill or injure civilians decades later. This is why, following the mobilization of civil society by the International Campaign to Ban Landmines (ICBL) co-founded by Handicap International, a group of countries decided to launch a diplomatic process, referred to as the Ottawa Process, to create a treaty that would ban anti-personnel mines. In 1997, this culminated in the signing of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction (commonly known as the Mine Ban Treaty or the Ottawa Treaty- hereafter referred to as the MBT). It entered into force in 1999 and today, has been ratified by 162 States Parties<sup>16</sup>. In the MBT, VA is only mentioned under article 6 on “international cooperation and assistance” and was not given the same weight as the other obligations. In addition, the article did not provide sufficiently detailed information or a timeframe, as was the case for demining and stockpile destruction.

In 2004, at the First Review Conference on the MBT, States Parties adopted the Nairobi Action Plan (NAP), which among other things provided, for the first time a framework for guiding for victim assistance efforts. 11 actions from a total of 70 are dedicated to VA. The NAP launched an international process to give clear and detailed indications of what State Parties need to do to comply with demand for ever stronger VA obligations in the context of the MBT.

In December of 2009, ten years after the entry into force of the MBT, States Parties met again, this time in Cartagena, Colombia, for the Second Review Conference. At that time, States renewed their promise to promote and protect the rights, and respond to the needs of all victims. To this end, they adopted the Cartagena Action Plan (CAP)<sup>17</sup>, which includes 67 actions to be implemented between 2010 and 2014, 11 of which are specifically dedicated to VA.

And, in June 2014, 15 years on from the entry into force of the MBT, State Parties gathered in Maputo, Mozambique for the Third Review Conference. Here, States adopted the Maputo Action Plan (MAP) and reaffirmed “their unqualified commitment to ending the suffering and casualties caused by anti-personnel mines for all people for all time, and aspire to end the era of anti-personnel mines” and “these States Parties strive to (...) see that survivors participate in their societies on an equal basis to others”<sup>18</sup>. In the section dedicated to VA in the MAP, states recognize that actions taken under this Convention to fulfil the solemn promise to mine victims have proven vital and commitments under the Cartagena Action Plan remain valid and should be acted upon.

The MBT recognizes that the provision of assistance to victims requires a partnership between victims, affected communities and states, donor states, and civil society. In paragraph 3 of Article 6, the MBT 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...”<sup>19</sup>. The primary

obligation to assist victims is that of States affected by landmines. This is because each government has a responsibility to ensure the well-being of persons under their jurisdiction and control<sup>20</sup> including victims of mine/ERW.

The MBT, however, recognizes the difficulties faced by many of those states that are affected: in most cases, even the provision of the most basic services is limited. As such, the MBT calls for all actors to contribute to its implementation through the provision of assistance to affected States. Specifically, the Treaty states that “such assistance may be provided, inter alia, through the United Nations systems, 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”<sup>21</sup>.

Within the disarmament context, the MBT was the first multilateral disarmament treaty that aimed to assist victims. This was a sign of ground-breaking progress and signaled the beginning of the long road victim assistance was yet to walk.

In an effort to put an end to the falling of new victims, the MBT and CCM also contain obligations to undertake clearance, survey, stockpile destruction, and mine risk education. Furthermore, donor State Parties should earmark special funding for each of these pillars of mine action.

### The Convention on Cluster Munitions

Whereas the MBT is a response to the problem posed by landmines, the CCM<sup>22</sup> is a response to the threat posed by cluster munitions. “Cluster munitions are large weapons which are deployed from the air and from the ground and release dozens or hundreds of smaller submunitions. Those submunitions that are released by air-dropped cluster bombs are most often called “bomblets”, while those delivered from

the ground by artillery or rockets are usually referred to as “grenades”. Air-dropped or ground-launched, they cause two major humanitarian problems and risks to civilians. First, their widespread dispersal means they cannot distinguish between military targets and civilians so the humanitarian impact can be extreme, especially when the weapon is used in or near populated areas”<sup>23</sup>.

According to the Cluster Munition Coalition, 38 countries and territories are known to be affected by cluster munitions from use in armed conflict: Afghanistan, Albania, Angola, Azerbaijan, Bosnia-Herzegovina, Cambodia, Chad, Chechnya, Croatia, Democratic Republic of Congo, Eritrea, Ethiopia, Falklands/Malvinas, Georgia, Grenada, Iraq, Israel, Kosovo, Kuwait, Lao PDR, Lebanon, Mauritania, Montenegro, Mozambique, Nagorno-Karabakh, Saudi Arabia, Serbia, Sierra Leone, South Sudan, Sudan, Syria, Tajikistan, Thailand, Uganda, Vietnam, Western Sahara, Zambia, Yemen<sup>24</sup>.

This brings us to the second point, namely that they kill and injure civilians not only during attacks but also many years after their use. A not insignificant number of submunitions fail to detonate as intended, usually on impact with the ground or other hard surface. This is referred to as “failure rate”. “Failure rates may be as low as 1 or 2 per cent, or as high as 30 or 40 per cent, depending on a range of factors, such as the age of the weapon, its storage conditions, the method of use and environmental conditions”<sup>25</sup>. When these submunitions fail to detonate they become de facto antipersonnel mines killing and maiming people long after the conflict. These “duds” are more lethal than antipersonnel mines; incidents involving submunition duds are much more likely to cause death than injury<sup>26</sup>.

Following a process similar to the one on landmines, civil society - through the Cluster Munition Coalition (CMC) of which Handicap International is one of the founders, launched a campaign in 2003 to call for a ban on those weapons. In 2007, Norway launched an

international diplomatic process to ban them. In 2008 the Convention on Cluster Munitions was adopted and on August 1st 2010, the Convention entered into force.

The VA obligations of this Convention are woven through the entire treaty text, with Article V being specifically dedicated to VA. These obligations are based on best practices developed under the MBT and the CRPD and have become the most important guidelines for the provision of assistance to mine/ERW victims.



### Convention on Cluster Munitions, Article V on victim assistance

1. Each State Party with respect to cluster munition victims in areas under its jurisdiction or control shall, in accordance with applicable international humanitarian and human rights law, adequately provide age- and gender-sensitive assistance, including medical care, rehabilitation and psychological support, as well as provide for their social and economic inclusion. Each State Party shall make every effort to collect reliable relevant data with respect to cluster munition victims.
2. In fulfilling its obligations under paragraph 1 of this Article each State Party shall:
  - (a) Assess the needs of cluster munition victims;
  - (b) Develop, implement and enforce any necessary national laws and policies;
  - (c) Develop a national plan and budget, including timeframes to carry out these activities, with a view to incorporating them within the existing national disability, development and human rights frameworks and mechanisms, while respecting the specific role and contribution of relevant actors;
  - (d) Take steps to mobilise national and international resources;
  - (e) 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 be based only on medical, rehabilitative, psychological or socio-economic needs;

- (f) Closely consult with and actively involve cluster munition victims and their representative organizations;
- (g) Designate a focal point within the government for coordination of matters relating to the implementation of this Article; 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.

As succinctly noted by Reiterer<sup>27</sup>:  
“VA as contained in the CCM, is more than Article 5. It is a package of intertwined provisions contained in various parts of the Convention: in the preamble, in the first term to be defined in the definitions Article 2, in Article 5 itself, in Article 6 on International Cooperation and Assistance and finally in Article 7 on Transparency Measures. Including the obligation to provide assistance to the victims of cluster munitions in Articles 6 and 7 of the Convention as well as among the definitions ensures that victim assistance constitutes an obligation of the same legal relevance and value as the Convention’s other major obligations, such as the prohibition of the use of cluster munitions and the requirements to destroy stocks and to clear contaminated areas. The Convention ensures that victim assistance is not a mere humanitarian after-thought: victim assistance figures centre stage as one of the core elements of this Convention”<sup>28</sup>.

Besides the term “mines” and “cluster munitions”, one may also come across the term “ERW”, which stands for explosive remnants of war. Under the international legal definition, ERW consist of unexploded ordnance (UXO) and abandoned ordnance (AXO) and can include artillery shells, grenades, mortars, rockets, air-dropped

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bombs, and cluster munition remnants, but not mines. It refers to ordnance left behind after a conflict. Cluster munition remnants fall in this category. Explosive weapons that for some reason fail to detonate as intended become UXO. These unstable explosive devices are left behind both during and after conflicts and pose dangers similar to landmines. Cluster munition remnants fall in the category of UXO. AXO is explosive ordnance that has not been used during armed conflict but has been left behind and is no longer effectively controlled.

### Victim assistance and the CRPD go “hand in hand”<sup>29</sup>

The evolution of the understanding of disability has been mirrored by the evolving understanding of VA. As defined by the CRPD, disability is now widely understood as “an evolving concept [which] results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”<sup>30</sup>.

This holistic understanding of disability is relatively new in the sense that, for many years, disability was seen as something belonging to the individual. Indeed disability has historically been perceived as a charitable issue, meaning that efforts to assist people with disabilities were done out of the good of people’s hearts. Efforts to address disability were oriented in a medical approach, where disability was seen as belonging to an individual and that actions should focus on the physical impairment a person was living with. When VA was first conceived in the MBT, it was very much considered through this charitable and medical lens; meaning that disability was not seen as an obligation nor a question of rights, but rather something that one undertook if and when able. This medical approach was advocated within VA and hence, predominantly understood as being limited to medical care and rehabilitation.

The CRPD underlines the most recent development in our understanding of disability, as well as that of VA, namely as a social and rights issue. This understanding of disability does not deny the need for medical care or rehabilitation, but it goes beyond that, by identifying the fundamental societal barriers and discrimination which prevent people with disabilities from participating within their communities.

As such, the entry into force of the Convention on the Rights of Persons with Disabilities (CRPD) in 2008 has strengthened recognition of the rights of people with disabilities, including those impaired by mine/ERW. This Convention currently is the highest human rights standard pertaining to people with disabilities and has an “explicit social development dimension”<sup>31</sup>. It provides a human rights framework for the implementation of VA.

It should therefore come as no surprise that this treaty, as well as the lessons learned in the context of the MBT greatly influenced the development of a very strong and comprehensive article 5 in the CCM on VA. In the negotiations leading up to the entry into force of the CCM, Handicap International strongly advocated for linkages being made to the CRPD in the context of VA. Having been successful, this position is now strongly influencing the focus of VA in a global sense in the post-CCM era. The CRPD places VA in the broader context of disability and human rights, and places the rights of victims at equal footing with those of people without disabilities.

The following table<sup>32</sup> is an example of articles of the CRPD that may be particularly useful as a reference in the implementation of VA, even for States which are not Party to this Convention. For example, to find out what a state should do to ensure economic inclusion (to which victims are entitled under the MBT and the CCM), they can consult Article 27 of the CRPD, which provides guidance on what governments should do in this area.

Victim assistance	Convention on the Rights of Persons with Disabilities <sup>33</sup>
Accessibility	• Article 9: Accessibility
Medical care	• Article 25: Health
Physical Rehabilitation	• Article 20: Personal mobility • Article 26: Habilitation and rehabilitation
Psychological support	• Article 26: Habilitation and rehabilitation
Education	• Article 24: Education
Social inclusion	• Article 19: Living independently and being included in community • Article 28: Adequate standards of living and social protection • Article 30: Participation in cultural life, recreation, leisure and sport
Economic inclusion	• Article 27: Work and employment
Data collection	• Article 31: Statistics and data collection
Awareness raising	• Article 8: Awareness raising
Coordination	• Article 34: Committee on the rights of persons with disabilities

The CRPD has made a decisive shift away from the charitable model. In other words, States Parties to the CRPD/MBT/CCM are not engaged in disability issues, including victim assistance because they decide to do so out of pity or good heart, but because it is their legal obligation and they are accountable for it.

It should not be forgotten though that VA is an obligation in and of itself that must be met. Although obligations laid out in the CRPD overlap with those related to VA in the MBT and CCM, they are not entirely the same. **Firstly**, because of the definition of “victim” in the context of VA includes not only survivors that have become disabled, but families of survivors and people killed, as well as affected communities. While many survivors are people with disabilities whose rights are included in the CRPD, the latter does not consider the needs of 1) the families of people killed and injured; 2) people injured by a mine/ERW accident without having developed disabilities, and 3) affected communities, i.e. those people who have otherwise been affected due to the presence of mines or ERW (loss of land, roads, etc.).

**Secondly**, the victim assistance provisions reinforce action in response to the common needs of mine/ERW victims. The section “Principles of intervention” goes into further detail about this.

Even though the CRPD is a normative framework for all VA efforts, it has yet to be ratified by many mine/ERW affected countries in which Handicap International works in VA. National legislation in accordance to CRPD standards to address the needs, and assure the rights, of victims and people with disabilities in general are often absent or of poor quality at this stage. Furthermore, most mine/ERW affected countries that do have a strong policy rarely implement or monitor enforcement. In these instances, a country’s international obligations under the MBT and its guidance documents (such as CAP) and/or the CCM stipulate its obligations towards victims. Countries with a victim assistance obligation have to report on their efforts to implement VA in a non-discriminatory manner and thus benefiting the larger population of people with disabilities.

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## An integrated approach to victim assistance

The Mine Ban Treaty (MBT) and the Convention on Cluster Munitions (CCM) include a legal obligation to ensure that mine/explosive remnants of war (ERW) survivors, as well as families of those killed or injured and affected community members, are exercising their human rights on an equal basis with others. The ultimate objective is their full and effective participation in society on an equal basis with others.

It has long been recognized within the MBT and CCM community that working on victim assistance (VA) only in the context of these two treaties is not sufficient and that integrating VA into development and human rights frameworks is essential if the rights of all mine and explosive remnants of war (ERW) victims are to be realized in a sustainable manner. This is reiterated in the Maputo Action Plan, which states that “engagement in other domains is also necessary in view of the States Parties’ understanding that victim assistance should be integrated into broader national policies, plans and legal frameworks related to the rights of persons with disabilities, health, education, employment, development and poverty reduction”<sup>34</sup>.

Recently, more attention has been called to this rather abstract notion of integration, bringing together a wide variety of actors including the World Health Organization, the International Labor Organization, UNICEF, the International Disability Alliance, the ICRC, Handicap International, to name only a few, to commence an exchange on how to turn it from concept into practice. The experience of Handicap International has taught us that efforts are required to ensure victims are reached and empowered to exercise their rights and are brought into a given development process. As such, an integrated approach to VA requires:

- **Efforts** to ensure survivors are reached and empowered to exercise their rights, in particular: locating and identifying survivors; ensuring their equal access to services; and monitoring and evaluation to demonstrate progress; and,
  - **Efforts** to address their rights and needs under development and human rights frameworks, including the development of a disability-inclusive system of services comprised of: relevant mainstream services (health education), disability-specific services (such as peer support), and support services (sign- language interpreters for example), through awareness-raising, capacity building and the mobilization of adequate resources. It is paramount that the principle of non-discrimination against or among survivors and other people with disabilities is a cornerstone of these efforts, and as such, these efforts should also benefit other people with disabilities with similar needs.
- Handicap International has produced the following three complementary documents that reflect on the conceptual issues at play when considering the integration of assistance to survivors in light of the CRPD and disability-inclusive development and provide resources and suggestions on the efforts needed to ensure the equal participation of victims:

- **The Way Forward on victim assistance: A consideration of the various aspects at play when integrating assistance to survivors into disability-inclusive development:** [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/VA\\_wayForward\\_EN\\_bigCharacters\\_20140828\\_ONLINEversion.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/VA_wayForward_EN_bigCharacters_20140828_ONLINEversion.pdf)
- **Factsheets: How to implement victim assistance obligations under the MBT or the CCM? Concrete actions to improve the quality of life of victims and persons with disabilities:** [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/HI-FactSheets-BD\\_01.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/HI-FactSheets-BD_01.pdf)
- **Victim assistance Issue Briefs: How to ensure mine/ERW survivors participate in, and benefit from, disability-inclusive development?:** <http://www.hiproweb.org/>

## Why intervene?

[uploads/tx\\_hidrtdocs/Package\\_VA\\_Issue\\_Briefs\\_Maputo\\_June2014.pdf](#)

Efforts are required to ensure the sustainability of assistance to survivors and indirect victims. And whilst the study that informed the Issue Briefs only considered survivors and other people with disabilities, those various efforts should equally be undertaken to ensure indirect victims, as well as other vulnerable populations are brought into a given development process.

Handicap International continues to be involved in VA today for four key reasons, namely: 1) our long standing commitment to provide support to victims/people with disabilities; 2) our key role in international advocacy for the universalisation of the ban on landmines and cluster munitions and for the comprehensive implementation of the related conventions, in particular regarding VA; 3) our ongoing work in field level delivery of VA, capacity building to improve national VA coordination, and national and international advocacy for the inclusion of victims and people with disabilities; 4) VA in the context of the MBT and CCM as an important means by which way to address disability issues in countries for which this is not “on the radar”.

## A

### **Historic commitment to provide assistance to victims/people with disabilities**

Handicap International has an historic commitment to VA that goes back nearly three decades. Many of the beneficiaries of Handicap International's initial and ongoing projects were victims of mines and ERW. Since its inception in 1982, Handicap International has delivered services and supported existing services with technical advice in domains ranging from medical care, rehabilitative services, from fitting artificial limbs to providing psychological support, as well as contributing to the development of inclusive education, social services, livelihoods and leisure programs, and supporting awareness-raising and training.

Even though Handicap International and its partners have been delivering or supporting services to survivors, amongst the larger group of people with disabilities, since the early days, it has yet to be recognized that

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we have thus been effectively engaged in VA all along. At the end of 2009, we expanded our involvement by supporting national authorities to improve coordination for VA and broader disability. Our current work in Mozambique with the Ministry of Women and Social Welfare is an example of this, where we facilitated national action planning for VA and disability. We have also worked with national authorities in Chad and Tajikistan to provide support with the development of a National Action Plan for Victim Assistance and have just completed our support to Algeria in this regard. And last year, we supported the conduct of a survivor needs assessment in Mozambique.

Over the years, Handicap International has contributed to developing a common understanding of VA as a long-term process that aims to ensure the participation and inclusion of mine/ERW victims and people with disabilities in general in society in a sustainable manner.

In an effort to prevent further humanitarian harm and to address the consequences of mine/ERW, Handicap International not only works on VA, but on four of the other five pillars of humanitarian mine action as well, namely: **advocacy, humanitarian demining, stockpile destruction and mine risk education.**

## B

### Maintaining momentum following the “War-after-the-war” campaign

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Handicap International, one of the six founders of the International Campaign to Ban Landmines (ICBL)<sup>35</sup> was a key player in the advocacy process leading to the adoption and entry into force of the MBT. For this work, the ICBL won the Nobel Peace Prize in 1997. The MBT was the first multilateral

disarmament treaty and first international humanitarian law that not only recognizes the rights of victims of a prohibited weapon, but also aimed to assist victims.

Having gained notoriety through our “war-after-the-war” campaign during the 1990s when lobbying for a global ban on mines, Handicap International then maintained momentum by continuing its advocacy role as a part of the ICBL, and later, of the Cluster Munition Coalition (CMC). Since the merger of the two campaigns, Handicap International has been a member of their governance board.

After the entry into force of the MBT, Handicap International remained committed to putting the VA obligations of this Treaty into concrete practice, both through direct service delivery and through advocacy. Our national and international advocacy work focused on lobbying States Parties to take greater responsibility towards victims, which culminated in the adoption of the Nairobi Action Plan (NAP) in 2004, the Cartagena Action Plan (CAP) in 2009 and the Maputo Action Plan in 2014. We have also been strongly involved in advocacy for the CCM, and for comprehensive VA obligations in this convention. Alongside our civil society and government partners, we worked throughout the Oslo process to ensure the strong VA provisions of the CCM, which represent a historic step forward for the rights of victims of war. And in 2010, we lobbied for VA to be considered as a pillar of mine/ERW action on an equal basis with other pillars in the Vientiane Action Plan<sup>36</sup>, which was adopted during the First Meeting of States Parties of the CCM in Lao PDR.

In addition to our advocacy and direct service delivery work, Handicap International’s communication activities often feature the plight of victims.

### C

#### Handicap International, a powerful agent of change in the field

Over the past 30 years of its existence, Handicap International has been a powerful agent of change in the field. Its principal goal has always been the delivery of those services that have a direct impact on the daily life of people.

With a global presence in approximately 60 countries, Handicap International has improved the quality of life for many thousands of people, both through direct service delivery and through technical and financial support to partners. As a result, we have duly gained credibility for being

an organization with the ability to make an impact for those most vulnerable and excluded.

Handicap International continues to be highly committed to supporting populations in countries that are threatened by weapons, munitions and explosive devices during or in the aftermath of military conflicts. This is clearly evident from its 2011-2015 strategy. Handicap International's longstanding fight against injustice continues through each and every aspect of its work in VA.

Handicap International is in a unique position to be engaged in VA. It is currently present in the following 39 countries or territories<sup>37</sup> affected by mines & ERW, working in many sectors, and is keen to commence work supported with VA earmarked funds in an additional two, namely Syria and Yemen.



Countries known to have victims	Countries known to have victims of mine/ERW <u>excluding</u> cluster munitions	Countries known to have victims of mine/ERW <u>including</u> cluster munitions
Bangladesh	Algeria	Afghanistan
India	China	Burundi
Kenya	Egypt	Cambodia
Kyrgyzstan	Ethiopia	Colombia
Liberia	Jordan	DRC
Mali	Myanmar	Iraq
Marocco	Nepal	Lao PDR
Mauritania	Pakistan	Lebanon
Niger	Palestine	Libya
North Korea	Rwanda	Mozambique
Philippines	Senegal	South Sudan
Sierra Leone	Sri Lanka	Syria
Somaliland	Thailand	Tajikistan
		Vietnam
		Yemen

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Of this total of 41 countries, 28 countries (those listed in black and blue) are considered to have a high number of victims from mine/ERW, thereby justifying our application to donors for VA earmarked funds for projects in these countries. The countries marked in black are known to have victims of mine/ERW excluding cluster munitions. The countries marked in blue are known to have victims of mine/ERW including cluster munitions. The remaining 13 countries (those listed in grey) are known to have victims; however, their numbers are relatively low when compared to the other 28 countries and as such, they should not be prioritized for VA funds.

Our pool of technical and cross-sector expertise enables a strong capacity building role across a wide range of thematic areas, such as rehabilitation, education, accessibility, and awareness raising, to name only a few. VA being an issue that cuts across a wide variety of disciplines, it draws on the expertises we have developed over the years. Beyond the delivery of services, VA also supports the development of macro level implementation support measures, such as national action planning and needs assessments. Since the Cartagena Review Summit, Handicap International has become increasingly involved in supporting the latter. In addition, since 2007, Handicap International has supported the participation of cluster munition victims in CCM related meetings through the so-called Ban Advocates project (read more about this project in the section titled "Advocacy in the international and national arenas").

Furthermore, we have the capacity to work on project implementation at the community level as much as on strategic, policy, and macro level, whether this is nationally or internationally. By building on our field experience, we bear witness to the humanitarian consequences of conflict and propose feasible responses for VA. This has lent credibility to our advocacy work. Handicap International will continue to play a leading role in VA, both in terms of advocacy at the national and international level and in

service delivery and technical support at the field level.

Survivors' needs are very similar to those of other people with disabilities. Our longstanding experience of providing and supporting services, combined with the close partnerships we have forged over the years with Disabled People's and Survivor's Organizations, enables us to take a guiding role in shaping the concept and practice of VA for the purpose of achieving the ultimate aim of inclusion of all. Handicap International is also involved in research in a variety of areas related to disability and good practices for the inclusion of people with disabilities, which positions us perfectly to continue to play a lead role in operationalizing VA.



#### Frequently Asked Question

##### **What does working on the VA framework bring to Handicap International's activities?**

- Handicap International's activities that are funded from VA earmarked budgets comply with Handicap International's mandate and strategic plan for 2011-2015.
- Handicap International activities can use the VA framework as an entry point to work on disability and open doors to Ministries and agencies in those countries that are State Parties to the Mine Ban Treaty and/or the Convention on Cluster Munitions but are not giving due attention to disability as a development or human rights issue per se.
- Handicap International activities mobilize donors specifically interested in complying with their international cooperation and assistance obligations in the framework of the MBT and the CCM (France, Switzerland, Canada, Norway, Belgium, Japan...).
- ➔ Thus, working in the framework of VA contributes to implementing Handicap International's strategy 2011-2015, and it

opens doors with stakeholders not yet working on disability, whether in mine/ERW affected countries/territories or in donor countries.

## D

### Victim assistance as a doorway to address broader disability issues

VA has been an invaluable tool to advance the rights of people with disabilities in mine/ERW affected countries that had ratified the MBT/CCM but were not yet party to CRPD, as was the case in Afghanistan and Cambodia. This is because the VA framework offers a means by which to improve the situation of people with disabilities in general, including survivors, presenting a doorway to addressing broader disability issues in mine/ERW affected countries that have ratified the MBT and the CCM. Furthermore, in those countries where Handicap International provides support with the development of a National Action Plan on Victim Assistance, the process is used to launch a national disability dynamic. By bringing key actors together in the process of developing the plan, dialogue is created between decision makers at the level of relevant ministries and civil society, who need to work together in order to advance the inclusion of people with disabilities but, for whom this often is the first time. And so, our work in the context of victim assistance, should aim to mobilize all actors relevant in the broader context of disability.

The reverse is also true: should a country not be a State Party to the MBT or the CCM, but has ratified the CRPD, this opens the door to call attention to the rights and needs of disabled mine/ERW survivors and their families. The CRPD can thus be used as a powerful tool for meeting the obligations towards victims set out in the MBT and the CCM.

Here it is also important to note that some countries party to the CRPD, MBT and/or CCM are more interested in complying with their disarmament - rather than with their human rights obligations. In such instances, VA presents as an extremely useful tool to advance the rights of people with disabilities.



#### Frequently Asked Question

##### What is our position on earmarked funding for VA?

- Handicap International favors earmarked funding as this guarantees funding is available to respond to the needs of victims.
  - Donor and affected States are obliged to ensure victims' needs are met. However, States should ensure that the plans, programs and services they promote with earmarked funds contribute to development that is inclusive of all.
  - Handicap International is in an excellent position to access earmarked funding for VA as it is a recognized stakeholder on this topic, due to its advocacy work and presence for a long time in a lot of countries affected by mine/ERW and with a large pool of technical and thematic expertise (i.e. Handicap International can work in rehabilitation as much as in education, accessibility, awareness raising etc. and can work on project implementation at the community level as much as at the strategic, policy and macro level).
- ➔ Once Handicap International has identified project activities in mine/ERW affected countries, and dependent on the outcomes of needs assessment and feasibility study, Handicap International programs are encouraged to identify and apply for victim assistance funding. Four conditions should be considered:
- No Handicap International project should target only mine/ERW victims. Handicap International should make donors aware

# Principles of intervention

of the principle of non-discrimination that Handicap International applies; a principle that has also been recognized in international standards (Cartagena Action Plan, Convention on Cluster Munitions). In addition, embracing a non-discriminatory approach contributes to sustainability and to reaching larger groups of beneficiaries.

- Handicap International projects should ensure mine/ERW survivors participate in, and benefit from, the project. It is not enough to simply assume that they will join through existing Disabled People's Organizations DPOs.
- Handicap International projects receiving VA earmarked funds should build partnership with Survivor's Organizations, in addition to our traditional partnerships with DPOs, in an effort to identify victims and to build alliance with DPOs.
- In the disarmament domain, VA is currently in the spotlight. Donors are interested in supporting so called "VA efforts", including under non-earmarked funds on VA. This allows us to raise funds for broader disability initiatives, but we need to ensure that victims are amongst our beneficiaries. As such, reports should specify how many of the beneficiaries are survivors.

## A

### Non-discrimination

Handicap International has always embraced a non-discriminatory approach to VA; considering a survivor as a person with a disability with rights equal to others. As such, VA should rely on strategies and systems developed for people with disabilities and as such, these should reach survivors as well. Equally, initiatives developed in the context of VA should not only benefit survivors, but people impaired through other causes as well. In other words, VA efforts should benefit the general population of people with disabilities in mine/ERW affected countries.

Our approach to VA is in keeping with our organization's guiding human rights principles of **non-discrimination** and **special attention to groups in situations of vulnerability**. In regards to these two principles, Handicap International aspires to contribute to, or achieve, the following objectives:

- "Ensure there is no legal, policy or practical discrimination against or amongst survivors, or between survivors and other people with disabilities
- Implement specific measures necessary to accelerate or achieve equality of opportunities, including though reasonable accommodations to respond to individual needs
- Take the necessary measures, according to the context, to ensure victims in situation of vulnerability (such as persons living in conditions of poverty, migrants, persons with dual or multiple disabilities, indigenous people and ethnic minorities, displaced persons and refugees) benefit from and participate in VA projects and programs
- Foster at all levels of the education system, including in all children from an early age, an attitude of respect for the

rights of victims and other people with disabilities”<sup>38</sup>.

Within the mine action community, the view that VA efforts should equally benefit people disabled through other causes has not always been well understood. Due to misinterpretation by some State Parties and UN agencies, VA efforts may have led to the provision of services to mine/ERW victims alone, to the exclusion of people impaired through other causes. This is not in keeping with our vision of VA or with international standards and obligations: no one should be denied access to funding or services on the basis of the cause of their impairment.

However, at the field level, stakeholders are almost always automatically adopting this approach<sup>39</sup>, and with the entry into force of the CRPD in many affected and donor countries, this has to be the case by all actors, either in affected or donor countries. The CRPD underscores the fact that special rights should not be attributed on the basis of the cause of the impairment. Indeed, special rights should not be attributed to mine/ERW victims. The MBT and CCM explicitly recognize the rights that victims already have as human beings - health, education, livelihoods, so as to ensure that State Parties are accountable for making this happen and are obliged to ensure that that victims do enjoy these rights on equal basis as others.

Article 5 (2 e) of the CCM includes a clear reference to non-discrimination that reads as follows:

“In fulfilling its obligations under paragraph 1 of this Article 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 be based only on medical, rehabilitative, psychological or socio-economic needs”. This infers the need for services that are not only available, but also, accessible to people with different types of impairments.

In summary, Handicap International does not endorse the exclusion of anyone on any basis, regarding disability or otherwise. It has strongly advocated this position, which is now reflected in the CCM, and as follows in the Cartagena Action Plan (CAP): “States Parties are resolved not to discriminate against or among mine victims, or between mine victims and other people with disabilities, and to ensure that differences in treatment should only be based on medical, rehabilitative, psychological or socio-economic needs of the victims”<sup>40</sup>.



### Frequently Asked Question

#### **Why identify survivors specifically as part of our target public if we already target all people with disabilities?**

- Handicap International has a historic commitment to working with survivors; we have spearheaded legally-binding treaties and guidelines that have been adopted; now it is our responsibility to contribute towards ensuring they have a real impact in the life of survivors.
  - VA has brought, and still brings, disability to the agenda in many countries not yet signed to the CRPD.
  - Even when a country has signed and ratified the CRPD, survivors are part of the larger group of people with disabilities living in mine and ERW affected countries and territories. They are easily forgotten due to the fact that most live in remote and rural areas in highly marginalized communities. Affected and donor States Parties to the MBT and the CCM have specific obligations towards survivors and must report on progress made in terms of VA.
- ➔ Thus, survivors should be specifically identified as part of Handicap International’s target public in mine/ERW affected countries and they should benefit from, and participate in, its projects.



### Frequently Asked Question

#### Does the fact that Handicap International has a policy on VA mean that it implements projects only for survivors?

- No. Being a mine survivor should not be part of the criteria to participate in, or benefit from, a project. It would be discriminatory against other persons with disabilities with similar needs.
  - No. Targeting persons on the basis of the origin of their impairment only risks creating misunderstandings at the community level as there are other persons with similar or stronger needs.
- ➔ Because of the two elements above, Handicap International specifically advocated to ensure that the principle of non-discrimination was included in the Convention on Cluster Munitions.

## B

### Twin-track approach to inclusive development

In order to ensure that the goal of inclusion of victims at the social, economical, political, cultural level is reached, VA efforts need to be oriented in a twin-track approach to inclusive development.

The twin-track approach has been adopted by many organizations. It was originally developed in the context of gender as a way to better address the inequalities between men and women and was then adapted to facilitate the participation of people with disabilities and is now recommended for the provision of assistance to victims.

In the context of VA, Handicap International has the following understanding of the twin-track approach:

- Ensure the development of an inclusive system of services (health, education, social and employment, etc.) that is accessible to victims on an equal basis with others through awareness raising, capacity building and the mobilization of adequate resources
- Support specific empowerment initiatives for victims, people with disabilities, survivors and their representative organizations, so that their specific needs are addressed and that they know their rights and are empowered to advocate for their rights and contribute service implementation.

The twin-track approach requires the integration of VA into existing mainstream healthcare and social service systems, rehabilitation programs, and legislative and policy frameworks, as well as related plans and programs. This includes, for example, the incorporation of VA plans to national human rights, disability and development strategies (such as the Millennium Development Goals and Poverty Reduction Strategy Papers). The twin-track approach also requires specific initiatives aimed at empowering and strengthening mine/ERW victims and their representative organizations.

Such specific initiatives are necessary as victims often experience loss of a sense of self and identify, and a loss of hope following their accident. They often feel disempowered and helpless. They no longer feel they can define their own destiny, and often are not aware of the fact that their right to participation in society still holds true. Empowerment is necessary to enable victims to, both individually and collectively, to redefine themselves and carry out their life visions. Empowerment initiatives should ensure victims and their representative organizations know their rights and if they chose to do so, to campaign for them. This is in keeping with our vision of the twin-track approach to VA.

Additionally, Handicap International underscores the need to ensure that referral and personalized social support services<sup>41</sup>

exist as part of the system of services, so as to link victims and all people with disabilities with services and to facilitate their participation in social, cultural, economic and political life.

An inclusive community guarantees access for its citizens to all necessary services and ensures there are no barriers preventing people with disabilities from participating in social and economic life.

In sum, VA does NOT require the development of a parallel system of services, but does need to ensure that existing services are accessible to, and inclusive of, victims. This perspective is in agreement with that of the 2009 Co-Chairs of the Standing Committee on VA and Socio-Economic Integration under the MBT, who noted during the second Review Conference in Cartagena that “VA 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”<sup>42</sup>.

Thus, even though VA is an integrated part of the global operational strategy to reduce the risk posed by mine/ERW and their human, economic and social impact, it cannot be disassociated from the global strategy of prevention, medical and social assistance related to injury and disability developed by any given country.



### Frequently Asked Question

#### Is identifying survivors discriminatory?

- No. States have obligations towards survivors under the MBT and the CCM and Handicap International supports States towards achieving those.
- No, as long as this does not lead to the provision of extra benefits that are not available to people disabled by other causes.

- No, as few services reach survivors due to their often rural and remote location, identification serves to assist in ensuring that they can access services; as such, identifying survivors equalizes their access to services as compared to other people with disabilities.
- ➔ Thus, identifying survivors to be included in Handicap International projects cannot be considered as discrimination against other persons with disabilities, as long as people disabled through other causes met in the identification process are equally included in subsequent outreach efforts.

## C

### Recognizing the specific needs of mine/ERW victims

While the principle of non-discrimination is key to the Convention on the Rights of Persons with Disabilities (CRPD), as it is in the Mine Ban Treaty and the Convention on Cluster Munitions including the Cartagena and Vientiane Action Plan, this should not prevent stakeholders from discussing the specificities experienced by different groups. Rather, it should prompt an examination of the diversity of situations that may require specific intervention in order for different groups to enjoy their rights on an equal basis with others. In line with CRPD recommendations on taking positive measures (article 4.2) and reasonable accommodations as necessary, specific attention is required to ensure that victims, who mostly live in remote rural areas (while other people with disabilities live both in rural areas and urban areas, where services usually are provided) and therefore tend to be the poorest of the poor, are given the required attention. And while the CRPD covers all aspects relevant to VA, in practice certain services needed by survivors and the broader group of victims - including family members

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of people injured and killed - tend not to be provided for by mainstream and disability-specific services.

The VA provisions reinforce action in response to the particular needs of victims, namely:

– **Access to first aid, a safe supply of blood, trauma surgery skills & eye sight saving measures**

Survivors tend to have specific injuries as a result of the explosion: loss of limb(s) combined with massive loss of blood as well as damage to eye sight. In order to survive an accident with a mine or ERW, a trained first aid response needs to be available at the village level. Loss of blood presents as the first cause of death, as proven by the Tromso Mine Victim Resource Centre. Their “studies in the minefields and war zones of Iraq and Cambodia document that trauma care is more than pure medical interventions: Survival depends on a structured social response by the affected communities. Immediate life support by trained local first helpers reduces mortality”<sup>43</sup>. More specifically, the Centre’s research showed that the giving of simple so-called first aid measures immediately following the accident reduced the mortality rate of casualties from 40% to 14.9 % in Cambodia and Iraq<sup>44</sup>. The survival rate also depends on whether a sufficiently large supply of safe blood is available in the nearest medical centre. As such, in those countries where mines & ERW are still causing casualties, a trained first aid response should be in place in affected areas and safe blood should be available in the nearest medical centre. And, once a person survives the accident, their level of impairment will be greatly determined by the availability of medical expertise that can respond to the specific injuries caused by explosive devices, specifically when it comes to reducing infection of the injured limb, stump saving amputation techniques and eye saving measures.

– **Post-traumatic stress disorder**

Survivors, as well as family members of people injured and killed, may face specific psychological difficulties such as guilt from going to an affected region or knowingly touching a dangerous object, as well as post-traumatic stress disorder (PTSD) as a result of having lived through the traumatic experience of their injury and subsequent disability. Mental health services should be in place. In the absence of a trained mental health professional, peer to peer support provided by survivors for survivors has proven to be indispensable on the road to recovery and as such presents an effective and affordable means by which to assist survivors cope with the effects of their accident.

– **Local attitudes towards survivors**

Survivors may face discrimination from their communities based on local beliefs related to mines. Awareness raising programs should address these - often culturally bound - specificities related to mine/ERW, along with other beliefs related to disability.

– **Physical and functional rehabilitation**

Survivors of an accident with a mine often require a prosthetic limb, and as such, access to prosthetic, orthotic (P&O) and other rehabilitation services. Therefore, in mine/ERW affected countries, it is particularly important to ensure that these services are widely available to support survivors and other people who share similar needs.

While discussing the specific needs of mine/ERW casualties, it is important to acknowledge demographics and gender. The majority of survivors belong to a particular demographic group, namely that of men of working age and adolescent boys living in specific geographic region, i.e. mine/ERW affected areas, which tend to be rural remote, and refugee camps, while most of the services benefiting people with disabilities are provided in the cities. In these cases, the services required may not exist and ought to be developed to address the needs of these particular groups. Naturally, other people

with disabilities in a similar situation will also benefit from such programs<sup>45</sup>. However, the majority of indirect victims are the wives and mothers of these injured men and boys. Please refer to the Gender approach section for more information on how gender plays out in VA.



### Frequently Asked Question

#### **How does Handicap International's response to a mine survivor or indirect victim differ from our response to other people with disabilities?**

- Survivors may have specific injuries related to explosive devices: amputation combined with massive loss of blood, shrapnel... medical teams should be able to respond to the specific injuries originated by explosive devices, which will also benefit other people with traumatic injuries.
- Survivors and indirect victims may face specific psychological difficulties such as guilt from injuring other people; from going to an affected region or touching a dangerous object knowingly. However, victims of conflict and other people with disabilities that result from trauma may have similar experiences: all require immediate and long-term psychological support to cope with their situation of disability. All of them should have equal access to psychological support services including peer support networks.
- Survivors may face discrimination from their communities based on local beliefs related to mines (for example: “the person was injured because of bad karma, the person is suspected of being a rebel him/herself, the person is considered to bring bad luck to those around him/her...”). Awareness-raising programs should address these culturally bound specificities related to mine/ERW, along with other beliefs related to disability.
- NOTE: With regards to education, social and economic inclusion projects,

a different response should not be implemented if the three elements above have been covered.

- Thus, survivors and indirect victims may require special measures with regards to medical services, psychological support, and in defining awareness raising messages. However, all these services and programs should be planned and implemented in a framework that aims to benefit all persons with similar needs.

## D

### Partnership approach

All of Handicap International's activities in VA are grounded in a partnership approach. The most important partner being, of course, the victim, and as such, Handicap International works directly with survivors, families of people who have been killed or injured by a mine or ERW, and affected communities. Their input into our work is of vital importance. The development of any activity without their active participation should be deemed irrelevant to their needs and capacities. As such, Handicap International should initiate contact with local Survivor's Organizations and DPOs prior to developing any activity and actively seek input to ensure the relevancy of our work.

In addition, Handicap International collaborates with diverse actors that include affected and donor States Parties (in the form of Ministries, related authorities and public institutions), including those not signed up to the MBT, the CCM and the CRPD. Other key stakeholders at the national level include the private sector in affected countries. However, a role reversal seems to have recently taken place; whereby donors are sometimes approaching Handicap International, seeking its expertise to guide their efforts in VA, whether related to means

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by which to increase the impact of VA efforts internationally or to feasible spending avenues in bi- and multi lateral agreements related to this pillar of mine action.

Handicap International also works closely with the following partners described below.

**International Campaign to Ban Landmines - Cluster Munition Coalition (ICBL-CMC):**

The ICBL-CMC is a global network of non-governmental organizations that is active in around 100 countries; it works locally, nationally and internationally to eradicate antipersonnel mines. The objective of the ICBL-CMC is to raise public awareness of civilian harm caused by mines and cluster munitions; to prevent this harm, and to ensure all States join and implement the MBT and the CCM.

Members of ICBL-CMC include various groups associated with human rights, humanitarian issues, children, peace, disability, veterans, medical, humanitarian, mine action, development, arms control, religious, environmental and women's issues. Handicap International is one the six organizations that founded the ICBL in 1992 which was the co-recipient of the Nobel Prize Price in 1997. Handicap International was also one of the founders of the CMC in 2003. Since the merger of the governance bodies of ICBL and CMC in 2011, Handicap International is part of the ICBL-CMC Governance Board, as well as of its Advisory Committee. Handicap International actively contributes to the ICBL-CMC advocacy activities on all aspects of mine action, with a focus on VA at national and international level by mobilizing its national associations and country programs. Websites of the ICBL: <http://www.icbl.org/> and Cluster Munition Coalition: <http://www.stopclustermunitions.org>

**National campaigns to ban landmines and cluster munitions:** Several countries have active national campaigns to ban landmines and cluster munitions (which are members of the ICBL-CMC), in some cases these campaigns are a coalition of advocacy civil society organizations while in others it is a

small group that meets on an ad-hoc basis, or a research organization. Where these national campaigns exist, Handicap International plays different roles according to the goals and partners it has at national level and the value-added it can bring to the campaign.

**The Implementation Support Unit (ISU) of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction:**

"The Implementation Support Unit exists to support to the States Parties to the Anti-Personnel Mine Ban Convention, in particular by doing the following: 1) Providing support to all States Parties through support to the Convention's implementation machinery and office holders, 2) Providing support to individual States Parties, including by providing advice and technical support on implementation and universalisation, 3) Communicating and providing information about the Convention, including towards States not Parties and the public, and communicate the decisions and outcomes of the Convention's meetings, 4) Keeping records of formal and informal meetings under the Convention, and 5) Liaising, and coordinating as appropriate, with relevant international organizations that participate in the work of the Convention. The ISU is directly accountable to the States Parties while being hosted by the Geneva International Centre for Humanitarian Demining. The ISU is funded on a voluntary basis by the States Parties"<sup>46</sup>. Whilst a VA expert was previously working with the ISU and offering support with the development of National Action Plans on Victim Assistance, this is currently not the case. As a result, the ISU's ability to support affected states with their VA efforts has been significantly reduced. Its support is currently comprised of organizing the so-called VA Parallel Programme during the Meetings of States Parties.

Handicap International contributes to these activities by participating in regular coordination activities with the ISU - and other stakeholders such as the UN Mine Action Services (UNMAS), the International

Committee of the Red Cross (ICRC), and the World Health Organization (WHO), and by bringing forward its expertise in the training and activities for the victim assistance parallel programme generally organized during MBT and CCM intersessional meetings.

**Committee on victim assistance of the Mine Ban Treaty:** At the Third Review Conference of the Mine Ban Treaty in Maputo in June of 2014, the decision was taken to dismantle the Standing Committee on victim assistance and Socio-economic Reintegration. Instead, the decision was taken to establish a Committee on victim assistance<sup>47</sup>. It will be composed of a representative group of four States Parties, serving overlapping two-year terms. Each year, the Committee will select a chair among the States Parties serving the second year of their two-year terms. The Chair of the Committee will be responsible for convening and chairing meetings, issuing communications on behalf of the Committee and directing the Implementation Support Unit to assist the work of the Committee. The Committee will draw on the expertise of the International Campaign to Ban Landmines and the International Committee of the Red Cross and involve them in its work, as observers, as well as invite other States Parties, the United Nations and other relevant international and non-governmental organisations to participate on an ad hoc basis. The Committee will strive to reach general agreement in all aspects of its work. This committee will ensure balance between ongoing discussions on pertinent aspects of victim assistance within the framework of the Convention itself, and taking the discussion on meeting the needs and guaranteeing the rights of mine victims to other fora where relevant and related issues are debated. It has the following mandate:

- Provide advice and support in a cooperative manner to States Parties in the fulfilment of their commitments under the Maputo Action Plan, draw observations in consultation with the States Parties concerned and assist these States Parties in making their needs known.

- Present conclusions and recommendations, following consultations with the States Parties concerned, at intersessional meetings if need be, Meetings of the States Parties or Review Conferences, including on progress, achievements and challenges, in order to strengthen victim assistance.
- Take other relevant initiatives to facilitate discussion on ways and means of enhancing victim assistance and to ensure the wellbeing of mine victims.
- Raise awareness, in relevant fora, of the importance of addressing the needs and guaranteeing the rights of mine victims in broader domains such as health care, disability and human rights, development, poverty reduction, and employment, drawing from the breadth of understandings agreed to by the States Parties on victim assistance.
- Remain transparent and accountable, including by reporting on activities at both intersessional meetings and Meetings of the States Parties or Review Conferences.

**Committee on victim assistance of the Convention on Cluster Munitions:** The Committee on victim assistance is chaired by two co-coordinators, one of which is a representative of a cluster munition affected CCM State Party and one of a non-affected State Party. Each serves a two-year period. Each co-coordinator serves for two years with one co-coordinator always leaving one year before the other. This ensures that the Committee is never chaired by two States that are new in their role. The role of the Coordinators is to determine the agenda on victim assistance during States Parties and intersessional meetings, and to facilitate plenary discussions on the topic. They also have the responsibilities on VA throughout the year, including for example meeting with states having responsibility for cluster munition victims to identify specific challenges/requirements for support or leading discussions to further the Convention's work on VA. On several occasions, Handicap International has been requested to provide support to the Co-Chairs of the Standing Committee

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for victim assistance and Socio-Economic Reintegration of the MBT, as well as to the Coordinators on victim assistance in the context of the CCM, for example by clarifying the link between VA and disability, the Disability Creation Process, or the twin-track approach, as well as to provide input into what guidance to provide to States on the matter of VA.

In addition, in April of 2014, Handicap International was invited to play the role of moderator twice during the Bridges between Worlds Global Conference on Assisting Landmine and other Explosive Remnants of War Victims and Survivors in the context of Disability Rights and other Domains in Medellin, Colombia and in other subsequent events, Handicap International was again solicited; this time as panelist during a Maputo +15 panel on victim assistance in Geneva in May 2014 and during a Maputo edition of the Bridges between Worlds panel in June 2014.

**Geneva International Centre for Humanitarian Demining (GICHD):** The Geneva International Centre for Humanitarian Demining (GICHD), an international expert organization legally based in Switzerland as a non-profit foundation, works for the elimination of mines, explosive remnants of war and other explosive hazards, such as unsafe munitions stockpiles. The GICHD provides advice and capacity development support, undertakes applied research, disseminates knowledge and best practices and develops standards. In cooperation with its partners, the GICHD's work enables national and local authorities in affected countries to effectively and efficiently plan, coordinate, implement, monitor and evaluate safe mine action programmes, as well as to implement the MBT, the CCM and other relevant instruments of international law. In the past, Handicap International has been consulted regarding the expansion the Information Management System of Mine Action (IMSMA) to ensure more in-depth functionality for health information management and disability programming, and specifically for a version of IMSMA that

is dedicated to VA in the broader context of disability programming and CRPD. Handicap International programs in the field also often participate in the workshops organized by the GICHD at national level.

**United Nations Mine Action Service:**

"The UN Mine Action Service (UNMAS) serves as UN focal point for all mine-related issues and activities. At the global level, its coordination role involves the development of appropriate policies and standards, the ongoing assessment and monitoring of the mine and UXO threat, the collection and dissemination of information, including information on technology, the mobilization of resources, and advocacy in support of a global ban on antipersonnel landmines. At the field level, UNMAS is responsible for providing mine action assistance in the context of humanitarian emergencies and peacekeeping operations. UNMAS is part of the Department of Peacekeeping Operations (DPKO) of the United Nations Secretariat."<sup>48</sup>

UNMAS has sought out Handicap International's expertise in the area of VA and requested for its representation on VA in the Global Protection Cluster Mine Action Area of Responsibility and for its support with the development of a UN policy on VA.

**Disabled People's Organizations (DPOs) and Survivor's Organizations:** These organizations are the key partners of all Handicap International projects regarding project planning, implementation, monitoring and evaluation. They are themselves often involved in direct advocacy activities, and Handicap International provides technical and financial support to strengthen their advocacy capacities, for example through increased knowledge of existing legislation. We encourage and support Survivor's Organizations to integrate into the broader disability movement, and for victims to join existing DPOs instead of creating separate organizations.

**Landmine and Cluster Munition Monitor (LCMM)<sup>49</sup>:** The Monitor is the monitoring arm of the ICBL and CMC and provides

annual detailed information by country on universalisation and implementation of the two conventions. Since the creation of the Landmine Monitor in 1999 by the ICBL, and the Cluster Munition Monitor in 2009 by the CMC, Handicap International has contributed key research and associated data to the Monitor, to be used in its annual publication now titled “the Landmine and Cluster Munition Monitor”. Handicap International is a member of the Monitoring and Research Committee for the Monitor and as such is very much involved in strategic planning of this publication. Every year, Handicap International is contacted by Monitor researchers and solicited for information regarding our work in VA, as well as in the other pillars of mine action in mine/ERW affected countries<sup>50</sup>. This publication is considered the most authoritative source of information on all aspects of humanitarian mine action, and is an excellent resource on the status of disability efforts - for specific affected countries. It is vital that we complete this questionnaire, as it is this that allows for Handicap International’s contribution to victim assistance to be evident from the yearly LCMM publication, which is generally released in September and read widely by all stakeholders.



### Handicap International input into the Landmine and Cluster Munition Monitor - “The Monitor”

The Landmine and Cluster Munition Monitor has a large network of researchers in all mine and ERW affected countries. Handicap International is a member of the Monitoring and Research Committee that decides on its strategic planning and direction. As Handicap International is a large operator in many mine/ERW affected countries, it is therefore important for us to contribute to the Monitor research as per the following process:

1. Each year, programme directors of Handicap International field programmes are contacted by one of the Monitor researchers with a request to complete a questionnaire on VA and broader

disability-related activities in which we were engaged in the previous year, and more broadly, in the country. It is vital that programme directors complete this questionnaire, as it is this that allows for Handicap International’s contribution to victim assistance to be evident in the yearly Monitor publications, which is read widely by all stakeholders.

**Note:** We have requested the Monitor to put the desk officers in copy as well as the Technical Advisor on victim assistance and the Research Coordinator in Belgium (Note: for responses too).

2. The completed questionnaire is then passed by the in-country researcher to the Monitor editorial team, which may contact programme directors for further information and clarifications.
3. The programme director, VA Technical Advisor and Research Coordinator will receive the final draft of the country profiles for countries with Handicap International programs so as to perform a last check. Note that the deadline for validation is often very short (two or three days).
4. Country profiles for the previous year will be put online after the Monitor launches its annual publications ahead of Meetings of States Parties, generally in September for the Cluster Munition Monitor and in November for the Landmine Monitor. Should changes to the profile be necessary, anyone can send comments, suggestions and/or corrections at any time to [va@icblcmc.org](mailto:va@icblcmc.org). Please note that the website contains a response form for comments on posted profiles and that profiles can as such be updated throughout the year.

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# E

## Gender approach

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Girls, boys, women and men are all direct and indirect victims of the physical, psychological, social and economic consequences of mine/ERW; but they are affected differently. There are no comprehensive statistics on mine and ERW casualties, but if one looks at the trends, then the vast majority (87%) of recorded casualties in 2012 where the gender was known were male while only 13% were female<sup>51</sup>. But after a mine/ERW accident, the female fatality rate is 43%, whereas that of men is 29%<sup>52</sup>. 47% of all reported civilian casualties in 2012 are children.

Considering gender in the context of VA reveals a significant difference when considering victims versus survivors. As is clear from the above, amongst casualties men have a much greater chance to survive their accident than their female counterparts. And whereas men constitute the majority of casualties, women constitute the majority of indirect victims that are most impacted, as they are the ones who are forced to take on the role of sole breadwinner when their husband is killed. Furthermore, if their husband survives, it is the women who are to make an income whilst providing care for their injured partner or whilst at the same time continuing to carry out her household and child care responsibilities. The same is true in the event the survivor is a child. In most, if not all, countries, women bear the brunt of providing care to the injured.

When considering female survivors and regarding the general situation of women with disabilities, it is well-known that they often face greater discrimination than their male counterparts when accessing services<sup>53</sup>. Also, women and girls with disabilities suffer a higher rate of sexual abuse and have less access to information about reproductive health<sup>54</sup>. Finally, men outnumber women in

paid employment. Jobs taken by women are less secure than those of men; women earn less and have less social protection than men<sup>55, 56</sup>.

As such it should be clear that there is a significant gender difference between women and men as indirect victims of mine/ERW accidents, and that female survivors are subject to multiple discrimination. States Parties to the MBT and CCM should implement specific measures to ensure that female survivors have access to all services provided to survivors. This includes analyzing the impact of programs and policies on women and ensuring that women can have equal access to those initiatives.

Recognizing this difference, the Maputo and the Vientiane Action Plans make numerous references to gender, calling States to ensure a gender perspective to their VA efforts. This is achieved if gender is mainstreamed: "Mainstreaming a gender perspective, refers to the process of assessing the different implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making the concerns and experiences of both women and men an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated"<sup>57</sup>.

Gender is a guiding human rights principle of Handicap International's work, thereby making sure that every victim can benefit equally from our interventions. As such, our efforts should focus on three areas of impact<sup>58</sup>.

### ➤ To improve quality of life:

- Projects and programs should include survivors (mostly men and boys) but also indirect victims - their caregivers and family members (mostly women and children).
- Ensure services respond to the diverse needs of men and women, boys and girls.

- In health services, make sure there is female professional staff and privacy for patients during their physical examinations.

- In vocational and business training, make sure the timing allows for the participation of both men and women.

- **To improve access to services:**

- Collect data and report on the number of victims (men, women, boys and girls) accessing services, including those targeting women (such as safe pregnancy and maternal health) and children (such as vaccination campaigns).

- Invest in analyzing the roles of different groups of victims and people with disabilities, including women and men, and their level of access to and control over resources.

- Ensure a gender balance among health workers and counselors to best address the specific needs of women, girls, boys and men.

- Make arrangements to provide suitable accommodation so that women and child survivors are able to access services, particularly if they must travel from home.

- Consult and involve men and women in the design, implementation, monitoring and evaluation of programs and policies.

- **To improve legislation and policies:**

- Ensure the budget allows taking a gender approach to plans and programs: allocation of public resources should reflect the needs and rights of men and women; and, if necessary, specific initiatives to empower women should be implemented.

- Assess the needs and contributions of men, women, boys and girls in existing revenues, expenditures and allocations. If necessary, adjust the budget to benefit all groups.

- Ensure age and gender considerations are taken into account in the design and planning of VA policy and programs, to ensure each victim equally benefits and participates;

- Provide all the required support to enable victims to ensure their access to services and improve or maintain their quality of life in full respect and in accordance to their age and gender.

With regards to our guiding human rights principle of **age and gender** in regards to our victim VA funded efforts, Handicap International's work should aim to achieve the following objectives:





Mozambique

# Methods of intervention

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Even when countries have completed their clearance and stockpile destruction obligations, VA remains relevant as long there are mine/ERW victims. Handicap International's VA work takes place in countries where clearance has yet to begin, is in process, or is completed. Dependent on the local and international context, Handicap International is involved in five distinct VA interventions, namely:

- Facilitating access to services and support to the provision of services for survivors, their families and people with disabilities in general
- Capacity building of national authorities
- Advocacy for VA in the international and national arenas
- Studies and research on victim assistance
- Collective development of mine/ERW affected communities.

VA can be integrated in existing Handicap International projects. Dependent on the content, the above described interventions can each be a component of a project, or constitute a project in itself. The basic requirement for any project in a mine/ERW affected country or territory is to ensure that victims are amongst its beneficiaries, and to introduce a sub-category in monitoring tools that allows for tracking the number of victims amongst the overall group of beneficiaries..

All of our VA interventions should systematically include actions to improve the three cross-cutting issues of accessibility, empowerment and awareness-raising<sup>59</sup>; all of which are crucial to ensuring effectiveness and sustainability. Our VA interventions should also be based on all of the CRPD's eight core principles<sup>60</sup>; three of which are particularly relevant, namely non-discrimination, full and effective participation and inclusion, and age and gender. The above cross-cutting issues and principles are described throughout the paper where relevant.

Given the fact that only victims know the reality of being a victim, whether as a survivor, a family member or someone living in an affected community, we consider the role and active participation of victims as fundamental in all our victim assistance efforts. As such, in keeping with the CRPD guiding human rights principle of **full and effective participation and inclusion** - Handicap International aims to<sup>61</sup>:

- Ensure the active, free, informed and ongoing participation of victims in the planning, implementation, monitoring and evaluation of plans, policies and programs affecting VA
- Ensure victims actively participate in all the work related to the implementation and monitoring of the MBT and the CCM
- Ensure victims actively participate in all decision-making related to matters that affect their lives (health, rehabilitation, psychological support, social services, education, employment, etc...).

Handicap International currently works in the above-described types of the interventions in VA, whether directly with victims, their families and affected communities, or with governments in more than 40 mine/ERW affected countries, as well as with the donor community. In this section "Methods of Interventions" we explain how the organization can put these types of intervention to work in the form of a project, as a component of a project, or an approach to a project.

# Projects with a victim assistance approach

Thanks to the existence of the MBT and the CCM, Handicap International's methods of intervention in the area of disability in mine/ERW affected countries are eligible for VA earmarked funds. If a program has used the argument of the presence of victims and/or the impact of mine/ERW on communities to obtain VA earmarked funds for the below-mentioned sectors, for example in Cambodia under the *Agence Française de Développement* "VA Convention", such a project is referred to as project with a VA approach. Viewed from a VA angle, Handicap International's interventions can be divided in two main areas, namely:

## A. Facilitating access to services through the establishment of a system that links survivors, people with disabilities and their families to services:

- Service mapping and issuing of a directory of services for victims and people with disabilities, as well as conduct of barrier -and facilitator assessments
- Awareness raising on the rights of victims and other people with disabilities as per the MBT, the CCM and the CRPD
- Personalized social support.

## B. Support to provision of services for survivors, families of people injured or killed and people with disabilities in the following sectors:

- Health (emergency and ongoing medical care)
- Physical and functional rehabilitation
- Psychological and psycho-social support
- Social inclusion
- Adequate standards of living and social protection
- Education
- Work and employment.

Applying for VA earmarked funds for a **project with a VA approach** does not change anything about the service support's aspect of the project, but it should include the following activities:

- Identify how many survivors, and possibly, indirect victims are amongst beneficiaries of the project
- Establish a clear link between the project and, if in place, the authority responsible for coordinating VA and/or disability
- Show linkages between the expected results of the project and objectives in an existing national action plan on VA or on disability that is inclusive of the needs and rights of survivors
- Participate in meetings of the national level coordination committee on VA, if present
- Establish collaboration with Survivor's and Disabled People's Organizations to assist with identifying victims and other people with disabilities and to empower them as part of the global disability movement.



## Importance of collecting data on victims amongst our beneficiaries in mine/ERW affected countries

Due to the call for increased attention to the plight of victims by affected and donor states alike, common Handicap International disability projects in mine/ERW affected countries can also be considered VA projects, irrespective of their focus being rehabilitation, livelihoods, reinforcing a DPO, a combination thereof or otherwise for as long as victims are amongst project beneficiaries. For example, whereas a rehabilitation project in Cambodia in a contaminated province would previously not have been considered VA, it now is due to the fact that Cambodia is a country affected by mine/ERW. As such, our ability to collect disaggregated data on the number of survivors that benefit from all of our projects, and number of victims that benefit from our psycho-social, social inclusion and economic inclusion projects will be paramount. This is especially important when receiving VA earmarked funding, even though we have not been accountable to ensuring nor reporting whether mine/ERW

victims are amongst our beneficiaries in the past in most of our projects in affected areas.

Recently, during the 4th Meeting of States Parties to the CCM in Lusaka, donors have also started to talk about the need for disaggregated data collection efforts, both in projects benefitting from VA earmarked funds, and the more general disability and development projects. Hence, Handicap International now needs to act and devise methods for collecting data on beneficiaries in a disaggregated manner, in particular because States are looking to us to assist them in doing so themselves. Maintaining the credibility we have duly earned, we need to be more accountable as to how VA earmarked funds are being spent and whether victims are indeed amongst the beneficiaries of projects we label “VA”. This demands a change in the way in which Handicap International identifies, refers and records beneficiaries, and in the way in which it documents the results of its work. It may require the following three specific efforts, namely: **1)** the location and identification of victims in those areas in which it works, therefore making it necessary for the organization to add a question in beneficiary data collection forms that allows to identify victims amongst the overall group of beneficiaries; **2)** ensure access to an inclusive system of services, including through the development of a referral system; **3)** the setting up of a monitoring system that allows Handicap International to provide evidence of the fact that a number of victims enjoy a greater level of inclusion as a result of their participation in its projects<sup>62</sup>.

Should a National Mine Action Centre, a National Mine Action Authority, or Ministry responsible for VA be present in a country, a casualty data base may already exist that could be of assistance with locating and identifying victims in a given area.

## A

### Facilitating access to services

Handicap International aims to facilitate victims' access to services through the establishment of a system that links survivors, people with disabilities and affected families to services. To do this, we either support the creation of links between existing referral systems for people with disabilities including survivors, as well as the affected family; or develop a system that ensures victims and other people with disabilities' awareness of, and access to, existing services. This system should be placed with, and maintained by, mainstream actors, rather than by a mine action centre or the coordination body. The system should be comprised of the following three components.

#### Service mapping and issuing of a directory of services

To identify and map current services a survey needs to be developed and conducted, gathered information processed and a service directory in an accessible format that is disseminated to victims and other people with disabilities. This directory should be updated annually. In the context of projects supported by VA earmarked funding, directory of services have been developed and disseminated by the Nepal, Uganda<sup>63</sup> and DRC programs.

#### Awareness-raising on the rights of victims and people with disabilities

Mine/ERW victims often face stigma, discrimination and misunderstanding from their communities. Participation in the social, school, cultural, economic and political life of their communities is hindered by a lack of understanding based on stereotypes and misperceptions among the general population

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of the rights, needs and capacities of people with disabilities. In many societies, people with disabilities are still seen as objects of charity, incapable of making decisions and unable to participate in society. People with disabilities are often unaware of their rights<sup>64</sup> and yet, only when they are aware of the fact that they have rights and that their country is obliged to take steps to fulfill these, only then can they apply this knowledge and influence decisions that affect them. An important aspect of Handicap International's work then is raising victims' awareness of their rights. This work includes strengthening the capacity of Disabled People's and Survivor's Organizations and the empowerment of survivors through a personalized social support approach.

### **Raising the general public's awareness on the situation of victims and people with disabilities**

As long as communities at large are not aware of the rights of victims and people with disabilities in general, discriminating attitudes will persist. Handicap International thus undertakes work to counter these attitudes, whether through the organization of community awareness-raising sessions, radio broadcasts or public campaigns such as the Pyramid of Shoes campaign that Handicap International holds annually in more than 30 cities in France to raise awareness of the general public on the plight of victims and disability rights in general.

### **Reinforcing inclusive services**

Many public and private services and employers, whether, for example, these are schools, hospitals or banks, restrict or entirely limit access to their services for people with disabilities. For example their buildings may not be accessible to people with reduced mobility, or discriminatory attitudes may lead to children with disabilities not being accepted in a regular school or an adult with disability not being hired for a job he is fully capable of doing. In an effort to increase the inclusion of mainstream services, Handicap International works directly with service providers to raise their awareness of the

rights of victims and people with disabilities, to increase their knowledge and provide coaching on how to ensure their services can be made inclusive. Handicap International also undertakes advocacy to influence decision making at the governance level to promote inclusive overarching policies and programmes.

Regardless of who Handicap International targets for awareness-raising activities, it is paramount that victims and other people with disabilities are centrally involved.

### **Personalized social support**

"Personalized social support" (PSS) can be defined as a voluntary and interactive approach involving participative methods with the person asking for or accepting assistance, with the objective of improving their situation and relationship with their environment or even transforming them. [...] Social support provided to a person is based on respect and the intrinsic value of each individual, as a party to and subject of rights and obligations"<sup>65</sup>.

PSS empowers people to realize a goal, and as a result of which they are able to realize the next goal by themselves. This goal purports to increase a person's level of social inclusion, for example a young disabled house-bound child being able to play with other children, or a person of working-age with a disability getting a job. PSS can ensure that those victims/people with disabilities that are most excluded and marginalized have access to services. As a result of the fact that most victims tend to live in remote, rural areas, PSS is the link that can make the difference between exclusion and empowerment towards inclusion. Within the context of VA, the goals of PSS are as follows:

- Contribute to improved social inclusion of victims by taking a personalized approach to their situation
- Involve victims in their own process of change through improved management of their interaction with their environment

and by fostering their empowerment and self-determination.

- Foster the creating of a more positive self-image by increasing victims' self-confidence and awareness of their personal capacities"<sup>66</sup>.

In summary, according to Handicap International, the above three domains need to be put in place if a country is to effectively ensure victims have access to the above-described services; in the absence of such, the goal of inclusion cannot be achieved.

## B

### Support to the provision of services

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The following pages provide a short overview of each of the six service sectors/policy areas of VA in which Handicap International is active, either through improving access to services, or through their direct delivery, and outlines related VA objectives within each. The objectives mentioned below have been taken directly from the Handicap International publication "Recommendations for National Action Plans on Victim Assistance: 2011 - 2014"<sup>67</sup>; the first edition of which was presented in Cartagena in 2009. These recommendations take as a basis MBT, CCM, and the CRPD, and include input from technical adviser and field staff, thus completing field and policy guidelines.

In our work to ensure access to services for survivors, affected families and people with disabilities in general, we should systematically include actions to improve the **cross-cutting issue of accessibility**<sup>68</sup>. In regards to physical accessibility, the Co-Chairs of the Standing Committee on victim assistance, Belgium and Thailand noted in 2009 the following: "Accessibility is about enabling mine/ERW victims and other people with disabilities to live independently and

participate 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 socioeconomic reintegration to facilitate a holistic approach"<sup>69</sup>.

Specifically related to the issue of physical accessibility, awareness-raising and advocacy-related actions are necessary. Survivors and other people with disabilities too often face systematic physical barriers in the environment that limit or even preclude their inclusion. As such, Handicap International campaigns for the elimination of obstacles and barriers in urban and rural areas to buildings, roads, transportation, schools, housing, medical facilities and workplaces, as well as to information and communications (media and technology, etc.).



#### Please note

For all of the following sections concerning projects with a VA approach on to Health; Physical and functional rehabilitation; Psychological and psycho-social support; Social inclusion; Adequate standards of living and social protection; Education; Work and employment; they are all drawn from Handicap International's existing policy papers or position documents on these areas and therefore the objectives outlined here are not new or unique to VA. For example, the VA approach to education as outlined briefly below is drawn directly from Handicap International's detailed policy on inclusive education. The same applies to all the other areas listed below. As such, the following section only provides very broad information. For full details

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and practical guidance please refer to the relevant policy paper which can be found on Skillweb: <http://www.hiproweb.org>

## Health

Health includes emergency, first aid, and emergency evacuation, as well as medical care such as 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"<sup>70</sup>.

### Objectives

- Local community workers are trained in the provision of in-field trauma care in areas with high casualty rates and in referral to health facilities
- A sufficient number of healthcare workers (including trauma specialists and nurses) are trained in mine/ERW-affected areas, and provided with initial and continuous training
- The quality of amputations and other surgery services is high
- Victims have access to continuous health care in order to maintain and/or improve their functioning and well-being
- Health facilities have adequate equipment, supplies and medicines to meet at least basic standards
- Victims receive adequate referral to complementary services as soon as possible (physical and functional rehabilitation, psychological support and peer support, social services, education and employment).

## Physical and functional rehabilitation

"Physical rehabilitation involves the provision of services in rehabilitation and physiotherapy and the supply of assistive devices such as prostheses, orthotics, walking aids and wheelchairs to promote the physical well-being of mine/ERW victims. 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 fulfill roles that she/he considers important, useful, or necessary. Functional rehabilitation targets issues beyond the physical ones, such as sight and hearing and 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. 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"<sup>71</sup>.

It is important to keep in mind that, even in mine/ERW affected countries, needs related to orthotics are significantly greater than those related to prosthetics.

### Objectives

- Orthopedic surgery and physiotherapy are available shortly after the accident to prevent complications, prepare for physical and functional rehabilitation and facilitate the use of proper assistive devices (prosthetics and orthotics)
- A sufficient number and quality of physical and functional rehabilitation professionals (physiotherapists, prosthetics and orthotics, occupational therapists, surgeons as well as psychologists and social workers) is available, in accordance with the needs

of the population and their geographical coverage - the physical and functional rehabilitation process should be multidisciplinary as early as possible

- Support services such as sign language support services and school support assistants are provided as required by the type of impairment: physical, sensorial (loss of sight, hearing...), mental, intellectual or multiple impairments
- Assistive devices and equipment (made of local material) and production facilities are available and accessible to victims
- Assistive devices are available and victims and their families know how to, and use, these devices
- The different requirements of girls and boys concerning design, durability and age-appropriateness of assistive devices and equipment are considered in the fitting process.

For more information about Handicap International's work on physical and functional rehabilitation, please consult the policy paper on the subject<sup>72</sup>.

### Psychological and psycho-social support

**Psychological support** can assist victims to overcome the trauma of a mine/ERW explosion and promote social well-being, self-reliance and independence. Psychological support tends to be centred on the individual and includes professional counselling and services provided through specialised mental health centres. **Psycho-social support** involves the larger community and includes activities such as community-based peer support groups<sup>73</sup>, associations of survivors and other people with disabilities, as well as cultural, sports and leisure (CSL) activities. The latter is also referred as social inclusion. CSL includes adapted physical activities which are non-competitive and promote movement and well-being. Activities vary from one context to another, but in all cases, CSL activities are very important for achieving the inclusion and participation of people with disabilities

in their communities. When people with disabilities are able to participate fully in CSL activities this can greatly improve self-confidence, a sense of belonging and empowerment, as well as physical and psychological well-being. Inclusive CSL also benefits society at large through the unique expression and contributions made by "disability arts and culture" such as street theatre, wheelchair dancing, poetry and short stories about disability. Disability arts and culture activities not only express the history of the oppression of people with disabilities but also offer suggestions on how society can move forward.

The participation and inclusion of people with disabilities in cultural life, recreation, leisure and sport is supported by Article 30 of the Convention on the Rights of Persons with Disabilities.

Adequate psychological and psycho-social support has the potential to make a significant difference in the lives of victims. As stated by one survivor from Sudan during the Central and East Africa Regional Workshop on victim assistance, organized by Handicap International in October of 2010 in Nairobi, Kenya: "if a survivor cannot cope psychologically with his or her new reality, all the other services will not be able to support the process of inclusion". This type of support is necessary in the immediate aftermath of the accident and may be needed at different times throughout a victim's lifetime.

### Objectives related to psychological support

- Victims have the opportunity to access community based psychological services, including but not limited to those that are a part of the general health care services
- Ongoing training and supervision to community workers who may provide some level of psychological support to victims is provided
- Families of those killed and injured have access to psychological support, and, as appropriate, participate in the counseling provided to victims.

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### Objectives related to psycho-social support

- Peer support groups are created and counseling is supported and strengthened to enable victims to attain and maintain maximum self-reliance and independence
- Local informal and formal structures (e.g. sports, recreational, artistic, dance schools) are reinforced to serve victims better, with the aim of also reaching victims in rural/semi-rural communities where persons may have the least access to such activities
- “Inclusive CSL training” is provided to relevant actors (e.g. educators, physical education teachers, staff of children’s clubs, sports coaches, rehabilitation therapists, families, community leaders)
- Provision of materials to support implementation of sustainable and accessible CSL activities (e.g. Sports equipment, communication resources - videos, materials to build accessible playgrounds, etc.)
- The public and parents’ awareness is increased on the value of having children/ youth attend CSL activities for their overall well-being, development and opportunities.

For more information about Handicap International’s work on psychological and psychosocial support, please consult the policy paper on the subject<sup>74</sup>.

### Adequate standards of living and social protection

People with disabilities are disproportionately represented among the world’s poorest people. This means that survivors are part of the 20% of the poorest people in the world<sup>75</sup>. Evidence suggests that people with disabilities tend to be poorer than their peers without disabilities because of the multiple barriers to socio-economic participation and inclusion that they face. As a result, their standards of living tend to be lower. Due to the resulting vulnerability, they tend to be in need of social protection.

### Objectives

- Carry out need assessments and situation analyses to understand the requirements and priorities of victims with regards to adequate standards of living
- Victims have access to adequate food and clothing, housing, water and sanitation services
- Adequate income support is given to victims who have lost or received a reduction in their income
- Victims have access on an equal basis with others in cultural life, recreation, leisure, sports and other community activities
- A directory of health, rehabilitation, psychological, social, education and employment services in affected communities, including procedures and conditions to access them, is available
- Poverty reduction and social protection strategies include the active participation of victims and other people with disabilities.



### Frequently Asked Question

#### What is Handicap International’s position on reparations, compensations or pensions for survivors?

- On their own, these elements cannot guarantee the full participation, inclusion of and enjoyment of human rights by survivors.
- However, in those countries where these exist, we should encourage survivors to obtain them, as they are a right and contribute (even in a small scale) to complement their revenue for survivors and other marginalized groups, amongst whom people with disabilities who are facing the same barriers.
- Handicap International and its partners should advocate for compensation schemes (whether in the form of social protection measures or otherwise) that ensure non discrimination amongst victims, be they veterans or civilians.

→ Thus, Handicap International should inform survivors if they have compensation rights, and if so, support the process to access them. However, strong attention should be brought to the fact that in and of itself, compensation does not guarantee sustainable access to health, rehabilitation, psychological, social and economic services. Compensations should be a small part of larger rehabilitation and inclusion processes.

### Education

“Children with disabilities (CWD) are the least likely to receive an education. Often, they have no access to education at all due to discriminatory practices, such as explicit rules excluding them from participating in primary education, or physical barriers to access that prevent their participation.

Rigid educational systems with inflexible curricula and lack of disability awareness among teachers means that children with different learning needs and learning styles are not appropriately accommodated, resulting in complete exclusion altogether as well as high drop out rates. Unless CWD are appropriately accommodated in the primary education system, the goal of Universal Primary Education will not be achieved. This requires primary educational systems to be responsive to the diverse needs of all children, including CWD. Inclusive development in this context means ensuring that development programmes in the education sector fully support disability (p. 7)<sup>76</sup>.

### Objectives

- There is an inclusive education system at all levels: primary school, secondary and tertiary education, university, vocational training and adult education, literacy, life-long learning
- Reasonable accommodations<sup>77</sup> are provided that respond to individual requirements in the schools
- Accessible education materials and technical resources to ensure equal

access to education in mine/ERW affected areas are provided

- Teachers are aware of the rights of people with disabilities and are trained on inclusive education methodologies and techniques
- Inclusive education is promoted as part of the national education plans, policies and programs
- Families are supported so they provide adequate support for victims in the education process
- Alternative solutions for children with disabilities (due to severe conditions) that cannot be included in the ordinary education system are provided.

For more information about Handicap International’s work in inclusive education, please consult the policy paper on this subject<sup>78</sup>.

### Work and employment

Following recovery from a mine/ERW accident, most survivors indicate that starting to work again is most important to them<sup>79</sup>. Work and employment services include activities that improve the economic status and the quality of life of victims through elements including vocational training, business training, access to microfinance services and start-up capital, adaptations to the working environment, employment services. Economic empowerment is essential to promote self sufficiency, self-confidence, social participation and psychological well-being<sup>80</sup>.

### Objectives

- Social, community and other field workers have the capacities to support victims in defining a realistic personal plan of action towards economic inclusion, and to inform, orient and refer them to relevant services
- Training and income generating activities respond to market demand
- Mainstream livelihood services (technical, vocational, education and training

# Projects with a specific victim assistance intervention

services, microfinance providers, job placement services, employment programs) are accessible and available in - or reachable from - affected areas to survivors

- Appropriate and market driven training opportunities (such as apprenticeships with master trainers or local businesses, community training, peer-trainer services) are accessible
- Business training and coaching is available for victims starting or developing a self-employment activity
- Employment of victims in the private and public sectors is facilitated through appropriate referral mechanisms
- Reasonable accommodations are provided in the workplace (both in the public and private sectors)
- Discrimination on the basis of disability is abolished, legislation on the employment of people with disabilities is in accordance with the CRPD, and the implementation of national legislation and policies for the employment of people with disabilities is enforced and monitored.

For more information about Handicap International's work on livelihoods, please consult the policy paper on the subject<sup>81</sup>.

## The following objectives should be developed for all of the above-mentioned sectors/policy areas:

- All services are free or affordable
- Programs aim at financial sustainability from the beginning and cost recovery and cost analysis is part of the planning process. Mixed revenue streams and equity funds are being considered
- Referral services to facilitate the linkages between victims and service providers are available
- Develop national standards for all sectors/policy areas, particularly there where professionals are not widely available.

Handicap International has long been engaged in VA-specific interventions, such as its advocacy work for strong and comprehensive VA obligations in the CCM, or its research contribution to the VA thematic in the Landmine and the Cluster Munition Monitor. More recently, the organization has been in the process of developing the necessary expertise to build the capacity of national authorities of affected countries to coordinate and deliver VA. The engagement in a specific VA interventions can constitute a project in itself, henceforth referred to as a "**VA project**", such as the support given to the Ministry of Women and Social Welfare in Mozambique with the development of their national action plan on VA.

These interventions can also be a component of a larger project, in which case the project would be referred to as a "**project with a specific VA intervention**". The Uganda - DRC AusAID-funded cross-border project<sup>82</sup> is one such project as it involved our more common disability work in ensuring access to, and support to the provision, of services, but also included specific VA interventions in the form of support to national authorities for the purpose of strengthening coordination of VA at the national level. A specific VA intervention can also be included in clearance operation or mine risk education project, such as is the case for projects in Mozambique, South Sudan and Afghanistan.

The following four interventions can be deployed either as a stand-alone activity, or as part of a bigger project:

### A. Capacity building of national authorities

- Support to national authorities with conduct of survivor needs and capacities assessment
- Development, implementation and monitoring of national VA/disability action plan

### B. Advocacy for victim assistance

- International advocacy
- National advocacy
- Ban Advocates

### C. Research on victim assistance

### D. Collective development of mine/ERW impacted communities

## A

### Capacity building of national authorities

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In 2010, Handicap International began supporting national authorities to fulfill their VA obligations as per the MBT and the CCM and in alignment with the CRPD in terms of coordination and delivery of VA and broader disability efforts. To date, our capacity building has focused on the following two areas:

- Conduct of survivor needs and capacities assessment (Mozambique)
- Improved coordination of VA (Uganda, DRC, South Sudan, Mozambique, Lao PDR and Afghanistan).

This work takes place in response to an invitation from a national authority responsible for coordinating VA. Most often, this is the designated Ministry, but it may also be the National Mine Action Authority (NMAA) or the Mine Action Centre (MAC). In those countries where the responsibility for coordinating VA lies with the NMAA or the MAC, we will provide necessary support while at the same time raising awareness of the fact that VA will be needed long after the last mine has been lifted and as such, long after a NMAA or MAC ceases to exist. We work alongside the MAC to find a more sustainable solution for the coordination of VA. Experience has taught that the best solution is for VA to be coordinated by a Ministry responsible for disability or social welfare not

only because its projected future knows no end, but also because they have long worked with the various ministries that are required in order to coordinate effective action. In 2013, Handicap International was asked to develop a project that would advance the integration of victim assistance into broader frameworks at the international level, as well as national level in Afghanistan and in Laos. At the international level, this work involves providing practical guidance on how to ensure the MBT and CCM VA provisions can be realized through efforts that are labeled with funds other than those earmarked for VA. Mechanisms for providing such guidance are currently being explored with a number of countries that are committed to international cooperation.

### Conduct of survivor needs and capacities assessment

Handicap International underscores States Parties' recognition that it is of fundamental importance to understand the challenges faced by victims in their daily life, not only due to their changed personal circumstances, but also because of barriers encountered in the external environment, whether of a physical, attitudinal or other nature. As VA efforts should purport to advance the inclusion of victims at all levels of society, the reality faced by victims and the circumstances leading to their exclusion need to be understood. In keeping with the Disability Creation Process (one of Handicap International's models of reference for conceptualizing disability<sup>83</sup>), information needs to be obtained, not only about their identity and location, but also about their needs and capacities, as well as on barriers and facilitators in the external environment.

The collection of all necessary data, disaggregated by sex and age, and an assessment of the needs and priorities of victims is an obligation under the CCM, the VAP and the MAP. In order to realize the above, two different systems exist today. On the one hand there is a casualty data base,

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much along the lines of the Cambodia Mine Victim Information System (CMVIS). On the other hand, there is something called “a survivor needs and capacities assessment”. Whereas a casualty database<sup>84</sup> aims to capture data on all survivors in a given country, a survivor needs and capacities assessment collects data on a representative sample of survivors, community members, as well as service providers in order to understand the challenges faced on the ground by survivors in terms of participation, access and inclusion.

Handicap International’s past experience with the development and management of a casualty database includes supporting the development of the CMVIS, a casualty data collection system which is known for its excellent information compiled through thorough data collection practices and cross checks<sup>85</sup>. CMVIS’ purpose is to gather data on casualties and survivors of mine/ERW in the country. Monthly reports are published online on the website of the Cambodian Mine Action Authority (CMAA)<sup>86</sup> and available in print. A large network of volunteers and Cambodian Red Cross (CRC) staff have been trained and mobilized to collect information. However this system was initially developed to support clearance operations rather than VA efforts. At the time of the writing of this policy paper, adaptations were being made to ensure it also provides information that is relevant to VA.

Today, Handicap International’s capacity building work is not aimed at the development of a so-called victim information system, but instead focuses on understanding the realities faced by victims through supporting the conduct of a **survivor needs and capacities assessment**. Basic information about survivors, such as their name and location that are collected in the course of the assessment will be passed onto the existing national database, so that this information can support broader clearance efforts. Our capacity building work thus involves the development of an assessment protocol that stipulates what information ought to be collected, how to collect it,

including design of survey forms and guidelines for focus groups and how to best make it available to relevant actors.

Handicap International recently supported one country to understand what the CCM and the MBT refers to as the needs and priorities of survivors, namely in Mozambique. On behalf of, and in close collaboration with, the National Demining Institute (or Instituto Nacional de Desminage - IND), Handicap International conducted a survivor needs assessment in two of the six mine/ERW affected provinces. The findings are deemed representative of the situation of survivors in the entire country.

Handicap International’s capacity building efforts to conduct a survivor needs assessment should aim to achieve the following objectives:

- Collect, analyze and systematize appropriate information, including statistical and research data and information on the situation and standard of living of survivors
- Break information down by age and sex of victims to monitor more clearly the scope of outreach of national action plans on VA/disability, as well as type of injury, professional activity (for victims of working age) and educational level (for victims of school going age) pre and post injury, services already accessed and remaining needs, amongst others
- Use data from existing data collection systems<sup>87</sup>, and check whether the Mine Action Centre or Mine Action Authority has a functional Information Management System for Mine Action (IMSMA)<sup>88</sup>
- Collect data in conjunction with national censuses, disability and household surveys, and in coordination with other stakeholders (in particular Survivor’s Organizations)
- Collect data through snowball sampling, representative or targeted sampling, to ensure that those victims living in centers and on the street are being included in data collection efforts

- Disseminate relevant statistics and data and ensure they can be accessed by relevant stakeholders in formats that guarantee confidentiality for victims.

In summary, Handicap International is in a position to support national authorities with the partial realization of the obligation to collect all necessary data. Information gathered does not aim to inform about all victims, or even survivors, living in one given country, but rather paints a representative picture of the reality faced by this population. Based on this information, national stakeholders have a solid basis upon which to develop a national action plan on VA, as well as a baseline to be used to measure progress in the future.

### Improved coordination of victim assistance

In the past years, Handicap International has been increasingly engaged in supporting national authorities with improving their ability to coordinate VA at the national and sub-national level. Our work in this area of intervention has proven to be diverse. In the past, we have provided support to the Ministry of Gender, Labor and social Development in Uganda to improve the effectiveness of legislation and policies to meet the needs of mine/ERW survivors and other people with disabilities. Currently, we are working alongside the National Commission for the Disabled Person (NCDP) in Lao and the Lao Disabled People's Association so that they are better able to contribute to the coordination of VA and access to information nationally and locally; or building the capacity of the South Sudanese national demining authorities to effectively implement, coordinate and monitor the VA component of the National Mine Action Strategic Plan 2011-2016 - although this activity is currently on hold due to political instability. All of this work aims to strengthen coordination of VA for the purpose of adequate delivery of available and accessible services and the taking of steps towards an inclusive society.

The development of a national VA/disability action plan has also proven to be an important tool in bringing key actors in VA and broader disability efforts together and begin the process of collaboration amongst diverse ministries, as well as non-governmental organizations including Disabled People's and Survivor's Organizations (examples: Tajikistan, Chad, Algeria and Mozambique). The development of such a plan is an obligation for States that are party to the MBT and/or CCM and needs to be in line with the Cartagena and Vientiane Action Plan. Ideally, we support countries to develop a national action plan on disability that is inclusive of survivors. However, should the timing for the State not be right to do so, the organization should support the development of a National Action Plan on VA but only with those countries that have demonstrated the intent to develop a broader plan on disability.

The Handicap International publication "Recommendations for National Action Plans on victim assistance 2011 - 2015"<sup>89</sup> provides guidance on 21 elements that should be included in any national action plan, namely: service domains, cross-cutting issues and guiding human rights principles, implementation support measures (e.g. statistics and data collection, legislation, policy making, capacity building, coordination and mobilization of resources), as well as monitoring, reporting and international cooperation. In addition, this publication proposes sample objectives for each element.

Prior to beginning the process of developing this national action plan, a government should have appointed a national VA focal point. This is actually an obligation that has to be complied within six months of that State Party's entry into force of the CCM. This focal point has to have the authority, expertise and adequate resources to carry out its task in order to be able to leverage necessary resources to ensure VA obligations can be realized, not in the least by having the authority to secure the participation of relevant line ministries in the coordination

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body, and by having sufficient negotiation power in forums with other competing development funding priorities.

Also, prior to commencing the work on a national action plan on VA, it is of paramount importance to have “integrated the implementation of the VA provisions of this Convention in existing coordination mechanisms, such as coordination systems created under the CRPD or other relevant Conventions”<sup>90</sup>. In the absence of such, an inter-ministerial and cross-sectoral coordination mechanism should be established that actively involves victims and their representative organizations, as well as representatives from relevant ministries, non-governmental and private organizations, including health, rehabilitation, social services, education, employment, gender and disability rights experts.

The establishment of such a mechanism is an obligation, within one year of the Convention’s entry into force, for a given State Party. It should be permanent and based on legal and administrative regulations; and have sufficient autonomy and resources to carry out its missions.

The national action plan on VA should be developed and/or updated so as to comply with the following criteria:

- Maintain, strengthen or designate a focal point within the National Mine Action Centre (MAC), National Mine Action Authority (MAA), or responsible ministry in charge of following up on the implementation and monitoring of the National Action Plan on VA
- Ensure that victims and their representative organizations are involved and participate fully in all aspects of the development, implementation of a national VA action plan
- Ensure meaningful collaboration is being established with local disability movements and explore links with existing or developing mechanisms for monitoring the CRPD in those countries that have ratified this convention (which also

demands focal points and inter-ministerial coordination – see article 33 of the CRPD)

- Include SMART objectives, indicators and timeframes<sup>91</sup>
- Objectives should be incorporated into, or at least linked with, existing national disability, development and human rights frameworks and mechanisms to contribute to effectiveness, efficiency and sustainability and to facilitate monitoring and reporting
- Ensure it includes a detailed budget that incorporates the planned and existing resources needed for its implementation.

In addition, manuals or check-lists<sup>92</sup> targeting authorities and service providers involved in VA at all levels should be developed to facilitate monitoring of the plan. Handicap International provided support with the development of a national action plan on VA to the *Centre National de Déminage* in Chad<sup>93</sup> in 2010 and more recently to the Tajikistan Mine Action Centre in Dushanbe, in 2011. Similar work is being undertaken in 2013 in Mozambique, Algeria and South Sudan. Based on experience to date in providing support with the development of national action plans on VA, a “lessons learned” document is being elaborated at the time of writing this paper. As part of our capacity building work in the years to come, we plan to expand our efforts to also include the provision of support with the implementation and monitoring of this action plan in different ministries and at different levels.

## B

### **Advocacy for victim assistance in the international and national arenas**

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Handicap International is involved in advocacy work with and for victims and their representative organizations, including Disabled People’s Organizations, at both

the national and the international level to remove societal barriers to inclusion. This is of fundamental importance if their day-to-day experiences are to inform decision making processes that affect their life, for example when developing the part of the international action plan that concern VA. Handicap International's advocacy work is active at both the national and international level, as described below. This section will also highlight one rather innovative Handicap International project, namely the Ban Advocates, which, thanks to an initial focus on the CCM, spans both the international and national sphere when it comes to VA.

### International advocacy for victim assistance

At the international level, Handicap International's advocacy efforts are historically rooted in the role as one of the leaders that unleashed the power of civil society in the International Campaign to Ban Landmines (ICBL) and the Cluster Munition Coalition (CMC) and which ultimately led to the adoption and ratification of MBT and the CCM.

Working directly with victims of mine/ERW, Handicap International understood from the very beginning of its operations in 1982 that, besides the need to intervene on behalf of victims, prevention was also crucial. It was this that drove the organization's participation in the work leading up to an international ban on landmines and cluster munitions and it is this that continues to motivate its involvement in campaigns for the universalisation and full implementation of the MBT and the CCM.

Being one of the leading organizations involved in the Ottawa process, it was Handicap International who insisted on mentioning the need for victim assistance within the MBT itself. Likewise, it was Handicap International that lobbied to put victims at the center of the CCM by promoting a broad definition of the victim that includes

family members of people injured and killed as well as affected communities, and to include a strong and concrete provision on cooperation and assistance, including assistance for victims.

In addition, our advocacy work during the time leading up to the adoption of the CCM focussed on ensuring that the following provision would be included in the article on VA: "that State Parties 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 be based only on medical, rehabilitative, psychological or socio-economic needs".

Now that these two treaties have entered into force, Handicap International continues its advocacy at the international level by mobilizing civil society, donor countries and affected States for the purpose of:

- a. Ensuring strong, concrete and time-bound actions for VA in the actions plans (current international plans are the MAP and VAP) adopted by States Parties to the MBT and CCM and all other relevant guidance papers, policies and legislation
- b. Promoting an inclusive development approach to VA and advocacy to make sure that international treaties, existing frameworks and systems as well as disability-related services are inclusive of, and accessible to, victims (one result of this work has been that the term "reintegration", proposed for the CAP and the CCM, has been officially replaced by "inclusion" in alignment with CRPD<sup>94</sup>)
- c. Undertaking action to advance the participation of victims in the work of the Conventions, i.e. their participation in international level meetings, as well as in decision-making processes related to implementing the conventions
- d. Raising awareness of the need to improve access to services for victims

- e. Pushing for better and better reporting on the part of all States Parties on their VA efforts
- f. Promoting universalization of the MBT, CCM and the CRPD
- g. Encouraging States Parties to fulfill their obligations and to seek to capitalize on synergies between the MBT, CCM and CRPD.

Handicap International presents its vision on VA within civil society, particularly the ICBL-CMC, the International Committee of the Red Cross and the Geneva International Centre for Humanitarian Demining, as well as the various UN agencies involved such as UNOPS, UNICEF, UNDP and of course the United Nations Mine Action Services. We lobby donor and affected State Parties alike in Meetings of States Parties and intersessional meetings in the context of the MBT, CCM and CRPD, regional conferences on the conventions<sup>95</sup> and in other UN for a such as the Convention on Conventional Weapons in Geneva or the First Committee in New York. In the past, we have also organized workshops to advance understanding of VA in the context of the CCM, such as one in May of 2007 in Paris to provide input into the article on VA in the CCM.

In addition, we present our positions and practice from the field through a variety of means, such as conference presentations and side events. These side events are generally used to impart technical know-how on VA/ disability subjects and tend to have Handicap International field staff present their project work, together with the Technical Advisor on VA who provides a technical overview of the themes being presented. During the Review Summit of the MBT in Maputo in June 2014, for example, Handicap International hosted a side event on how to advance the effective integration of victim assistance in broader frameworks.

Handicap International also introduced its publication on this topic, shared lessons learned through the research that was conducted for one of these publications, and invited a survivor from Mozambique and

Australia, the Mozambique Minister of the Ministry of Women and Social Welfare, as well as the Egyptian representative of the ICBL - CMC and a colleague from Algeria, to bring some of the good practices included in the publication alive. Handicap International has made plenary interventions during intersessional meetings on behalf of the ICBL and the CMC and has recently being asked to make numerous public appearances, either in the form of moderator or panelist during various high level interventions that aim to bridge the world between VA, disability rights and other domains. The organization continues to publish valued documents such as the 'Fact Sheets: How to implement victim assistance obligations under the Mine Ban Treaty or the Convention on Cluster Munitions' as a way to widely advocate its vision of VA. As a point worth noting, this publication has since been translated into Spanish, French and Portuguese. Laotian, Dari, Farsi and Arabic versions will soon be available.

With the increasing international attention for VA in the years since the First Review Summit of the MBT in Nairobi in 2004, a common complaint has been that governments, but also INGO's, favor strengthening VA processes (such as coordination, action planning, strategy development), while losing focus on responding to the needs of victims on the ground. In this regard, it is important to underline that ensuring victims' inclusion in society and access to quality services is the core focus of Handicap International's VA efforts, whilst its capacity building work and our national and international advocacy is to ensure this is achieved.

Finally, a very important contribution to international advocacy on VA is Handicap International's submission of data on its VA efforts to the Landmine and Cluster Munition Monitor, as well as its membership of the Monitor's Editorial Committee.

### National and regional advocacy for victim assistance

At the national level, Handicap International works to ensure that victims and their organizations know their rights, advocate for them and are empowered to demand them. In this regard, Handicap International has acquired experience working with national Survivor's and other Disabled People's Organizations, as well as with civil society organizations in general. In the future, however, we aim to significantly strengthen this aspect of our work as we understand that much more can be achieved at the national level through local empowerment initiatives. Examples of awareness raising activities in the context of VA at the national level can be found in, amongst others, Chad<sup>96</sup>, Uganda<sup>97</sup> and Afghanistan.

Handicap International does not recommend working with Survivor's Organizations alone, but rather with them and Disabled People's Organizations, as well as different civil society organizations such as those working on human rights or with youth or women. Moreover, Handicap International's work should aim to establish and reinforce linkages between such organizations and government institutions, service providers and individual victims.

Handicap International's regional advocacy work for VA includes the organization of regional workshops to target right holders, namely victims and other people with disabilities, the broader group of victims, as well as duty bearers including government representatives and donors, such as was done in consecutive regional VA workshops in Bangkok, Thailand for South East Asia, in March 2009, in Amman, Jordan for the Middle East, in May 2010, Nairobi, Kenya for East and Central Africa, in October 2010, in Dushanbe, Tajikistan in May 2011 for Central Asia and in Vientiane, Laos in November 2012 for South and South East Asia. These workshops also serve to raise awareness of the rights of victims amongst key disability actors in affected countries.



### Frequently Asked Question

#### **In the context of VA, should advocacy for MBT and CCM ratification continue once a country ratifies the CRPD?**

Yes, as only a universal ban on landmines and cluster munitions will prevent future use and obligate States to destroy their stockpile and complete clearance and as such, will present the occurrence of future mine/ERW accidents.

→ Thus, Handicap International should particularly consider advocacy activities to push for ratification of these disarmament conventions in those mine/ERW affected countries in which we work and which have not yet joined one or both of these conventions.

### The Ban Advocates: Voices from affected communities

Initiated in September 2007, the Ban Advocates (BAs) project is a group of people affected by cluster munitions who have effectively worked together to rid the world of these indiscriminate weapons and to ensure that assistance to affected communities was put high on the agenda. From the start, the BAs have played a prominent role in the Oslo Process on cluster munitions.

As a result of this process, the CCM entered into force on 1 August 2010. Through the Vientiane Action Plan (VAP), agreed upon at the First Meeting of the States Parties in November 2010 in Lao, governments committed to a 66-point action plan to turn the legal obligations of the treaty into concrete actions. Moreover, the VAP sets a new benchmark for the assistance to victims.

At this historic meeting, the BAs, together with other survivors, have, through the Survivor Declaration, repeated their commitment to:

1. "Share the truth about the experience of survivors, about the horrors of cluster bomb victimization and fight for the Convention to reach its aims.
2. Actively engage in advocating for governments to join the Convention and to support VA efforts.
3. Work with their governments and all willing partners to search for better solutions and bring about positive change in the lives of survivors and our communities.
4. Foster positive change and contribute to the socio-economic development of their families and communities"<sup>98</sup>.

The BAs project, which has enabled individuals to raise their voices, has proven its exciting potential as one of the models of "advocacy by and for victims". Since it was created, members of the group have played, and continue to play, an important role at the international level for the universalization of the CCM and stand as key partners for affected states. Indeed, the latter are requested to closely consult with, and actively involve, "victims" in achieving their VA obligations under the treaty. The CCM thus recognizes the added-value of working together with those who best know their needs and rights. In addition, while the BAs remain committed to advocate for the CCM, their field of action has logically been enlarged to lobbying for the MBT and the CRPD and their effective implementation, considering the strong synergies existing between the three conventions, especially as it concerns VA.

The BAs have also been empowered and trained to work in their respective countries to promote the three conventions. By providing access to a grant scheme, Handicap international supports their initiatives nationally and assists them in their work to educate policy-makers and liaise with civil society partners so as to push for the full and effective implementation of the international instruments and their potential to make positive changes in survivors and victims' lives. Through various projects,

from awareness-raising events, round tables meetings, peer to peer support activities to the creation of networks of survivors, the BAs have developed a certain expertise and actively contribute to the efforts towards the effective realization of the rights of victims and other people with disabilities.

The BAs, a motivated and well-trained group, are therefore perfectly placed in terms of legitimacy and experience to play an active role in supporting governments in defining how to assist the survivors, their families and communities in the most efficient way.

## C

### Studies and research on victim assistance

In the spirit of using its day-to-day experience in the field as a basis of our advocacy work, Handicap International has long been involved in research, whether at the international level through our contribution to the Landmine and Cluster Munition Monitor, or through our conduct of so-called applied or in-house research. This section provides an overview of its work in this regard.

#### Contribution to international research on victim assistance

Handicap International played a lead role in coordinating the victim assistance and casualty theme of the Landmine Monitor from 1999 through to 2010, and from 2008-2010 for the Cluster Munition Monitor. Specifically, the Monitor provides "research for the ICBL and the CMC. It is the de facto monitoring regime for the MBT and the CCM. Landmine and Cluster Munition Monitor produces several research products including the annual Landmine Monitor and Cluster Munition Monitor reports, online country profile reports, as well as factsheets and

maps<sup>99</sup>. The Monitor is an excellent resource tool that - literally - monitors the progress of States Parties in all pillars of mine action and, amongst others, records number of casualties and status of VA in all countries on a yearly basis.

Whereas Handicap International used to manage the Monitor's international VA consultants and coordinate content, strategic decisions and factsheets within the thematic of VA, since 2011 it no longer holds this role. However, it continues to represent the organization in the Monitoring and Research Committee, which is responsible for long term planning, funding and strategic decisions.

### In-house research on victim assistance

As for in-house research, Handicap International produced a number of reports that have fuelled the international momentum that led to the adoption of the CCM.

Taking a historical view at this research work, it is important to mention the April 2005 publication *What rights for mine victims: reparation, compensation, from legal analysis to political perspectives*<sup>100</sup>. This was followed by the November 2006 publication titled *Fatal Footprint: The Global Human Impact of Cluster Munitions*<sup>101</sup>. It was released worldwide and was the first global report on the human impact of cluster munitions. The fact that 98 % of all recorded victims in this report were civilians had a huge impact on the media around the world and on the diplomatic discussions on cluster munitions. The report contributed to the launch of the Oslo process by Norway in November of 2006.

A second report by Handicap International that helped to raise public consciousness of the inhuman consequence of the use of cluster munitions was titled *Circle of Impact: the Fatal Footprint of Cluster Munitions on People and Communities*<sup>102</sup> and released in May 2007. This publication provided more facts and evidence of the devastating impact of cluster munitions on civilian populations

and contributed to the CCM putting the humanitarian aspect first, before that of disarmament.

The subsequent report, *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak out on victim assistance*<sup>103</sup>, was published in September 2009. It gives a voice to both mine and cluster munition victims in 26 of the most affected countries in terms of number of casualties and demonstrates how the international community falls short on the promise that is VA.

The report, *Sustainable 101: victim assistance 10 Years*<sup>104</sup>, put a spotlight on the national capacity in terms of VA of several affected countries and was released in December 2010.

Handicap International released a study on VA titled, *VA in Cambodia: The Human Face of Survivors and Their Needs for Assistance*<sup>105</sup>. This report highlights the importance of understanding the change in the life of survivors as a result of their accident by analyzing the conditions surrounding their life before and after their victimization by a mine or explosive remnants of war. This report was launched during the 11th Meeting of States Parties in Cambodia in November 2011.

Another study looked into the determinants that influence the self-perceived quality of life of mine/ERW victims and culminated in a publication titled *Quality of life of victims of mines and explosive remnants of war: the perception of victims in Colombia* was issued in December 2013.

And, most recently, a 12-country study to explore the degree to which affected governments, Survivor's Organizations, Disabled People's Organizations, a number of Handicap International programs, as well as mainstream organizations and countries committed to international cooperation are making specific efforts to ensure victims are brought into disability-inclusive development processes. These specific efforts are as followed: **1)** locating and identifying victims,

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2) ensuring their equal access to services; and, 3) monitoring and evaluation to demonstrate progress. This study led to the June 2014 publication; Victim Assistance Issue Briefs: How to ensure mine/ERW survivors benefit from and participate in disability-inclusive development<sup>106</sup>.

These publications have given Handicap International a unique voice within civil society for promoting VA; one that is based on the day-to-day reality faced by victims. Detailing what has been done and what remains to be done, the achievements as well as the challenges for both affected and supporting states, these publications raised consciousness and have mobilized action on the part of all actors for the sake of improving the daily lives of victims.

Now that the majority of the task of convincing States of their need to be involved in VA efforts seems to have been accomplished, we see it as our responsibility to support them in their efforts to implement VA, whether this concerns an affected or donor state. As such, our research seeks to improve Handicap International's own work in VA and next, to disseminate lessons learned, good practice and guidance documents to the broader community of stakeholders.

The topics of our applied research range from "Recommendations for National Action Plans on victim assistance"<sup>107</sup> to more thematic studies on various aspects of service delivery, such as our publication "Good practices for the socio-economic development of people with disabilities in developing countries"<sup>108</sup>, or "Access to services for people with disabilities in challenging context"<sup>109</sup>, to name only a few. In addition, as survivors are part of the broader group of people with disabilities, almost all, if not all, of Handicap International's research contains useful information for the implementation of VA.

Making it Work (MIW)<sup>110</sup> is another good example of Handicap International's work to identify and document innovation and good practice at field level. Making it Work is a

global initiative entirely focused on capturing good practices by various stakeholders that have advanced disability inclusion across different sectors, and then using this evidence of "what works" to provide concrete and practical recommendations for replication or scaling up.

## D

### Collective development of mine/ERW affected communities

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Under the umbrella of VA, and as part of its 2011-2015 Federal Strategy, Handicap International is becoming increasingly involved in collective development activities in mine/ERW affected communities. To date, its VA work has predominantly focused on survivors as the beneficiaries of our VA and disability projects, with one exception (TIGA project in Cambodia<sup>111</sup>). Affected family members and communities have almost systematically not been a focus of its work and as such have been left out. It should be noted that, so far, there are currently no clear guidelines on what "assistance to communities" actually means.

Most mine/ERW affected communities tend to be situated in remote, rural areas and are characterized by: high levels of unemployment with a related absence of sustainable income generation activities; blocked access to assets such as agricultural and grazing land, rivers and forest; low enrollment in schools of children; limited infrastructure and access to basic services; lingering political tensions; and low levels of social cohesion. Social and economic exclusion are common, and poverty tends to be endemic.

Sometimes, people living in mine/ERW affected communities pack up and leave, thereby displacing a large number of people who settle in areas to which they do

not have land rights, nor any informal or formal networks to support them. In these communities too, one can find the same characteristics as the ones described above.

Handicap International aims to target these communities as part of its VA work. This will involve conducting village assessments through participatory techniques, whether using rapid rural appraisal, participatory rural appraisal or another approach. These appraisals will aid in identifying those communities that have been most negatively impacted by the presence of mine/ERW, as well as provide insight into which collective development activities could most benefit a particular community. These activities will focus on two spheres of development, namely social and economic. Dependent on the local context and opportunities, social activities could include: establishment of sports and leisure clubs, elderly and youth centers, roads, and schools. Economic activities<sup>112</sup> could also be promoted and may involve the setting up of collective farming schemes including seed storage or the introduction of new seed technologies, creation of training opportunities through informal apprenticeships exchanges with nearby communities, or a more formal vocational training centre.

The direct beneficiaries of this work will be communities living in confirmed or suspect mine/ERW affected areas, and as well as those communities that have been displaced a result of this contamination. Indirect beneficiaries will be surrounding communities, who will benefit from increase socio-economic development of their neighboring community. This type of projects does not focus on survivors, or on people with disabilities alone, but indirect victims, namely communities at large. It has strong linkages with the Linking Mine Action and Development approach. Such an approach was piloted by Handicap International in Bosnia from 2007-2011<sup>113</sup>.

As with all of its work, Handicap International will take a strong partnership approach by

building relationships with local political actors, such as a mayor or a village chief, technical resources such as NGOs that are specialized in infrastructure development or seed technology. There where mine action actors are present, the organization will liaise to ensure local needs are known and can be taken into account in the clearance prioritization process. Should mines and ERW still pose an unknown safety risk, Handicap International will facilitate risk education.



### **Key achievements of the Participatory Mine Action and Development project in mine affected municipalities of Stolac and Berkovići (2007-2011)<sup>114</sup>**

- “The establishment of two functioning and active Local Partnership Groups (LPGs) in Stolac and Berkovići municipalities which include civil society organizations, local associations and municipal authorities. The Mayors in both municipalities view the LPGs as dynamic partners and potential engines for development and, for the first time, are actively working with civil society to achieve common goals. Community and municipal capacities have been strengthened, as has inter-entity collaboration.
- Creation of a Call for Proposal (CFP) process to provide financial support for community-based development initiatives which reflect the needs of mine affected communities. Not only did the two rounds of CFPs support initiatives focused on improving social inclusion, mine risk management and income and employment, they also strengthened the capacity of the LPGs and community members to articulate their development needs and develop credible project proposals.
- The development of an innovative mine risk mapping methodology that involves working with local partner NGOs and

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affected communities to identify and map livelihoods activities, key routes, high risk groups, risk activities and contaminated areas, and develop priorities for demining, mine risk education and development. The methodology has contributed to the existing national priority-setting system by feeding information on community clearance, as well as MRE and marking, priorities to municipal authorities, who use it to update the municipal priority list for submission to the Bosnia and Herzegovina Mine Action Centre (BHMAC).

- Working through local NGOs to offer high risk groups (i.e. those that knowingly enter contaminated areas for economic reasons) alternative income generation opportunities and mine risk education (MRE) as a means of discouraging high risk behavior.
- Ensuring national demining partners conduct pre-clearance assessments through which information is obtained from communities about their clearance priorities and feeding that information into the national priority-setting system, and working in partnership with national demining organizations to conduct demining operations in Stolac and Berkovići in areas prioritized by affected communities.
- Establishment of a national Linking Mine Action and Development coalition that is composed of leading mine action and development organizations operating in BiH, and that will focus on advocating for enhanced links between mine action and development, especially regarding priority-setting and the new demining law."

Having gathered some solid experience in Federation of Bosnia and Herzegovina, Handicap International aims to continue building on this experience and is considering Senegal and other mine/ERW affected countries as possible options for the next collective development project in mine/ERW affected communities, or with communities that have been displaced as a result of the presence of mine/ERW.

An additional achievement of this project, namely mine clearance, is not mentioned in the Experience Review, but underscores the integrated nature of this project. Part of the project funding was used to sub-contract clearance in the municipalities referred to above. An approximate 22 ha was cleared in total.

# Perspectives

In addition to the common activities of the organization to support the development of services in mine/ERW affected states, Handicap International will continue to promote actions in the following priority areas:

- **Supporting the operational transition of the VA's integration into broader frameworks**

Increase our capacity to support affected and donor states in their effort to coordinate and implement VA as part of larger disability, development and human rights efforts. In the international arena, there has long been talk of the need to build synergies between VA in a disarmament context and broader frameworks. It appears that this concept is still not really understood the same way by all the actors and there is no clear indication it has been implemented in reality. Handicap International recently launched a number of documents<sup>15</sup> to support the effective provision of assistance to victims by means other than those that are supported with VA earmarked funds and ensure the sustainable realization of the VA MBT and CCM provisions and by proposing ways on how to put it into action. This work implies, in part, supporting the effective transition of the responsibility for VA from the Mine Action Centre or Authority in affected countries, or the Ministry of Foreign Affairs in donor states, to respectively the ministry with the responsibility for disability or the department for international cooperation.

- **At the international level**, we will work closely with donors, potential allies and in appropriate fora to call attention to the plight of victims. **At the national level**, we will continue to support affected states with the conduct of survivor needs assessments and the development of a National Action Plan on Disability that is inclusive of survivors. We will increase our efforts

to advance collaboration between DPOs and Survivor's Organizations and step up our efforts at the field level to collect disaggregated data on victims amongst overall beneficiaries.

- **Handicap International's understanding of VA as a cross-cutting issue**

Ensure the thematic of VA is well understood by all Handicap International country teams in affected countries, as well as finance and technical departments, so that it truly becomes a cross-cutting issue for the organization. An example of such understanding would be the collection of disaggregated data that provides information on the number of survivors and indirect victims that benefit from our projects.

- **Future innovations**

We will lead the way to expand the scope of VA in two distinct ways. Firstly, by developing a truly comprehensive approach to mine action that sees our work on risk education, clearance and VA work hand in hand. We have begun to undertake work that will enable us to capitalize on the synergies that exist in three of the five pillar of humanitarian mine action. The result of this work will, amongst other, lead to risk reduction efforts that target those people living in mine/ERW affected areas that are most vulnerable, and thus at risk of knowingly engaging in risky activities for livelihood activities. This will ensure that all mine/ERW victims are encompassed by VA efforts in both our own work, but also by that of others. And, secondly, by ensuring VA evolves and develops a solid connection with the domain of armed violence reduction. Over the years, we have built up experience in both the domain of VA and that of armed violence. As such, Handicap International is the actor best placed to lead the global effort to ensure VA effectively considers all victims of armed violence.





Cambodia

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## Acronyms

<b>AXO</b>	Abandoned explosive ordnance
<b>CAP</b>	Cartagena Action Plan
<b>CCM</b>	Convention on Cluster Munitions
<b>CMC</b>	Cluster Munition Coalition
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>DPO</b>	Disabled People's Organization
<b>ERW</b>	Explosive remnants of war
<b>ICBL</b>	International Campaign to Ban Landmines
<b>MAP</b>	Maputo Action Plan
<b>MBT</b>	Mine Ban Treaty
<b>RE</b>	Risk Education
<b>VA</b>	victim assistance
<b>VAP</b>	Vientiane Action Plan
<b>UXO</b>	Unexploded ordnance

## Glossary

### **Abandoned Explosive Ordnance (AXO)**

Explosive ordnance that has not been used during armed conflict, that has been left behind or dumped by a party to an armed conflict, and which is no longer under control of the party that left it behind or dumped it. Abandoned explosive ordnance may or may not have been primed, fused, armed or otherwise prepared for use<sup>116</sup>.

### **Cluster munition**

Cluster munitions are conventional munitions each of which is designed to disperse or release multiple submunitions (in some cases called "bomblets") over an area that may extend to several hundred square metres. The general definition of this weapon describes both the container (also called a dispenser or "parent munition") and the submunitions it holds<sup>117</sup>.

### **Disability**

Disability is an evolving concept and that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others<sup>118</sup>.

### **Explosive Remnant of War (ERW)**

Unexploded ordnance (UXO) and abandoned explosive ordnance (AXO). This legal definition explicitly excludes mines, booby-traps or other devices<sup>119</sup>.

### **Impairment**

Impairment is any loss of physiological, psychological, or anatomical structure of function, whether permanent or temporary. It can be physical, sensory, intellectual, mental or multiple.

### **Inclusive development**

An approach that, on the one side, consists of an inclusive system of services that is accessible by mine/ERW victims, people with disabilities and everybody else on an equal basis; linked, on the other, with a set of specific initiatives that promote empowerment of the mine/ERW victims and their representative bodies.

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**Landmine or mine**

Explosive traps that are victim-activated, whether the intended target is a person or a vehicle<sup>120</sup>.

**Reasonable accommodation**

Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to people with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms<sup>121</sup>.

**Survivor**

A person who fell victim to a mine/ERW accident and who survived it.

**Unexploded ordnance**

Munitions (bombs, shells, mortars, grenades and the like) that have been used but which have failed to detonate as intended, usually on impact with the ground or other hard surface<sup>122</sup>.

**Victim assistance**

As per the MBT and the CCM, victim assistance is comprised of the following elements: 1) understanding the extent of the challenge (data collection), 2) emergency and ongoing medical care, 3) physical and functional rehabilitation, 4) psychological and psycho-social support, 5) social and economic inclusion, and 6) laws and public policies. Handicap International proposes a more comprehensive understanding of this pillar of mine action - for more information on this, please refer to the section titled "What is victim assistance".

**Victim**

Persons killed or injured by mine/ERW, as well as families of those injured or killed by mine/ERW, and mine/ERW affected communities<sup>123</sup>. The notion of victim conjures up images that are rather disempowering; whereas the notion of survivor projects quite a different image. The word "victim" is maintained in this document as this now is an internationally recognized term, however, Handicap International embraces an approach that could be labeled as "survivor empowerment", keeping skills and capacities in mind and not only needs.

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# Notes

- ↳ 1. See section on the Convention on Cluster Munitions for a definition of ERW later in the section titled “Legal frameworks”.
- ↳ 2. While in for the period 1982 - 2009, Handicap International refers to Handicap International France, the reference to Handicap International in the period 2010 - present stands for Handicap International Federation. For the purpose of this paper, reference will be made to Handicap International.
- ↳ 3. Four of the five priority objectives of the Federal Strategy will be achieved by our work in the context of VA, namely: 1) Access for disabled people to rehabilitation services in reconstruction and development settings, 2) access for persons with disabilities and vulnerable groups to social services, healthcare, education and livelihoods, 3) involvement of persons with disabilities and vulnerable groups in the development process, and 4) a significant reduction in the risks facing populations affected by the use of landmines, cluster munitions and other conventional weapons that have proven indiscriminate effects to civilian populations. You can read more about Handicap International’s perspective for VA in light of its strategy in the section titled “Perspectives”.
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- ↳ 11. For detailed information on this and other types of intervention by Handicap International in the context of VA, please see the section titled “Methods of Intervention” of this policy paper.
- ↳ 12. Text largely taken from Handicap International (2011) publication titled Recommendations for National Action Plans on victim assistance 2011 - 2015 Building on International Standards, Lessons learned and Field Expertise for an effective and sustainable impact. Available at: [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/HI-RecommendationsEng-WEB.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/HI-RecommendationsEng-WEB.pdf)

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- ↳ 14. More on this principle can be found in this policy paper in the section titled "Principles of Intervention".
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Who has used cluster munitions? "At least 15 countries, namely: Eritrea, Ethiopia, France, Georgia, Israel, Morocco, the Netherlands, Nigeria, Russia (USSR), Saudi Arabia, Sudan, Tajikistan, UK, US, and FR Yugoslavia. A small number of non-state armed groups have used the weapon (such as Hezbollah in Lebanon in 2006). Billions of submunitions are stockpiled by some 76 countries. A total of 34 states are known to have produced over 210 different types cluster munitions". Available at: <http://www.stopclustermunitions.org/news/?id=829>
- ↳ 25. A Guide to Mine Action (2010), p.13. Geneva International Centre for Humanitarian Demining. Available at: <http://www.gichd.org>
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↳ 29. For a more in-depth analysis of the links between VA and the CRPD, please consult the 2014 Handicap International publication titled: The way forward on victim assistance: a consideration of the various aspects at play when integrating assistance to survivors into disability-inclusive development. Available at: [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/VA\\_wayForward\\_EN\\_bigCaracters\\_20140828\\_ONLINEversion.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/VA_wayForward_EN_bigCaracters_20140828_ONLINEversion.pdf)

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- ↳ 54. UNHCHR. Thematic study on the issue of violence against women and girls and disability. 2012
- ↳ 55. UNDP. Factsheet MDG Goal 3: Promote gender equality and the empowerment of women. 2010.
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↳ 61. The following section builds on Handicap International's 2011 publication: Recommendations for National Action Plans on victim assistance 2011-2015: Building on International Standards, Lessons learned and Field Expertise for an effective and sustainable impact. Available at: [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/HI-RecommendationsEng-WEB.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/HI-RecommendationsEng-WEB.pdf)

↳ 62. For more in-depth information on these three specific efforts, please consult the Handicap International 2014 publication: "Victim Assistance Issue Briefs: How to ensure mine/ERW survivors participate in, and benefit from, disability-inclusive development?": [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/Package\\_VA\\_Issue\\_Briefs\\_Maputo\\_June2014.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/Package_VA_Issue_Briefs_Maputo_June2014.pdf)

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- ↳ 83. Please see Handicap International's 2012 CD-Rom on disability and development: [http://www.hiproweb.org/fileadmin/cdroms/Handicap\\_Developpement/www/index.html](http://www.hiproweb.org/fileadmin/cdroms/Handicap_Developpement/www/index.html)
- ↳ 84. Information collected in a casualty database can be inputted into the so-called Information Management System for Mine Action (IMSMA) database that can be installed in mine action centers

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and mine action authorities in many mine/ERW affected countries. IMSMA is managed by the Geneva International Centre for Humanitarian Demining (GICHD), which has installed databases in many affected countries in the world. Today, however, it is not equipped to process the type of information collected by a needs assessment. The GICHD is however in the process to expand its system so that it can also contain data relevant for VA and broader disability stakeholders.

↪ 85. Hottentot, E (2006). CMVIS External Evaluation Report, p. 2. Available at: <http://www.gichd.org/fileadmin/pdf/evaluations/database/Cambodia/Evaluation-CMVIS-HI-March2006.pdf>

↪ 86. CMVIS reports on the CMAA website. Available at: [http://www.cmaa.gov.kh/e\\_library.php?catid=12](http://www.cmaa.gov.kh/e_library.php?catid=12)

↪ 87. For Nepal, for example, check the Informal Service Sector Centre. Available at: <http://www.inseconline.org/index.php?type=reports&lang=en&id=5>. And, for Lao PDR, the UXO Victim Survey of the National Regulatory Authority. Available at: <http://www.nra.gov.la/resources/Reports%20and%20Studies/NRA%20Phase%201%20VA%20Report%20FINAL.pdf>

↪ 88. "IMSMA was developed to help make mine action safer, faster, more effective and efficient. There were calls from the mine action community for computerised decision support tools able to support the coordination and management of their operational activities. IMSMA is currently in use in more than 80 % of mine action programmes around the world and is the United Nations preferred information management system for mine action". Source: <http://www.gichd.org/mine-action-resources/publications/detail/publication/information-management-system-for-mine-action-imsma/>. IMSMA is currently operating in the following mine/ERW affected countries where Handicap International has

programmes: IMSMA is currently operating in the following countries where Handicap International has programmes: Afghanistan, Burundi, Cambodia, Chad, China, Colombia, DRC, Ethiopia, Egypt, India, Iraq, Jordan, Kenya, Kyrgyzstan, Lao, Lebanon, Libya, Mali, Morocco, Mozambique, Nepal, Palestine, Senegal, Sierra Leone, Somaliland, Sri Lanka, South Sudan, Syria, Tajikistan, Thailand, Vietnam and Yemen (list updated Nov 1 2013). For more information on IMSMA, check: <http://www.gichd.org/information-management/overview/>

↪ 89. The following section builds on Handicap International's 2011 publication: Recommendations for National Action Plans on victim assistance 2011-2015: Building on International Standards, Lessons learned and Field Expertise for an effective and sustainable impact. Available at: [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/Hi-RecommendationsEng-WEB.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/Hi-RecommendationsEng-WEB.pdf)

↪ 90. Vientiane Action Plan (2010). Available at: <http://www.clusterconvention.org/files/2011/01/VIENTIANE-ACTION-PLAN-Final2.pdf>

↪ 91. S.M.A.R.T. objectives are objectives that will, for example, improve/change the current situation by 2015 and lead to an improved quality of life for survivors, other people with disabilities, as well as for the broader group of victims:

**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, the objective could be met.

**Relevant:** the objective should be important to achieve an improvement in the services available and/or the quality of life of mine survivors and other people with disabilities.

**Time based:** the timeframe for reaching the desired objective should be no later than 2015.

- ↳ 92. Please be aware that the following checklist is outdated, however it remains useful for consultation. Implementation Support Unit (2008): victim assistance in the context of the AP Mine Ban Convention: Checklist (2008). Available at: <http://www.apminebanconvention.org/fileadmin/GICHD/topics/victim-assistance/VA-Checklist-Brochure-Nov2008-en.pdf>
- ↳ 93. Plan d'action national d'assistance aux victimes au Tchad 2010-2011. Available at: [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/Plan\\_ActionAV\\_2010.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/Plan_ActionAV_2010.pdf)
- ↳ 94. Inclusion recognizes the fact that society has to adapt to all instead of people with disabilities having to "integrate" into existing services/society.
- ↳ 95. For example, during the Accra Regional Conference on the Universalization of the CCM, 28-30 May 2012.
- ↳ 96. Guide pour comprendre et mettre en œuvre l'assistance aux victimes de mines et restes explosifs de guerre au Tchad: [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/GUIDE\\_AV\\_TCHAD\\_VERSION\\_HI\\_MARS\\_23\\_2010.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/GUIDE_AV_TCHAD_VERSION_HI_MARS_23_2010.pdf)
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## **Printing**

NEVELLAND

GRAPHICS c.v.b.a. - s.o

Industriepark-drongen 21

9031 Gent

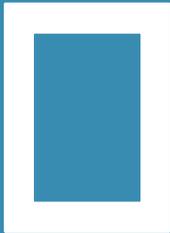
Belgium

Imprint in December 2014

Registration of copyright: December 2014







## **Victim assistance in the context of mines and explosive remnants of war**

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This policy paper describes Handicap International's mandate and values in operational terms as applied to the theme of victim assistance in the context of mines and explosive remnants of war.

It presents the approaches and references for Handicap International's actions, choices and commitments. It aims to ensure coherence in terms of practices whilst taking into account different contexts.

Essentially this is a guidance document for programme staff which defines the topic and outlines the target populations, methods of intervention...

This policy aims to ensure that all projects carried out by Handicap International programmes are consistent with the methods of intervention presented.

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