



Five key examples of
the role of mine action in
integrating **victim assistance**
into broader frameworks



Anti-Personnel Mine Ban Convention

Convention on the prohibition of the use, stockpiling, production
and transfer of anti-personnel mines and on their destruction

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VICTIM ASSISTANCE REQUIRES A LONG-TERM PERSPECTIVE,

and involves a set of actors with lead responsibilities that are different from actors who lead with respect to other aspects of mine action.

Nevertheless, mine action structures have an important role to play in promoting and supporting the application of the principles embodied in the main instruments of international humanitarian law and in keeping with the United Nations' policy on victim assistance.

This publication aims to explain the particular role that mine action structures can play by providing five key examples of mine action in integrating victim assistance into broader frameworks. It is hoped that by documenting examples of good practice, national mine action authorities, United Nations advisors and partner governments will benefit from enhanced understanding regarding the types of interventions that are most appropriate and have the greatest impact. This is particularly important as concerns the sustainability of efforts beyond the end of humanitarian demining programmes.

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THE ROLE OF MINE ACTION IN INTEGRATING VICTIM ASSISTANCE INTO BROADER FRAMEWORKS



The mission of victim assistance is the full and effective participation of landmine and other explosive remnants of war victims in society on an equal basis to others.

1: United Nations Mine Action Standards 01.10, Second Edition, Amended 8 June 2013, paragraph 4.

Assisting the victims of landmines and other explosive remnants of war is a central feature of the Anti-Personnel Mine Ban Convention, Protocol V to the Convention on Certain Conventional Weapons, and the Convention on Cluster Munitions. As such, it has been clear since the late 1990s that all that is involved in **victim assistance** is an integral aspect of mine action. According to the United Nations, victim assistance is one of “five complementary groups of activities” which “aim to reduce the social, economic and environmental impact of landmines and (other) explosive remnants of war.”¹

Delivering on the promise of mine action and that of relevant international legal instruments, which speak to a commitment to “end the suffering” caused by landmines or other explosive remnants of war, means clearly understanding one’s end goals and distinguishing various actors’ responsibilities in the achievement of these goals. The end state with respect to some aspects of mine action is straight-forward, particularly for those states which have acceded to the Anti-Personnel Mine Ban Convention or the Convention on Cluster Munitions. For those that have, the end state as concerns **humanitarian demining** is the return of all areas, which were originally considered dangerous due to the presence or suspected presence of mines or cluster munitions remnants, to a condition that would permit normal human activity to take place. In addition, for those States which have accepted these international legal instruments, the end state as concerns **stockpile destruction** is the elimination of all stockpiled anti-personnel mines or cluster munitions.

The end point as concerns victim assistance is not defined. However, for individuals who have been killed or who have suffered physical or psychological injury, economic loss, social marginalisation or substantial impairment of the realisation of their rights caused by the use of mines, cluster munitions or other explosive ordnance, the end point, while not specified by conventional weapons treaties, is logical and can be derived from international human rights law. That is, the mission of victim assistance is the full and effective participation of landmine and other explosive remnants of war victims in society on an equal basis to others.

A human rights-based approach to victim assistance has been recognised by the States Parties to the Anti-Personnel Mine Ban Convention, Protocol V to the Convention on Certain Conventional Weapons, and the Convention on Cluster Munitions. Using a human rights-based approach to define the mission of victim assistance makes two things abundantly clear regarding the task and who has responsibility for what.

- Achieving the mission implied by victim assistance means having a long-term perspective. Even in the most developed countries, realising the full and effective participation of all individuals, including mine victims, in society on an equal basis to others, is a long term task. Consequently, the timeline for what is understood as victim assistance goes beyond the time-lines for other “complementary groups of activities” that the United Nations defines as comprising mine action, such as humanitarian demining and stockpile destruction.
- Realising the full and effective participation of all individuals, including mine victims, in society on an equal basis to others means integrating victim assistance into broader contexts. The States Parties to various international conventional weapons instruments have, for some time, understood this point, recording that victim assistance should be integrated into national policies, plans and legal frameworks related to issues such

as disability, health, rehabilitation, social services, education, employment, human rights, gender, development and poverty reduction. Consequently, the set of actors with responsibilities for victim assistance, including those with lead responsibility, is different than is the case with other aspects of mine action, such as humanitarian demining and stockpile destruction.

Understanding what is unique and different about victim assistance relative to other efforts undertaken to end the suffering caused by mines and other explosive remnants of war is important in developing and implementing good public policy. Good public policy is that which efficiently and effectively overcomes particular challenges and does so in a just and inclusive manner. Good public policy in the pursuit of the full and effective participation of mine and other explosive remnants of war victims in society on an equal basis to others means paying due regard to sustainability and an appropriate assignment of responsibilities.

Sustainability is important because the mission of victim assistance implies a long-term perspective. The assignment of responsibilities is important because of the broader contexts within which victim assistance finds itself. This is particularly the case, although certainly not exclusively so, with respect to disability and the rights of those living with disabilities. As United Nations Human Rights Chief, Navi Pillay has stated, “when survivors of mines and other explosive devices acquire a disability, they fall under the scope of the Convention on the Rights of Persons with Disabilities.”²

The disability rights context is only one of the broader frameworks within which victim assistance should be integrated. These include healthcare, rehabilitation, social services, education, and employment. Each of these frameworks has its own set of state institutions, which normally have existed for decades, such as ministries of health, education and social affairs. This is in contrast to humanitarian demining, which only matured as a field of practice in the 1990s and 2000s. New structures, such as mine action authorities and mine action centres, have been required to take lead responsibility for humanitarian demining. In contrast, doing all that is required with respect to victim assistance, which again should find itself integrated into broader frameworks, does not require the establishment of new structures or entities.

Lead responsibilities for victim assistance, depending upon the types of activities to be undertaken and goals to be achieved, should rest in entities such as a ministry of social affairs, a ministry of health, a ministry of labour, a ministry of education, a national disability council or a national human rights body. The 2003 United Nations’ sectorial policy on victim assistance has recognised this point, highlighting that “mine action centres are not designed to take the lead role in victim assistance, nor do they have the mandate, expertise or required resources.”³ This is also alluded to in the United Nations’ International Mine Action Standards, which suggest that victim assistance is more likely to be managed by organisations other than national mine action authorities or mine action centres with “the scope of victim assistance covering victims of other incidents as well as mine accidents.”⁴

While national mine action structures are not the appropriate entities to take the lead in the care, rehabilitation and reintegration of a State’s population, they do have a supporting role to play in assisting the victims. The United Nations’ 2003 policy on the scope of action of mine action centres in victim assistance, while highlighting that “mine action centres are not designed to take the lead,” suggests that mine action centres/authorities can contribute to assisting the victims. These mine action entities can assist in a number of ways:

- Mine action entities can **raise awareness** within the machinery of government of the important promise states have made to mine and other explosive remnants of war

2: Opening remarks, Ms. Navi Pillay, United Nations High Commissioner for Human Rights, 12th Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, Geneva, Monday, 3 December 2012.

3: *Sectorial policy: The scope of action of mine action centres and organizations in victim assistance*, Mine Action and effective coordination: the United Nations policy, UNMAS, May 2003.

4: Annex D, Guide for the Establishment of a Mine Action Programme, IMAS 02.10, First Edition, 01 August 2007, (Amended 3, June 2013), 18.



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5: The Strategy of the United Nations on Mine Action 2013-2018, United Nations, March 2013, 14.

survivors through accession to the Anti-Personnel Mine Ban Convention, Protocol V to the Convention on Certain Conventional Weapons, and the Convention on Cluster Munitions and how this promise is understood.

- With awareness having been raised, a mine action structure can **support or initiate an inter-ministerial process** to address the needs and guarantee the rights of victims and survivors in the broader context of a State's responses as concerns disability and development. This broader approach as relates to disability is reflected in the **Strategy of the United Nations on Mine Action 2013-2018**.⁵
- Mine action programmes can further leverage international interest in assisting the victims of mines and other explosive remnants of war to **advocate** for advances that should benefit a broader community of those whom have been injured and / or are living with disabilities. This could include supporting accession to and implementation of the Convention on the Rights of Persons with Disabilities.
- International interest in the landmine cause could be used by mine action programmes to **mobilise resources** to benefit not only landmine and other explosive remnants of war victims and survivors but also the broader community of women, girls, boys and men who live with disabilities.
- Mine action programmes can **promote effective coordination** between landmine survivors and their representative organisations, those interested in assisting them, and those state entities with lead responsibility for health care, social services and disability.
- Age- and sex-disaggregated **data on mine and other explosive remnants of war casualties** collected by a national mine action programme should be fed into broader national injury surveillance and disability information systems.

Several mine action programmes and related structures and institutions are doing valuable work in relation to assisting victims and survivors. However, mine action programmes and structures are intended to exist only for a fixed period of time whereas the need to address the needs and guarantee the rights of survivors will last for their lifetimes. Efforts to clear landmines are already complete, or soon will be, in several States Parties to the Anti-Personnel Mine Ban Convention reporting responsibility for significant numbers of survivors, including Albania, Burundi, El Salvador, Guinea Bissau, Jordan, Mozambique, Nicaragua, and Uganda.

Given the place of mine action programmes and national authorities with respect to victim assistance and the importance of this matter as concerns sustainability of efforts, a great deal can be learned from those that have demonstrated good practice. By documenting examples of good practice, ultimately victims of mines and other explosive remnants of war – as well as other individuals who are injured and / or who are living with disabilities – should benefit if the lessons learned can be replicated elsewhere. National mine action authorities, United Nations advisors and partner governments should also benefit from enhanced understanding regarding the types of interventions that are most appropriate and have the greatest impact.

Finally, it should be recalled that while most responsibilities a ministry of health, a national demining programme, a non-governmental organization or an international donor may have are different, all actors involved share the responsibility of ensuring the effective participation and inclusion of survivors and other persons with disabilities. Survivors and other persons with disabilities have a unique perspective on their own situation and needs. They can and should be constructive partners in all victim assistance and broader disability efforts. The principle of participation and inclusion is well understood in the context of the Anti-Personnel Mine Ban Convention, Protocol V to the Convention on Certain Conventional Weapons and the Convention on Cluster Munitions, with parties to each heeding the message of "nothing about us without us." The participation of persons with disabilities, including landmine and other explosive remnants of war survivors, in all aspects of planning, coordination, implementation, monitoring and evaluation of activities that affect their lives is essential.

ALBANIA: LEVERAGING THE LANDMINE ISSUE TO ENHANCE MEDICAL AND REHABILITATION CAPACITIES IN THE POOREST REGION OF THE POOREST COUNTRY IN EUROPE

In 1998, Albania was the poorest country in Europe, and the region of Kukës, bordering Kosovo, was the poorest region in Albania. As a result of the spill-over of the 1998-1999 conflict in Kosovo, Kukës and other border regions were contaminated with anti-personnel mines and other explosive remnants of war. The first survey of the problem in 1999 identified 15.2 square kilometres of contaminated land along 120 kilometres of the border line between Albania and Kosovo. The contaminated areas were mainly forested, agricultural and grazing areas, along with routes frequently used for travel over the border.

In 1999, the Albanian Mine Action Committee was established as a policy-making and monitoring body, chaired by the Deputy Minister of Defence and including representation from the Ministries of Interior, Foreign Affairs, Finance, Health, Labour and Social Affairs, Economy, and Education. The Committee subsequently created the Albanian Mine Action Executive in 1999 as the national structure responsible for the coordination and monitoring of all mine action activities in Albania. It worked closely with a number of partners to carry out survey, clearance and risk reduction activities. As a result of these efforts, by the end of November 2009, all areas identified as contaminated in the north-east of Albania were declared free of landmines and other explosive remnants of war.

In addition to its humanitarian demining and mine risk education efforts, the Albanian Mine Action Executive was instrumental in initiating a process to address the needs and guarantee the rights of victims and survivors in the broader context of Albania's response to disability. Albania, as a party to the Anti-Personnel Mine Ban Convention, had accepted that assisting mine victims and survivors should be undertaken in a non-discriminatory manner and should be integrated into broader state efforts relating to health care, social services, disability and development. Perhaps in large part due to the fact that the Mine Action Executive recruited appropriately qualified local staff to work on the victim assistance issue and actively participated in the work of the Convention, the Albanian Mine Action Executive took the Convention's understandings on victim assistance extremely seriously.

Albania's 2002 National Strategy for Mine Action, which was revised in August 2008, was based on a vision for Albania where landmine and other explosive remnants of war survivors have been successfully integrated into their communities. A broad integrated victim assistance strategy was adopted in 2003 with the goal of building sustainable capacities to address the rights and needs of victims and survivors. To achieve this goal, the Mine Action Executive established effective working relationships with Albania's Ministry of Health and its Ministry of Labour, Social Affairs and Equal Opportunities. These ministries were represented on the Mine Action Committee, engaged regularly with the Mine Action Executive's victim assistance coordinator, and participated in annual planning workshops. While the Ministry of Labour, Social Affairs and Equal Opportunities was responsible for issues related to persons with disabilities, the Mine Action Executive played a crucial role in coordination, advocacy and resource mobilisation to support victims – as well as other persons with disabilities, especially in the region of Kukës. That is, the Executive took on the appropriate role for a mine action structure, leaving implementation to those with relevant responsibilities and expertise.



In addition to its humanitarian demining and mine risk education efforts, the Albanian Mine Action Executive was instrumental in initiating a process to address the needs and guarantee the rights of victims and survivors in the broader context of Albania's response to disability.

The Mine Action Executive was particularly effective in leveraging the landmine issue to enhance medical and rehabilitation capacities in the Kukës region through collaboration with the Ministry of Health, the Kukës Regional Hospital, the Directorates of Public Health in Kukës, Has and Tropoje, and other relevant actors. Its staff collaborated closely with local authorities and health care and other service providers to assess the needs and gaps in service provision. In 2003, while State facilities provided medical aid and treatment the health infrastructure in the affected areas, services provided were inadequate for the treatment and rehabilitation of victims of mines and other explosive remnants of war – not to mention others who had similar needs.

The health infrastructure in the Kukës region was run-down and lacked basic equipment and supplies. Each village in the affected area had a nurse. Each nurse had to serve the health needs of up to 1,000 women, girls, boys and men. People who were in need of assistance were often treated at the nurse's home due to the distance to health centres. Bad roads and lack of transport meant that it took between 30 minutes and two hours to reach the nearest hospital. The main facility, the Kukës Regional Hospital, lacked x-ray and laboratory equipment, monitors for trauma patients, and other supplies. The hospitals at the district level in Has and Tropoje had only basic equipment and no intensive care units. Mine casualties received initial treatment at these hospitals but more serious cases were transferred to Kukës, and sometimes to the National Trauma Centre in the capital, Tirana.¹

1: Sheree Bailey, Landmine Victim Assistance in South East Europe: Final Study Report, Handicap International Belgium, September 2003, 15-16.

2: The University Rehabilitation Institute was formerly known as the Institute for Rehabilitation.

During the period 2003–2004, the Mine Action Executive, working in collaboration with the Directorate of the Kukës Regional Hospital, identified the equipment needed to establish and maintain an orthopaedic surgical capacity at the hospital. Through the Slovenian International Trust Fund for Demining and Mine Victims Assistance, the United States donated US\$ 100,000 to procure the equipment. In 2004, the operational capacity of the Kukës Regional Hospital was enhanced with the delivery of mobile x-ray equipment and surgical kits. The funding also upgraded the training of three prosthetic technicians, a physiotherapist, and three surgeons. In June 2007, with US\$ 35,700 provided by the European Commission, surgical equipment was provided to improve capacities at the Tropoje Hospital. Equipment included an electro-surgical unit, two general surgical kits, an ultrasound machine, a monitor, a ceiling mounted lighting system, and a general surgical table.

In 2009, the International Trust Fund and the Kukës Regional Hospital signed an agreement on the implementation of a US\$ 180,000 United States-funded project to provide medical equipment and training. Under the project, in May 2009, an electro-surgical unit was installed to facilitate surgical interventions, and in September 2009, a radiotherapy and fluoroscopy x-ray television system was installed. Training on the use and maintenance of the new equipment was also provided. In addition, in May-June 2009, three Kukës Regional Hospital staff from the rehabilitation unit received training on rehabilitation techniques, and two management staff received training on the management of hospital structures at the Slovenian University Rehabilitation Institute.² Although no new casualties of mines or other explosive remnants of war have been reported in the Kukës region since 2005, the capacity of state-run hospital facilities in the region to respond to emergency and surgical needs of the population has been enhanced through the advocacy, coordination, monitoring, and resource mobilisation efforts of the Mine Action Executive.

In October 2004, on the Mine Action Executive's recommendation, the United Nations Development Programme in Albania initiated a community-based rehabilitation project with the support of the United Kingdom. In recognition of the important role of village nurses in providing emergency and continuing medical care, the project supported the

establishment of a community-based rehabilitation network in 30 villages in the affected northeast of Albania. Once again, the role of mine action was to coordinate and monitor, with implementation entrusted to the non-governmental organisation ALB-AID.³ In November 2004, 30 village nurses were trained by five medical specialists, including a physiatrist, a physiotherapist, a psychiatrist, a registered nurse and an orthopaedic surgeon. Together, these 30 village nurses and a neurologist and a physiotherapist from the Kukës Regional Hospital make up the community-based rehabilitation network. In 2006, with funding from France, equipment and supplies were distributed to the village nurses to enhance their capacities. Equipment for each village nurse included a stretcher, an examination bed, a micro-surgery kit, an oxygen tank with mask, an electric sterilizer, blood pressure cuff, stethoscope, glucometer, thermometer, and a diagnostic lamp. In addition, two physiotherapists from the Kukës Regional Hospital and the Tropojë Hospital and six nurses underwent three weeks of training in Slovenia. The village nurses now have the capacity to provide first aid, physiotherapy, rehabilitation and counselling to survivors and others in need.

The Mine Action Executive also made a significant contribution to enhancing physical rehabilitation capacities in the Kukës region and other parts of Albania. Initially, physical rehabilitation services were limited in the Kukës region and accessing the country's main prosthetic centre, the National Prosthetic and Orthotic Centre, meant a six-hour commute to Tirana. The national centre was in poor condition and did not have the technical capacity to make all types of prostheses.⁴ Because of limited national capacity, from 2001 to 2008, the Mine Action Executive facilitated the referral of 141 survivors for prostheses and rehabilitation services in Slovenia, with the support of the US\$ 100,000 in funding per year from the United States through the International Trust Fund.

The Mine Action Executive played a key role in improving access to physical rehabilitation services by facilitating the establishment of a prosthetic workshop at the Kukës Regional Hospital. Its major added value was in resource mobilisation, with financial support obtained from the United States, the United Kingdom and the European Commission resulting in the receipt of raw materials and supplies and enhanced capacity for the hospital to repair prostheses. In addition, the Mine Action Executive played a major role in coordinating a physical medicine and rehabilitation project to support the Albanian public authorities to develop a proper physical medicine and rehabilitation system on the national level while developing a sustainable response to the needs of landmine survivors and others in need in the Kukës region. The project was implemented by Handicap International in collaboration with the Ministry of Health and the Faculty of Nursing of Tirana University. The project was co-funded by the Albanian Government, France and the United States, with external funding amounting to approximately US\$ 800,000 and with Albania's Ministry of Health covering the costs of renovating space at the hospital.

The physical medicine and rehabilitation project featured a prosthetic and orthotic training programme, addressed the training needs of the physiotherapy assistants, and modernised the rehabilitation equipment and the overall organisation of the Kukës Regional Hospital's Rehabilitation Unit. Achievements include a sustainable three-year physiotherapy programme established within the Nursing Faculty of Tirana University, training provided for 18 doctors to improve technical capacities, a comprehensive training programme for lower and upper limb prostheses for six prosthetic and orthotic technicians from Tirana, Pogradec and Kukës, and a fully-functioning rehabilitation unit and prosthetic workshop established at Kukës Regional Hospital. Overall, access to physical medicine and rehabilitation services for survivors and others requiring these services was improved.⁵ Capacity was increased from 10 clients per month in 2008 to 10–15 clients per day in 2012. In addition to assisting all persons in need from the Kukës

3: ALB-AID was formerly known as the Victims of Mines and Weapons Association.

4: From 2001 to 2009, the International Committee of the Red Cross (ICRC) supported the National Prosthetic and Orthotic Centre by providing training for technicians and physiotherapists, raw materials and technical assistance. The ICRC Special Fund for the Disabled also sponsored one prosthetic technician for training in India to attain International Society for Prosthetics and Orthotics category II standards.

5: For more information, see Handicap International, *Evaluation: Access to Physical Medicine and Rehabilitation Services in Albania Phase II*, April 2010.



The Mine Action Executive was particularly effective in leveraging the landmine issue to enhance medical and rehabilitation capacities in the Kukës region.

region, people also travel from other parts of Albania, including Tirana, because of the quality of services available. In addition to being able to repair prostheses, the capacity was built to enable the Kukës Regional Hospital to produce prostheses. Since 2005, more than 300 amputees have had their prosthesis repaired at the Kukës Prosthetic Workshop and more than 90 new prostheses have been manufactured.

Demining was declared complete in 2009 and the Albanian Mine Action Executive no longer exists. However, its efforts have resulted in a sustainable capacity to assist all in need in the Kukës region and its successor organisation, the Albanian Mines and Munitions Coordination Office, continues to advocate for support to the physical rehabilitation sector. In September 2012, the Ministry of Health, in close cooperation with the Coordination Office and the Slovenian University Rehabilitation Institute, organised a four-day training workshop on rehabilitation following amputation and the provision of rehabilitation aids. Thirteen surgeons, orthopaedists, nurses, physiotherapists and prosthetic/orthotic technicians from several hospitals in Albania participated. In addition, in 2013, the Albanian Mines and Munitions Coordination Office facilitated the receipt of a € 50,000 grant from Austria to procure materials and components for the Kukës prosthetic workshop which were delivered in September 2013.

CONCLUSION

Albania is no longer the poorest country in Europe and the Kukës region is no longer isolated from the rest of Albania thanks to travel times to the capital, Tirana, having been cut in half with the completion of a new highway in 2009. Through the Albanian Mine Action Executive's coordination, monitoring, advocacy and resource mobilisation efforts, and due in no small part to its technical expertise, sustainable medical and rehabilitation capacities in the Kukës region have been enhanced within existing governmental structures. Financial resources which donors had labelled as **victim assistance funding** were instrumental in achieving advances for the community in the Kukës region. External support was essential to acquiring surgical equipment and supplies, in procuring x-ray equipment, and in training surgeons, nurses and prosthetic technicians.

Undeniably, landmine survivors are better off in the Kukës region because of the efforts undertaken in the context of Anti-Personnel Mine Ban Convention. Moreover, in keeping with understandings adopted by the Convention's States Parties, support has been provided by a range of actors in a non-discriminatory manner with all residents of the Kukës region who have been injured and / or who live with a disability benefiting. In fact, an entire community now benefits from how implementation of the Anti-Personnel Mine Ban Convention played a central role in improving surgical capacities, in establishing a physical rehabilitation capacity complete with a prosthetics workshop, and in developing a community-based rehabilitation network. Nevertheless, equipment acquired has to be maintained, supplies replenished, and training kept up-to-date. Albania's mine action structures have done their part and now it is up to the Government of Albania to ensure the sustainability of gains that have been made.

AFGHANISTAN: BUILDING CAPACITIES TO ADDRESS THE RIGHTS OF SURVIVORS IN THE BROADER CONTEXT OF DISABILITY

Extensive use of landmines and other ordnance since conflict erupted in Afghanistan in 1978 created a significant explosive remnant of war problem. As of April 2013, the Mine Action Coordination Centre reported 4,803 hazards totalling 524 square kilometres contaminated by mines and 168 hazards totalling 36 square kilometres contaminated by other explosive remnants of war yet to be cleared in 1,688 communities in 33 of the 34 provinces of Afghanistan.¹

Based on a variety of measures, it is clear that landmine and other explosive remnants of war survivors number well into the tens of thousands. For instance, the Mine Action Coordination Centre, as of the end of September 2013, had recorded 22,226 landmine and other explosive remnants of war casualties, including 704 women, 1,140 girls, 9,237 boys and 11,145 men. Of these, 17,959 people survived.² The seven rehabilitation centres run by the International Committee of the Red Cross assisted 25,929 individuals with amputations caused by landmines and other explosive remnants between 1988 and the end of 2012.³ In addition, the 2005 **National Disability Survey in Afghanistan** reported at least 2.7 per cent of the population as being severely disabled, with 6.8 per cent of these individuals (52,000 to 60,000 people) being landmine and other explosive remnants of war survivors.⁴

The Mine Action Programme of Afghanistan was the first humanitarian mine action programme in the world, having started in 1989, and remains one of the largest. The United Nations Mine Action Service-managed Mine Action Centre for Afghanistan, which was based in Kabul from 2002, was rebranded in 2008 as the Mine Action Coordination Centre for Afghanistan as a step towards nationalisation and transition to government control. The Department of Mine Clearance under the Afghan National Disaster Management Authority was designated by the Government of Afghanistan to work with the Coordination Centre. The Department and the Coordination Centre are jointly responsible for the coordination of all mine action activities in Afghanistan. The Coordination Centre is also responsible for supporting the development of national capacity for the management of the programme.⁵

The Ministry of Foreign Affairs first initiated a process to develop a plan of action to address Afghanistan's obligation to assist the victims under the Anti-Personnel Mine Ban Convention in late 2005. At the time, there was no official disability policy, legislation or plan of action, and limited capacity within relevant ministries to take the lead on victim assistance. The United Nations Development Programme was implementing the National Programme for Action on Disability. However, limited interest and understanding of victim assistance by senior management meant that there was a void in support to the Afghan government that needed to be filled. This void was filled by the Mine Action Centre.

Thanks to the Mine Action Centre, the Ministry of Foreign Affairs was provided with the support necessary to facilitate a series of meetings, which culminated in the development of a plan of action at the First National Workshop on Victim Assistance in August 2006. At the Second National Victim Assistance Workshop in October 2007, the victim assistance plan was reviewed and revised in a consultative process under the auspices of the Ministry of Labour, Social Affairs, Martyrs and Disabled to produce the **Afghanistan National Disability Action Plan 2008-2011**. With the plan, victim assistance was officially



1: Form I, Article 7 Report, for the period 1 January to 31 December 2012.

2: Email from Zareen Khan, MRE/VA Section, Mine Action Coordination Centre, 22 October 2013.

3: "ICRC Orthopaedic Project Afghanistan: Registered Patients' Statistics, December 2012", provided by Alberto Cairo, Head of ICRC Orthopaedic Programme, Kabul, 5 March 2013.

4: *National Disability Survey in Afghanistan 2005: Understanding the Challenge*, Executive Summary Report, Handicap International, Lyon, 2005, 7 and 13.

5: Government of the Islamic Republic of Afghanistan, *Request: For an extension of the deadline for completing the destruction of anti-personnel mines in mined areas in accordance with Article 5*, 31 August 2012.

integrated into broader activities of the Ministry of Labour, Social Affairs, Martyrs and Disabled, the Ministry of Public Health, and the Ministry of Education. The Mine Action Centre's victim assistance unit provided technical, financial and logistical support to the workshops, including the preparation of background documents, and drafting of the plans of action based on outcomes.

With the end of the National Programme for Action on Disability in early 2008, the mine action centre became the only United Nations-supported programme in Afghanistan focusing on disability-related issues. The primary objective of the Mine Action Coordination Centre's support was, and continues to be, to assist the government in their goal of increased capacity and the development of necessary structures to coordinate and focus efforts to better respond to the needs and guarantee the rights of all adults and children with disabilities, including mine and other explosive remnants of war survivors. Qualified and experienced national advisors, who are Mine Action Coordination Centre staff, including a disability rights expert, a rehabilitation professional, and an experienced educator, are embedded in the three relevant ministries to build capacities and support activities that will potentially benefit all persons with disabilities in Afghanistan for the long-term.

In 2007, the United Nations Mine Action Service signed a three-year memorandum of understanding with the Government of Afghanistan to provide technical support to build the capacity of relevant ministries on disability and to develop systems for mainstreaming disability into broader development frameworks. The Disability Support Unit, staffed by qualified Mine Action Centre personnel, was established in the Ministry of Labour, Social Affairs, Martyrs and Disabled under the direct supervision of the Deputy Minister for Martyrs and Disabled. The unit assisted in developing implementation strategies, work plans and monitoring mechanisms, with the aim of achieving the objectives of the National Disability Action Plan and disability-related benchmarks under the Afghanistan National Development Strategy, and to address obligations to victims and survivors within the context of this plan.

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6: Joint Activities – MoLSAMD and MACCA 1391, Work Plan, Ministry of Martyrs and Disabled Affairs, Duration: 1 April 2012–31 March 2013, 6.

The specific objectives of support to the Ministry of Labour, Social Affairs, Martyrs and Disabled are as follows: to provide technical support on disability, disability laws, policies and programmes; to advocate for the Government of Afghanistan, the parliament and donors to prioritise disability; to build the ministry's capacity on disability issues; to improve coordination through the Disability Stakeholders' Coordination Group, the Inter-Ministerial Working Committee on Disability, and the Afghanistan Community Based Rehabilitation Network; to raise awareness and strengthen capacities on the rights of persons with disabilities; to increase physical accessibility for persons with disabilities in public buildings in Kabul; and, to strengthen the Community Based Rehabilitation Network and share experiences on challenges and lessons learnt.⁶

The Mine Action Coordination Centre's continuous support to the Ministry of Labour, Social Affairs, Martyrs and Disabled contributed to adopting of national disability legislation, convening of the first national physical accessibility conference for provincial mayors and key government officials, and, ratifying the Convention on the Rights of Persons with Disabilities in September 2012. The Coordination Centre's disability rights technical advisor is a member of the ministry's drafting group for the national disability policy. The policy, which is expected to be finalised in 2013, makes specific reference to Afghanistan's obligations to assist the victims under the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions.

The mine action programme has provided technical and financial support to the Ministry of Public Health since 2007. With mine action support, the Department of Disability and

Rehabilitation, established in 2008, has worked to ensure that disability services are fully integrated into the Basic Package of Health Services and the Essential Package of Hospital Services, and to ensure that mechanisms are created for equal access to health care systems. The department is also responsible for the development of standards, quality assurance and monitoring of disability services. Technical and financial support to the ministry includes: developing a monitoring mechanism for physiotherapy and orthopaedic professions in line with the Ministry's Human Resource Policy and National Health Workforce Plan; developing and integrating disability related topics into the curriculum of community health workers; supporting the Institute of Health Sciences and the Physical Therapy Institute to increase and certify the number of physiotherapists trained in the new three-year curriculum; and, developing new projects for funding from the national development budget.⁷

Mine action support contributed to the development and dissemination of the Ministry of Public Health's 2012-2015 National Strategy for the Improvement of Disability and Rehabilitation Services in the Health Sector of Afghanistan. The ministry's mission is "to ensure physical rehabilitation services are fully integrated or specifically provided for within mainstream services of health care and persons with disabilities have full access to these services in both rural and urban settings."⁸ The strategy acknowledges the technical and financial support provided by the mine action centre to build the capacity of the Disability and Rehabilitation Department to define policies and strategies, and in areas such as disability awareness, expansion of services through the training of professional staff, and facilitating the development and improvement of coordination.⁹ The strategy also notes that data collected on disability and rehabilitation services will be used for reporting progress on implementation of the Anti-Personnel Mine Ban Convention.¹⁰ Mine action support facilitates the functioning of the Disability and Rehabilitation Taskforce, which brings together all service providers, and has provided disability awareness and physical rehabilitation awareness training for 1,300 health staff in 16 provinces. Technical support also contributed to the development of the Ministry's 2011-2015 National Strategy for Improving Quality in Health Care. Disability is one of the priority areas of the strategy.¹¹

Since 2007, the Ministry of Education has benefited from mine action support in the area of inclusive education. In the past, UNICEF, the United Nations Educational, Scientific and Cultural Organisation and the United Nations Development Programme were also engaged, but since 2010, only the United Nations Mine Action Service has provided direct technical and financial support. The support aims to: increase understanding of inclusive education principles with headmasters, teachers, children with disabilities, parents, and the community; strengthen coordination among inclusive education service providers; develop disability rights inclusion into the national curriculum and textbooks, and oversee the implementation of integrated disability rights in the national curriculum for grades 7 to 12; to provide capacity building support to related ministry staff; and, provide monitoring and evaluation support to the region and provinces.¹² Activities include support to coordination, technical advice, training workshops, monitoring, and awareness-raising and capacity development with the aim of increasing access and implementation of inclusive education services for children with disabilities and other vulnerable groups.

Through this support to the Ministry of Education, significant progress has been made. A functional department of inclusive education with six units was established in 2011. Disability awareness messages have been integrated into the national education curriculum and textbooks. There are now around 100 master trainers on inclusive education in six provinces. More than 2,500 teachers and 2,400 children with disabilities and parents have received inclusive education trainings which, helped at

7: Joint Activities – Ministry of Public Health and MACCA 1391: Work Plan, Disability and Physical Rehabilitation Department, 9.

8: Ministry of Public Health, 4 Years National Strategy 1391-1394, *National Strategy for the Improvement of Disability and Rehabilitation Services in the Health Sector of Afghanistan* [hereinafter National Strategy], 12.

9: *National Strategy*, 24-25.

10: *National Strategy*, 26.

11: Ministry of Public Health, *National Strategy for Improving Quality in Health Care 1390-1394 (2011-2015)*, 35.

12: Joint Activities – Ministry of Education and MACCA 1391, Work Plan, Inclusive Education Department, Duration: 1 April 2012-31 March 2013, 5.



Mine action support contributed to the development and dissemination of the Ministry of Public Health's 2012–2015 National Strategy for the Improvement of Disability and Rehabilitation Services in the Health Sector of Afghanistan.

13: Meeting with Mr Jaffar, Head, Department of Inclusive Education, Ministry of Education, Kabul, 5 March 2013.

14: Email from Samim Hashimi, Advisor – MRE and Victim Assistance, Mine Action Coordination Centre, 20 October 2013.

least 1,500 children with disability to enrol in general schools. A total of 30 sign and 30 braille language teachers were trained in 2012 to improve access to education for hearing and sight impaired children. As well, the first professional toolkit on inclusive education is now available in national languages. The mine action centre also supports the Inclusive Child Friendly Education Coordination Working Group which brings together all stakeholders on a monthly basis. In the opinion of the Head of the Department of Inclusive Education, this progress would not have happened without mine action support.¹³

In 2013, the Mine Action Coordination Centre conducted a situation analysis of victim assistance and support to the disability sector. Information on services and service providers for persons with disabilities, including survivors, is now available with the needs and priorities identified. The analysis will support the government and other stakeholders to develop appropriate programmes and activities.¹⁴

The United Nations Mine Action Service's victim assistance programme was initially led by international advisors with wide experience on disability-related issues. Now, experienced national personnel provide technical support and implement activities with three relevant ministries. The placement of qualified advisors in the ministries to build capacities and support activities is possible, in part, because of a multi-year funding commitment to the mine action programme by Australia.

CONCLUSION

Initially in Afghanistan, there was limited capacity in relevant ministries to act on the imperative to guarantee the rights and support the well-being of tens of thousands of landmine and other explosive remnants of war survivors, as well as other persons with disabilities. Moreover, no United Nations department or agency was providing support on these matters. This meant there was a void, which thankfully was filled by the United Nations Mine Action Service-supported mine action centre. It played a significant contributing role in support of relevant government structures to make progress in addressing obligations under international humanitarian and human rights law to assist the victims and other persons with disabilities. Technical and financial support led to the development of a framework and built capacities to guarantee the rights and address the needs of victims and survivors in the broader context of disability, health, rehabilitation, education and human rights.

Qualified Mine Action Coordination Centre personnel continue to coordinate efforts, raise awareness, mobilise resources, and strengthen the engagement of relevant ministries, agencies and other partners. Through promoting the integration of victim assistance into broader frameworks, while at the same time building capacities within those frameworks, the potential for long term sustainability is being enhanced. Close collaboration with the three relevant ministries ensures that issues relating to victims and survivors are integrated into their work plans and budgets. Nevertheless, challenges remain as it takes time to build adequate capacities and infrastructure. Without the provision of adequate and long-term technical and financial resources in support of relevant government structures, the potential for sustainability of the progress made to date will be limited.

SOUTH SUDAN: MINE ACTION TAKING THE LEAD TO OBTAIN DISABILITY DATA WHERE LITTLE BEFORE HAD EXISTED

On 9 January 2005, the Comprehensive Peace Agreement between the Sudan People's Liberation Movement and the Government of Sudan resulted in the creation of the Government of National Unity, and the Government of South Sudan. On 9 July 2011 South Sudan became an independent state. It deposited its notification of succession to the Anti-Personnel Mine Ban Convention on 11 November 2011 with its entry into force date having been determined by the Convention's depository to be the date of independence.

All ten of South Sudan's states are contaminated by landmines and other explosive remnants of war. In January 2012, 809 remaining hazards, including 573 dangerous areas, 56 minefields and 180 suspected hazardous areas were reported. The most contamination is reported in the states of Central Equatoria, Eastern Equatoria, Upper Nile and Jonglei.¹ As a party to the Convention, South Sudan is obligated to clear all mined areas and has committed to assist the victims in accordance with the principles and understandings adopted by the States Parties. As of April 2013, 4,734 mine and other explosive remnants of war casualties had been recorded, including 3,420 individuals who survived. At least 14 per cent of total casualties are women and girls.²

To address the suffering caused by mines and other explosive remnants of war, prior to independence, in June 2006, the South Sudan Demining Authority was established to coordinate, plan and monitor mine action activities.³ From 2006 until independence, the United Nations-supported Mine Action Office directly managed mine action activities in the north and south in accordance with the 2006-2011 Sudan National Mine Action Strategic Framework. In relation to victim assistance, the framework sought to "strengthen and expand the existing national capacities to ensure physical, psycho-social and economic rehabilitation and reintegration" of victims and survivors noting that honouring the rights of landmine and other explosive remnants of war victims should be within the broader framework of persons with disabilities. The Strategic Framework also called for the development of a national victim assistance strategy.⁴

In March 2007, the Mine Action Office facilitated Sudan's First National Victim Assistance Workshop in Juba, the capital of South Sudan, to finalise the **National Strategic Framework on Victim Assistance 2007-2011**. The workshop also served to raise awareness on Sudan's obligation to assist the victims under the Anti-Personnel Mine Ban Convention. In August 2007, the Second National Workshop on Victim Assistance developed the **Victim Assistance National Work Plan: September 2007-August 2009** to complement the framework. The work plan assigned most of the responsibility for activities to mine action structures and non-governmental organisations rather than relevant ministries, although some effort was made to link actions with the ministries. To rectify this situation, one of the main objectives of the August 2008 South Sudan Victim Assistance Workshop was to identify roles and responsibilities of those involved in victim assistance and to identify government counterparts.

To support victim assistance in South Sudan, during the period 2007-2010, the Mine Action Office employed a consultant with extensive experience in the disability sector to work with national counterparts. The aim of United Nations support was both to reinforce the lead role of relevant government authorities on victim assistance and to financially support



The aim of United Nations mine action support was both to reinforce the lead role of relevant government authorities on victim assistance and to financially support those carrying out a meaningful effort to advance the rights of survivors and other persons with disabilities.

1: *South Sudan National Mine Action Strategic Plan: 2012-2016*, 5.

2: Form J, Article 7 Report, for the period September 2012 to April 2013; see also *South Sudan National Mine Action Strategic Plan: 2012-2016*, 6.

3: The mine action authority had various other names, including the New Sudan Mine Action Directorate.

4: *The Sudan National Mine Action Strategic Framework*, National Mine Action Authority, Republic of the Sudan, June 2006, 6.

the authorities and other partners to carry out a meaningful effort to advance the rights of survivors and other persons with disabilities in line with the work plan. In 2007, the Mine Action Office facilitated the establishment of a Victim Assistance Working Group in South Sudan, chaired by the then Ministry of Gender, Social Welfare and Religious Affairs.



The Mine Action Office also facilitated the Third National Workshop on Victim Assistance, in Juba in February 2009. The workshop reviewed and revised the **Victim Assistance National Work Plan** for the period through to December 2011. The revised work plan took into account the principles and understandings agreed to by the States Parties to the Anti-Personnel Mine Ban Convention. It was also more relevant to the broader population of persons with disabilities in South Sudan. The workshop also explored strategies to transition the victim assistance programme to relevant national authorities.

Following independence, the South Sudan Demining Authority was replaced by the South Sudan Mine Action Authority.⁵ In 2011, the United Nations Mine Action Service-supported Mine Action Coordination Centre was created with the mandate to support the Government of South Sudan in conducting mine clearance activities, and to strengthen the capacity of the national mine action authority.⁶ Victim assistance was supported, until late 2012, by an international officer and national counterpart with responsibility for mine risk education and victim assistance.

In 2012, the Minister of the Office of the President approved the **South Sudan National Mine Action Strategic Plan 2012-2016**. The plan endorses the main conclusions of the Cartagena Action Plan 2010-2014, and identifies the appropriate state entity, the Ministry of Gender, Child and Social Welfare, as the lead on victim assistance.⁷ The Ministry's mission is to provide policy guidance and effective service delivery, coordinate, facilitate, monitor and evaluate gender equality and the empowerment of women, and promote the rights of children, persons with disabilities and other vulnerable groups. Its core functions include mainstreaming gender equality and disability into national development, and ensuring the welfare and respect of the rights of persons with disabilities and other vulnerable groups.⁸ The Ministry of Gender, Child and Social Welfare appointed a senior focal point for victim assistance and disability issues, the Director General of Social Welfare, to ensure coordination with the national mine action authority and to co-chair South Sudan's Victim Assistance Working Group.

The 2012-2016 strategic plan has three specific objectives for victim assistance: the establishment of a persons with disabilities information system within the Ministry of Gender, Child and Social Welfare to provide reliable, systematic and comprehensive information on persons with disabilities, including survivors; accession to the Convention on the Rights of Persons with Disabilities and adoption of necessary national legislation to protect the rights of survivors and other persons with disabilities; and, cooperation between all partners to ensure equal access to rehabilitation, psycho-social (including peer support) and socio-economic inclusion services for all victims and women, girls, boys and men with disabilities.⁹ The plan also states that South Sudan will "ensure the full and active participation and inclusion of mine victims in the social, cultural, economic and political life of their communities" and that "the implementation of the victim assistance provisions of this plan will be integrated within coordination systems to be created under the Convention on the Rights of Persons with Disabilities."¹⁰

Addressing the rights and needs of landmine and other explosive remnants of war victims and survivors and other persons with disabilities in South Sudan is challenging for several reasons, including the near absence of any disability data. Progress in South Sudan meant, in part, better understanding the extent of the challenge. Mine action structures in South Sudan played an important role in achieving advances in this area.

5: The mine action authority had various other names, including the South Sudan Demining Commission.

6: *South Sudan National Mine Action Strategic Plan: 2012-2016*, iv and 6.

7: *South Sudan National Mine Action Strategic Plan: 2012-2016*, 24.

8: See www.goss.org, official website of the Government of the Republic of South Sudan.

9: For more information, see *South Sudan National Mine Action Strategic Plan: 2012-2016*, 24-26.

10: *South Sudan National Mine Action Strategic Plan: 2012-2016*, 1-2.

Through the Mine Action Coordination Centre's financial support, a significant contribution was made to advancing understanding on the extent of the challenges faced by persons with disabilities in South Sudan. The existence of little meaningful data on disability was problematic given the government's commitment, including as articulated in the mine action strategy, to ratify the Convention on the Rights of Persons with Disabilities. Parties are obliged "to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to" the Convention¹¹ as it is clear to all who work on disability issues that lack of data is a key circumstance impeding the formulation of good disability policy.

Mine action was key to South Sudan obtaining disability data with a view to informing the drafting of a national disability strategy. The Ministry of Gender, Child and Social Welfare, the Mine Action Coordination Centre, and Handicap International commissioned a survey of individuals living in key state capitals to quantify the typical rates of impairments, the typical rate of access to services, participation in social and economic life, and obstacles and challenges faced by persons with disabilities. In relation to access to services, the survey examined access to specialised services (physical rehabilitation and assistive devices, sign language, orientation training) and general mainstream services (education, general health services). In June 2012, household surveys were conducted in three greater regions of South Sudan.¹² In total, 1,375 persons with disabilities and individuals without disabilities (i.e., a control group), including children, adults and the elderly, were surveyed with a questionnaire developed from a knowledge, attitudes and practices survey conducted in 2011.¹³ This was done in consultation with the Ministry, the Coordination Centre, members of the Victim Assistance Working Group, and Handicap International.

The outcome of the **National Disability Assessment** was a comprehensive report that will not only support the drafting of a national disability policy, but will also enable the Government of South Sudan to achieve objectives of the National Mine Action Strategic Plan, and support the process of implementing the Convention on the Rights of Persons with Disabilities, after accession. The report notes that persons with disabilities in South Sudan are generally not considered as equal members of society and share a history of exclusion. In addition, persons with disabilities have few opportunities to improve their socio-economic status, integrate into society, or demand their rights.¹⁴ The survey found that the incidence rate of disabilities in South Sudan is high, with physical disabilities the most common type of disability, and that restrictive costs and insufficient transport options limit the access of persons with disabilities to healthcare and rehabilitation services.¹⁵

There was no specific information obtained on persons with disability as a result of landmines or other explosive remnants of war. From an efficiency point of view and from the point of view of supporting good public policy, it would have made no sense to simply obtain data on mine survivors, particularly as the number of survivors is relatively small in comparison to other causes of disability. Instead, the broader category of "conflict/war" was used as a cause of disability. However, when the process begins to develop the disability information system within the Ministry of Gender, Child and Social Welfare, it will be necessary to ensure that the category of "landmine/explosive remnant of war" is included as a cause of disability so that the Government of South Sudan has a clearer picture of the full breadth of causes of disabilities within the country.

11: Article 31, Convention on the Rights of Persons with Disabilities.

12: The regions surveyed were Torit (Greater Equatoria), Bor (Greater Upper Nile), and Wau (Greater Bahr el-Ghazel).

13: *National Disability Assessment: Eastern Equatoria, Jonglei, & Western Bahr el-Ghazal States*, Ministry of Gender, Child & Social Welfare [hereinafter *National Disability Assessment*], Republic of South Sudan, September 2012, xi; see also, Handicap International, *Towards Equal Participation of People with Disabilities in South Sudan: A Survey of the Inclusion of People with Disabilities in Civic and Social Life – Juba, Central Equatoria*, September 2011.

14: *National Disability Assessment*, 2.

15: *National Disability Assessment*, 83.



Through the Mine Action Coordination Centre's financial support, a significant contribution was made to advancing understanding on the extent of the challenges faced by persons with disabilities in South Sudan.

CONCLUSION

South Sudan is the newest and one of the poorest countries in the world. It faces many challenges in addressing the needs and guaranteeing the rights of victims of landmines and other explosive remnants of war in the broader context of disability and development. The National Mine Action Strategic Plan 2012-2016 contains objectives for victim assistance that are consistent with broader disability sector objectives in South Sudan, and thereby makes it clear that progress in the area of disability is synonymous with progress in the fulfilment of victim assistance commitments under the Anti-Personnel Mine Ban Convention.

The technical and financial support provided by the United Nations through mine action structures not only helped build governmental and non-governmental capacities to address the needs of survivors and other person with disabilities, but it also resulted in the acquisition of data to serve as the foundation for the elaboration of good policy to support persons with disabilities, including mine and other explosive remnants of war survivors. Thanks to the role played by mine action structures, South Sudan's Ministry of Gender, Child and Social Welfare is in possession of the highest quality data on disability that has ever existed in the country. The results of the National Disability Assessment provide a foundation on which to develop South Sudan's first national disability policy, which is an objective of the Mine Action Strategic Plan.

The Government of South Sudan continues to require technical and financial support to ensure the necessary capacities, infrastructure, and appropriate services and opportunities are available and accessible to survivors and other persons with disabilities. The Mine Action Coordination Centre will have an important contributing role to play until such time that victim assistance can be fully transitioned into the work plans and budgets of relevant ministries and agencies, or the work of other United Nations agencies supporting the government on disability. In particular, utilising mine action funding to provide technical and financial support to the development of a national disability policy to address the rights and needs of all persons with disabilities, including survivors, would significantly enhance the potential for sustainability of victim assistance efforts to promote the rights of landmine and other explosive remnants of war survivors.

TAJIKISTAN: MINE ACTION TAKING THE LEAD IN PROMOTING THE RIGHTS OF SURVIVORS IN THE BROADER CONTEXT OF DISABILITY AND DEVELOPMENT

Tajikistan's **National Development Strategy 2010-2015** aims in part to develop the country's human potential. This is a daunting task given that Tajikistan is one of the poorest countries in Asia, ranking 125 out of 187 countries on the United Nations Development Programme's Human Development Index 2012. This task is further complicated by the fact that developing the country's human potential means in part an equalization of opportunities for persons with disabilities. Until recently there had been little serious effort to guarantee the rights and address the needs of persons with disabilities. Mine action in Tajikistan helped change this.

A subset of those living with a disability in Tajikistan include women, girls, boys and men who are anti-personnel mine and other explosive remnants of war survivors. Since 1992, 479 individuals have been injured, and another 368 killed, due to accidents with landmines and other explosive remnants of war.¹ This human tragedy is a result of contamination from Russian use of mines on the Tajik-Afghan border during the period 1992-1998, Uzbek mines which were emplaced on the Tajik-Uzbek border during the period 2000-2001, and the 1992-1997 internal conflict in the Central Region of the country which resulted in contamination by landmines, sub-munitions and other explosive remnants. Around 11.6 square kilometres of land remains contaminated.²

In 2003, the Government of Tajikistan signed an agreement with the United Nations Development Programme (UNDP) with a view to the UNDP supporting Tajikistan's mine action programme including by establishing the Tajikistan Mine Action Centre. The centre is responsible for all mine action issues, including victim assistance. The first Five Year Strategic Mine Action Plan 2004-2008 affirmed the mine action centre's role in victim assistance, which included ensuring that the Ministry of Labour and Social Protection of the Population provide appropriate treatment and rehabilitation and improved access to physical rehabilitation and psychosocial support services for survivors. The plan also aimed to ensure that mine survivors have equal access to employment and educational opportunities. In April 2006, a well-qualified Victim Assistance Officer was recruited to advance the victim assistance programme; a medical doctor with specialisations in neurology, psychiatry, psychology and social work. In June 2007, a survivor joined the programme.

Tajikistan, as a party to the Anti-Personnel Mine Ban Convention and Protocol V (Explosive Remnants of War) to the Convention on Certain Conventional Weapons, accepted the principles and understandings adopted in relation to efforts to assist the victims. With UNDP support, the Mine Action Centre was instrumental in raising awareness on the Government of Tajikistan's obligations under international humanitarian law, initiating processes to build capacities to address the needs and guarantee the rights of victims and survivors and increasing understanding on the place of victim assistance in the broader context of disability and development.

The victim assistance programme evolved over time in response to guidance provided in the context of the Anti-Personnel Mine Ban Convention.³ Tajikistan's Mine Action Strategic Plan 2010-2015 endorses the main conclusions and recommendations of the Cartagena Action Plan 2010-2014, and aims to ensure "mine victims are fully integrated



1: Information provided in email from Dr. Reykhan Muminova, Disability Support Officer, Tajikistan Mine Action Centre, 15 November 2013.

2: *Tajikistan National Mine Action Strategic Plan 2010-2015: Protecting Life & Promoting Development* – revised version following Mid-Term Review June 2013 [hereinafter *Revised Mine Action Strategic Plan*], pending approval by the Commission on the Implementation of International Humanitarian Law, 9-10. The strategy was initially approved by the Commission on the Implementation of International Humanitarian Law under the Government of the Republic of Tajikistan on 22 April 2011.

3: A key source of information for this chapter is UNDP's "Situational Assessment of Disability Issues in Tajikistan and Development of UNDP Tajikistan's Agenda Relating to Persons with Disabilities" dated 10 October 2012; and, "Review of the Victim Assistance Programme in Tajikistan", Anti-Personnel Mine Ban Convention Implementation Support Unit, August 2010.

4: Revised Mine Action Strategic Plan, 15.

5: Revised Mine Action Strategic Plan, 4.

6: Revised Mine Action Strategic Plan, 20.

7: Revised Mine Action Strategic Plan, 34.

in the society.”⁴ The Plan notes that “efforts will meet the highest international standards in order to fulfil the rights and fundamental freedoms of survivors and other persons with disabilities.”⁵ Following the mid-term review of the Strategic Plan in June 2013, the goal of victim assistance was changed from “All mine victims, boys and girls, men and women...” to “All persons with disabilities, including mine victims, have equal and proper access to adequate medical and physical rehabilitation and psychosocial support as well as to socio-economic and legal assistance and inclusive education.”⁶ The broader approach is reflected in revised specific objectives for victim assistance. The revised fifth objective aims to reinforce advocacy to encourage Tajikistan’s signature and ratification of the Convention on the Rights of Persons with Disabilities and the Convention on Cluster Munitions, and to raise awareness among victims and survivors and other persons with disabilities on inclusive development and their rights and available services. A sixth objective was added to improve coordination in the disability sector for the benefit of mine victims and persons with disabilities.⁷

The UNDP-supported mine action centre has made a valuable contribution to the disability sector through a range of activities to build capacities including through enhancing coordination, trainings, publication and dissemination of guidelines and other tools, awareness raising on disability issues, advocacy to encourage ratification of the Convention on the Rights of Persons with Disabilities, and promoting disability-inclusive development.

In 2006, the centre established the Inter-Agency Technical Working Group on Victim Assistance which includes representatives of the Ministry of Labour and Social Protection, Ministry of Health, National Orthopaedic Centre, National Research Institute for Rehabilitation of Disabled People, National University of Tajikistan, an association of survivors, the Society of Persons with Disabilities, the International Committee of the Red Cross, and national and international non-governmental organisations working with and for survivors. The relevant sections of the Mine Action Strategic Plan and annual work plans are developed in consultation with the Working Group. In recognition of the contribution that the mine action centre has made to the disability sector, in 2012 members of the Working Group recommended that the victim assistance programme broaden its focus to be more inclusive of all persons with disabilities. As a result, the name of the mine action centre’s victim assistance unit changed to the Disability Support Unit to reinforce the understanding that efforts to assist the victims are part of broader disability and development frameworks. The Working Group was renamed as the Inter-Agency Technical Working Group on Disability Support. The Working also recommended mine action support to develop a national disability programme.

In August 2013, with UNDP support, the mine action centre recruited an international consultant and national consultant to assist the Ministry of Labour and Social Protection to launch a consultative process to develop the first State Program on Social Protection of People with Disabilities 2014-2015.

The mine action centre, in cooperation with relevant ministries and other actors, has facilitated trainings and exchange visits to Slovenia and Afghanistan to build capacity in the areas of physical rehabilitation and mental health for surgeons, trauma specialists, rehabilitation specialists, physiotherapists and other practitioners from Dushanbe and affected districts. In November 2012, mine action funding facilitated training for three doctors and four nurses from the National Research Institute for Rehabilitation of Disabled People at the Senior Training Institute of Public Health in Kazakhstan to upgrade their rehabilitation skills. Other trainings have been provided on psycho-social support. In 2014, the mine action centre will support a research project aimed at building capacities of the National Research Institute for Rehabilitation to elaborate strategic policy guidance to improve services available for all persons with disabilities, including survivors.

By utilising the expertise of personnel, the mine action centre has made a valuable contribution to build capacities and advance understanding through the publication and dissemination of guidelines and other tools, including:

- “On improving referral system of amputees to the Orthopaedic Centre by Primary Health Care workers” which was accepted by Ministry of Health;
- “Guideline on psycho-social support for landmine survivors” and “Borderline mental disorders and quality of life of landmine survivors” for psychologists, social workers, University students, and others involved in the rehabilitation of survivors and other persons with disabilities;
- “Medical and Social Diagnostic Guideline” for staff of the State Service on Medical and Social Examination;
- “Guideline on Peer to Peer Support”; and,
- “Rights and Privileges of Persons with Disabilities – answers for all questions”.

Mine action funding also facilitated the translation of the publication “Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development” into Tajik and Russian in order to raise awareness and promote the integration of victim assistance into broader frameworks.

In the framework of cooperation with the Ministry of Labour and Social Protection, the Disability Support Unit, together with partners, is facilitating round tables, workshops and other advocacy activities aimed at increasing the awareness of government ministries and agencies, and non-governmental and public organisations, on the rights and needs of survivors and other persons with disability and encouraging ratification of the Convention on the Rights of Persons with Disabilities. To support these efforts, mine action funding was used to publish a translated version of the United Nations Office of the High Commissioner for Human Rights and the Inter-Parliamentary Union’s **Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities and its Optional Protocol, From Exclusion to Equality: Realizing the rights of persons with disabilities**. In November 2013, a round table disseminated the publication and raised awareness among Parliamentarians.

Initially, the mine action centre was a direct provider of livelihood support to survivors and their families. Between 2005 and 2009, 180 survivors and/or the families of those killed or injured benefited from income generation initiatives. However, effective monitoring of these activities was a challenge due to the wide geographic distribution of victims and survivors in Tajikistan. Many victims and survivors live in remote villages that are long distances from Dushanbe.

To improve the effectiveness and efficiency of livelihood support, the mine action centre encouraged the UNDP’s Communities Programme to be inclusive of survivors and to collect data on survivors and their families accessing activities. The Communities Programme is a mainstream poverty reduction and economic development initiative in support of the achievement of Tajikistan’s National Development Strategy. On the grass-roots level, the programme supports around 100 community based organisations – Jamoat Resource Centres – all over the country. Through the resource centres, the rural population gains improved access to resources such as microfinance, business advice and new agricultural techniques. The programme has a particular focus on rural poor, women, and marginalised groups but does not explicitly mention persons with disabilities.⁸ Through the advocacy efforts of the mine action centre, more than 100 survivors and their families are now direct beneficiaries of the Communities Programme, with the numbers increasing each year.

8: For more information, see www.undp.tj/site/index.php/en/our-programme/poverty-reduction



With UNDP support, the Mine Action Centre was instrumental in raising awareness of Tajikistan's obligations under international humanitarian law, initiating processes to build capacities to address the needs and guarantee the rights of victims and survivors, and increasing understanding of the place of victim assistance in the broader context of disability and development.

9: Revised Mine Action Strategic Plan, 21; and, information provided in email from Dr. Reykhan Muminova, Disability Support Officer, Tajikistan Mine Action Centre, 22 April 2013.

The mine action centre continues to work to encourage the mainstreaming of disability into all activities of the UNDP, including in the review and revision of District and Jamoat development plans. In 2012, with UNDP support, the mine action centre recruited an international consultant to facilitate a situational assessment of disability issues in the country with the aim of identifying entry points to enhance UNDP Tajikistan's engagement in efforts to address the rights and needs of persons with disabilities, including survivors. As a result of the assessment, six entry points were proposed to UNDP for more focused attention: inclusive development; capacity building; awareness raising; coordination; policy development and guidelines; and, data collection and information management.

Between 2005 and 2013, mine action's contribution to the disability sector amounts to around US\$ 926,000. Donors include: UNDP, Australia, Belgium, Canada, Sweden, Switzerland, United Kingdom, United States of America, Slovenian International Trust Fund for Demining and Mine Victims Assistance, International Committee of the Red Cross, UNDP's Bureau of Crisis Prevention and Recovery, Handicap International, International Campaign to Ban Landmines and Cluster Munitions, and private donors.⁹ While not all funding passes through the mine action centre but goes directly to implementing partners, the centre plays a key role in monitoring activities and reporting on progress in achieving the Mine Action Strategic Plan and in addressing obligations under the Anti-Personnel Mine Ban Convention and Protocol V to the Convention on Certain Convention Weapons.

CONCLUSION

Although Tajikistan is one of the poorest countries in Asia, and many survivors and other persons with disabilities continue to need assistance to meet their basic needs, progress is being made through the efforts of the UNDP-supported Tajikistan Mine Action Centre. These efforts are led by personnel with expertise on issues relevant to addressing the rights and needs of survivors and other persons with disabilities. Financial resources have been channelled to activities that potentially will have the greatest long-term impact. Through financial and technical support, coordination has improved, access to quality services has increased through training and the publication and dissemination of guidelines and other tools, and the rights and needs of survivors and other persons with disabilities are better understood through advocacy to encourage ratification of the Convention on the Rights of Persons with Disabilities.

The victim assistance programme evolved at a time when there was no national programme to effectively promote the inclusion and address the rights and needs of survivors and other persons with disabilities, and limited capacities within government ministries and agencies to take the lead on victim assistance. Relevant ministries and agencies have recognised the Tajikistan Mine Action Centre's valuable contribution to the disability sector. The rebranded Disability Support Unit will reinforce the understanding that efforts to assist victims and survivors are part of broader disability and development frameworks. Furthermore, the Disability Support Unit's collaboration with the Ministry of Labour and Social Protection in 2013 to develop the State Program on Social Protection of People with Disabilities, utilising victim assistance funding, has the potential to assure the rights of survivors long after the end of mine clearance activities. The potential for long-term sustainability has also been enhanced through the promotion of disability-inclusive development.

To assure long term sustainability, on-going technical and financial support is needed. Support is needed in particular to strengthen national ownership, enhance human and technical capacities, maintain infrastructure, and increase awareness to effectively promote inclusion and guarantee the rights of victims and survivors, and other persons with disabilities in Tajikistan.

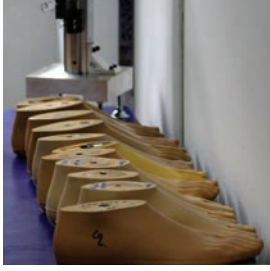
THAILAND: DELEGATING RESPONSIBILITY TO ENSURE THE RIGHTS AND ADDRESS THE NEEDS OF VICTIMS AND SURVIVORS WITHIN BROADER STATE RESPONSES TO INJURY AND DISABILITY

Thailand’s problem with landmines and other explosive remnants of war is found mostly along its borders with neighbouring countries, especially its border with Cambodia, with it originally estimated that there were 530 mine impacted communities that contained 933 distinct contaminated sites.¹ In August 1998, the Office of the Prime Minister of Thailand issued Order No. 151/1998 to form the National Mine Action Committee, chaired by the Prime Minister and comprising all major government ministries and departments. The Committee was tasked with developing policies and monitoring the fulfilment of Thailand’s obligations as a State Party to the Anti-Personnel Mine Ban Convention. The Committee subsequently established the Thailand Mine Action Centre in January 2000 to function as the central coordinating agency for all landmine issues and operations in Thailand, including victim assistance, and to establish and implement a programme to comply with Thailand’s Convention obligations. The Thailand Mine Action Centre operates under the authority of the Supreme Command Headquarters, Ministry of Defence.²

Thailand originally reported 3,571 landmine and other explosive remnants of war casualties from 1969 to March 2008, including 2,065 people injured and 1,506 killed.³ In 2008, Thailand began a survey to verify the true number of survivors. This survey identified 1,252 landmine and other explosive remnants of war survivors, of which 74 per cent have a physical disability. Seven per cent of the survivors are women or girls. Between the completion of the survey and December 2012, another 69 landmine and other explosive remnants of war casualties were registered with 62 people injured and seven killed.⁴ Landmine and other explosive remnants of war survivors represent only a small proportion – around 0.065 per cent – of Thailand’s 1.9 million persons with disabilities. Nevertheless, Thailand has made a solemn promise to these individuals by having ratified the Anti-Personnel Mine Ban Convention and recognises that all individuals in Thai society should be able to exercise their rights and have their needs met.

While the Thailand Mine Action Centre was given a mandate that spans the breadth of mine action, as early as 2003 the centre recognised that the lead on matters concerning victim assistance should rest elsewhere. On 31 March 2003, the mine action centre established the Subcommittee for Victim Assistance, which has been mandated to ensure that landmine and other explosive remnants of war survivors with a disability have access to the rights and benefits provided by national legal frameworks on an equal basis and standard as other persons with disabilities.⁵ The subcommittee, which usually meets twice per year, is chaired by the Ministry of Public Health and reports to the National Mine Action Committee. Its membership includes all relevant ministries, including Social Development and Human Security, Labour, Interior, Agriculture and Cooperatives, and Education, as well as non-governmental organisations such as Handicap International and the Thailand Campaign to Ban Landmines.

On 26 February 2007, Thailand adopted its first Master Plan for Victim Assistance for the period 2007–2011. The plan’s goals were to ensure that landmine survivors received proper care both physically and mentally as well as financial support and prostheses, to improve their potential to participate in society on an equal basis with others, and to



1: Kingdom of Thailand. Request for an extension of the deadline for completing the destruction of anti-personnel mines in mined areas in accordance with Article 5, paragraph 1 of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, revised version, August 2008, [hereinafter Extension Request], p. 7.

2: For more information, see Extension Request; see also, <http://tmac.rtarf.mi.th/abouttmac.php>

3: Extension Request, p. 17.

4: Dr. Prachaksvich Lebnak, Acting Secretary-General, National Institute for Emergency Medicine, Ministry of Public Health, presentation to the 12th Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, Geneva, December 2012.

5: Intervention by the Delegation of Thailand during the session on Assisting the Victims at the 12th Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, Geneva, 4 December 2012.



The Master Plan for Victim Assistance also takes into account Thailand's extensive institutional and legal frameworks.

6: For more information, see Master Plan for Mine Victim Assistance 2007-2011.

7: For more information, see National Health Security Act B.E. 2545 (2002).

8: Section 6, National Health Act B.E. 2550 (2007).

9: Information provided by Dr. Prachaksvich Lebnak, Acting Secretary-General, National Institute for Emergency Medicine, Ministry of Public Health, Bangkok, 14 March 2013.

10: For more information, see Emergency Medical Act B.E. 2551 (2008).

effectively and tangibly integrate support from both governmental and non-governmental organisations.⁶ A Second Master Plan for Victim Assistance for the period 2012-2016 was subsequently developed. This second plan benefited from the 2008 survey data and was updated to take into account Thailand's ratification of the Convention on the Rights of Persons with Disabilities and the need to fulfil the Cartagena Action Plan commitments. It was developed in an inclusive manner and emphasises sustainability, on-going stakeholder participation and a holistic approach.

One of the main aims of the Master Plan for Victim Assistance is to see that landmine and other explosive remnants of war victims may truly exercise existing rights, obtain the benefits that they are entitled to, and access the services that they need. The plan contains specific objectives, goals, implementation approaches, and indicators, and notably assigns responsibility for the achievement of various goals and objectives to existing state entities that have responsibilities for the well-being and the rights of the population. Entities with responsibility include the Ministry of Public Health, the Ministry of Social Development and Human Security, the Ministry of Interior, and the Ministry of Labour, as well as non-governmental agencies such as the Prosthetic Foundation, the General Chatichai Choonhaven Foundation and others.

The Master Plan for Victim Assistance also takes into account Thailand's extensive institutional and legal frameworks. For example, the 2002 National Health Security Act B.E. 2545 entitles all individuals, including victims and survivors, to health services such as diagnosis, treatment, rehabilitation and transportation.⁷ Furthermore, the 2007 National Health Act B.E. 2550 stipulates that "the health of...disabled persons...shall also be relevantly and appropriately promoted and protected."⁸ Approximately US\$20.6 million (0.5 per cent) of the 2013 national health budget is allocated to services for persons with disabilities.⁹ With such existing legal provisions, the victim assistance master plans have emphasised ensuring that mine and other explosive remnants of war survivors can benefit from what they are already entitled to receive.

The current victim assistance master plan points to Thailand's commitment to respond to the emergency medical needs of mine victims through its Emergency Medical System, which has expanded to cover all provinces and local communities, including the 27 provinces affected by mines and other explosive remnants of war. The 2008 Emergency Medical Services Act B.E. 2551 established the National Institute for Emergency Medicine, under the supervision of the Ministry of Public Health. Its task is to ensure that that everyone experiencing an accident or sudden illness, including those whom have been injured as a result of a mine or other explosive remnants of war incident, may exercise their right to access the Emergency Medical System.¹⁰ A comprehensive network of emergency response teams with emergency transport is in place nationwide to facilitate the timely transfer of people in need to adequately staffed and equipped hospitals.

The Emergency Medical System can be accessed by calling an emergency hotline. Three levels of response are available, including first responders, basic life support and advanced life support. The system includes more than 7,000 emergency response teams of all levels and around 91,000 trained emergency response personnel, as well as approximately 80,000 National Health Volunteers – villagers trained in first aid and psychological support who have joined emergency response teams and who can greatly contribute to the work of first responders. Emergency response teams work closely with the Thailand Mine Action Centre's Humanitarian Mine Action Units and provincial/district hospitals in affected areas in order to provide assistance to landmine and other explosive remnants of war casualties. This is particularly important given that each year more individuals fall victim to landmines and other explosive remnants of war; four new casualties were reported from January to mid-March 2013.

Thailand's current victim assistance plan also points to how those who live with a disability as a result of a mine or other explosive remnant of war have the right to benefit from Thailand's national legal framework and international obligations related to disability. The rights of survivors are considered under the 2007 "Persons with Disabilities Empowerment Act B.E. 2550" as well as from efforts to implement the Convention on the Rights of Persons with Disabilities, which Thailand ratified on 29 July 2008. Under the Persons with Disabilities Empowerment Act, "empowerment means the provision of rehabilitation, social welfare, promotion and protection of rights, support for independent living, dignity and equality, and support for full and efficient social participation under accessible and barrier-free environment for persons with disabilities." Section 20 of the Act stipulates that persons with disability have the right "to access and utilize public facilities including welfare services and other supports from the government" such as: medical rehabilitation and expenses for treatment and assistive devices; education; vocational rehabilitation; acceptance by society; support for access of public policies, plans, projects and services; and, access to information and communication technologies.¹¹ The Act also mandated the development of the 4th 2012-2016 National Plan on the Empowerment of Persons with Disabilities B.E. 2555-2559, the vision of which is that "persons with disabilities live independently and happily in society, with full and equal access to their rights."¹²

The Master Plan for Victim Assistance aims to identify target communities and create inclusive community-based rehabilitation plans. The Ministry of Social Development and Human Security's National Office for Empowerment of Persons with Disabilities implements a community-based rehabilitation programme to promote the involvement of the family and community in providing good care for persons with disabilities. It has trained 2,880 village volunteers who work in 197 districts and 76 provinces to facilitate the programme, which has benefited more than 250,000 individuals with disabilities. The community-based rehabilitation programme aims to facilitate better understanding among families and the community and also to support the empowerment of persons with disabilities.¹³ As a result of three workshops convened by the Ministry in March and April of 2013, 23 provincial community-based rehabilitation plans have been developed – one for each province identified as having persons affected by landmines.¹⁴

CONCLUSION

Overall responsibility for the landmine problem in Thailand has been assigned to the Thailand Mine Action Centre, which has been established within and is staffed by the armed forces. However, it was recognised for all that is involved in victim assistance, other state entities should lead. Through the establishment of the Subcommittee for Victim Assistance and the development of two Master Plans for Victim Assistance, the mine action programme in Thailand ensured that responsibility was placed where it should belong, with ministries assigned responsibility relevant to their individual mandates for all aspects of necessary assistance to victims and survivors. Costs are covered as part of normal national budget allocations to ministerial programmes. By integrating, that is, by specifically ensuring that the rights and needs of landmine and other explosive remnants of war victims and survivors are covered within existing approaches to health care, rehabilitation, labour and disability, Thailand serves as a model of good practice and one that should guarantee the sustainability of efforts to assist the victims.



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11: For more information, see National Office for the Empowerment of Persons with Disabilities, *Persons with Disabilities Empowerment Act B.E. 2550*.

12: National Committee for the Empowerment of Persons with Disabilities, *The 4th National Plan on the Empowerment of Persons with Disabilities B.E. 2555-2559*, p. 27.

13: See Projects, National Office for Empowerment of Persons with Disabilities (NEP), Thailand Ministry of Social Development and Human Security, available at <http://en.nep.go.th/vision.php?action=projects>

14: Email from Karavikar Svetasreni, Ministry of Foreign Affairs, Bangkok, 30 April 2013.

CONCLUSION



By acting upon their comparative advantages – as has been the case in Albania, Afghanistan, South Sudan, Tajikistan and Thailand – mine action structures, and their national directors, staff and United Nations advisors can make a significant difference in integrating victim assistance in broader contexts.

Addressing the rights and needs of victims and survivors of landmines and other explosive remnants of war requires a long term commitment and the engagement of a wide range of stakeholders. Mine action structures are not designed to take the lead on victim assistance. However, they have an important role to play in integrating victim assistance into broader approaches to health care, disability, human rights and other frameworks. Afghanistan, Albania, South Sudan, Tajikistan, and Thailand serve as five key examples of how mine action can play this role well:

- In Albania, the mine action executive body leveraged the landmine issue to enhance medical and rehabilitation capacities in the poorest region of the poorest country in Europe.
- In Afghanistan, the mine action coordination centre filled a void by taking the initiative to support and build the capacities of the government to address the rights of survivors in the broader context of health care, rehabilitation, education, and disability.
- In South Sudan, mine action supported an initiative to obtain disability data where little before had existed.
- In Tajikistan, the mine action centre was instrumental in promoting the rights of survivors in the broader context of disability and development.
- In Thailand, the mine action centre delegated responsibility to ensure the rights and address the needs of victims and survivors within broader State responses to injury and disability.

In each of these cases, mine action structures acted in a way consistent with key understandings on victim assistance adopted by the States Parties to the Anti-Personnel Mine Ban Convention and Protocol V to the Convention on Certain Conventional Weapons, and codified in the Convention on Cluster Munitions. These include the Parties' resolve not to discriminate against or among mine victims, or between mine survivors and other persons with disabilities. In addition, these understandings include the Parties' acceptance that victim assistance should be integrated into broader national policies, plans and legal frameworks related to disability, health, education, employment, development and poverty reduction.

By acting upon their comparative advantages – as has been the case in Albania, Afghanistan, South Sudan, Tajikistan and Thailand – mine action structures, and their national directors, staff and United Nations advisors can make a significant difference in integrating victim assistance in broader contexts. In doing so, they will improve the well-being and the guarantee of rights of survivors. When they play this role effectively, considerable gains can be made.

Humanitarian demining is intended to end. However, ensuring the well-being of their populations and guaranteeing their rights remains an eternal State responsibility. There is a limited a time-frame for mine action to make a difference and there is an imperative to ensure a sustainability of efforts. Decades after the last mine has been lifted from the ground, hopefully the legacy of mine action can live on through real advances having been made towards the full and effective participation of landmine and other explosive remnants of war victims in society on an equal basis to others.



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The Implementation Support Unit (ISU) is the substantive secretariat to the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction. The ISU is mandated to support the States Parties to the Convention, in particular by doing the following:

- Providing support to all States Parties through support to the Convention's implementation machinery and office holders,
- Providing support to individual States Parties, including by providing advice and technical support on implementation and universalization,
- Communicating and providing information about the Convention,
- Keeping records of formal and informal meetings under the Convention, and
- Liaising and coordinating with relevant international organisations 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 States Parties to the Convention.





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