

A Guide to Understanding


Victim Assistance

in the Context of the

AP Mine Ban Convention

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





At the 2004 First Review Conference of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, it was noted that while not forgetting responsibilities to landmine victims wherever they may be, a greater emphasis must be placed on improving the quality of life of landmine survivors in the States Parties that have indicated that they hold the responsibility for significant numbers of survivors.

However, following their First Review Conference, the Convention's States Parties still lacked a clear understanding of what could be or should be achieved by a certain point of time. By not knowing what should be done, by whom and by certain key milestone dates, the States Parties were setting themselves up for failure because there was no measure regarding what it would mean to have fulfilled their promise to mine victims.

Since 2005, the Anti-Personnel Mine Ban Convention's Implementation Support Unit has been working to reject failure as an option to enable States Parties to achieve success. It has done so by reinforcing efforts of Co-Chairs of the Convention's Standing Committee on Victim Assistance and Socio-Economic Reintegration to support relevant States Parties in maximising the Nairobi Action Plan, which was adopted at the First Review Conference, as a basis for action on victim assistance. The aim is to empower relevant States Parties to take matters into their own hands through inter-ministerial efforts to establish objectives and plans, integrate landmine victim assistance into broader healthcare, rehabilitation and disability contexts, and provide a more concrete basis to articulate priorities for assistance.

The purpose of this guide is twofold: to make the strategic approach on victim assistance adopted by the States Parties widely known; and, to assist relevant States Parties in applying this approach.

The approach to victim assistance, developed in the context of the AP Mine Ban Convention, is equally applicable to addressing the rights and needs of the victims of other ERW or war-related injuries.

This guide is a companion to *Victim Assistance in the Context of the AP Mine Ban Convention: Checklist*.



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## 1. LEGAL OBLIGATIONS

### Article 6.3 of the Anti-Personnel Mine Ban Convention states that:

*Each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims....*

The inclusion of these words in the text of the Convention resulted in the Convention becoming the first multilateral arms control agreement to address the humanitarian needs of the victims of a particular weapon system. Moreover, by incorporating these words into the text of the Convention, the matter called 'landmine victim assistance' found itself – along with universal acceptance and compliance with prohibitions, the destruction of stockpiled mines and the clearance of mined areas – as one of four core areas of activity necessary to achieve the Convention's ultimate intended impact of an end to the suffering and casualties caused by anti-personnel mines.

With respect to implementing provisions of the Convention related to compliance with the Convention's prohibitions and its obligations to destroy stockpiled and emplaced anti-personnel mines, it is relatively easy to answer the following four questions:

- > who is responsible?
- > each actor is responsible specifically for what?
- > how will this be measured?
- > what must be achieved, by when?

However, regarding victim assistance the answers to these questions were unclear. This resulted in something of a dilemma. Even without empirical evidence, States Parties felt confident, as the International Campaign to Ban Landmines (ICBL) was in 2004, in saying that "in many mine-affected countries the assistance available to address the needs of survivors is inadequate." However, the dilemma existed, because again as articulated by the ICBL, "the extent to which landmine survivors' needs are not being met is generally still unknown."

If we are not clear on who is ultimately responsible for meeting needs, in understanding specifically what those needs are, and clarifying the extent to which these needs are not being met, you will be unable to act strategically to meet these needs and we will never know when needs will or have been met. And by not knowing what needed to be done by certain key milestone dates, the Convention's States Parties found themselves in a situation in which they were setting themselves up for failure because there was no measuring stick regarding what it meant to have fulfilled their promises to mine victims.

Through five years of intersessional work between the Convention's entry into force in 1999 and its First Review Conference in 2004, the Convention's States Parties sought to clarify matters informally. At the 2004 First Review Conference – the Nairobi Summit on a Mine Free World – the outcomes of this work were consolidated into a set of understandings that were formally agreed to by the States Parties. These understandings provided the basis for States Parties to act strategically on victim assistance.

## **2. THE PLACE OF VICTIM ASSISTANCE IN BROADER CONTEXTS**

While it was certainly important for the States Parties to better understand and define their aim of assisting landmine survivors, it was equally important that they drew various conclusions regarding the place of landmine victim assistance in broader contexts.

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

Those individuals directly impacted by mines are a sub-group of larger communities of persons with injuries and disabilities. While the UN refers to victim assistance as an integral component of mine action, there are important contextual differences between humanitarian demining and activities related to assisting in the care, rehabilitation and reintegration of landmine victims. The challenges associated with clearing mine/other ERW-contaminated areas are relatively distinct from other humanitarian, development or disarmament challenges. Consequently humanitarian demining has developed as a relatively new and specialised discipline. However, the problems faced by landmine survivors are similar to the challenges faced by other persons with injuries and disabilities. Victim assistance does not require the development of new fields or disciplines but rather calls for ensuring that existing healthcare and social service systems, rehabilitation programmes and legislative and policy frameworks are adequate to meet the needs of all citizens – including landmine victims. However, it does require that a certain priority be accorded to health and rehabilitation systems in areas where survivors are prevalent.

### **B. Victim assistance in the context of broader healthcare, social services, rehabilitation and reintegration efforts**

It is the States Parties' view that the call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner. Furthermore, the impetus provided by the Convention to assist mine victims has provided an opportunity to enhance the well-being of not only landmine survivors but also all other persons with war-related injuries or other forms of disability. Assistance to survivors should be viewed as a part of a country's overall public health and social services systems and frameworks. However, within those general systems, deliberate care must be taken to ensure that landmine survivors and other persons with disabilities receive the same opportunities in life – for healthcare, social services, a life-sustaining income, education and participation in the community – as every other sector of a society. Health and social services must be open to all sectors of society, including landmine survivors and other persons with disabilities.

## 2. THE PLACE OF VICTIM ASSISTANCE IN BROADER CONTEXTS

### C. Victim assistance in the context of development

Providing assistance to landmine survivors must be seen in a broader context of development and underdevelopment. States Parties have different capacities. Many are not in a position to offer an adequate level of care and social assistance to their populations and to persons with disabilities in particular. Many of the mine-affected States Parties, particularly those in Africa, have a low Human Development Index score – a measure established by the United Nations Development Programme (UNDP) to assess the level of well-being of a country's population. Moreover, many of these States Parties have some of the world's lowest rankings of overall health system performance. A political commitment within these countries to assist landmine survivors and other persons with disabilities is essential but ensuring that a real difference can be made may require addressing broader development concerns. It is now widely recognised that victim assistance should be integrated into development plans and strategies. By doing so, development efforts that assist survivors will benefit from these individuals' contributions to their country's development through their full participation in social and economic spheres.

### D. Victim assistance in the context of human rights

Victim assistance is more than just a medical or rehabilitation issue – it is also a human rights issue. In this vein, it has been stressed that victim assistance should be guided by principles including: national ownership; the non-discrimination of survivors; the empowerment of survivors; an integrated and comprehensive approach, including a gender perspective; the participation of all relevant government agencies, service providers, non-governmental organisations and donors; transparency and efficiency; and, sustainability.<sup>1</sup>

### E. Victim assistance in the context of one's community

Since the First Review Conference, the concept of community-based rehabilitation (CBR) has been highlighted. CBR is a strategy within general community development for enhancing the quality of life of persons with disabilities by improving service delivery for rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of persons with disabilities. CBR is implemented through the combined efforts of persons with disabilities themselves, their families, organisations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services. The major objectives of CBR are: (1) to ensure that persons with disabilities are able to maximise their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large; and (2) to activate communities to promote and protect the human rights of persons with disabilities through changes within the community, for example, by removing barriers to participation.

<sup>1</sup> An initial description of these principles was contained in a document entitled *Victim Assistance: A Comprehensive Integrated Approach*, which was distributed by Switzerland at the 1999 First Meeting of the States Parties.

### 3. WHAT IS A LANDMINE VICTIM / SURVIVOR?

The States Parties have agreed to the understanding that landmine victims are “those who either individually or collectively have suffered physical or psychological injury, economic loss or substantial impairment of their fundamental rights through acts or omissions related to mine utilisation.”<sup>2</sup>

A broad approach to what is considered a landmine victim has served a purpose in drawing attention to the full breadth of victimisation caused by landmines and other explosive remnants of war (ERW). However, quite naturally the majority of attention has been focused on providing assistance to those individuals directly impacted by a landmine explosion. These individuals have specific needs for emergency and continuing medical care, rehabilitation and reintegration, and require legal and policy frameworks to be implemented in such a manner that their rights are protected.

States Parties also use the more empowering term ‘survivor’ in relation to those men, women and children who have survived a landmine or other ERW accident.



<sup>2</sup> The Review of the operation and status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction 1999-2004.

## 4. WHAT IS LANDMINE VICTIM ASSISTANCE?

The States Parties have concluded that the matter called victim assistance involves work in the following areas:

### A. Understanding the extent of the challenges faced

The States Parties understand the value and necessity of accurate and up-to-date data on the number of new landmine casualties, the total number of survivors and their specific needs, and the extent / lack of and quality of services that exist to address their needs in order to use limited resources most effectively. This matter was acted upon by the World Health Assembly even before the Convention entered into force when in 1998 it requested the Director-General of the World Health Organization “to strengthen the capacity of affected States for the planning and execution of programmes for (inter alia) better assessment of the effects of anti-personnel mine injuries on health through the establishment or reinforcement of surveillance systems.”<sup>3</sup> In response, in 2000 the World Health Organization published *Guidance for surveillance of injuries due to landmines and unexploded ordnance* as a standardised tool for information gathering on mine / unexploded ordnance victims as well as guidance on how to use this tool. This tool subsequently served as the model for the design of elements of the Information Management System for Mine Action (IMSMA) related to data on victims.

In May 2007, the World Health Assembly again urged its Member States “to develop, implement, consolidate and assess plans to strengthen their health information systems,” and requested the Director-General of the World Health Organization “to increase WHO’s activities in health statistics at the global, regional and country levels and provide harmonised support to Member States to build capacities for development of health information systems and generation, analysis, dissemination and use of data.”<sup>4</sup>

Despite advances made in data collection tools and methodology, and in information systems, many relevant States Parties in 2004 still knew little about the prevalence of new victims, the numbers of survivors or their specific needs. Even in many countries with functioning data collection and information management systems like IMSMA it was believed that not all mine casualties were reported or recorded. This was and is particularly the case in countries experiencing ongoing conflict, or with minefields in remote areas, or with limited resources to monitor public health services. In addition, some of the best data collection exercises were and are performed by actors other than States Parties themselves, with national ownership over this matter not yet achieved. The challenge for many States Parties has been to enhance their mine victim data collection capacities, integrating such systems into existing health information systems and ensuring full access to information in order to support the needs of programme planners and resource mobilisation.

<sup>3</sup> Fifty-First World Health Assembly, [Concerted public health action on anti-personnel mines](#), (16 May 1998, A51/VR/10).

<sup>4</sup> Sixtieth World Health Assembly, [Strengthening of health information systems](#), Agenda Item 12.15 (WHA 60.27).



## 4. WHAT IS LANDMINE VICTIM ASSISTANCE?

### B. Emergency and continuing medical care

The States Parties have come to see emergency and continuing medical care as being emergency first-aid and adequate medical care including competent surgical management. It is acknowledged that the provision of appropriate emergency and continuing medical care, or the lack of it, has a profound impact on the immediate and long-term recovery of mine victims. While some progress has been made in the training of trauma surgeons and those providing emergency first-aid, many mine-affected countries continue to report a lack of trained staff, medicines, equipment and infrastructure to adequately respond to mine and other traumatic injuries. Moreover, while guidelines<sup>5</sup> have been developed to assist States Parties, a challenge remains in applying these guidelines.

In addition, a profound challenge that many States Parties need to overcome is to ensure that healthcare workers in mine-affected areas are trained in emergency first-aid to respond effectively to landmine and other traumatic injuries. The training of lay-people in mine-affected communities in some States Parties has proven to be effective in lowering mortality rates by providing care as soon as possible after accidents. Lessons from such experiences should be applied. Training is also a challenge for many States Parties with respect to trauma surgeons and nurses in order that they receive appropriate training as an integral component of studies in medical schools and continuing education. As well, many States Parties face the ongoing challenge of ensuring that medical facilities can provide an adequate level of care and that they have the staff, equipment, supplies and medicines necessary to meet basic standards. Moreover, some States Parties face problems related to the proximity of services to mined areas and difficulties in transporting to these facilities those who require care.

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

<sup>5</sup> Relevant guidance documents include the ICRC’s *Assistance for Victims of Anti-personnel Mines: Needs, Constraints and Strategy and Care in the Field for Victims of Weapons of War*, Trauma Care Foundation’s *Save Lives, Save Limbs* and the WHO’s *Guidelines for Essential Trauma Care and Integrated Management on Emergency Essential Surgical Care - E-learning tool kit*.

<sup>6</sup> Sixtieth World Health Assembly, *Health systems: emergency-care systems*, Agenda Item 12.14 (WHA 60.22).

## 4. WHAT IS LANDMINE VICTIM ASSISTANCE?

### C. Physical rehabilitation, including physiotherapy, prosthetics and assistive devices

Physical rehabilitation is a crucial means to landmine survivors' ultimate aim: full inclusion. The States Parties have come to see this aspect of meeting the needs of survivors as involving the provision of services in rehabilitation and physiotherapy and the supply of prosthetic appliances and assistive devices, such as wheelchairs and crutches, to promote the physical well-being of mine survivors with limb loss, abdominal, chest and spinal injuries, loss of eyesight, or deafness. Progress has been made in the development of guidelines<sup>7</sup>, in the training of technical staff in prosthetics / orthotics in mine-affected countries and by virtue of the fact that the Convention has increased attention on physical rehabilitation and prosthetics. However, needs in this area continue to exceed the level of resources applied to it. Moreover, as the number of landmine survivors continues to increase, so too will resource needs.

Therefore, there are major challenges for many States Parties to: increase / expand access to and ensure the sustainability of national physical rehabilitation capacities; increase the number of trained rehabilitation specialists including doctors, nurses, physiotherapists and orthopaedic technicians; provide rehabilitation services in mine-affected communities and/or ensure that landmine survivors have access to transportation to these services; and engage all relevant ministries as well as national, regional and international health and rehabilitation organisations to ensure effective coordination in advancing the quality of care and increasing the numbers of individuals assisted. Coordination among all actors in this field will be key to improving results and the States Parties should look favourably upon processes that encourage cooperation, collaboration and efficiency.



<sup>7</sup> Relevant guidance documents include the World Health Organization's *Prosthetics and Orthotics Services in Developing Countries – a discussion document*; Landmine Survivors Network's *Surviving Limb Loss; Life after Injury: A rehabilitation manual for the injured and their helpers*, by Liz Hobbs, Sue McDonough and Ann O'Callaghan; *Prosthetics and Orthotics Project Guide: Supporting P&O Services in Low-Income Settings*; *Prosthetics and Orthotics Programme Guide: Implementing P&O Services in Low-Income Settings*; and, Handicap International's *A review of assistance programmes for war wounded and other persons with disabilities living in mine-affected countries: May 2004 lessons learned workshop report*.

## 4. WHAT IS LANDMINE VICTIM ASSISTANCE?

### D. Psychological support and social reintegration

The States Parties have come to see psychological support and social reintegration/inclusion as being activities that assist mine victims to overcome the psychological trauma of a landmine explosion and promote social well-being. The causal relationship between psychological and social factors has also been recognised. These activities include community-based peer support groups, associations of persons with disabilities, sporting and related activities, and where necessary, professional counselling. Appropriate psycho-social support has the potential to make a significant difference in the lives of mine survivors, and the families of those killed or injured.

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

Since the First Review Conference, the importance of peer-to-peer support has been highlighted, this being support provided by persons with disabilities to and for other persons with disabilities. Peer counsellors are people who have experienced psychological trauma and are interested in helping others with similar difficulties. By listening empathetically, sharing their experiences and offering suggestions, peer counsellors are uniquely able to help others like themselves. This approach assumes that men and women who have experienced a traumatic event can better understand and relate to individuals trying to deal with their traumatic event.

## 4. WHAT IS LANDMINE VICTIM ASSISTANCE?

### E. Economic reintegration

The States Parties have come to see economic reintegration/inclusion as being assistance programmes that improve the economic status of survivors in mine-affected communities through education, economic development of the community infrastructure and the creation of employment opportunities. Those survivors who have participated in the work of the Convention have indicated that their highest priority is economic inclusion.

While progress has been made in developing guidelines<sup>8</sup> and in implementing programmes in some mine-affected communities – including, for example, training in agriculture, bee-keeping, handcrafts, literacy, livestock breeding and trades, and in micro-credit initiatives – in many countries there continues to be few opportunities for mine survivors and other persons with disabilities to receive vocational training or to access employment and other income generation activities. The economic status of survivors depends largely upon the political stability and economic situation of the communities in which they live. However, enhancing opportunities for economic inclusion contributes to self-reliance of mine survivors and their families, and community development.

The challenge for many States Parties is to build and develop sustainable economic activities in mine-affected areas that would benefit not only those individuals directly impacted by mines and other ERW, but their communities. This is a profound challenge to overcome given that economic inclusion of landmine survivors must be seen in the broader context of economic development.

### F. The establishment, enforcement and implementation of relevant laws and public policies

The States Parties have come to see laws and policies as being legislation and actions that promote effective treatment, care and protection for all citizens with disabilities, including landmine survivors. Many mine-affected States Parties have legislation to protect the rights of persons with disabilities, and to provide social assistance, for example, in the form of pensions. However, it remains a challenge for many of these States Parties to fully implement the provisions of the legislation, to provide pensions that are adequate to maintain a reasonable standard of living and to ensure accessibility to public and private infrastructure.

In 2006, the United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD). The CRPD entered into force on 3 May 2008. This new instrument has the potential to promote a more systematic and sustainable approach to victim assistance in the context of the AP Mine Ban Convention by bringing victim assistance into the broader context of policy and planning for persons with disabilities more generally.

<sup>8</sup> See for example, the International Labour Organization, *Skills Development through Community Based Rehabilitation*, the World Rehabilitation Fund's *Guidelines for Socio-Economic Integration of Landmine Survivors*, and Handicap International's, *Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries*.

## 5. THE QUESTION OF RESPONSIBILITY

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The States Parties have reiterated that each one of them in a position to do so has a responsibility to assist mine victims. However, flowing from some basic principles of the international system such as the principles of sovereignty and individual state responsibility for domestic affairs, it is logical that it is a basic responsibility of a State to ensure the well-being of its population, including the well-being of landmine survivors and other persons with disabilities.

In the context of the Convention, this responsibility to assist mine victims is most pertinent for – and hence the challenges faced in fulfilling it most profound for – those States which are responsible for significant numbers – hundreds or thousands – of landmine survivors. While not forgetting the responsibilities to landmine survivors wherever they may be, a greater emphasis must be placed on the fulfilment of the responsibilities to survivors by these States Parties. Of the Convention's States Parties, 26 have indicated that they hold ultimate responsibility for the care, rehabilitation and reintegration of significant numbers of landmine survivors:<sup>9</sup>

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<b>A</b> Afghanistan Albania Angola	<b>E</b> El Salvador Eritrea Ethiopia	<b>P</b> Peru
<b>B</b> Bosnia and Herzegovina Burundi	<b>G</b> Guinea-Bissau	<b>S</b> Senegal Serbia Sudan
<b>C</b> Cambodia Chad Colombia Croatia	<b>I</b> Iraq	<b>T</b> Tajikistan Thailand
<b>D</b> Dem. Rep. of the Congo	<b>J</b> Jordan	<b>U</b> Uganda
	<b>M</b> Mozambique	<b>Y</b> Yemen
	<b>N</b> Nicaragua	

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<sup>9</sup> As of October 2008.

## 6. A STRATEGIC APPROACH TO VICTIM ASSISTANCE

Through the work of the States Parties at the Convention's First Review Conference, a much more solid basis for action on victim assistance was agreed to. We now understand the aim with greater clarity, particularly its place in broader contexts. Thanks to self-identification, we can point to 26 States Parties<sup>10</sup> that understand this to be a matter of responsibility for them. Notwithstanding the need to give due regard to the well being and the protection of the rights of one's population forever, in the context of this Convention we can use various milestones (eg, the Convention's Second Review Conference in 2009 and future Review Conferences and Meetings of the States Parties) as instances when progress should be made and measured. And the adoption by the States Parties of the Nairobi Action Plan 2005-2009 provided guidance to the States Parties to enhance care, rehabilitation and reintegration efforts in the period leading to the Second Review Conference.

In essence, the conclusions of the Convention's First Review Conference provided a basis to begin treating responsibilities to landmine survivors with the same degree of seriousness and precision that the international community gives to the Convention's prohibitions or its obligations to destroy mines. There is now a strategic approach available for the States Parties to apply. However, there are some complications to treating responsibilities to landmine survivors in a manner similar to the Convention's prohibitions or its obligations to destroy mines.

Whereas the obligation to destroy, and end-point with respect to destroying, stockpiled or emplaced anti-personnel mines is universally applicable and measurable for each State Party reporting such mines, and while the deadline for fulfilling obligations remains the same, what can be and / or should be achieved by each of the 26 States Parties reporting significant numbers of landmine survivors will be different. That is, the magnitude of the challenge faced by each of these States Parties is dramatically different – from hundreds of landmine survivors in some countries to tens of thousands in others. And the capacity of each to act equally is dramatically diverse.

<sup>10</sup> The [Review of the operation and status of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction 1999-2004](#) recorded 23 relevant States Parties. Ethiopia subsequently ratified the Convention in 2004 becoming the 24th relevant State Party. In its request for an extension of the fulfillment of its Article 5 obligations submitted on 31 March 2008, Jordan made it clear that it too has the responsibility for significant numbers of survivors. In Form J of its initial Article 7 Report submitted on 31 July 2008, Iraq made it clear that it too has the responsibility for significant numbers of survivors.

## 6. A STRATEGIC APPROACH TO VICTIM ASSISTANCE

Again, in keeping with the basic characteristics of the international system which points to ultimate responsibility resting with each State Party, these 26 States themselves must define what can be / should be achieved. Others may have the expertise and capacity to assist in understanding problems and developing plans to deal with these problems, and, others may be well poised to monitor the efficacy and implementation of plans. However, real and sustainable progress cannot be made without the affected States Parties themselves owning the problem and the solutions to it. Moreover, until what is deemed by these States Parties to be a specific, achievable and relevant objective is measurable and time-bound, and, until there are plans in place, success / failure will constantly be an undefined and / or a changeable target.

The space has to be provided to these 26 States Parties to set the agenda and for others to assist them in doing so. These States can set the agenda by addressing the following questions:

- > what is the current situation in each of the six main thematic areas of victim assistance?
- > in a SMART manner – specific, measurable, achievable, relevant and time bound – what does the State wish the situation to be in each of these six thematic areas?
- > what are the plans of the State to achieve this situation in each of these six thematic areas by specific milestone dates?
- > do these plans take into account the place of landmine victim assistance in broader contexts?



## 7. STEPS IN THE DEVELOPMENT OF A NATIONAL STRATEGIC APPROACH

In order to take charge of a strategic approach to the matter of landmine victim assistance, each relevant State Party is encouraged to undertake the following ten steps.

1. Conduct awareness raising activities to sensitise relevant ministries and other key actors in the disability sector on victim assistance in the context of the AP Mine Ban Convention.
2. Designate an inter-sectoral group to oversee the process, including relevant government ministries and agencies, international agencies and non-governmental organisations working in the disability sector, mine survivors and other persons with disabilities, and their representative organisations, etc.
3. Assign responsibility for the process and the preparation of a national plan of action, and to establish a timeframe for the development of the plan. Make the name and contact details of the focal point known to all relevant actors.
4. Organise a national workshop to look at the actual situation (situation analysis) and to develop the national short, medium and long term goals. The participants at the national workshop should include all relevant ministries, the national body or organisations involved in service coordination and/or service provision, associations of persons with disabilities (including landmine survivors), international organisations and non-governmental organisations supporting service provision.
5. Situation analysis – do a mapping of who is doing what and where, look specifically at the current situation in all areas that may be relevant to mine and other ERW survivors and other persons with disabilities, and the factors that favour or impede achieving the best possible quality of life and enjoyment of human rights for persons with disabilities, including capacities and competencies, and training needs. Look at all the relevant initiatives, including health sector strategies, rehabilitation strategies, education strategies, poverty reduction strategies, human rights frameworks, etc. Include the perspectives of mine and other ERW survivors and other persons with disabilities in the analysis. Also analyse activities of international agencies, national and international non-governmental organisations involved in the sector, and the legal framework.
6. Review of situation analysis – what does the State want the situation to be in the short, medium and long-term?



## 7. STEPS IN THE DEVELOPMENT OF A NATIONAL STRATEGIC APPROACH

7. Objectives – prepare a set of SMART objectives that will improve/change the current situation in the short term, in the medium term and in the long term and lead to an improved quality of life for mine and other ERW survivors and other persons with disabilities.<sup>11</sup> Objectives should be:
  - > **specific:** the objective should describe a quantifiable change relative to the current situation
  - > **measurable:** there should be or will be a system in place to measure progress towards the achievement of the objective
  - > **achievable:** it should be realistic that, with a reasonable amount of effort, the objective could be met within the time-frame
  - > **relevant:** the objective should be important to achieve an improvement in the services available and/or the quality of life of persons with disabilities
  - > **time based:** the time-frame for reaching the desired objective should be specified
8. National plan formulation – organise a second national workshop to develop a plan of action detailing the strategies, activities and the ministry/agency with responsibility/oversight that will be undertaken to change/improve the current situation to reach the stated objectives.
9. Ensure the inclusion of the national plan of action in the work plans and budgets of relevant ministries and other government agencies.
10. Resource mobilisation – identify the resources that are currently available at the local, national and international levels to implement the national plan. Assess the needs for additional resources that will be required. Make these needs known at the national and international level, including by integrating resource mobilisation efforts into broader development assistance appeals.

<sup>11</sup> Where relevant, review/revise the objectives provided for the 2005 [Zagreb Progress Report](#).

## 8. CHALLENGES AND LESSONS LEARNT

Through the work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration several issues have been identified that are affecting progress in developing a national response to victim assistance and efforts to improve the quality of life of mine survivors and other persons with disabilities in these States. Issues include:

- > Low levels of national development: some of the relevant States Parties to the Convention are among the poorest in the world. They lack well-developed State structures and hence lack the bureaucratic, human resource and financial capacity to develop and implement objectives and a national plan.
- > Regardless of the level of national development, relevant States are sometimes slow or reluctant to internalise the care, rehabilitation and reintegration of survivors as their responsibility. In many, low priority is given to disability issues within relevant ministries.
- > There is an overdependence on NGOs and other international agencies to provide services. As a consequence States – and sometimes NGOs and other organisations – perceive victim assistance as being something to be addressed by outsiders leading to a disproportionate focus on donor responsibility rather than state responsibility.



- > Many actors give a lack of regard for the place of victim assistance in broader healthcare, rehabilitation, reintegration and human rights contexts.
- > Victim assistance is perceived by mine action personnel in some States Parties to be their domain. This is problematic for several reasons:
  - > Mine action structures are not the appropriate State structure to take the lead in the care, rehabilitation and reintegration of a State's population. Mine action structures have a role to play, but it is best limited to the acquisition and provision of information and to advocacy.
  - > Unless mine action structures are working in close collaboration with relevant ministries and other key actors in the disability sector, activities will not be sustainable after the end of mine clearance activities.
  - > If mine action structures assume the role of programme delivery and hence mobilise resources for such efforts, they may divert funding that needs to go to building capacity and support of relevant ministries and service delivery experts.

## 8. CHALLENGES AND LESSONS LEARNT

Furthermore, since the First Review Conference, experts with disability and other healthcare, rehabilitation, social services and human rights experts involved in the work of the Convention have reaffirmed some of the key challenges, which apply to varying degrees in relevant States Parties, in meeting the rights and needs of mine survivors and other persons with disabilities. These challenges include:

- > services not meeting the needs in terms of both quantity and quality
- > lack of accessibility to or awareness of services
- > disability often not seen as a priority by policy makers
- > lack of political will to affect change
- > lack of capacity to address disability issues at all levels including within the governmental and non-governmental sectors
- > poverty and lack of development in affected communities hindering the economic reintegration of survivors
- > lack of donor support
- > lack of inclusion of persons with disabilities in decision making processes
- > victim assistance not given the same priority as other pillars of mine action
- > disability still seen as a charity issue not a human rights issue

Experts have also reaffirmed the importance of:

- > national ownership
- > building local capacities
- > sustainability of services
- > a holistic approach to assisting mine survivors and other persons with disabilities
- > collaboration and cooperation between government ministries and other actors
- > inclusion of persons with disabilities in decision making processes
- > taking into account available resources – not being too ambitious about what can be achieved in a limited timeframe

## 8. CHALLENGES AND LESSONS LEARNT

In terms of some key lessons learnt in addressing the rights and needs of landmine survivors in the context of the AP Mine Ban Convention, these can be summarised as follows:

- > If a meaningful difference is going to be made in enhancing the well-being and guaranteeing the rights of landmine victims, victim assistance must no longer be seen as an abstraction but rather as a concrete set of actions for which specific States Parties hold ultimate responsibility.
- > If progress in victim assistance is going to be made, progress must be defined as something that is specific and measurable, with specific measures logically needing to be determined by individual States Parties based on their very diverse circumstances. These specific and measurable indicators of progress must be time-bound, particularly to take into account that an unambiguous assessment of success or failure will be expected at the Second Review Conference in 2009.
- > Success in victim assistance also means understanding victim assistance in the broader contexts of development and seeing its place as a part of existing State responsibilities in the areas of healthcare, social services, rehabilitation, vocational training and human rights.
- > States Parties need to ensure efficient and effective use of resources, particularly where capacity and resources to develop and implement objectives and national plans are limited.
- > Because victim assistance should be undertaken in the context of existing domains and not in the context of a relatively new field of endeavour called variously humanitarian demining or mine action, relevant officials and experts from relevant ministries must be engaged in developing specific, measurable and time-bound responses to the needs of victims. That is, an inter-ministerial process is essential.
- > States Parties, relevant officials and organisations, and experts working on disability issues at the national level should do more to ensure that landmine survivors and other persons with disabilities are effectively involved in national planning and contribute to deliberations that affect them.
- > The framework developed by the AP Mine Ban Convention and lessons learnt are equally applicable to addressing the rights and needs of victims of other ERW, including cluster munitions, and small arms and light weapons. The place of victim assistance within the broader context of disability, healthcare, social services, rehabilitation, reintegration, development, and human rights efforts, promotes the development of services, infrastructure, and policies to address the rights and needs of all persons with disabilities, regardless of the cause of the disability.

## 9. QUESTIONNAIRE TO ASSIST IN DEVELOPING SMART VICTIM ASSISTANCE OBJECTIVES

### Background

The heart of the matter of preparing a national strategic response involves the development of SMART victim assistance objectives. In 2005 the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration prepared a detailed questionnaire to assist the relevant States Parties in articulating: (a) specific, measurable and realistic victim assistance objectives to be achieved by a key milestone date; (b) plans to achieve the objectives; and, (c) means to implement these plans. This questionnaire, in keeping with the logic of the strategic approach adopted by the States Parties at the First Review Conference, is based on the following key points:

- > As the ultimate responsibility of meeting the needs of landmine survivors within a particular state rests with that state, no external actor can define for it what can or should be achieved by when and how, in meeting the needs of these survivors.
- > Others may have the ability to assist in understanding challenges, developing and monitoring the efficacy and implementation of plans. However, real and sustainable progress rests with sovereign states articulating in their own voices their challenges and plans to overcome them.
- > Moreover, what can or should be achieved by when and how will be different for each of the relevant States Parties, given their unique characteristics.
- > By knowing early what needs to be done by a key milestone date and how this can be achieved, the States Parties will acquire a clear understanding of what it means to have fulfilled their promises to mine victims.

In 2007-2008, the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration developed a checklist as an additional tool to assist relevant States Parties in their responses to the questionnaire and the development of a comprehensive national response.<sup>10</sup>

### Structure of the questionnaire

This questionnaire has six parts which correspond to the six elements that the States Parties have concluded comprise victim assistance.

**Part I:** understanding the extent of the challenges faced

**Part II:** emergency and continuing medical care

**Part III:** physical rehabilitation

**Part IV:** psychological support and social reintegration

**Part V:** economic reintegration

**Part VI:** laws and public policies

Each part of the questionnaire in turn has four sets of questions related to (a) the current situation, (b) objectives to be achieved by a key milestone date, (c) plans to achieve these objectives and (d) means to implement these plans.

<sup>10</sup> Victim Assistance in the Context of the AP Mine Ban Convention: Checklist

## 9. QUESTIONNAIRE TO ASSIST IN DEVELOPING SMART VICTIM ASSISTANCE OBJECTIVES

### Instructions

1. Begin each part of the questionnaire with the questions in the column entitled “**Current situation**”. Wherever possible be detailed and specific, and provide quantified responses. However, where it is not possible to provide a detailed response, consider providing answers such as the following to questions that begin with, “To what extent...”:
  - > *not at all*
  - > *seldom (eg, in urban areas only)*
  - > *fairly regularly (eg, in many mine affected areas)*
  - > *nearly always (eg, in most if not all mine affected areas)*
  - > *in all cases*
2. Having answered questions relative to the “**Current situation**”, proceed to the column entitled “**Objectives – 20XX**” to describe what it is that your state wishes to achieve by a chosen year relative to the current situation. Objectives should be:
  - > **specific:** does each objective describe a quantifiable change relative to the current situation?
  - > **measurable:** is there or will there be a system in place to measure progress towards the achievement of the objective?
  - > **achievable:** with a reasonable amount of effort, is it realistic that each objective could be met?
  - > **relevant:** is each objective important to the achievement of the goals stated in the questionnaire?
  - > **time based:** what is the end date for each objective (with each end date being no later than a chosen date for assessing progress in the achievement of all objectives)?
3. Having listed specific, measurable, achievable, relevant and time based objectives, proceed to the column entitled “**Plans to achieve these objectives**”, describing, for each objective, the elements of the plans necessary to achieve the desired situation by the desired end date.
4. Finally, proceed to the column entitled “**Means to implement these plans**”, describing the resources required from domestic sources, development banks and the international donor community to implement each plan.
5. This questionnaire is clearly extremely comprehensive and hence it is understood that completing all aspects of it may be very difficult for many States Parties.

## SECTION 9: PART I: UNDERSTANDING THE EXTENT OF THE CHALLENGES FACED

GOAL	CURRENT SITUATION	OBJECTIVES - 20XX	PLANS TO ACHIEVE THESE OBJECTIVES	MEANS TO IMPLEMENT THESE PLANS
<p><b>To define the scale of the challenge, identify needs, monitor the responses to needs and evaluate the responses.</b></p>	<ul style="list-style-type: none"> <li>&gt; Is there a known number or estimated number of landmine survivors? How was information on the known number or estimated number of survivors obtained? What is known about the current location of survivors and their demographics (eg, gender and age)?</li> <li>&gt; To what extent does nation-wide injury surveillance take place? Does data collection take into account landmine / other ERW injuries?</li> <li>&gt; How effective is the data collection and information management system? When did data collection and information management begin? Does data collection take place on an ongoing basis? If data collection does not take place on a national basis, which areas are covered?</li> <li>&gt; Who collects data on injuries, including mine injuries? Do these actors collect data in a standardised manner? Is there coordination amongst these actors on a national basis?</li> <li>&gt; To what extent is data shared with all relevant actors (eg, all relevant ministries, national and local institutions, non-governmental organisations, donors, associations of landmine survivors, etc.)?</li> <li>&gt; To what extent are landmine survivors and other persons with disabilities involved in the design and development of data collection?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relative to the current situation, what are specific, measurable and achievable objectives to define the scale of the problem, identify needs, monitor the responses to needs and evaluate the responses?</li> <li>&gt; What is the intended impact of each objective?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each objective, what are the main elements of the plan necessary to achieve success by 20XX?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each plan necessary to achieve success by 20XX, what resources are available from domestic sources, from development banks and from the international donor community?</li> </ul>

## SECTION 9: PART II: EMERGENCY AND CONTINUING MEDICAL CARE

GOAL	CURRENT SITUATION	OBJECTIVES - 20XX	PLANS TO ACHIEVE THESE OBJECTIVES	MEANS TO IMPLEMENT THESE PLANS
<p><b>To reduce deaths by stabilising medical conditions and minimising physical impairments in emergency settings that could result from injury.</b></p>	<ul style="list-style-type: none"> <li>&gt; To what extent do persons injured by landmines have ready access to trained first aid practitioners to address immediate and life-threatening issues and minimise further damage? To what extent are trauma specialists available? To what extent is peer support available to assist in wound management, etc?</li> <li>&gt; To what extent is there a capacity for persons injured by landmines to receive blood transfusions? To what extent are safe blood / serum supplies available?</li> <li>&gt; To what extent is the expeditious evacuation of persons injured by landmines to hospitals / clinics available? What means of transport are available to evacuate persons injured by landmines to the nearest hospital / clinic? What is the typical time period between injury and arrival at a hospital / clinic?</li> <li>&gt; To what extent is amputation / other trauma surgery available after the onset of injury? What is the typical time period between injury and emergency surgery?</li> <li>&gt; How many trained healthcare workers (eg, trauma surgeons, doctors, nurses) are currently in mine-affected areas? How many additional trained healthcare workers are required to meet existing needs in these areas?</li> <li>&gt; Do health facilities in mine-affected areas have adequate infrastructure, equipment and supplies to meet existing needs? To what extent is there access to medication to relieve pain?</li> <li>&gt; To what extent are individuals denied the right to services due to cost or other reasons?</li> <li>&gt; To what extent are services available equally to men, women, boys and girls and older persons?</li> <li>&gt; To what extent is there country-wide coordination involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, landmine survivors and other persons with disabilities, etc.)?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relative to the current situation, what are specific, measurable and achievable objectives to meet by 20XX to reduce landmine deaths and to minimise physical impairments in emergency settings that could result from injury?</li> <li>&gt; What is the intended impact of each objective?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each objective, what are the main elements of the plan necessary to achieve success by 20XX?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each plan necessary to achieve success by 20XX, what resources are available from domestic sources, from development banks and from the international donor community?</li> </ul>



## SECTION 9: PART II: EMERGENCY AND CONTINUING MEDICAL CARE

GOAL	CURRENT SITUATION	OBJECTIVES - 20XX	PLANS TO ACHIEVE THESE OBJECTIVES	MEANS TO IMPLEMENT THESE PLANS
<p><b>To provide access to treatment to minimise physical impairment resulting from injury.</b></p>	<ul style="list-style-type: none"> <li>&gt; To what extent are surgeons trained in correct procedures for amputation available? Is training in the care of traumatic injuries available in-country? Who provides this training?</li> <li>&gt; To what extent is there access to corrective surgery including cleaning of projectiles, debridement, pre-prosthetics re-modelling of stumps and repair of damage to organs?</li> <li>&gt; To what extent is there access to rigid dressing materials to properly prepare stumps following surgery?</li> <li>&gt; To what extent is there access to eye care, auditory medical care and other specialised surgical and medical services?</li> <li>&gt; To what extent are basic assistive devices (crutches, etc) made available at the medical services?</li> <li>&gt; To what extent are the survivors referred to rehabilitation services by the medical services?</li> <li>&gt; To what extent are individuals denied services due to cost or other reasons?</li> <li>&gt; To what extent are services available equally to, and designed to meet the particular needs of, men, women, boys and girls and older persons?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relative to the current situation, what are specific, measurable and achievable objectives to meet by 20XX to to minimise physical impairments that could result from injury?</li> <li>&gt; What is the intended impact of each objective?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each objective, what are the main elements of the plan necessary to achieve success by 20XX?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each plan necessary to achieve success by 20XX, what resources are available from domestic sources, from development banks and from the international donor community?</li> </ul>

## SECTION 9: PART III: PHYSICAL REHABILITATION

GOAL	CURRENT SITUATION	OBJECTIVES - 20XX	PLANS TO ACHIEVE THESE OBJECTIVES	MEANS TO IMPLEMENT THESE PLANS
<p><b>To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.</b></p>	<ul style="list-style-type: none"> <li>&gt; To what extent do landmine survivors have access to post-acute rehabilitative care, including prosthetics, orthotics and physical therapy? Who provides these services? How long must an individual wait to receive rehabilitative care, including prosthetics, orthotics and physical therapy? Where are existing physical rehabilitation services located? Where do they need to be located?</li> <li>&gt; To what extent do landmine survivors have access to repair, replacement and adjustment services to maintain assistive devices? To what extent are landmine survivors trained in methods of self-care and maintenance?</li> <li>&gt; To what extent are aides and equipment locally produced? Who produces them?</li> <li>&gt; To what extent are those assisting landmine survivors trained in physical therapy? To what extent are ISPO Category I, II or III trained technologists available to assist technicians with lower-level skills? Is training in physical therapy and prosthetics available in-country? Who provides this training?</li> <li>&gt; How many trained rehabilitation workers (eg, physiotherapists, prosthetics technicians, etc.) are currently in mine-affected areas? How many additional trained rehabilitation workers are required to meet existing needs in these areas?</li> <li>&gt; To what extent are landmine survivors and their families included in the planning of rehabilitation interventions?</li> <li>&gt; To what extent are individuals denied services or devices due to cost or other reasons?</li> <li>&gt; To what extent are services or devices available equally to, and designed to meet the particular needs of, men, women, boys and girls and older persons?</li> <li>&gt; To what extent is there country-wide coordination involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, landmine survivors and other persons with disabilities, etc.)?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relative to the current situation, what are specific, measurable and achievable objectives to meet by 20XX to restore maximum physical functional ability for landmine survivors</li> <li>&gt; What is the intended impact of each objective?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each objective, what are the main elements of the plan necessary to achieve success by 20XX?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each plan necessary to achieve success by 20XX, what resources are available from domestic sources, from development banks and from the international donor community?</li> </ul>

## SECTION 9: PART IV: PSYCHOLOGICAL SUPPORT AND SOCIAL REINTEGRATION

GOAL	CURRENT SITUATION	OBJECTIVES -20XX	PLANS TO ACHIEVE THESE OBJECTIVES	MEANS TO IMPLEMENT THESE PLANS
<p><b>To assist landmine survivors, including children, to resume their role in the community by helping them cope with psycho-social adjustment issues and assisting them to regain and maintain a healthy and positive outlook on life.</b></p>	<ul style="list-style-type: none"> <li>&gt; To what extent is counselling available to help survivors deal with post-traumatic stress?</li> <li>&gt; To what extent are landmine survivors provided with counselling to help them adjust to their new situation, including coping strategies and an understanding of how to set realistic goals and persevere in achieving them? To what extent are counselling services suited to different individuals' needs and community situations? Who provides assistance?</li> <li>&gt; To what extent do hospitals / clinics treating landmine survivors have staff trained in the psychological adjustment process and practical issues including discrimination likely in communities? To what extent are landmine survivors involved in this training?</li> <li>&gt; To what extent are there peer support programmes offering assistance in hospitals / clinics after surgery and after discharge?</li> <li>&gt; To what extent are adult landmine survivors encouraged to complete educational programmes?</li> <li>&gt; To what extent do boys and girls disabled by landmines have access to educational opportunities in their communities? To what extent does this education occur in an integrated setting? To what extent do teachers have training to familiarise themselves with the problems of children with disabilities?</li> <li>&gt; To what extent are individuals denied services due to cost or other reasons?</li> <li>&gt; To what extent are services available to, and designed to meet the particular needs of, men, women, boys and girls and older persons?</li> <li>&gt; To what extent is there country-wide coordination involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, landmine survivors and other persons with disabilities, etc.)?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relative to the current situation, what are specific, measurable and achievable objectives to meet by 20XX to minimise psychological impairments resulting from injury, to restore maximum emotional functional ability, and to assist landmine survivors to resume their role in the community?</li> <li>&gt; What is the intended impact of each objective?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each objective, what are the main elements of the plan necessary to achieve success by 20XX?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each plan necessary to achieve success by 20XX, what resources are available from domestic sources, from development banks and from the international donor community?</li> </ul>

## SECTION 9: PART V: ECONOMIC REINTEGRATION

GOAL	CURRENT SITUATION	OBJECTIVES - 20XX	PLANS TO ACHIEVE THESE OBJECTIVES	MEANS TO IMPLEMENT THESE PLANS
<p><b>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</b></p>	<ul style="list-style-type: none"> <li>&gt; To what extent are vocational rehabilitation programmes accessible to landmine survivors in affected areas? Who is implementing programmes? What is the capacity of current programmes?</li> <li>&gt; To what extent do landmine survivors and other persons with disabilities have access to vocational counselling services to assist them in establishing a vocational rehabilitation plan that is practical and realistic? Who is implementing programmes?</li> <li>&gt; To what extent do existing job placement and recruiting services ensure access for landmine survivors and other persons with disabilities?</li> <li>&gt; To what extent are vocational training programmes affordable, physically accessible, available to landmine survivors in affected areas?</li> <li>&gt; To what extent do individuals return to their prior occupation if that is their wish?</li> <li>&gt; To what extent are employers sensitised to ensure that landmine survivors and other persons with disabilities are not denied opportunities because of discrimination or stereotypical thinking?</li> <li>&gt; To what extent do government sponsored incentives exist to promote adequate employment opportunities for landmine survivors and other persons with disabilities?</li> <li>&gt; To what extent are micro-enterprise or other economic development efforts accessible to landmine survivors and other persons with disabilities? To what extent is micro-financing available at favourable interest rates?</li> <li>&gt; To what extent are economic reintegration efforts consistent with the realities of local market environments?</li> <li>&gt; To what extent are individuals denied services due to cost or other reasons?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relative to the current situation, what are specific, measurable and achievable objectives to meet by 20XX to assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment, and, to assist landmine survivors to initiate and maintain their own businesses?</li> <li>&gt; What is the intended impact of each objective?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each objective, what are the main elements of the plan necessary to achieve success by 20XX?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each plan necessary to achieve success by 20XX, what resources are available from domestic sources, from development banks and from the international donor community?</li> </ul>

## SECTION 9: PART V: ECONOMIC REINTEGRATION

GOAL	CURRENT SITUATION	OBJECTIVES - 20XX	PLANS TO ACHIEVE THESE OBJECTIVES	MEANS TO IMPLEMENT THESE PLANS
<p><b>To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.</b></p>	<ul style="list-style-type: none"> <li>&gt; To what extent are services available equally to, and designed to meet the particular needs of, men and women?</li> <li>&gt; To what extent is there country-wide coordination involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, landmine survivors and other persons with disabilities, etc.)?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relative to the current situation, what are specific, measurable and achievable objectives to meet by 20XX to to minimise psychological impairments resulting from injury, to restore maximum emotional functional ability, and to assist landmine survivors to resume their role in the community?</li> <li>&gt; What is the intended impact of each objective?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each objective, what are the main elements of the plan necessary to achieve success by 20XX?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each plan necessary to achieve success by 20XX, what resources are available from domestic sources, from development banks and from the international donor community?</li> </ul>

## SECTION 9: PART VI: LAWS AND PUBLIC POLICIES

GOAL	CURRENT SITUATION	OBJECTIVES - 20XX	PLANS TO ACHIEVE THESE OBJECTIVES	MEANS TO IMPLEMENT THESE PLANS
<p><b>To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities.</b></p>	<ul style="list-style-type: none"> <li>&gt; To what extent do persons with disabilities have legal protection against discrimination and are guaranteed equal opportunity, including an acceptable level of care, access to services, education, vocational and employment opportunities? To what extent are these laws enforced and their implementation monitored?</li> <li>&gt; What laws and policies exist to ensure access by persons with disabilities to buildings, public spaces and transportation? To what extent are these laws and policies implemented and enforced?</li> <li>&gt; To what extent do landmine survivors and other persons with disabilities have access to a formal statutory complaint mechanism to address their concerns and protect their rights?</li> <li>&gt; To what extent does the government raise public awareness of the rights and needs of its persons with disabilities and to counter the stigmatisation of persons with disabilities?</li> <li>&gt; To what extent is there government support for local organisations to advocate on behalf of and provide services to persons with disabilities?</li> <li>&gt; To what extent is there government support for self-help groups or associations of persons with disabilities?</li> <li>&gt; To what extent do laws and public policies against discrimination and to guarantee equal opportunities take into consideration the particular needs of, men, women, boys and girls and older persons?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relative to the current situation, what are specific, measurable and achievable objectives to meet by 20XX to establish and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities?</li> <li>&gt; What is the intended impact of each objective?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each objective, what are the main elements of the plan necessary to achieve success by 20XX?</li> </ul>	<ul style="list-style-type: none"> <li>&gt; For each plan necessary to achieve success by 20XX, what resources are available from domestic sources, from development banks and from the international donor community?</li> </ul>

## 10. INDICATORS OF PROGRESS

The adoption of the *Nairobi Action Plan* created expectations that significant progress would be made in efforts to provide for the care, rehabilitation and reintegration of landmine survivors. With respect to victim assistance, the *Nairobi Action Plan* contains the commitments, particularly on the part of those States Parties with the greatest numbers of survivors, to do their utmost to:

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

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

In June 2008, the Co-Chairs of the Convention's Standing Committee on Victim Assistance and Socio-Economic Reintegration presented an indicative list of indicators which may be of assistance to the States Parties in assessing progress in meeting these expectations.

The indicators are based on Actions #29 to #39 of the *Nairobi Action Plan* as these 11 actions were the benchmarks against which States Parties agreed to measure progress in victim assistance in the period between 2005 and 2009. The indicators are not intended to generate specific information but rather to serve as a tool to assess progress based on the information that the relevant States Parties have provided. Applying the indicators would not result in a series of Yes or No responses but would be used to indicate varying degrees of progress in achieving a specific aim of the *Nairobi Action Plan*. The baseline from which progress could be assessed are the responses of relevant States Parties to the victim assistance questionnaire.

## 10. INDICATORS OF PROGRESS

### Indicators of progress in achieving the aims of the Nairobi Action Plan, in the specific thematic areas of victim assistance

- a. Understanding the extent of the challenges faced:
  - > A comprehensive mine casualty data collection mechanism has been established.
  - > Mine casualty data is integrated into the national health information system.
  - > Comprehensive information is available on the numbers and location of mine survivors to support the needs of programme planners and resource mobilisation.
  - > An effective coordination/referral mechanism is in place.
  
- b. Emergency and continuing medical care:
  - > In areas where explosive hazards exist or may still exist, a system is in place with trained personnel able to quickly provide emergency care to individuals injured by mines.
  - > Trauma care services, including those provided by well-trained personnel in well-equipped facilities, are located in close proximity to those who may need to access such services.
  - > Appropriate training for first responders and other trauma specialists is available.
  - > Healthcare facilities in affected areas have the equipment, supplies and medicines necessary to meet basic standards.
  - > Geography, cost, age, gender or social status do not present barriers to landmine survivors in accessing emergency or continuing medical care.
  
- c. Physical rehabilitation:
  - > Comprehensive physical rehabilitation services, including prosthetic production and repair, with well-trained personnel in well-equipped facilities, are available and accessible to mine survivors and other persons with disabilities.
  - > Appropriate training for rehabilitation specialists is available.
  - > Multi-sector rehabilitation plan developed and implemented, in collaboration with all relevant stakeholders, including persons with disabilities.
  - > Geography, cost, age, gender or social status do not present barriers to landmine survivors in accessing physical rehabilitation services.



## 10. INDICATORS OF PROGRESS

### d. Psychological support and social reintegration:

- > Psychological and social support services, with well-trained personnel in well-equipped facilities, are available and accessible to mine survivors and other persons with disabilities.
- > Culturally appropriate guidelines on good practice in the provision of psychological and social support developed and implemented.
- > Appropriate training for psychiatrists, psychologists and/or social workers is available.
- > Peer support programmes are available and accessible to mine survivors and other persons with disabilities.
- > Inclusive education plan for children with disabilities developed and implemented.
- > Geography, cost, age, gender or social status do not present barriers to landmine survivors in accessing psychological and social support services.

### e. Economic reintegration:

- > Mine survivors and other persons with disabilities and/or their families have access to programmes, training, micro-finance schemes and other activities that promote their economic independence and the development of their communities.
- > Geography, cost, age, gender or social status do not present barriers to landmine survivors and other persons with disabilities in accessing economic reintegration support services.

### f. Legislation and public policies:

- > National legal and policy frameworks are effectively addressing the needs and fundamental human rights of mine victims and other persons with disabilities.
- > Ratification/accession to the Convention on the Rights of Persons with Disabilities and its Optional Protocol.
- > Policy on accessibility to the built environment – buildings, transport, public places, etc – developed and implemented.
- > Comprehensive information is available to survivors and other persons with disabilities on their rights and health, rehabilitation, economic and social services.

## 10. INDICATORS OF PROGRESS

### **Indicators of progress in achieving the aims of the Nairobi Action Plan through understanding victim assistance in its broader contexts of disability, development and human rights and applying lessons learnt in addressing victim assistance in the context of the AP Mine Ban Convention**

- > An inter-ministerial plan of action for addressing the rights and needs of mine survivors and other persons with disabilities has been developed.
- > All relevant ministries have been involved in the development of an inter-ministerial plan of action and are effectively cooperating in implementing the plan and monitoring its implementation.
- > Persons with disabilities, including mine survivors, have been involved in the development of an inter-ministerial plan of action and their input is sought on an ongoing basis as it concerns implementation of the plan and monitoring of it.
- > Relevant health, rehabilitation and social services professionals are always included on delegations to the Standing Committee on Victim Assistance and Socio-Economic Reintegration and the annual meetings of the States Parties to report on problems, priorities and progress in the implementation of an inter-ministerial plan of action.
- > Mine survivors are actively participating in meetings of the AP Mine Ban Convention.
- > Guidelines on good practice in addressing the issue of age and gender in the provision of victim assistance are developed.
- > States Parties report consistently on both their assistance which specifically targets mine victims and other war-wounded and their efforts to provide assistance to persons with disabilities, including mine survivors, through integrated development cooperation.
- > States Parties utilise the opportunities presented by the Standing Committee on Victim Assistance and Socio-Economic Reintegration and the annual meetings of the States Parties to report on their progress in the achievement of victim assistance goals.
- > States Parties utilise the voluntary Form J attachment to their annual Article 7 report to report on their progress in the achievement of victim assistance goals.



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