

# Guidance on an Integrated Approach to Victim Assistance

BY STATES FOR STATES



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# Introduction

## Guidance on an integrated approach to victim assistance

Helping states improve the quality of life  
and uphold the rights of victims



### What is an integrated approach to victim assistance?

Realizing the rights, and addressing the needs of victims<sup>1-2</sup> of cluster munitions, landmines, and other explosive remnants of war (ERW), requires a long-term commitment that should continue well after clearance work has been completed.

The disarmament community has long understood that it is essential to realize victim assistance obligations through both specific initiatives,<sup>3</sup> and broader development, human rights, and humanitarian efforts,<sup>4</sup> in order to ensure sustainable support for victims.

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1. All references to victims, survivors, other persons with disabilities, indirect victims and other persons in vulnerable groups are to be understood to be gender and age-sensitive, that is, they refer to women, girls, men and boys. Similarly, services and activities advocated for this population in this publication are to be understood as being gender and age-sensitive.
  2. 'Victims' means all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalisation or substantial impairment of the realisation of their rights caused by the use of cluster munitions, landmines or other ERW. They include those persons directly impacted by cluster munitions, landmines or other ERW, as well as their affected families and communities. This definition is codified in CCM Article 2(1) in respect to victims of cluster munitions.  
See <http://www.clusterconvention.org/the-convention/convention-text/>
  3. Specific efforts include victim assistance-earmarked funding provided by donor states, as well as any specific victim assistance mechanism put into place, or services implemented, by affected states.
  4. Broader efforts include national laws, policies, plans and programmes on issues such as health, disability, education, labour, transportation, social welfare, rural development and poverty reduction as well as overseas development assistance.



The need to fulfil these obligations within broader plans, policies and frameworks was first referenced in the outcome documents from the 1<sup>st</sup> Meeting of States Parties of the Anti-Personnel Mine Ban Convention (APMBC) in 1999 and codified as an obligation for States under Article 5(2)(c) of the Convention on Cluster Munitions (CCM).<sup>5</sup> It is reflected in States' commitments in the Convention on Certain Conventional Weapons Protocol V (CCW Protocol V) Plan of Action on Victim Assistance,<sup>6</sup> Section IV of the APMBC Maputo Action Plan<sup>7</sup>, and Action 4.1 of the CCM Dubrovnik Action Plan.<sup>8</sup>

A long-term solution to guarantee the rights and address the needs of victims can only be ensured if a dual approach to victim assistance is implemented, with both specific and broader efforts

contributing to the realization of victim assistance obligations. This is what we call **an integrated approach to victim assistance**.

This approach is rooted in the human rights principle of non-discrimination<sup>9</sup> promoted by the CCM<sup>10</sup> and in the frameworks of the APMBC and CCW Protocol V.

The dual imperatives of the integrated approach are to:

(1) ensure that as long as specific victim assistance efforts are implemented, they act as a catalyst to improve the inclusion and well being of survivors,<sup>11</sup> other persons with disabilities, indirect victims and other vulnerable groups; and

(2) ensure that broader efforts actually do reach the survivors and indirect victims amongst the beneficiaries.

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5. Article 5(2)(c) of the CCM states: "Each State Party shall develop a national plan and budget, including timeframes to carry out these activities, with a view to incorporating them within the existing national disability, development and human rights frameworks and mechanisms, while respecting the specific role and contribution of relevant actors." See <http://www.clusterconvention.org/files/2011/01/Convention-ENG.pdf>

6. See [http://www.unog.ch/80256EE600585943/\(httpPages\)/ECEBD38C355D8C6AC125791F004CDA9D?OpenDocument](http://www.unog.ch/80256EE600585943/(httpPages)/ECEBD38C355D8C6AC125791F004CDA9D?OpenDocument)

7. Section IV of the Maputo Action Plan of the APMBC includes the statement: "Engagement in other domains is ... necessary in view of the States Parties' understanding that victim assistance should be integrated into broader national policies, plans and legal frameworks related to the rights of persons with disabilities, health, education, employment, development and poverty reduction." See <http://www.maputoreviewconference.org/fileadmin/APMBC-RC3/3RC-Maputo-action-plan-adopted-27Jun2014.pdf>

8. Action 4.1 of the CCM Dubrovnik Action Plan states that "States parties with cluster munition victims in areas under their jurisdiction or control will ... (c) Ensure that existing national policies, plans and legal frameworks related to people with similar needs, such as disability and poverty reduction frameworks, address the needs and human rights of cluster munition victims, or adapt such plans accordingly ... [and] (d) Monitor and evaluate the implementation of victim assistance as integrated into national laws, policies, and plans, related to people with similar needs, or as a part of a national action plan ..."

See <http://www.clusterconvention.org/wp-content/uploads/2016/04/The-Dubrovnik-Action-Plan.pdf>

9. The principle of non-discrimination underpins all human rights instruments. The Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities (CRPD) are of particular relevance.

10. The preamble to the CCM reminds States Parties of the Convention on the Rights of Persons with Disabilities (CRPD) which, inter alia, requires that States Parties to that Convention undertake to ensure and promote the full realization of all human rights and fundamental freedoms of all persons with disabilities without discrimination of any kind on the basis of disability". Article 5 of the CCM, paragraph 2 (e) states that: "In fulfilling its obligations under paragraph 1 of this Article each State Party shall ... Not discriminate against or among cluster munitions victims, or between cluster munitions victims and those who have suffered injuries or disabilities from other causes; differences in treatment should be based only on medical, rehabilitative, psychological or socio-economic needs". See <http://www.clusterconvention.org/files/2011/01/Convention-ENG.pdf>

11. A survivor is a woman, man, girl or boy who has had a landmine, cluster munition or other ERW accident and survived.

### 1. Ensuring that specific victim assistance efforts act as a catalyst for the inclusion and well-being of persons with disabilities and other vulnerable groups

As part of an integrated approach, any ongoing specific victim assistance efforts should not only increase the social inclusion and well-being of survivors and indirect victims, but also that of other persons with disabilities and other similarly vulnerable persons.

### 2. Ensuring that broader efforts reach the victims amongst the beneficiaries

As part of an integrated approach, national laws, policies and plans on issues such as health, disability, education, labour, transportation, social welfare, rural development, poverty reduction and human rights, as well as overseas development assistance need to take into account the needs of survivors and indirect victims.

What does this mean for **survivors**? It means that disability-specific and disability-inclusive efforts are designed,

implemented and evaluated with their specific situations in mind. The CRPD provides the guidance for achieving this. With the recent adoption of the disability-inclusive Sustainable Development Goals (SDGs),<sup>12</sup> all development efforts in cluster munitions, landmine and other ERW-affected countries also need to consider how to ensure that survivors, of all ages and gender, are included amongst the beneficiaries.

What does this mean for **indirect victims** – the family members of people injured or killed, as well as people living in affected communities? It means that their reality is taken into consideration when planning, implementing and measuring the impact of development efforts, including poverty reduction strategies and rural development initiatives. Of course, these should all be disability-inclusive, benefiting both persons with and without disabilities equally.



## The importance of implementing an integrated approach

Ideally, realizing victim assistance obligations through broader efforts should make specific victim assistance efforts unnecessary. However, while specific victim assistance efforts have been shown to benefit survivors,

indirect victims and other persons with disabilities alike,<sup>13</sup> there is little evidence as to whether survivors and indirect victims are being reached through relevant efforts undertaken within broader frameworks.

12. See <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

13. See examples of victim assistance acting as a catalyst to strengthen action on disability issues described in a publication by the AP Mine Ban Convention Implementation Support Unit (2013): Five examples of the role of mine action programmes in integrating victim assistance into broader frameworks. See [http://www.gichd.org/fileadmin/GICHD-resources/rec-documents/Five\\_Key\\_Examples\\_of\\_the\\_Role\\_of\\_Mine\\_Action\\_in\\_Integrating\\_Victim\\_Assistance\\_into\\_Broader\\_Frameworks\\_2014-01-23.pdf](http://www.gichd.org/fileadmin/GICHD-resources/rec-documents/Five_Key_Examples_of_the_Role_of_Mine_Action_in_Integrating_Victim_Assistance_into_Broader_Frameworks_2014-01-23.pdf)

We lack data on both the quantitative impact ('are victims accessing these services or initiatives?') and the qualitative impact ('does the extent to which victims' specific needs are taken into account lead to an improvement in their quality of life?') of broader efforts.

States should keep working to realize victim assistance obligations through broader efforts, but in the interim, victim assistance-specific efforts, including earmarked funding, should be maintained to ensure victims' needs are met, until evidence is produced to show that survivors and indirect victims benefit on an equal basis with others from broader efforts.

States Parties declared free of cluster munitions, landmines and other ERW must continue to fulfil their obligations under

the APMBC, CCW Protocol V and CCM to ensure the full social inclusion and well-being of survivors and indirect victims as long as there is a need, even long after clearance work has been completed. Contamination-free does not mean victim-free.

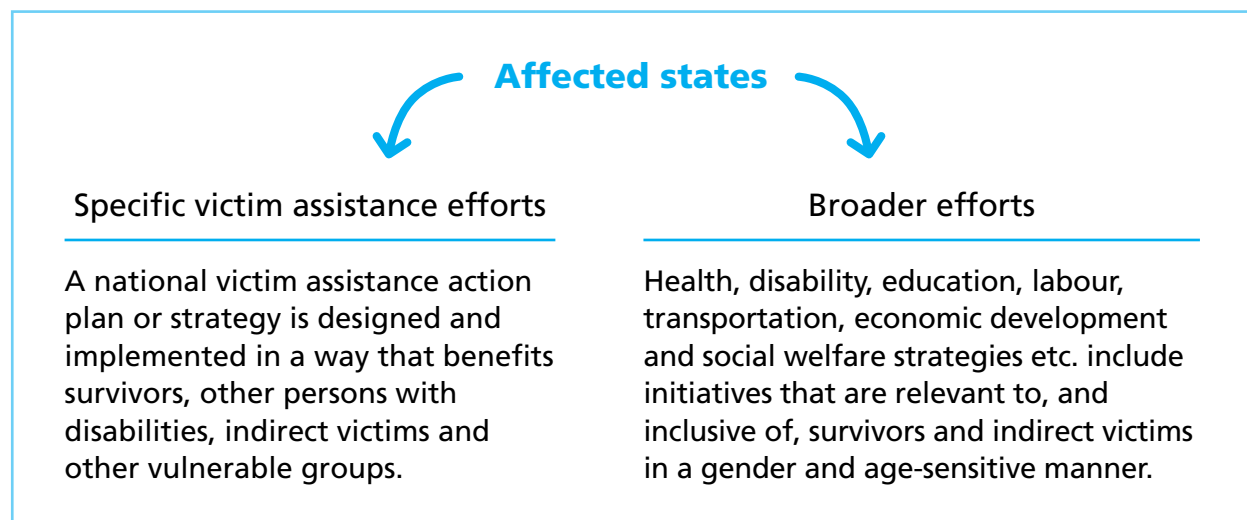
Adequate levels of funding are required to ensure the full realization of the rights of victims in more inclusive societies, acknowledging the diversity of this population and the complexity of their situations. Both States with responsibility for victims (affected States) and States in a position to provide international cooperation and assistance (donor States) need to fulfil their respective obligations.

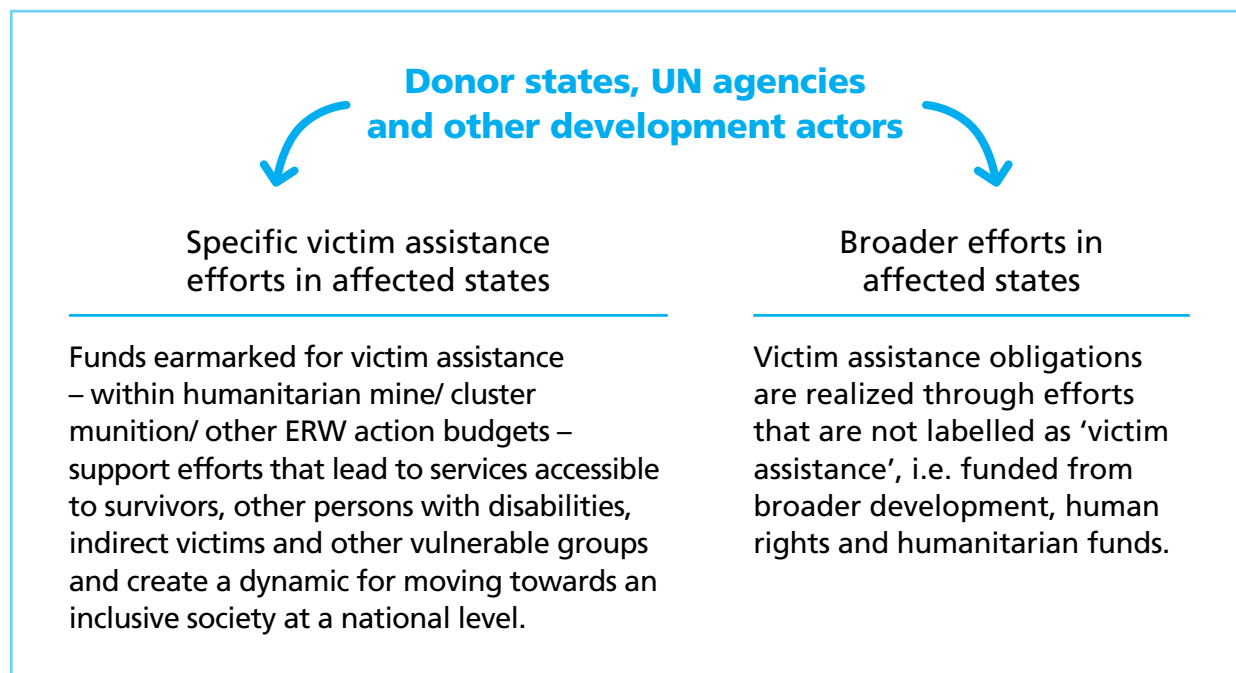


## The implications of an integrated approach for affected and donor states

The implications of an integrated approach are different for affected States and donor States, as well as UN agencies and other actors. This is demonstrated by the examples shown in the table below.

### How an Integrated Approach to Victim Assistance might be implemented





## **D** The need for guidance

It seems that while both affected and donor States understand the need for this approach in principle, its implementation is complex and requires guidance. With the recent adoption of the SDGs, now is precisely the right time for disseminating good practices and national examples that demonstrate the feasibility of this approach, which is fully respectful of diversity.

To this end, in 2016 the CCM Coordinators on Victim Assistance, and on Cooperation and Assistance developed the Guidance on an Integrated Approach to Victim Assistance, set out in this publication. This Guidance was developed in a

participatory manner through tailored questionnaires, a workshop,<sup>14</sup> and an online platform with contributions from a total of 30 states,<sup>15</sup> as well as from representatives of survivors’ organisations and a range of international and civil society organisations. With assistance from Handicap International, from the feedback received, the Coordinators selected a range of good practices and national examples of effective implementation. These have been identified at three levels: legislation, policies and plans; ensuring equitable and equal access to services and resources; and measuring progress.

14. For more information on this workshop, see <http://www.clusterconvention.org/2016/05/27/workshop-on-an-integrated-approach-to-victim-assistance/#more-18374>

15. Participating States included States Parties to the APMB and Protocol V of the CCW, as well as the CCM.

In recognition of the fact that affected States and donor States face different challenges in implementing an integrated approach, the Guidance is divided into two parts – the first part addresses the practices of affected States, and the second those of donor States. Each part is further divided into two main sub-sections dealing with the dual imperatives of an integrated approach: ensuring that specific victim assistance efforts act as a catalyst for inclusion; and ensuring that broader efforts contribute to the realization of victim assistance obligations.

Each sub-section highlights relevant provisions, challenges, good practices, and national examples for each of the three levels.

Based on the principle that the needs and rights of victims – and the challenges of meeting these – are similar, regardless of the cause of harm, and given the benefits of implementing complementary initiatives, the Coordinators intend this Guidance to be equally useful in the implementation of commitments on victim assistance under the CCM, the APMBC and CCW Protocol V.

Ultimately, this Guidance aims to help states to improve the quality of life and uphold the rights of victims.



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Participants in the Workshop on an Integrated Approach to Victim Assistance held in Geneva on 18 May 2016.




# Affected States


## Guidance for affected States on an integrated approach to victim assistance


Helping states improve the quality of life  
and uphold the rights of victims


### 1 Victim assistance as a catalyst for the inclusion of persons with disabilities and other vulnerable groups


#### 1.1. Relevant provisions

 See the **Preamble** to the **CCM**: recalling the **CRPD** requirement for the full realization of the human rights of all persons with disabilities; and recognizing the need to provide age and gender-sensitive assistance.

 See the **CCM Dubrovnik Action Plan: Action 4.1(a)**, on strengthening national capacity and non-discrimination; and **Action 5.3(a)**, on basing requests for cooperation and assistance on appropriate analysis including gender and age-specific requirements.

 See the **CCM: Article 5, paragraph 2(e)**, on the non-discrimination principle; and **Article 7, paragraph 1(k)**, on reporting status and progress of implementation of age and gender-sensitive assistance.

 See the **APMBC Maputo Action Plan: Action 15**, on increasing the availability and accessibility of services.

 See the **CCW Protocol V Plan of Action on Victim Assistance: Preamble** and **Action 1**, on the non-discrimination principle; and **Action 4(e)**, on assistance based on needs.

Specific victim assistance efforts are a short-term solution and should only be implemented until victim assistance is effectively integrated into broader sectors and frameworks.

## 1.2. Common challenges in affected countries

### National capacity

- Incomplete disaggregated data on the number of victims, persons with disabilities and other vulnerable groups, their needs for services, and lack of information on accessible services in each affected location.
- Limited national ownership and coordination between government ministries and agencies to ensure the long-term sustainability of high quality, gender and age-sensitive services and funding for disability-specific services.
- Reaching rural and remote areas.
- Limited availability of trained personnel to deliver disability-specific services and to render mainstream services accessible to all, taking gender, age and disability into consideration.

### Participation

- Systematic involvement of female and male victims and grassroots organisations in the planning, implementation and evaluation of services.
- Integrating survivors and survivors' organisations into broader organisations of persons with disabilities and other human rights organisations, such as women's organisations.
- Empowering victims by educating and informing them about their rights.
- Gender challenges: disaggregation of data, retention of female professionals, and cultural influences.

## 1.3. Legislation, policies and plans

### 1.3.1. Good practices

- Efforts related to improving the collection of data on survivors are linked to broader efforts to collect disaggregated data on persons with disabilities and to strengthen national injury surveillance systems.
- The victim assistance coordination body includes women and men with disabilities, as well as female and male survivors and indirect victims to ensure victim assistance efforts are fully inclusive, and are based on needs and not on the type or the cause of impairment.
- The national victim assistance plan/strategy is gender and age-sensitive, and based on evidence (research, surveys, needs assessments). It clarifies the responsibilities and guides the action of relevant sectors funded from the national budget to promote social participation and access to services for survivors, other persons with disabilities and indirect victims within broader groups of vulnerable people, on an equal basis with others.

### 1.3.2. National examples of good practices on legislation, policies and plans

#### Afghanistan, Tajikistan

The national mine action centres (MACCA and TMAC) contributed to initiating and developing national policies or plans to promote the inclusion of persons with disabilities, including survivors, at all levels. They supported the creation of Disability Support Units to facilitate the process and mobilize key ministries and other stakeholders. As a result, in Afghanistan, the Ministry of Public Health Strategic Framework 2011-2015 included improving disability-specific services as one of its priorities. In Tajikistan, projects supported with victim assistance-earmarked funding were implemented to promote: accessibility standards; the State programme on Social Protection of Persons with Disabilities; an inclusive education strategy; and Tajikistan joining the CRPD.

#### Thailand

The Master Plan for Victim Assistance for 2012-2016 tasked different state entities with achieving a range of objectives. For instance, it aimed 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 implemented a community-based rehabilitation programme to promote the involvement of the family and community in providing appropriate care for persons with disabilities. It trained 2,880 village volunteers who worked in 197 districts and 76 provinces to facilitate the programme, which benefited more than 250,000 individuals with disabilities.<sup>16</sup>

16. See footnote 13.



© KOKIC, Marko / ICRC. Afghanistan.

Kabul, ICRC limb-fitting center. The head of the center assists a patient who like himself lost his leg to a mine.

## 1.4. Equitable and equal access to services and resources

### ★ 1.4.1. Good practices

- Local and national authorities have developed the capacity to locate and identify survivors, other persons with disabilities, and indirect victims within broader groups of vulnerable people.
- Gender and age-sensitive research to identify the barriers that prevent survivors, other persons with disabilities and indirect victims among other vulnerable groups from accessing services is conducted in order to inform sectoral policies.<sup>17</sup>
- Survivors and other persons with disabilities, especially women, are educated on their rights under all relevant legislation.
- Survivors, other persons with disabilities and indirect victims are made aware of services available, including psychosocial support (such as peer support).
- Victim assistance-earmarked funding comes from both national budgets and donors to ensure sustainability and ownership until broader efforts are proven to reach survivors and indirect victims.

### 1.4.2. National examples of good practices on ensuring equitable access to services and resources

#### Afghanistan

The national mine action centre (MACCA) provided technical and financial support to the Inclusive Child Friendly Education-Coordination Working Group (ICFE-CWG), chaired by the Ministry of Education, which included more than 15 national and international organisations. The key outcome was the development, translation, and publication of the first comprehensive policy on disability-inclusive education in Afghanistan. One hundred master trainers on inclusive education and 60 sign language and Braille script teachers were trained to support implementation of the policy in six provinces. In a pilot project in Kabul Province, 4,400 teachers and 3,800 children with disabilities and their parents received inclusive education training. This helped at least 3,000 girls and boys with disabilities, including survivors, to enrol in school.

#### Albania

Victim assistance funding was instrumental in achieving advances for the community in the Kukes region. The Mine Action Executive leveraged landmine issues to increase rehabilitation capacity in response to the needs of survivors and other persons with disabilities in the region. It also mobilised funds for the implementation of the small-scale infrastructure development projects identified and prioritised by communities including survivors and indirect victims. These projects included the creation of irrigation canals, the provision of drinking water and sewage systems in 20 affected villages.

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17. Sectoral policies may include national development plans, strategies or policies related to education, health, rural development, employment & labour, disaster risk reduction, disability inclusion, gender equality, etc.



### Bosnia and Herzegovina

Projects supported with victim assistance-earmarked funding have allowed the government to increase local capacity and establish local services that have benefitted all persons with disabilities. Bosnia and Herzegovina has developed community-based rehabilitation projects, and collaborated with Canadian organisations and Queen's University, as well as the Japanese International Cooperation Agency, to ensure victim assistance-specific initiatives are non-discriminatory.

### Chad

The National Victim Assistance Action Plan includes community-based networks to locate, identify and refer survivors and other persons with disabilities to health, social protection and economic development services.

### Tajikistan

Tajikistan's Disability Support Unit and Ministry of Labour and Social Protection used victim assistance-earmarked funding to promote disability-inclusive development, support community-based rehabilitation and train physicians to provide people with injuries with psychological support.

### Cambodia

In 2015, the Cambodian Mine Action Authority (CMAA) selected 48 survivor networks in 25 provinces to conduct a quality of life survey, disseminate information on the legislation on the rights of persons with disabilities, communicate on available services, and work closely with local authorities and stakeholders to facilitate access to services for victims and persons with disabilities.

## 1.5. Measuring progress

### ★ 1.5.1. Good practices

- Victim assistance efforts, including data collection on mine/ERW casualties, contribute to enhancing broader national data collection systems (such as health management information systems, the national census and injury surveillance systems) by incorporating data both on survivors and other persons with disabilities.
- A gender and age-sensitive evaluation method measures the impact of victim assistance efforts on the lives of survivors, other persons with disabilities, indirect victims and other identified vulnerable groups, who are asked about the improvements in their quality of life.
- Victim assistance efforts include building the capacities of national and provincial technicians in results-based management and monitoring the inclusiveness of systems.
- Systematic coordination between government authorities and relevant NGOs, organisations of persons with disabilities, and survivors' organisations contributes to determining the extent to which programmes supported with victim assistance-earmarked funds benefit survivors, other persons with disabilities, indirect victims and other vulnerable groups, and promotes disability-inclusive practices in a gender and age-sensitive manner.

## 1.5.2. National examples of good practices on ensuring equitable access to services and resources

### Cambodia

In 2012-2014, Jesuit Refugee Services/ Cambodia Campaign to Ban Landmines and the CMAA used victim assistance-earmarked funding to conduct a pilot “Quality of Life Survey”<sup>18</sup> by interviewing thousands of women, men, girls and boys with disabilities, including survivors, particularly in mine-affected areas. Alongside this they interviewed village leaders and community members about their awareness of disability rights. In total, this initiative interviewed 3,448 persons with disabilities in 393 villages and forms a baseline which the tool can use to measure progress and gaps. The survey documents discrepancies in quality of life on the basis of gender and age.

### Eritrea

Under a victim assistance agreement, the Eritrean Demining Authority and Ministry of Health, supported by UNICEF, agreed to work towards data sharing through the national database of persons with disabilities established by the Ministry of Labour and Human Welfare (MoLHW). UNDP imported equipment and provided support for setting up and managing the database. The MoLHW also created an information system management unit and assigned technical experts to develop the database.

18. “I’m happy I’m alive”, Cambodia Survivor Network Project Report, see [http://www.jrscambodia.org/publication/SNPReport\\_English.pdf](http://www.jrscambodia.org/publication/SNPReport_English.pdf)





© Nicolas Axelrod / Handicap International. Kampong Cham, Cambodia.


Chun Vanny, 47 years old, landmine victim. Orthoprosthesis technician in Kampong Cham center.


## 2 Realization of victim assistance obligations through broader efforts

### 2.1. Relevant provisions

 See the **APMBC Maputo Action Plan: Action 12**, on assessing existing or new requirements for disability, health, education, employment, development and poverty reduction activities; **Action 14**, on communicating enhancements to plans, policies and legal frameworks on these sectors to meet the needs of mine victims, and on budgets allocated for their implementation; **Action 15**, on strengthening local capacities and enhancing coordination; **Action 16**, on the full and active participation of victims; and **Action 17**, on engaging in the work of broader efforts.

 See the **CCM: Article 5, paragraph 2(c)**, on incorporating activities within broader frameworks; and **Article 7, paragraph 1(k)**, on reporting of status and progress of implementation of age and gender-sensitive assistance.

 See the **CCM Dubrovnik Action Plan: Action 4.1, sections (b)-(d)**, on strengthening national capacity in: reviewing availability and accessibility of services; national policies, plans and legal frameworks; and monitoring & evaluation; and **Action 5.3(c)**, on embedding requests for cooperation and assistance in broader policy and frameworks.

 See the **CCW Protocol V Plan of Action on Victim Assistance: Action 4(c)**, on incorporating activities within broader frameworks.

### 2.2. Common challenges in affected countries

#### With regard to legislation, policies and plans

- Limited resources to implement existing laws and guidelines that aim to advance the inclusion of persons with disabilities in all sectors.
- Lack of strong and sustainable external partnerships to build capacity and systems that are disability-inclusive, gender-sensitive and respond to the needs of children and other vulnerable groups.

#### With regard to equitable and equal access to services

- The socio-economic inclusion of survivors, other persons with disabilities, indirect victims and other vulnerable groups depends on individual situations, families

and communities. Some governments and NGOs apply a “standard” approach whereas there is a need for personalised and targeted support which is gender and age-sensitive, in order to respond to individual needs and reduce overall costs.

- Limited implementation of reasonable accommodation<sup>19</sup> and accessibility provisions to facilitate access to basic services, communication and transport.
- Key sectors such as poverty reduction programmes are insufficiently involved in victim assistance efforts.

#### With regard to measuring progress

- Lack of data and reporting on survivors and indirect victims who benefit from mainstream services.

19. “Reasonable accommodation” means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms (CRPD).

## 2.3. Legislation, policies and plans

### ★ 2.3.1. Good practices

- Victim assistance obligations under the APMBC, CCW Protocol V, and CCM and related guidance and good practice are well disseminated amongst all relevant national ministries and agencies.
- The national development strategy includes relevant initiatives in the rural and remote areas where survivors and indirect victims live and is aligned with the SDGs, CRPD, APMBC, CCW Protocol V and CCM, and supported by sectoral programmes (education, health, etc.). The process to implement the SDGs calls for each sector to take steps to ensure victims can effectively access the services and opportunities they need.
- Vulnerability reduction and broader disability frameworks, such as social protection, poverty reduction and rural development, also respond to the rights and priorities of victims within broader groups of vulnerable people. Context-specific vulnerability criteria are developed to ensure that most vulnerable people have access to the available services and resources.
- The victim assistance focal point has a seat on the disability council and is represented on the poverty reduction or national development committee – which involves all key ministries – to ensure that the rights and priorities of female and male survivors and indirect victims are taken into account in all broader processes funded from the national budget.
- Female and male survivors and indirect victims are empowered to participate meaningfully in policy-making at all levels.
- The national census specifically identifies survivors and indirect victims. It includes disability using relevant questions and interview approaches, in line with the guidelines from the UN Statistics Division. Data collectors receive adequate training on subjects such as: terms used, types of impairments, and census questions on disability endorsed by the Washington Group.<sup>20</sup>

### 2.3.2. National examples of good practices

#### Chad

Chad included awareness raising actions (roundtables, reports) targeting its ministries of rural development, education and health as part of its National Victim Assistance Action Plan. The Government is committed to promoting this plan amongst the donor community.

#### Serbia

A working group for Gender Equality was created to include provision of support to women survivors of mines and other ERW in the National Action Plan to implement UN Resolution 1325 on Women, Peace and Security.

20. The Washington Group Set of Questions on Disability is designed to provide common definitions, concepts, standards and methodologies in the production of statistics about persons with and without disabilities. See [http://www.cdc.gov/nchs/washington\\_group/wg\\_questions.htm](http://www.cdc.gov/nchs/washington_group/wg_questions.htm)



## Lao PRD

The UXO/Mine Victim Assistance Strategic Plan 2014-2020 includes actions to mainstream victim assistance into other disability initiatives and relevant sectors. This plan is designed as a tool to guide the National Regulatory Authority for UXO/Mine Action Sector (NRA) Victim Assistance Unit in assisting victims within broader disability and development frameworks. The Government made the decision in 2016 to place responsibility for the UXO Sector with the Ministry of Labour and Social Welfare to facilitate the mainstreaming of victim assistance into broader disability strategies.

The Government, through the National Committee for Disabled People and Elderly (NCDE), is developing a National Disability Policy. The NRA has joined the “extended Drafting Committee” meetings to provide comments on the draft policy. Quality of Life Association, an organization working with UXO survivors, actively participated to the national consultation, together with other organisations of persons with disabilities.

The 2015 National Census integrated specific measures to identify UXO survivors by adding the following question: ‘Are you a UXO survivor?’ The Lao Statistics Bureau, responsible for implementing the National Census, integrated the UN recommended Washington Group Short Set of Questions for the identification of persons with disabilities in the country. The Lao Statistics Bureau is committed to training its staff and data collectors to continue to develop more inclusive national data collection instruments.

## South Sudan

The Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management supported the production of participatory evidence-based reports on the situation, needs and priorities of women, men, girls and boys with disabilities, including survivors, and barriers to accessing services. The findings were disseminated to the relevant ministries and donors and were instrumental in the drafting of the 2013 National Disability and Inclusion Policy,<sup>21</sup> which is inclusive of survivors.



© Till Mayer / Handicap International. Mugunga 3, near Goma, Democratic Republic of the Congo. Safi, 52 years old, lost a leg in 2003 while sitting in a truck. The vehicle was blown up by a tank mine. Later she and her 10 children had to escape from fighting in her home-village Rutshuru. Her husband was shot dead in 2007 during a militia attack.

21. See <http://mgcswss.org/wp-content/uploads/South-Sudan-National-Disability-and-Inclusion-Policy.pdf>

## Uganda

The Minister of State for the Elderly and Disability Affairs participated in the intersessional meetings of the APMBBC in Geneva in April 2007 under the APMBBC Sponsorship Programme. The Minister saw the relevance of integrating victim assistance into his Ministry and the potential for adopting an inclusive victim assistance framework in Uganda. He subsequently convened a National Workshop which resulted in the “Uganda Comprehensive Plan

of Action on Victim Assistance 2008-2012,”<sup>22</sup> which addressed the rights and needs of landmine survivors and other persons with disabilities. In 2010, the Comprehensive Plan was reviewed to ensure that it was complementary to the Cartagena Action Plan and Uganda’s obligations as a State Party to the CRPD. As a result, victim assistance has been integrated into broader policies and planning for the disability sector as a whole.

## 2.4. Equitable and equal access to services and resources

### ★ 2.4.1. Good practices

In the places where most survivors and indirect victims live, and in particular in rural and remote areas:

- Relevant services have been made disability-inclusive. Key sectors develop measures, arrangements and provision to assess and tackle barriers that survivors, persons with disabilities, indirect victims, and other vulnerable groups face in accessing services on an equal basis with others. Such arrangements take into account the rights and priorities of women and girls. Community-based services are organised in partnership with members of the community and service users are involved in prioritising the needs for the planning and evaluation of services. The involvement of the local community increases awareness of the rights of survivors and indirect victims. A list of available services is kept up-to-date and shared among community agents, resource persons and leaders.
- A referral network has been set up, and the responsibilities of each stakeholder clearly established. It has reinforced links between mainstream, support and disability-specific services. A procedure is in place to refer service users, including survivors and indirect victims, and share relevant data while protecting personal information.
- A functional inter-sectoral coordination mechanism has been established. It is aware of the rights and priorities of survivors and indirect victims and is supported at a high level.
- Forums, workshops, exposure visits and media campaigns are held to raise awareness on the rights of victims and persons with disabilities and on how to take steps towards disability-inclusive and gender-sensitive communities.
- Innovations that have a proven track record in improving access to services are documented and shared with other sectors.

22. See [http://www.apminebanconvention.org/fileadmin/APMBBC/IWP/SC\\_june08/Speeches-VA/SCVA-StatusImplem-3June08-Uganda-Plan-en.pdf.pdf](http://www.apminebanconvention.org/fileadmin/APMBBC/IWP/SC_june08/Speeches-VA/SCVA-StatusImplem-3June08-Uganda-Plan-en.pdf.pdf)

## 2.4.2. National examples of good practices

### Albania, Tajikistan

Awareness-raising workshops and roundtable discussions on the situation of survivors and indirect victims were held at national and regional level with representatives from relevant ministries, with the participation of survivors and other persons with disabilities.

### Colombia

The National Victim Unit section for persons with disabilities offered assistance and services to all persons with disabilities who were affected by the conflict (including displacement). Victims were eligible for assistance to register for healthcare through the same state-registered health insurance providers as other citizens, including persons with disabilities. The national mine action coordination body (DAICMA) also developed assistance process pathways for mine/ERW survivors and family members from vulnerable groups, including indigenous persons, Afro-Colombian populations, and persons with disabilities, as well as children and adolescents.

### Iraq

Iraq's mine action centres share data on victims with relevant authorities to enable victims to access health-related rehabilitation, psychosocial and livelihood support services that the Ministry of Health and the Ministry of Labour and Social Affairs intend to provide despite the many challenges the country encounters.

### Cambodia

The Information Referral Service (IRS)<sup>23</sup> from the National Centre for Disabled Persons facilitates access to services for thousands of persons with disabilities by referring them to community-based rehabilitation services, vocational training, and employment opportunities in local and international NGOs and companies in Phnom Penh and provinces. The IRS produces activity reports with data showing the number of survivors that were referred to services within the broader group of beneficiaries.

### Democratic Republic of the Congo, Senegal

The Ministries of Health, Social affairs and Education, which sit on the national victim assistance committees, are tasked with responding to the needs of survivors and indirect victims, as well as other vulnerable populations. In line with recent policies on disability and social protection that mine action coordination centres have helped to develop, they intend to secure diversified funding and mobilise the albeit limited local resources, to support children with disabilities accessing education and to facilitate access to vocational training and income generating activities for adults. In Senegal "universal medical insurance" and "family social protection grants" are recent schemes which have been promoted amongst survivors and other persons with disabilities to give them access to rehabilitation services.

23. See <http://www.ncdpcam.org/en/side/10/>

## Tajikistan

The national mine action centre encouraged the UNDP's Communities Programme to include survivors and to collect data on the survivors and their families who access its activities. This Programme is a mainstream poverty reduction and economic development initiative designed to support Tajikistan's National Development Strategy. At grassroots level, the programme supports around 100 community-based organisations throughout the country. The resource centres give the rural population

improved access to resources such as microfinance, business advice and new agricultural techniques. The programme particularly focuses on the rural poor, women, and marginalised groups but does not explicitly mention persons with disabilities. 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.<sup>24</sup>

24. See footnote 13.



© Bas Bogaerts / Handicap International. Buenos Aires, Cauca Department, Colombia.

Yeinner Possu, 24 years, in his bedroom, cleaning his prosthesis with the medical care kit he received from Handicap International. He stepped on a landmine in 2013 in Cajibío (a municipality in the Cauca Department, Southwest Colombia), when he participated in a farmer's demonstration to claim more rights and better prices for their goods. He used to cultivate o.a. corn, tomatoes and coffee on his farm in the hills, but after losing his leg he is not capable of doing this anymore. He participated in a Handicap International project and received 150 broiler chickens to start a poultry farm. Thanks to the chickens, he gains an income again. He is also receiving psychological support from Handicap International.



## 2.5. Measuring progress

### ★ 2.5.1. Good practices

- Sectoral policies and plans related to health, education, social protection, poverty reduction, disaster risk reduction and employment are monitored and evaluated in terms of their ability to reach survivors among the broader group of persons with disabilities, and indirect victims among the broader population of vulnerable people. Progress is monitored by means of a disaggregated data (gender, age) collection system, and output and impact indicators (demonstrating changes in the quality of life).
- A comprehensive system for collecting data on persons with disabilities is established in accordance with the CRPD and includes data on survivors. The national injury surveillance system differentiates between causes and types of injuries, including those resulting from cluster munition, landmine and other ERW accidents.
- Achievements in victim assistance and efforts to integrate victim assistance into disability and other human rights frameworks are reported in CRPD and Universal Periodic Review reports.

### 🌍 2.5.2. National examples of good practices

#### 🚩 Albania

Field trips are organised for stakeholders and donors to witness the positive impact of victim assistance on the lives of survivors, indirect victims and other persons with disabilities, and to provide evidence of challenges they still face.

#### 🚩 Bosnia and Herzegovina, Colombia, Croatia, Uganda

These countries have submitted reports on their implementation of the CRPD with references to cluster munition, landmine, and other ERW victims, mostly in the form of short notes on measures related to the protection and safety of persons with disabilities in situations of risk, armed conflict and humanitarian emergencies. Uganda provided a description of its Comprehensive Plan of Action on Victim Assistance 2008-2012 as “a framework of rapid response to support landmine survivors, other persons with disabilities and older persons who are in emergency and conflict situations to enable them to participate and re-integrate into the development process.”

#### 🚩 Thailand

The National Office for the Empowerment of Persons with Disabilities, part of the Ministry of Social Development and Human Security, organised workshops to raise awareness of the rights of survivors among persons with disabilities and other people in the community. The workshops were also used as a forum to take heed of the concerns and priority needs of survivors and persons with disabilities as expressed by their representatives and members of village health/community-based rehabilitation volunteer networks. The results of these workshops have been complemented by local committees that gather feedback on health and rehabilitation needs for the purpose of allocating resources through the national system of universal health coverage.


# Donor States


## Guidance for donor States on an integrated approach to victim assistance


Helping states improve the quality of life  
and uphold the rights of victims


### 1 Victim assistance as a catalyst for the inclusion of persons with disabilities and other vulnerable groups


#### 1.1. Relevant provisions

 See the Preamble of the CCM: recalling the CRPD requirement for the full realization of the human rights of persons with disabilities; and recognizing the need to provide age and gender-sensitive assistance.

 See the CCM: Article 5, paragraph 2(e), on the non-discrimination principle; Article 6, paragraph 7, on international cooperation and assistance; and Article 7, paragraph 1(n), on reporting of international cooperation and assistance.

 See the CCM Dubrovnik Action Plan: Action 5.3, on evidence-based needs, including gender and age specific requirements; and Action 5.5, on responding to request for assistance.

 See the APMBC Maputo Action Plan: Action 20, on international cooperation and assistance.

 See CCW Protocol V: Article 8, on cooperation and assistance; and Plan of Action on Victim Assistance, Preamble, on non-discrimination.

Specific victim assistance efforts are a short-term solution and should only be implemented until victim assistance is effectively integrated into broader sectors and frameworks.

## 1.2. Common challenges for donor states

### ▶ Sustaining victim assistance

- Fostering national ownership in affected countries to facilitate the successful handover of programmes or projects to governments.
- Promoting sustainable services when their existence depends on donor support.
- Ensuring continuity of funding for non-discriminatory and equitable assistance to victims in countries declared free of cluster munitions, mines and other ERW.

### ▶ Support to community projects

- Community-based action is recognized as a relevant approach by donors but the structure and requirements of donor funding are not always adapted to identify local partners, and to support and monitor small-scale community projects.



© Lucas Veuve / Handicap International. Kampong Cham, Cambodia.

Nak, 17 years old. He was amputated following a mine accident when he was working as a woodcutter. In the photo, he is at the rehabilitation centre in Kampong Cham to do some rehabilitation exercises.

## 1.3. Legislation, policies and plans

### ★ 1.3.1. Good practices

- Support is provided for gathering gender and age-sensitive evidence (research, surveys and needs assessments) regarding the situation and priorities of direct and indirect victims, other persons with disabilities and other vulnerable groups of all ages, prior to supporting the development of a victim assistance strategy or plan.
- Personnel in charge of disarmament, mine action, peace building or security receive information on the non-discriminatory implementation of victim assistance and on an integrated approach that promotes disability inclusion, gender equality and takes into consideration the needs of children and other vulnerable groups.
- Multi-donor and multi-annual dedicated victim assistance funding supports dedicated efforts to strengthen national capacities and ownership by affected countries.
- A channel for dialogue is maintained with non-governmental and community-based organisations, including organisations of women and men with disabilities and survivors' organisations who can advocate for issue-specific policies, projects and funding.

### 1.3.2. National examples of good practices

#### Australia

Australia supports programmes in Cambodia, including the 'Cambodia Initiative for Disability Inclusion' (CIDI) and now the 'Disability Rights Initiative Cambodia' (DRIC). The CIDI assisted Cambodia in developing and implementing the 2009-2011 National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors and in meeting its victim assistance obligations under the APMBC. The DRIC supports the implementation and monitoring of the 2014-2018 National Disability Strategic Plan. These programmes have evolved from the Landmine Survivor Assistance Programme to facilitate more comprehensive approaches to cater to the rights and needs of all persons with disabilities.

#### Italy

Italian victim assistance efforts, as a part of its mine action programmes, must follow the strategy and technical guidelines outlined in the Vademecum [Handbook] on "Humanitarian aid and disability."<sup>25</sup> The Vademecum provides benchmarks for aid workers at all levels concerning the formulation and implementation of programmes to prevent or respond to humanitarian crises, in such a way that the specific needs of persons with any kind of impairment are taken into account. The Vademecum complies with the Italian Cooperation Guidelines on Disability (2010) and is part of the Italian Disability Action Plan (2013).

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25. See [http://www.itcoop-jer.org/sites/default/files/right\\_sidebar/2.3.3.%20Vademecum%20Humanitarian%20Aid%20and%20Disability.pdf](http://www.itcoop-jer.org/sites/default/files/right_sidebar/2.3.3.%20Vademecum%20Humanitarian%20Aid%20and%20Disability.pdf)



## 1.4. Equitable and equal access to services and resources

### ★ 1.4.1. Good practices

- Support is provided to build the capacities of local and national authorities to locate, identify, document and disseminate data relating to survivors, other persons with disabilities, indirect victims and other vulnerable groups.
- Support is provided to promote high quality disability-specific services and other accessible services in the locations where most survivors and indirect victims live, particularly rural areas. Support is provided to strengthen referral networks and increase reasonable accommodation<sup>26</sup> and facilitation services that enable women, men, girls and boys with all types of impairments to benefit from existing mainstream services.
- Project proposals contain strategies, including exit strategies, to promote sustainability of gender and age-sensitive services for survivors, other persons with disabilities, indirect victims and other vulnerable groups.
- Donors, ministries, implementing agencies and other civil society organisations, including organisations of women and men with disabilities and survivor organisations, coordinate on gender and age-sensitive methods to empower survivors, other persons with disabilities, indirect victims and other vulnerable groups, such as psychosocial support (for example peer support).

26. See footnote 19.



© CENDON, José / ICRC. Guinea-Bissau.

The ICRC supports the creation of a physical rehabilitation programme for landmine victims and spastic persons. Juvenia, 11 years old, suffering from a neurological disease, with her mother.

## 1.4.2. National examples of good practices

### The United States

The United States makes significant investments in strengthening the capacities of host country organisations and institutions. In addition, certain mine action grants (funded from conventional weapons destruction program funds) include the provision of physical rehabilitation services and other forms of survivor assistance. Careful attention is paid to ensuring that the Humanitarian Mine Action organisations are qualified and capable of providing appropriate survivor assistance (or that they have a partner capable of doing so).

### Italy

Victim assistance programmes are non-discriminatory, as they do not target beneficiaries based on the kind or cause of impairment. They benefit survivors and other persons with disabilities, as well as family members and communities.



© Till Mayer / Handicap International. Kitholhu Village, Western Uganda.

Boniface Kapindo, 60 years old, seen with Rose Muhindo Mujungu (Handicap International staff). Mr. Kapindo is a father of 14 children (his youngest child is 3 years old). During the war, he fled from the mountains into the valley – but stepped on a landmine when returning to collect food on 7 February 1997. He lost both legs. Today, he owns a little shop but wants to expand – therefore he is saving money for a cement floor and a tricycle that could help to transport the goods. Mr. Kapindo's expertise is often relied upon by the community – he is one of the most important elderly persons of the village.

## 1.5. Measuring Progress

### ★ 1.5.1. Good practices

- Data monitoring strategies demonstrate the extent to which indirect victims, survivors and other persons with disabilities are accessing services. Data is disaggregated by age, sex and type of impairment and whether impairments are due to cluster munition, landmine or other ERW.
- The “Indicators of progress in achieving the aims of the Nairobi Action Plan on victim assistance”<sup>27</sup> developed by the APMBC Co-Chairs on Victim Assistance in 2008 are used to develop country-specific indicators in line with current action plans.
- Monitoring and evaluation systems assess the impact of services on the lives of survivors, other persons with disabilities and indirect victims.
- Female and male survivors, other persons with disabilities and indirect victims are involved in monitoring and evaluation efforts.

### 1.5.2. National examples of good practices

#### Australia


An “improved quality of life for victims” was one of the intended outcomes in Australia’s 2010-2014 Mine Action Strategy. In order to measure progress towards this outcome and ensure compliance with the guiding principles of non-discrimination, participation and gender equality, a performance framework was drawn up including a set of performance questions, such as the following:


- “How has the design and implementation of initiatives taken into account a state’s commitment to the APMBC, the CCM, Protocol V of the CCW and the CRPD?”
- Do vulnerable populations, including persons with disabilities, report that their rights are promoted, recognised and respected in mine action assistance and that mine action assistance has demonstrated an understanding of diversity in its approach?
- Have mine action programs and initiatives used appropriate analysis procedures for design and implementation – in particular, analysis of vulnerability?
- To what extent have mine action programs actively included persons with disabilities and victims in planning, decision making, implementation, monitoring and evaluation?
- Has gender-sensitive data been collected, analysed and used to inform mine action programming decisions? Have women and men equally participated, contributed to and benefited from Australia’s mine action assistance?”


27. See [http://www.apminebanconvention.org/fileadmin/APMBC/IWP/SC\\_june08/Speeches-VA/SCVA-2ndRC-6June08-CoChairs-en.pdf](http://www.apminebanconvention.org/fileadmin/APMBC/IWP/SC_june08/Speeches-VA/SCVA-2ndRC-6June08-CoChairs-en.pdf)


## 2 Realization of victim assistance obligations through broader efforts

### 2.1. Relevant provisions

 See the CCM: **Article 5, paragraph 2(c)** on incorporating activities within broader frameworks; **Article 6, paragraph 7**, on international cooperation and assistance; and **Article 7, paragraph 1(n)**, on reporting of international cooperation and assistance.

 See the CCM Dubrovnik Action Plan: **Action 4.2**, on the involvement of victims; and **Action 4.4(a)**, on the provision of assistance through existing mechanisms; and **Action 5.5(b)**, on using all possible channels.

 See the APMBC Maputo Action Plan: **Action 16**, on the inclusion of victims; **Action 17**, on engaging in the work of broader efforts; and **Action 20**, on using all possible avenues and supporting broader efforts.

 See the CCW Protocol V Plan of Action on Victim Assistance: **Action 4(c)**, on incorporating activities within broader frameworks.

### 2.2. Common challenges for donor states

#### Planning & coordination

- Bridging the gaps between the humanitarian, disarmament and development departments or agencies, and linking them with broader sectors (such as health).
- Coordination between donors on the priorities of affected states, including priorities with regard to vulnerable groups.

#### Data & Targeting

- A lack of guidance on what 'good' victim assistance data looks like and on what questions donors should be asking.
- A lack of knowledge about the prevalence, needs and priorities of victims.
- A lack of data on gender perspectives and on measures that address dual discrimination based on gender and disability.
- Lack of measures in place to track whether the development assistance provided to affected countries is actually reaching survivors and indirect victims.



## 2.3. Legislation, policies and plans

### ★ 2.3.1. Good practices

- A policy document gives humanitarian and development agencies a mandate to ensure the inclusion of survivors and indirect victims, alongside other persons with disabilities and other vulnerable groups, in all forms of aid to affected states.
- Victim assistance obligations are discussed with colleagues from all the development agencies responsible for sectoral programming in areas such as health, economic growth, education, and employment. Information provided by civil society organisations on how to ensure equitable access to services and how to promote disability inclusion in a given context is used by development agencies in the planning stages.
- Humanitarian response and disaster reduction plans make specific reference to the inclusion of all vulnerable groups, including survivors, indirect victims and other persons with disabilities.
- The SDGs planning process is used as an opportunity to mainstream victim assistance and disability into the relevant sectors.
- Organisations of women and men with disabilities, survivors' organisations and community-based organisations, particularly those based in affected locations, are regularly consulted to make sure that survivors, other persons with disabilities, indirect victims and other vulnerable groups are included in initiatives. They provide information on how many survivors, indirect victims, and other persons with disabilities have benefited from international cooperation efforts alongside other vulnerable groups.



© LISTE, Sebastian / Getty Images, ICRC. Nicaragua.

Jalapa. Portrait of a man in his shoe repair store. He lost his two legs in the explosion of an AP mine.

### 2.3.2. National examples of good practices

#### Australia

The Australian aid program 2010-2014 Mine Action Strategy includes references to encouraging and assisting partner governments to integrate victim assistance into their national policy frameworks on health care, social services and disability-inclusive development, in order to foster more sustainable and socially inclusive development. The mid-term review of this strategy followed up on this by stating that victim assistance should be progressively integrated into the country's national disability and health programs. Australia has engaged the NGO CBM to provide technical assistance to the Australian Government to deploy disability inclusion at all levels and meet its victim assistance obligations.

#### Belgium

The Belgian Law of 19 March 2013 on Development Cooperation defines its humanitarian aid based on the principle of non-discrimination and on the needs and level of vulnerability of the target populations, as assessed by humanitarian actors. Through dialogue with partners and project assessments, this global approach also focuses on the victims and persons with disabilities amongst the beneficiaries of humanitarian aid. Victim assistance, as a specific approach, is also integrated into policy planning and financial support from the "Policy Planning, Peace Building and Support to Mediation" Service, allowing for the implementation of a far reaching, transversal approach to victim assistance.



© Deshan Tennekoon / Handicap International. Poonakari, Sri Lanka.

Arumukam, 46 years old. He ran a bicycle repair shop in his home village of Paramankirai during the war. He was injured by a landmine explosion in 1993 in Poonakari. He established his current, temporary workshop on the main street of Poonakari. He hopes to move to a better location in the city soon. He had been fitted with a prosthesis by Handicap International's team, which is still following his needs. His prosthesis will be repaired as the foot needs to be changed.





© DE VIGUERIE, Véronique / Getty Images, ICRC. Bosnia and Herzegovina.

Bugojno province. Portrait of a grandfather and father of two who was injured as he walked on an anti-personal landmine while collecting firewood in 1996.

## Italy

Italian humanitarian aid follows the Vademecum [Handbook] on “Humanitarian aid and disability.”<sup>28</sup> Country strategy papers are aligned with the Italian Development Cooperation guidelines (2015-2017) and the Disability Action Plan, and contain references to vulnerable groups, including persons with disabilities. Part of the Disability Action Plan specifically focuses on humanitarian aid and demining. Italy has a National Focal Point on disability issues who has been raising awareness of the Development Cooperation Disability Action Plan within the departments and offices of the Directorate for Development Cooperation. In line with the recommendation made in the Vademecum, Italy is currently working to identify local focal points. In the meantime, the teams in local Italian offices have already been briefed on the disability guidelines, including victim assistance provision.

## Switzerland

The 2016-2019 Mine Action Strategy of the Swiss Confederation states that Switzerland will support victim assistance through a dual approach, namely a) through specific victim assistance efforts that benefit survivors and indirect victims, and b) through assistance provided through development, human rights and humanitarian initiatives that also include survivors and indirect victims amongst the beneficiaries.

## The Netherlands

The humanitarian and development departments have been given a joint budget in order to encourage coordination and facilitate the transition from emergency assistance to sustainable change. This budget is allocated by means of open tenders to operators for long-term interventions which include victim assistance.

28. See footnote 25.

## 2.4. Equitable and equal access to services and resources

### ★ 2.4.1. Good practices

- Financial and technical support is provided to build the capacities of local authorities and other actors to:
  - Identify and locate survivors, other persons with disabilities, indirect victims and other vulnerable groups, and analyse their situation, needs and priorities, with a specific focus on the priorities and constraints relating to women and children.
  - Identify the physical, attitudinal and communication barriers that limit access to services for survivors, other persons with disabilities and indirect victims.
  - Review national legislation and identify gaps in policy that prevent equitable access to services for various groups within the population.
  - Share review findings with government agencies and authorities.
- The recipient organisation is required to identify local partners in government and civil society (particularly organisations of women and men with disabilities and survivor organisations) to work conjointly to include survivors, other persons with disabilities and indirect victims in all settings.
- Humanitarian and development agencies are required to include the needs and priorities of female and male survivors, other persons with disabilities and indirect victims in the projects they propose for affected states, for instance by targeting areas with large numbers of survivors, facilitating access to rehabilitation, etc. When responding to calls for proposals, bidding organisations (government and civil society entities) are required to:
  - Provide detailed information on how survivors, amongst other persons with disabilities, and indirect victims, amongst other vulnerable groups, will benefit from the proposed initiatives, including how the bidding organisation will ensure that: a) survivors and indirect victims are located and identified; b) survivors and indirect victims have access to proposed activities; c) progress will be measured in such a way that clearly indicates whether survivors and indirect victims are effectively benefitting from the planned intervention, including by collecting data disaggregated by age, sex, type of impairment; and d) a gender-sensitive approach is adopted throughout the project cycle.
- Include organisations of women and men with disabilities, survivors' organisations and community-based organisations from affected communities in all programmes/policymaking, in all sectors and at all stages, from planning to evaluation, and to report specifically on how such organisations benefit from and contribute to the initiatives.
- Programmes include practical steps to reduce or eliminate the physical, attitudinal and communication barriers that survivors, other persons with disabilities, indirect victims and other vulnerable groups may encounter when accessing services such as: reasonable accommodation and facilitation services; trained personnel; and measures to fight discrimination based on gender, age, disability and minority, particularly in rural areas.
- A percentage of the grants allocated to recipient organisations is systematically dedicated to reasonable accommodation and anti-discrimination measures.
- Evidence and good practices regarding each relevant sector's contribution to victim assistance are collected and shared amongst stakeholders.



## 2.4.2. National examples of good practices

### Austria

The Austrian Federal Law on Development Cooperation ensures that the needs of persons with disabilities are taken into account in all development cooperation measures. In addition to this “mainstreaming”, there are also projects specifically dedicated to promoting the rights of persons with disabilities. Non-discrimination, participation and inclusion are just some of the principles which are systematically integrated into planning, implementation, monitoring and evaluation of all projects. The Austrian Development Agency (ADA) requires its partners to conduct a self-assessment of the social standards of proposed projects during the design or formulation stage. The assessment template<sup>29</sup> takes into consideration disability, age, gender, minority and displacement as criteria of vulnerability. It explicitly requires partners to ensure equal access to services and communication to all, and to promote a barrier-free environment. Partners are required to demonstrate that they have the capacities and resources necessary to implement measures regarding anti-discrimination, participation, inclusion and empowerment of socially-excluded individuals and groups. They must specify these resources, as well as show compliance with these principles of equality and inclusion in the project indicators, the monitoring plan, and the budget. This information has to be included on the funding application form and is assessed by ADA social advisors.

### Australia

Australia supported the ‘Cambodia Initiative for Disability Inclusion’ and now the ‘Disability Rights Initiative Cambodia’, to facilitate the inclusion of survivor assistance in broader disability initiatives.

### Italy

Italy’s disability-specific and disability-inclusive international cooperation efforts adopt a community-based approach requiring the involvement of the entire community in project planning and implementation, with a special focus on families and organisations of persons with disabilities.

### Japan

Japan’s Grant Assistance for Grass-Roots Human Security Projects assist NGOs and local public authorities in responding to various development needs. Based on the local identification of needs and with support from communities, the projects help to set up orthopaedic centres and develop livelihood opportunities for survivors and other persons with disabilities. Japan’s Development Cooperation Charter reaffirms its commitment to empowering women, men, girls and boys with disabilities, including survivors, alongside other vulnerable persons.

29. See <http://www.entwicklung.at/en/media-centre/downloads/>

## 2.5. Measuring progress

### ★ 2.5.1. Good practices

- Donor states require the affected states they support to provide them with feedback on how effective sectoral policies and plans in the areas of health, education, social protection, poverty reduction and employment are in reaching survivors and indirect victims amongst the broader group of persons with disabilities and vulnerable persons in a way that is both gender and age-sensitive.
- Male and female survivors and indirect victims of all ages are empowered to participate in monitoring and evaluation processes.
- Donor states' reporting requirements for recipients of international development funds specify the need to provide information on various target groups, including survivors and indirect victims amongst the overall beneficiaries, and on their access to services.

### 2.5.2. National examples of good practices

#### Italy

In order to hold recipient organisations accountable for complying with disability-inclusive cooperation policies, project proposals are also evaluated based on their capacity to respond to the needs of vulnerable people, including persons with disabilities. The evaluation forms include a specific question on how, for example, the protection of vulnerable groups (minors, persons with disabilities, etc.) is taken into due consideration. Reporting templates include a description of beneficiaries, with a specific emphasis on the inclusion of women, children and persons with disabilities. Programme managers are tasked with verifying that persons with disabilities participate in the activities financed and implemented by partners, or by local Italian offices, and are required to report on this in their monitoring reports. A pilot project on collecting disaggregated data is scheduled to

start in 2017. Italy also conducted an in-depth analysis of the international cooperation projects it financed for the periods 2002-2008 and 2009-2014, with a specific focus on how programming reflected an inclusive approach to disability and on how disability-relevant policies were integrated into the broader framework of development programmes.

#### Australia

Australia intends to monitor the extent to which development efforts identify and address barriers to inclusion and opportunities for participation for all persons with disabilities, as well as the extent to which organisations of persons with disabilities have been actively involved in planning, implementing and monitoring program development.

This Guidance was developed by the Convention on Cluster Munitions Coordinators for 2016 and 2017 on Victim Assistance (Australia, Chile and Italy) and Cooperation and Assistance (Austria, Iraq and Australia), with technical support from Handicap International, through funding provided by the Government of Australia.

The Coordinators collected the range of good practices and national examples of effective implementation of an integrated approach presented in the Guidance through:

- a review of national reports, plans and publications;
- a questionnaire sent in March 2016 to a select group of 21 affected and 19 donor States;
- a workshop on 18 May 2016, involving representatives from 12 affected and 10 donor States (including States Parties to the APMBC and Protocol V of the CCW, as well as the CCM) and representatives of survivor organizations and a range of international and non-state organizations; and
- consultation on drafts of the Guidance with workshop participants and a broad range of States, including the Victim Assistance Committees of the APMBC, CCW Protocol V, and all States Parties, Signatories and Observers of the CCM.

The Coordinators intend this Guidance to be equally useful in the implementation of commitments on victim assistance under the CCM, the APMBC and CCW Protocol V.

Ultimately, this Guidance aims to assist states to ensure the quality of life of victims is improved, and their rights are upheld.



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Participants in the Workshop on an Integrated Approach to Victim Assistance held in Geneva on 18 May 2016.







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