

Frameworks for Victim Assistance:

Monitor key findings and observations





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Executive summary

For close to 15 years, the Monitor has tracked the impact of victim assistance on the lives of victims of landmines, cluster munitions, and other explosive remnants of war (hereafter “mine/ERW victims”). Over this time, the international community has strengthened its resolve to promote the rights and address the needs of victims through programs and services that are accessible and adequate in quantity, quality, availability, and consistent with the high standards set by human rights as well as other international humanitarian law.

Starting as a landmark, though brief, reference in the Mine Ban Treaty, victim assistance has developed into a detailed set of legal obligations and commitments for States Parties to the Convention on Cluster Munitions, the Mine Ban Treaty and the Convention on Conventional Weapons (CCW) Protocol V.

With review conferences for both the Mine Ban Treaty and the Convention on Cluster Munitions fast approaching, the time has come to take stock of victim assistance achievements to date in order to determine how best to close remaining gaps and ensure the fulfillment of victim assistance commitments and obligations.

Monitor findings point to the continuing validity of the ICBL-CMC guidelines on victim assistance.¹ The guidelines highlight the need to assist victims through multiple approaches:

- *Targeted programs to ensure that victims have access to the assistance they need, including services that are available to a wider population;*
- *Support for the overall development of a country’s health, rehabilitation, and educational infrastructure;*
- *Promoting respect for human rights for all; and*
- *Relief to the most vulnerable populations, such as refugees and other displaced persons.*

Since 1999, victim assistance stakeholders have learned a great deal. Much more is known about how many victims there are, where they are, and what types of activities should be implemented to address their needs. Initiatives through a range of different frameworks have increased the availability of and/or accessibility to programs and services for victims, and have improved their quality. Progress to date has been achieved as a result of work carried out through several different approaches and sectors.

The Monitor’s cumulative findings indicate that activities that have had the most direct impact on the lives of victims have been those which are designed specifically to include victims and thus provide “targeted victim assistance”. The results of targeted victim assistance are visible and traceable. These programs reach not only mine/ERW victims, but also, and in even greater numbers, others in their communities with similar needs, most especially other persons with disabilities.

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Since 1999, most States Parties to the Mine Ban Treaty and/or the Convention on Cluster Munitions with significant numbers of victims have made efforts to improve victim assistance, including through planning and coordination. Over time, the Monitor has compiled national reporting against victim assistance plans and other

available information that highlight the gaps between the current reality in each country with a responsibility for victims and the shared vision for comprehensive assistance.

Assistance through broader frameworks—such as national development programs, laws to protect or support persons with disabilities, and broader emergency humanitarian relief—has also been essential but, by itself, insufficient. Most often the benefits of these broader programs have been reported to the Monitor when victims were able to access such services because of outreach programs assisting with transportation, accommodation, and referrals provided by targeted victim assistance programs.

Reporting drawn from Monitor profiles indicates that an increased international focus by governments and NGOs on disability issues and the Convention on the Rights of Persons with Disabilities has great potential to improve the lives of victims with disabilities in the medium to long term. As of yet, in most countries this potential has been largely unrealized.

Mine/ERW victims include not only survivors but also families and affected communities; not all victims are persons with disabilities. To date, the efforts of victim assistance providers to identify and address the needs of victims have mainly focused on survivors with disabilities. The Monitor has observed that some approaches, such as transitional justice programs for conflict victims, have better addressed the commitments to victim assistance for families than the disability rights approach.

States with responsibilities for mine/ERW victims continue to work towards the fulfillment of their victim assistance commitments. These efforts are often supported by the activities states undertake to fulfill commitments that are in part interlinked, such as transitional justice, human rights and development, as well as by overlapping work of civil society groups including survivor networks, faith based organizations and international organizations. Key to fulfilling victim assistance commitments is ensuring that all relevant resources, including international cooperation provided by donors, are effectively planned and used so as to have an impact on the lives of victims, in addition to other results that such funding may have.

Victims and victim assistance: obligations and commitments

Victim assistance offers a vital promise to victims, including the families of survivors and affected communities,² one that is supported by a growing norm developed through humanitarian political commitments and legal obligations that also assume a rights-based approach.³

Victim assistance is a legal obligation for States Parties to the Convention on Cluster Munitions that have cluster munition victims on their territory. The obligations contained within the convention are further spelled out in the Vientiane Action Plan adopted by the First Meeting of States Parties to this convention. States Parties to the Mine Ban Treaty and to the Convention on Conventional Weapons (CCW) Protocol V have made detailed commitments to provide assistance to victims of landmines and explosive remnants of war through the Mine Ban Treaty's Nairobi Action Plan and Cartagena Action Plan (CAP), and the Plan of Action for Victim Assistance of CCW Protocol V.

There is for the most part a common understanding of what victim assistance is among states and organizations working in this field. Similarities between the Convention on Cluster Munitions' obligations on victim assistance and commitments by States Parties to the Mine Ban Treaty and CCW Protocol V⁴ have been clearly documented:

The scope of "victim assistance" is accepted by all three instruments as including data collection, medical care, rehabilitation, psychological support, social inclusion and relevant/necessary laws and policies. It is understood by all that ultimate responsibility rests with States with respect to victims and survivors in areas under their jurisdiction or control.⁵

The measure or expected standard of assistance is that it should be "adequate" in quantity, quality, availability, and accessibility to victims.⁶

Defining victims to determine how best to meet their needs

The Convention on Cluster Munitions defines cluster munition victims as:

...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. They include those persons directly impacted by cluster munitions as well as their affected families and communities.

This definition is based on the understanding of "victim" developed within the Mine Ban Treaty framework, with parallels to the definitions of victims of violations of international human rights law and international humanitarian law.⁷ Since 2000, the Mine Ban Treaty's Standing Committee on Victim Assistance and Socio-Economic Reintegration has reported that landmine victims include "the directly affected individuals, their families, and mine-affected communities."⁸

In accordance with both the definition of victim within the Convention on Cluster Munitions and the understanding under the Mine Ban Treaty, mine/ERW victims include not only survivors but also families and affected communities. Therefore not all victims are persons with disabilities. However, to date, efforts to identify and address the needs of victims have mainly focused on the direct survivors of explosions, who are, with rare exceptions, persons with disabilities. Less is known about the number of families and communities affected by landmines, cluster munitions, and other ERW; what their particular needs are; and how these could best be addressed.

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Mine/ERW victims may have overlapping needs with victims of other weapons, with victims of armed violence and armed conflict, with families living in poverty, and with displaced persons. In determining the most relevant existing frameworks for delivering victim assistance, it is useful to consider all groups with whom mine/ERW victims share similar needs and expectations for assistance. At the same time, specific needs of mine/ERW

victims have been documented (due to specific psychological trauma, blast and fragment injury, and other factors).⁹ These differences or unique needs must be identified to ensure needs are addressed, sometimes through specifically tailored projects or programs.

Given the wide variety of issues facing victims and similar groups, their needs cannot be addressed through the effective implementation of any single approach. Existing policies or programs that were intended to meet the needs of victims, or of a particular group of victims, therefore vary from country to country, as do the effectiveness of different approaches. Below is an analysis of how such different frameworks have met the needs of victims to date, to inform how they may do so in the future.

Victim assistance: what is reaching communities?

Targeted victim assistance

Monitor research has identified numerous examples of programs that have been designed to address the needs of survivors, and in some cases, a broader group of victims, while remaining open to other persons with similar needs. Often the goal of such targeted assistance is to reach victims in their communities, since many do not have access to assistance that may be available elsewhere. Some programs develop the capacity of rehabilitation services, including prosthetics production, in geographic regions known to have a significant number of mine/ERW survivors. Others offer victims the training and support needed in order to be able to apply and qualify for microcredit or other income-generating programs that are open to the entire community. Yet others offer information and referrals to existing programs or transportation support to get to these programs. Survivor networks can offer peer support uniquely tailored to the situation of victims.

Targeted victim assistance programs also benefit other persons with disabilities or other vulnerable members of a community in addition to benefitting victims. Monitor research shows that targeted victim assistance programs are overwhelmingly inclusive of other people with similar needs and survivors from diverse backgrounds.¹⁰ Monitor research has not identified any victim assistance programs in recent years that provide services that are exclusive to mine/ERW victims. In this sense, assistance is targeted but not discriminatory. Rather, these programs are often developed considering the specific needs of victims and then include others with similar needs. In many cases, the programs are developed for a wider population of persons with physical disabilities while specifically including survivors and targeting survivors' needs in the overall planning. Some needs assessment surveys collect data only on mine/ERW survivors, as in Bosnia and Herzegovina, Thailand, and Mozambique. Others target survivors but include other persons with disabilities in the community when they come across them during the survey process.

The most common shared beneficiaries of such programs are other persons with disabilities, most especially amputees and persons with visual, hearing, and physical disabilities. Victim assistance programs have brought much needed awareness and services to communities that have benefited persons with disabilities. This is particularly apparent in States Parties to the Mine Ban Treaty that are responsible for significant numbers of victims. For example, in South Sudan the national victim assistance program has collected data on both survivors and persons with disabilities from other causes, and established a single coordination mechanism that addresses both victim assistance and disability issues. In addition, it was estimated that some 50% of the beneficiaries of victim assistance programs implemented between 2007 and 2012 were persons with disabilities due to causes other than landmines and ERW.¹¹ Numerous other examples are provided below.

Many national survivor networks, disabled persons' organizations (DPOs), and local NGOs are at the forefront of this effort, raising awareness among local and national authorities about the needs of victims and other persons with disabilities. Survivor networks advocate for survivors' rights and disability rights while also connecting others in need of assistance in a non-discriminatory way. For example, in 2013 the Cambodian network of mine survivors carried out a village-level needs assessment that included all persons with disabilities, and ensured that

village leaders understood the needs of the disabled population and their rights under the national disability law. In El Salvador, most beneficiaries of the national survivor network are persons with disabilities from other causes, not landmine survivors, because beneficiaries are selected based on their needs from among the population of survivors and other persons with disabilities. The network in El Salvador is also an active member of a civil society coalition that monitors the national implementation of the Convention on the Rights of Persons with Disabilities.

National victim assistance planning and budgeting

The effectiveness of targeted victim assistance has largely depended on both planning and available resources at the national level. Over the last decade, most States Parties to the Mine Ban Treaty and/or the Convention on Cluster Munitions with significant numbers of victims have made efforts to better understand victims' needs, to develop or adapt national action plans to meet those needs, and to form coordinating bodies to oversee the plans' implementation.¹²

National victim assistance plans generally consist of a series of actions to introduce, expand, and improve services, or to ensure access to existing activities that do not currently reach victims in the areas in which they live and, where necessary, to establish new services or programs to fill gaps.¹³ In most cases, adequately implementing action plans benefits all people who live in these areas and who have the same needs as victims, such as the need to access healthcare services or the need to find a means of making a decent living.

Victim assistance can also be used to mobilize and measure resources. Several states, including Bosnia and Herzegovina, Croatia, El Salvador, Lao PDR, Lebanon, Mozambique, Senegal, Sudan, Tajikistan, and Thailand, have estimated the costs of implementing their respective national action plans.¹⁴ Through these plans, most of these countries have also identified ministries and other actors responsible for implementing each of the plan's components.

In some states, notably Colombia and Thailand, national health schemes and other social protection programs to which victims have access may provide the majority of resources for victim assistance, and national planning for victim assistance focuses on assisting victims to register for these programs. In Croatia, government providers are responsible for ensuring that victims receive medical first aid, adequate physical rehabilitation, initial psychological support, and information about their rights. These national victim assistance planning efforts demonstrate what can be done to connect victims to broader programs.

Implementing targeted victim assistance: actors and programs

Monitor research documents many examples of targeted victim assistance programs that have improved the lives of victims.¹⁵ Because of their primary focus on victims, the results of targeted victim assistance are visible and traceable. These programs reach not only mine/ERW victims, but also, and in even greater numbers, others in their communities with similar needs. The following examples demonstrate how targeted victim assistance impacts positively on victims, in line with victim assistance commitments and obligations.

Targeted victim assistance

ALBANIA

Since 2003, Albania has made great strides in improving the availability of all components of victim assistance in the northeast of the country, where most victims live. Based on the results of a community-based needs assessment, the national mine action center hired a victim assistance focal point—a person with the appropriate capacity as a medical doctor from the affected region—who worked with a national NGO, the local health institutions, and other partners to improve medical care, psychological support, and rehabilitation services in the region, including the establishment of a prosthetics center in the Kukes hospital to avoid the need for survivors and other persons with disabilities to have to travel to Tirana. It has linked victim assistance to ongoing regional development strategies and national disability planning. While it is funded from a budget that is specified for victim assistance, the national victim assistance program also benefits other persons in the region formerly contaminated with landmines who have similar needs to those of the victims.

COLOMBIA

A project implemented by Mercy Corps and the Colombian Campaign Against Landmines (Campaña Colombiana Contra Minas, CCCM) in partnership with the government's National Learning Service, and funded with targeted victim assistance funding from USAID's Leahy War Victims Fund, opened two comprehensive rehabilitation centers in heavily mine-affected departments of the country and strengthened the capacity of other existing centers. The increased availability of rehabilitation services benefits victims of mines/ERW, armed-conflict victims, and all persons with disabilities in six departments selected on the basis of the high number of mine/ERW victims.

SUDAN

In Sudan, the establishment of a victim assistance program in Darfur in 2012 increased information available about the needs of ERW survivors and other persons with disabilities and increased economic inclusion opportunities for all persons with disabilities, regardless of the cause. As part of the program, the national mine action center supported the Ministry of Health to establish a regional, sustainable disability and casualty surveillance mechanism, implemented by ERW survivors and other persons with disabilities.

International Committee of the Red Cross and National Societies

Approximately one-third of donor funding dedicated for victim assistance goes to the ICRC, National Societies of the Red Cross and Red Crescent, or the ICRC Special Fund for the Disabled (SFD). Most such relevant ICRC programs also assist other persons with disabilities, meaning that with designated "victim assistance funding" the ICRC is supporting the provision of services for persons with disabilities more generally. For example, in 2012 the ICRC Physical Rehabilitation Programme assisted rehabilitation centers that provided prostheses to a total of 20,345 people of which 37% were mine/ERW survivors. Out of a total of 113,454 people receiving physiotherapy, 9% were survivors. Out of the 27 countries with ICRC support for physical rehabilitation, 13 are among those 28 States Parties to the Mine Ban Treaty that have acknowledged their responsibility for significant landmine survivors in need: Afghanistan, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Iraq, South Sudan, Sudan, Uganda, and Yemen.¹⁶ Similarly, the ICRC SFD provided support in six States Parties to the Mine Ban Treaty and/or Convention on Cluster Munitions with significant numbers of mine survivors: El Salvador, Lao PDR, Nicaragua, Peru, Senegal, and Tajikistan (as well as Vietnam, a state not party); 23% of the total number of prostheses delivered by SFD-assisted centers in 2012 were for mine survivors (1,463).¹⁷

Targeted victim assistance

NICARAGUA

In Nicaragua, targeted victim assistance by the ICRC has benefited survivors and the wider community. In selecting the department of Esteli in the rural, northern region of the country for the opening of a new rehabilitation center, the ICRC SFD and the Nicaraguan government aimed to make access to rehabilitation services much easier for the majority of country's mine/ERW and other armed conflict victims who live in that region. As the first sustainable rehabilitation center located outside of Nicaragua's capital, the center serves all persons with physical disabilities living in the northern third of the country, reducing travel time in many cases from one or two days to under a day.

Other international organizations

In addition to the ICRC, there are many international organizations working on victim assistance. While international funding for victim assistance traceable through donor reporting does not include all victim assistance actors as recipients, many of the key actors are listed in this reporting. After the ICRC, ICRC SFD, and national societies of the Red Cross and Red Crescent, Handicap International, Clear Path International, and the Polus Center are among the next largest recipients of victim assistance funding, as designated by donors.¹⁸ These three organizations all have programs in multiple mine/ERW-affected countries, including all of the countries that have the most significant numbers of mine/ERW victims, and each organization has a mandate that includes victim assistance along with other related work.

Handicap International works in approximately 60 countries worldwide in a range of emergency situations—both armed conflict and natural disasters—providing humanitarian relief and development assistance to victims of armed conflict and persons with disabilities. Its approach to victim assistance has evolved since its founding in the 1980s, from a more narrow focus on assistance to landmine survivors to a broader concept that includes victims of other weapons and armed violence in general.¹⁹ It is also a leading organization promoting disability rights through its national programs and international advocacy.

Clear Path International, also born as an organization focused on assisting victims of landmines, supports “survivor assistance” for people and organizations living and working in conflict-affected communities in six countries.²⁰ Either directly, or through local partners, Clear Path International implements rehabilitation, accessibility, and socioeconomic reintegration programs which target not only conflict survivors but also benefit other persons with disabilities in these countries.

The Polus Center works in five countries, implementing victim assistance programs that include physical rehabilitation, income-generating projects, and accessibility and barrier-reduction projects. These generally combine an individual-specific approach to reintegration with support to strengthen the national capacity to both provide rehabilitation and to support economic inclusion in regions with significant numbers of mine/ERW victims. Capacity-building programs benefit all persons with disabilities living in that geographic area.²¹

International religious institutions and faith-based NGOs are also key actors in victim assistance. They are involved in organizing and empowering victims, implementing income-generating activities, and providing psychological and spiritual support to victims overcoming trauma or suffering from the loss of a loved one, as well as to other members of the community who have suffered loss. Organizations such as the Jesuit Refugee Service in Cambodia and Thailand, as well as the Islamic Health Commission in Lebanon, carry out targeted victim assistance activities that also benefit other vulnerable groups. Other faith-based organizations such as World Vision, Save the Children, and CBM (formerly Christian Blind Mission) have also provided assistance to mine/ERW survivors as well as other persons with disabilities.

Survivor networks

National survivor networks have increased the availability of peer support in rural communities through the use of outreach workers and the formation of local groups of survivors and other persons with disabilities. Among ICBL-CMC campaign members there are at least 25 national and local survivor networks, some of which also act as umbrella groups for several regional networks within a country.²²

In addition to providing peer support, many national survivor networks also facilitate access to assistance by helping survivors identify services and then finding means of transportation. Similar to many other survivor networks, the Network of Survivors and Persons with Disabilities of El Salvador (Fundacion Red de Sobrevivientes y Personas Con Discapacidad), the Afghan Landmine Survivors' Organization, and the Network for the Assistance of Mine Victims in Mozambique (Rede para Assistência às Vítimas de Minas) target survivors of landmines, cluster munitions, and other ERW, but also include other persons with disabilities among their membership and beneficiaries. Such assistance has generally been funded by dedicated victim assistance funds.

Survivor networks

UGANDA

Since 2005, the Uganda Landmine Survivor Association has supported the establishment of nine district-level survivor groups in northern and western Uganda that offer peer support, disseminate information about existing services, and work with local authorities to ensure the inclusion of survivors and other persons with disabilities in local development programs.

Other frameworks with the potential to benefit victims

The Monitor seeks out information about the impact of transitional justice mechanisms, development, emergency humanitarian aid, and disability programs on victims on a country-by-country basis. Sources for this information include:

- *Governments: information acquired through statements, through transparency reports submitted under the Mine Ban Treaty, Convention on Cluster Munitions and Convention on Conventional Weapons, through evaluations of plan implementation including disability plans, and through interviews with victim assistance focal points and with other relevant government representatives such as representatives of ministries of health and social welfare, and national disability councils*
- *Service providers: information acquired from rehabilitation centers, hospitals, and NGOs implementing targeted victim assistance projects and other projects that include victims*
- *Victims and/or their representative networks*

The findings of this research are summarized throughout this section.

Transitional justice

In many post-conflict countries, national mechanisms to compensate or assist victims of armed conflict are a major source of support that can benefit survivors and their families and communities. Governments have established transitional justice mechanisms to provide reparations in many countries affected by landmines, cluster munitions, and other ERW as these countries emerge from armed conflict. The Monitor has identified at least seven²³ states with war compensation mechanisms or similar legislation that are reported to provide assistance of some kind to mine/ERW victims, along with other war victims. There are known to be many more states with similar systems, but the extent of assistance available through such schemes to fulfill responsibilities for mine/ERW victims has not been adequately reported.

The types of benefits available through each law or administrative program vary but can include financial compensation, health and rehabilitation services, as well as improvements to the national rehabilitation infrastructure that would benefit all persons who use it. While some laws are quite comprehensive, in other cases benefits are limited to a one-time payment and/or may be considered token compared to the impact of the mine/ERW incident on the family.

Transitional justice mechanisms

EL SALVADOR

In El Salvador, all landmine victims are registered through the national “Protection Fund” for persons disabled as a result of armed conflict. National resources provide for physical rehabilitation, home loans and grants for income-generation projects.

National development

National development, often supported by international assistance, includes investments in healthcare, education, poverty reduction, and job creation that have increased the availability of these services in many countries with mine/ERW victims. However, the impact of this development for victims has mostly been restricted to particular areas, such as basic healthcare and community-based rehabilitation (CBR) as noted below. In these areas, targeted victim assistance efforts have often served as a critical link to ensure that victims can benefit from this development. For example, in Guinea-Bissau, the Centre for Physical Rehabilitation was reopened by the Ministry of Health in 2011 to serve as the main physical rehabilitation center for the country. The renovation of the center was financed with development assistance from the Economic Community of West African States. In 2012, the ICRC ensured access for mine/ERW survivors by reimbursing the costs of transport and treatment at the center.

Factors identified as preventing national development from having an even greater impact on the lives of victims are detailed in the following paragraphs.

Development assistance does not necessarily prioritize the particular needs of victims but rather is aligned with other broader national and international priorities. For this reason, assistance that might be a high priority for victims, such as psychosocial support, remains underfunded and underdeveloped in most countries affected by landmines, cluster munitions, and ERW. For example, in Senegal the regional psychiatric center strengthened its capacity to address trauma-related psychological issues and launched an outreach program to reach victims in rural areas only when these needs were identified through the victim assistance planning process.

Mine/ERW survivors and families as well as other persons with disabilities in their communities often live in the most vulnerable circumstances.²⁴ Their socio-economic situation even prior to the incident is often related to why and how

they have been victimized²⁵—thus compounding the obstacles to their benefiting from general improvements in development or accessing the resulting infrastructure. Mine/ERW victims also mainly live in rural and remote areas so access to services that may be created through development programs is more difficult for them than for others living in urban centers.

In order for local development programs to be effective as a means of victim assistance, victims must be involved and/or consulted in the design and implementation of programs. In most cases, a clear linkage between victim assistance and national development programs has not been made, preventing the effective participation of victims. At a training session during the First Meeting of States Parties to the Convention on Cluster Munitions in 2010, among the more than 40 victims and leaders of victims' representative organizations from nearly as many countries, none had been involved in the design or implementation of local development projects or knew of anyone who had been. However, the vast majority were involved in national victim assistance coordination.²⁶ A clear linkage between victim assistance and national development programs had not been made in these countries. In addition, tracking the impact of such programs on victims is difficult because there is no explicit donor or other requirement to do so. Recent efforts by some donor states²⁷ to develop "disability-inclusive" international aid programs may serve as useful models for how an aid program can be inclusive of mine/ERW victims.

Sector-by-sector impact of development assistance

Healthcare

Globally, the development initiative that seems to have had the greatest impact for victims has been the decentralization of healthcare services. This effort has been underway for decades, mainly funded through development aid but also with some national resources and implemented in many cases by, or with support from, the World Health Organization and the World Bank.

While it has been far from universally successful, such decentralization has greatly increased the availability of basic healthcare in rural areas in many countries, for the benefit of all. In the 2009 Voices from the Ground global study, the pillar²⁸ of victim assistance where the greatest number of survivor respondents saw progress was in the area of continuing medical care, mainly due to the increased number of health centers.²⁹ The Monitor has identified the impact of this in many countries, including El Salvador, Ethiopia, Iraq, Mozambique, and Thailand. In Bosnia and Herzegovina, US\$30 million in World Bank funding established a network of physical and psychological rehabilitation centers through its War Victims Rehabilitation Project that was completed in 1999. This created a sustainable system that is accessible to many mine/ERW survivors and has been further expanded following the completing of the initial project.³⁰

Community-based rehabilitation

Another important development has been the growth of community-based rehabilitation (CBR) networks over many years and its repositioning, in 2004, from a medical-oriented service delivery approach to a strategy for rehabilitation, equalization of opportunities, poverty reduction, and social inclusion of persons with disabilities.³¹

Thus far, Monitor research has shown that CBR programs have positive results in many countries.³² In Afghanistan for example, since 2011 the World Bank has facilitated the five-year CBR project called the Afghanistan Capacity Building for Results Facility at an estimated cost of US\$300–400 million.³³ In Thailand, the CBR network has expanded significantly since early efforts in 1998–99, covering 99% of the country by 2007 (including mine/ERW-affected areas) and remained active in all provinces through 2013.

However, the benefits for victims have often been limited by resource constraints or by a lack of existing services to which the referral systems can link. For example, in Albania a successful community nursing project in mine/ERW-affected areas was unable to provide psychological support due to a lack of funding, despite having received training. In Angola, an international NGO established CBR activities and then transferred the project to a local partner. However, due to a lack of funding, the staff of the local organization could only work part-time and on a voluntary basis, limiting the impact of the project. In Ethiopia, nine CBR programs exist but lack sufficient funding to be effective.

Education

Accessible, inclusive or special education is still seldom available for victims and other persons with disabilities. Victims face particular challenges that make it even harder to benefit from educational reforms. In many cases, child survivors have long periods of hospitalization, which together with trauma, make returning to school a significant challenge.³⁴

A lack of physical access to schooling and other public services essential to social and economic inclusion is an ongoing challenge for child survivors in many countries. In Uganda and Iraq, as well as in most states with victims, schools remain inaccessible, especially in rural areas. Despite legislation enabling children with disabilities to study alongside other students in the Democratic Republic of the Congo, inclusive education is available only in some schools in the capital, far from where most victims live.

While Monitor reporting has highlighted some important efforts to make education more inclusive, such as teacher trainings in Mozambique and Serbia, survivors have yet to feel the impact of these initiatives.³⁵ In Mozambique, teachers received training in 2012 to increase the availability of inclusive education,³⁶ although educational opportunities for children with disabilities have been described as “poor.”³⁷

Poverty reduction and economic inclusion

Development aid supports poverty reduction strategies and economic inclusion programs, such as micro-credit programs, job referral systems, and vocational training programs. These should benefit survivors and family members who are living in poverty. Research has shown, however, that victims based in rural areas as well as other persons with disabilities rarely benefit from these programs. Among practitioners, the reason is clear: victims are generally the poorest of the poor and lack education and other advantages that would position them to benefit from these programs. Micro-credit programs, for example, require basic business skills that most victims lack. Survivors, their representative networks, and other NGOs have indicated that most victims do not qualify for mainstream micro-credit programs due to their lack of education and/or business experience.³⁸ Monitor reporting has shown this to be the case in many countries including Bosnia and Herzegovina, Colombia, Ethiopia, Senegal, and Vietnam.³⁹

In addition, many vocational training centers are physically inaccessible to persons with disabilities and programs are not designed or adapted to the needs of victims and other persons with disabilities.

As a result, mainstream programs risk leaving victims behind when their participation is not facilitated through appropriate training and support. For example, in Nicaragua, a targeted victim assistance program sought to enroll survivors in government-subsidized training centers. It was discovered that the centers lacked the capacity to evaluate the professional aptitudes of survivors and other persons with disabilities or to provide appropriate career counseling. Dedicated victim assistance funding to improve the centers’ capacities benefited survivors and also benefited other persons with disabilities in the country.⁴⁰

Emergency humanitarian assistance

Responses to conflict and other humanitarian crises or emergencies also have the potential to impact victims. One particularly relevant category of this funding is assistance for refugees and other displaced persons, as these populations often comprise mine/ERW victims. International assistance for displaced persons helps to meet the basic needs of victims, such as food and shelter. However, these victims remain far from attaining the holistic assistance to which they are entitled. Their needs often go unaddressed, their incidents unregistered, and their rights unfulfilled in countries including Afghanistan, Algeria, Bosnia and Herzegovina, Colombia, Ethiopia, Greece, Iraq, Kenya, Lebanon, Serbia, South Sudan, Thailand, Turkey, and Uganda.⁴¹

Disability rights and the Convention on the Rights of Persons with Disabilities

Rights-based approach

The Convention on the Rights of Persons with Disabilities (CRPD, 2006) is another major framework with the potential to impact mine/ERW survivors. The CRPD is legally binding, providing an overarching mechanism for the amendment of national laws and policies related to persons with disabilities.⁴² The CRPD does not provide for new rights but it frames the existing rights catalogue in an accessible way.

A human rights-based approach acknowledges that if something is necessary for a person to live in dignity, then it is a right that can be claimed and the government can be held accountable for ensuring it is upheld.⁴³ Applying a rights-based approach to victim assistance in accordance with the CRPD further strengthens the provisions of the disarmament conventions by requiring protection of numerous rights central to victims' physical and social rehabilitation by those states parties to the disarmament conventions that are also states parties to the CRPD. Any discrimination against victims, restrictions imposed on victims' access to broader programs, or even a failure to take special steps to ensure access, can be addressed as a violation of victims' rights.

Victim assistance should be provided in accordance with applicable international humanitarian and human rights law. This is a commitment under the Cartagena Action Plan as well as an obligation under the Convention on Cluster Munitions.⁴⁴ The CRPD has been referred to as a "new standard by which to measure victim assistance."⁴⁵ It contains higher applicable standards than the victim assistance provisions in the Convention on Cluster Munitions and Mine Ban Treaty, which call for "adequate" assistance. For example, the CRPD requires:

- *Health: **highest attainable standard** of health;*
- *Mobility: ensure personal mobility with the **greatest possible** independence;*
- *Rehabilitation: gain and maintain **maximum** independence... and full inclusion and participation in all aspects of life;*
- *Employment: work, on an **equal basis** with others;*
- *Participation: participation on an **equal basis** with others in public, political, and cultural life, recreation, leisure, and sport;*
- *An **adequate standard of living** for themselves and their families, and to the **continuous improvement** of living conditions.*

Implementing the Convention on the Rights of Persons with Disabilities

The CRPD represents a potentially significant tool through which states can provide rights-based assistance to survivors and other victims who are persons with disabilities.⁴⁶ Recently, Monitor research has begun to identify progress in the implementation of the CRPD that demonstrates its potential to improve the situation for victims with disabilities. In many countries, initiatives have already led to changes in laws and policies and in the development of national disability councils. However, in terms of adequately providing assistance with measurable results (such as increased employment for persons with disabilities) as called for by the Mine Ban Treaty and Convention on Cluster Munitions, Monitor research indicates that it is still early days for the impact of the CRPD to be felt in areas where mine/ERW victims mostly live.

Activities to implement the rights of persons with disabilities in States Parties to the CRPD, as well as in many other states, mostly remain in the area of legislative changes that will only have a meaningful impact when they are adopted and governments prioritize their implementation.⁴⁷ The relatively slow pace by which States Parties to the CRPD are bringing about real change is apparent to the actors involved in the process.⁴⁸ According to one expert, it could take 20–25 years at least, for States Parties to the CRPD to move from creating laws to fully implement the provisions of the convention by removing all the key barriers to the fulfillment of the rights of persons with disabilities and ensuring services are available and accessible to all persons on an equal basis.⁴⁹ All states, even with the most economic resources at their disposal, face challenges in converting rights into action, although the length of time needed to effect change will likely be longest in those states with the least resources.

Implementing the CRPD

CROATIA

Croatia is a State Party to the Mine Ban Treaty, the Convention on Cluster Munitions, the Convention on Conventional Weapons, and the CRPD. It is an upper-middle income country in transition that joined the European Union (EU) in 2013. Croatia has a highly developed legal framework with more than 200 laws and by-laws relating to the rights of persons with disabilities. However, the on the ground reality does not always match the requirements in the legislation.⁵⁰ The European Commission notes that the criteria for disability entitlements are not applied equally and that legislation regulating specific rights remains fragmented.⁵¹ Survivors have also reported that it often takes years to complete the bureaucratic procedures to access legal rights and benefits.

Integrated victim assistance and CRPD coordination

While the process has been slow and partial, victim assistance coordination has been increasingly integrated with what, in many cases, are emerging disability coordination mechanisms. Coordination of victim assistance in many States Parties to the Mine Ban Treaty and/or the Convention on Cluster Munitions has been combined with disability coordination, or greater collaboration has emerged between these two sectoral coordinating mechanisms. As of 2012, in 12⁵² of 32 Mine Ban Treaty and Convention on Cluster Munition States Parties⁵³ with significant numbers of mine/ERW victims, the victim assistance focal point was the ministry responsible for disabilities issues. Nearly all of the States Parties with active victim assistance coordination mechanisms had either combined these with disability coordination mechanisms or there was collaboration across the two coordination mechanisms.⁵⁴ In countries such as Afghanistan, Cambodia, South Sudan, Sudan, and Tajikistan, disability coordination mechanisms grew out of victim assistance coordination, adding the coordination of disability issues to their existing victim assistance mandate. Victim assistance and disability collaboration in these countries was inherent from the start.

However, thus far, this increased integration and collaboration has not been effective in all cases in improving coordination overall or in ensuring greater integration of survivors within the disability community or among the beneficiaries of programs targeting persons with disabilities. Victim assistance coordination in most States Parties to the Convention on Cluster Munitions and to the Mine Ban Treaty has developed over some five to 10 years. In this time, participants in these coordinating mechanisms have increased their substantive knowledge of victim assistance as well as relevant skills. CRPD coordination is just getting started.

As a result, victim assistance coordination in many countries continues to receive important support from mine action centers, even if a ministry for disability affairs has assumed the role of focal point. In Afghanistan, Cambodia, and Mozambique, victim assistance coordination has been transferred from mine action centers to ministries responsible for disability issues in recent years. However, in all three states, the mine action centers remain critical in supporting the ministries responsible for disability issues in this new role.⁵⁵

While there are significant advantages to promoting collaboration between victim assistance and CRPD coordination, practice thus far indicates that the transfer of coordination requires a period of transition to ensure that the benefits of expertise and experience gained through developing victim assistance coordination are not lost.

Victim assistance and CRPD reporting

The CRPD reporting and monitoring process has often been cited as a potentially useful source of information on programs that can also support mine/ERW victims with disabilities. Such reporting could also strengthen the understanding of how well victim assistance and its plans, budgets, and timeframes are being incorporated “within the existing national disability, development and human rights frameworks and mechanisms.”⁵⁶

To date, however, the rate of compliance with reporting requirements has been lower under the CRPD than under the Convention on Cluster Munitions or the Mine Ban Treaty.⁵⁷ CRPD reporting is also due less regularly than the annual reporting of the Convention on Cluster Munitions and the Mine Ban Treaty. Under the CRPD, states parties must submit initial reporting two years after entry into force for that State and then provide an update every four years. For example, among States Parties to the Convention on Cluster Munitions with cluster munition victims, both Lao PDR and Montenegro had initial CRPD reports due in 2011, yet neither had submitted them as of 1 July 2013. Just two (Bosnia and Herzegovina and Croatia) have submitted initial compulsory reports on the situation of persons with disabilities to the Committee on the Rights of Persons with Disabilities.⁵⁸

Programs for disability rights

Several donors note that they provide assistance through programs designed to support persons with disabilities. In addition a new UN fund “Partnership to promote the Rights of Persons with Disabilities Multi-Donor Trust Fund” (UNPRPD MDTF) has been held up as a possible source of funding that may benefit victims. In 2012 Monitor research identified three concrete programs implemented with resources for disability rights that were directly inclusive of mine/ERW victim’s needs.

Programs for disability rights

CAMBODIA & AUSTRALIA

From July 2007 to June 2010, AusAID’s Landmine Survivors Assistance Fund provided small grants to NGOs for targeted victim assistance projects such as livelihood training, physical rehabilitation, sports participation, loans, inclusive education for children with disabilities, and health and nutrition to landmine victims and people in affected communities. In 2010 the Fund expanded its focus and became the Cambodia Initiative for Disability Inclusion (CIDI). The CIDI included support to the Cambodian social affairs ministry for implementation of national policies and strategies, such as the delivery prostheses and orthoses; targeted water and sanitation assistance for persons with disabilities, including survivors of landmines and other explosive remnants of war; and a Disability Inclusion Assistance Fund that provides small grants for local organizations for persons with disabilities.

MOZAMBIQUE

In 2012, the UN fund “Partnership to promote the Rights of Persons with Disabilities Multi-Donor Trust Fund” (UNPRPD MDTF) granted \$340,000 (of a total of some \$2.4 million for seven projects) to a project in Mozambique “to empower the often marginalized group of mine survivors to claim their rights” through the national survivor network (RAVIM), for the Mozambique Association of Persons with Disabilities (FAMOD) for stronger representation in national fora and nationalization of the CRPD, as well as to improve data on persons with disabilities in cooperation with the National Institute of Statistics.⁵⁹

Programs for disability rights

PERU

In April 2012, as a response to recommendations from the Committee for the Rights of Persons with Disabilities on improving access to services for all persons with disabilities, Peru's National Disability Council launched the pilot program "Accessible Tumbes" in the town of Tumbes, close to mine-affected areas. Peru recognized the benefits of the program also for mine/ERW victims with disabilities in the region and reported on advances to the Mine Ban Treaty Standing Committee on Victim Assistance and Socio-economic Reintegration.

The role of international assistance

While mine/ERW-affected states with victims hold the primary responsibility to uphold the rights of victims, most have very limited financial and technical resources, and it is expected that these states will receive international assistance. Both the Mine Ban Treaty and the Convention on Cluster Munitions require States Parties "in a position to do so" to provide such technical, material and financial assistance to affected states, bilaterally, or through other actors.

Many donor states now report that they contribute to victim assistance through streams such as development aid for health and social services.⁶⁰ It is a donor's prerogative to decide where and how these funds should be spent—either bilaterally or through different multilateral channels. The key to fulfilling victim assistance commitments is ensuring that the assistance is effective and has an impact on the lives of victims, in addition to whatever other impact funding may have.

Tracking assistance and the impact on victims

To date, few efforts have been made to show how development aid, or any other contributions that are not designated as victim assistance funding, enable a state or organization to assist mine/ERW victims, or even how, more generally, the funds reach the most vulnerable people in areas where victims live. Significantly, donor states themselves have indicated that it is complicated to trace who is being reached by large amounts of bilateral funding, and that trying to determine whether it is reaching victims may not be possible.⁶¹ So far, the Monitor has not been able to track development aid or similar funding through broader cooperation assistance that contributes to victim assistance because neither donors nor recipient states have reported the impact of this assistance on victims. Tracing the impact of development assistance and other categories of foreign assistance on the lives of victims is likely to require new initiatives and adjustments to how such assistance is monitored.

On the other hand, since the results of targeted victim assistance programs are visible and traceable, it is simpler to measure the results of dedicated victim assistance funding. Using current reporting practices, such funding can be tracked through the reporting of donor and affected states.⁶²

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¹ ICBL, “Guiding Principles for Victim Assistance,” April 2007, www.icbl.org/index.php/icbl/content/view/full/21843, accessed 19 November 2013.

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² As noted in the Mine Ban Treaty’s Nairobi Action Plan 2005–2009: Victim assistance constitutes “a vital promise for hundreds of thousands of mine victims around the world, as well as for their families and communities.”

³ Under this growing norm states are committing to work towards the care, rehabilitation, and social and economic reintegration or inclusion of victims; this includes but is not limited to data collection; emergency and continuing medical care; physical rehabilitation including prosthetic devices, psychological support, social and economic assistance; and implementation of pertinent legislation and policies.

⁴ The Mine Ban Treaty’s Nairobi Action Plan and Cartagena Action Plan, the Plan of Action for Protocol V of the Convention on Conventional Weapons, and the Vientiane Action Plan adopted by the First Meeting of States Parties to the Convention on Cluster Munitions in 2010.

⁵ Across the three disarmament treaties, victim assistance also includes the principles of “non-discrimination, the human rights context, gender and diversity, national development frameworks and cooperation and assistance.” Anti-Personnel Mine Ban Convention Implementation Support Unit, “Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development,” Geneva, 2011, p. 32.

⁶ Recommendations developed by the Co-Chairs of the Mine Ban Treaty’s Standing Committee on Victim Assistance for implementing the Cartagena Action Plan and statements made during meetings of the Working Group on Victim Assistance of the Convention on Cluster Munitions elaborate the understanding of adequate assistance.

⁷ The *2005 Basic Principles and Guidelines on the Rights to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law* defines victims of gross violations of human rights as: “persons who individually or collectively suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that constitute gross violations of international human rights law, or serious violations of international humanitarian law. Where appropriate, and in accordance with domestic law, the term ‘victim’ also includes the immediate family or dependents of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prevent victimization.” “Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Violations of International Human Rights and Humanitarian Law,” annexed to UN General Assembly Resolution 60/147, 21 March 2006, p. 8.

⁸ Mine Ban Treaty, “Intersessional Work Programme, March & May 2000: Victim Assistance,”

www.apminebanconvention.org/intersessional-work-programme/march-may-2000/victim-assistance/meeting-report/.

⁹ This has often been stated by survivors and victims during the course of Monitor research. See also: Russell Wyper, “An exploratory study of the perceived impact of health problems of landmine/UXO victims versus another disability group,” *Health and Quality of Life Outcomes*, 10:121, Perth, 2012, www.hqlo.com/content/10/1/121.

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¹⁰ This differs from other international humanitarian law, for example, in that victim assistance makes no distinction between civilians and military personnel or others taking part in hostilities.

¹¹ UNMAS, “VA projects comprehensive report 2007–2012,” received by email from Arek John Akot Kon, Victim Assistance and Mine Risk Education Assistant Coordinator, UNMAS, 2 May 2013.

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¹² See, CAP Action #27, “Develop and implement, if they have not yet done so, a comprehensive plan of action and budget that addresses the rights and needs of mine victims.”

¹³ Here, the term “national victim assistance plan” includes disability plans that have been developed with input from survivors and seek to address the needs of survivors with disabilities, along with other persons with disabilities.

¹⁴ See, CAP Action #34, “Without delay, and no later than the Tenth Meeting of the States Parties, develop or update national plans as well as map the national resources available to meet their obligations and the needs for international cooperation and assistance.”

¹⁵ See country profiles of the Monitor, www.the-monitor.org/cp.

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¹⁶ In addition, the ICRC supports the provision of services for survivors in five states not party to the Mine Ban Treaty or the Convention on Cluster Munitions: China, India, Myanmar, Nepal, and Pakistan.

¹⁷ ICRC SFD, “Annual Report 2012,” Geneva, May 2013, p. 6.

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¹⁸ In 2012, just two other entities received significant amounts of dedicated victim assistance funding: Tromsø Mine Victim Resource Center and the UN, via UNMAS and UNDP.

¹⁹ “Evolution of victim assistance within Handicap International,” *Viewpoints*, No. 2, April 2013.

²⁰ Afghanistan, Cambodia, Laos, Tajikistan, along the Thai-Burma border, in Thailand, and Vietnam. Clear Path International, “About CPI,” cpi.org/?page_id=6.

²¹ As of November 2013, the Polus Center had programs in Colombia, Iraq, Jordan, Nicaragua, and Peru. The Polus Center for Social and Economic Development, “Victim Assistance,” www.poluscenter.org/victim-assistance.

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²² There are survivor networks that are ICBL-CMC members in the following states and one other area: Afghanistan, Albania, Algeria, Azerbaijan, Bosnia-Herzegovina, Burundi, Cambodia, Chile, Colombia, Democratic Republic of Congo, Croatia, Egypt, El Salvador, Ethiopia, Iraq, Lao PDR, Lebanon, Mozambique, Nepal, Rwanda, Senegal, Serbia, Tajikistan, Thailand, Turkey, Uganda, Vietnam, Yemen, Zambia, and Western Sahara. Some countries, such as Colombia and Uganda, have numerous local survivor groups that form part of the ICBL-CMC national campaign. In addition, there are many more survivor networks that are unofficial and unregistered.

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²³ Colombia, El Salvador, Israel, Nepal, Peru, South Korea, and Turkey.

²⁴ Sheree Bailey and Tun Chunnareth, “Beyond the Rhetoric: the Ban Treaty and Victim Assistance,” in *Banning Landmines: Disarmament, Citizen Diplomacy, and Human Security* (Rowman and Littlefield 2008), Jody Williams, Stephen Goose, and Mary Wareham (eds), p. 145.

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²⁵ Behavior that is high risk for landmine incidents, such as collection of firewood, accessing water sources, and collecting scrap metal, is also behavior that is closely linked to poverty in many mine/ERW-affected countries due to a lack of alternative livelihood options.

²⁶ Monitor notes from the “CMC & ICBL International Workshop on Victim Assistance,” Vientiane, 8 November 2010.

²⁷ See, for example: “Development for All: Towards a disability-inclusive Australian aid program 2009–2014,” www.aidissues.gov.au/aidissues/did/Pages/how-aid.aspx; Austrian Development Cooperation, “Governance and Human Rights Program: Including Persons with Disabilities,” www.entwicklung.at/en/themes/governance-and-human-rights/; and “Norway’s international efforts to promote the rights of persons with disabilities,” www.regjeringen.no/upload/UD/Vedlegg/Hum/efforts_disabilities.pdf.

²⁸ Respondents to the *Voices from the Ground* survey were asked about progress in their access to the victim assistance “pillars” of medical care, physical rehabilitation, psychological support, social reintegration, economic reintegration, and rights promotion.

²⁹ Handicap International (HI), *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance*, (Brussels, HI, September 2009), p. 230.

³⁰ World Bank, “World Bank Supports Basic Health in Bosnia and Herzegovina,” web.worldbank.org/external/default/main?pagePK=34370&piPK=34424&theSitePK=4607&menuPK=34463&contentMDK=20011528; and Dr. Goran Cerkez, Deputy Minister, Ministry of Health of the Federation of Bosnia and Herzegovina, “Community Health Care Reform” presentation, Tbilisi, 1 May 2009.

³¹ WHO, “Community-based rehabilitation (CBR): what WHO is doing,” undated, www.who.int/disabilities/cbr/activities/en/.

³² Government victim assistance experts also discussed national approaches to CBR during the Parallel Programme for Victim Assistance Experts in November/December 2012 following the Geneva launch of the WHO Guidelines on Community-Based Rehabilitation, www.apminebanconvention.org/meetings-of-the-states-parties/10msp/what-happened/parallel-programme-for-victim-assistance-experts.

³³ World Bank, “Afghanistan Capacity Building for Results Facility (CBR),” Project Documentation, web.worldbank.org/external/projects/main?pagePK=51351038&piPK=51351152&theSitePK=40941&projid=P123845.

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³⁴ See documents submitted for the Victim Assistance Experts' Workshop, 30–31 May 2013, www.apminebanconvention.org/interessional-work-programme/may-2013/by-invitation-only.

³⁵ See country profiles for Mozambique and Serbia, www.the-monitor.org/cp.

³⁶ Statement of Mozambique, Twelfth Meeting of States Parties to the Mine Ban Treaty, Geneva, 4 December 2012.

³⁷ United States Department of State, "2012 Country Reports on Human Rights Practices: Mozambique," Washington, DC, 17 April 2013.

³⁸ See, for example: Handicap International, "Good practices for the economic inclusion of people with disabilities in developing countries: funding mechanisms for self-employment," 2006, pp. 31–32.

³⁹ The lack of education that victims have can be related to their levels of poverty prior to the explosive incident and/or missed education as a result of prolonged hospital visits following an incident. HI, *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance*, (Brussels, HI, September 2009), p. 232; and Monitor field visit to Bosnia and Herzegovina, 4–10 November 2012.

⁴⁰ Interview with Carlos Orozco, Regional Coordinator, Assistance Program for Demining in Central America, Organization of American States (OAS), 2 March 2009. The program was implemented by the OAS.

⁴¹ See "Landmines and Refugees: The Risks and the Responsibilities to Protect and Assist Victims," ICBL-CMC, 20 June 2013, p. 4, including: interview with Awala Lahbib, Acting Director, Saharawi Association of Landmine Victims, Rabouni Refugee Camps, 9 June 2013; Refugee Consortium of Kenya, "Asylum under threat: Assessing the protection of Somali refugees in Dadaab refugee camps and along the migration corridor," June 2012, pp. 65–66.

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⁴² Persons with disabilities are entitled to all the fundamental human rights. Human rights obligations as contained in the Convention on the Rights of the Child (CRC), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and particularly the Covenant on Economic, Social and Cultural Rights (CESCR) are also applicable to all persons with disabilities. See: CESCR, General Comment No. 5: Persons with Disabilities, 9 December 1994, (E/1995/22). The International Covenant on Civil and Political Rights (ICCPR) also includes anti-discrimination principles; however, unlike that covenant, there is no specific provision in the CRPD under which countries may derogate from their obligations in times of public emergency. See Tahmina Karimova, "Derogation from human rights treaties in situations of emergency," Rule of Law in Armed Conflicts Project, www.geneva-academy.ch/RULAC/derogation_from_human_rights_treaties_in_situations_of_emergency.php.

⁴³ Landmine Survivors Network, "A Human Rights-Based Approach to Disability: The Legal Framework for Survivor Assistance in 24 States Parties," Geneva, 2007, p. 6.

⁴⁴ According to those involved in drafting the victim assistance provisions of the Convention on Cluster Munitions, "It is important to note that the formulation 'in accordance with applicable international [...] law' does not bear restriction as to the source of the law. Consequently relevant norms of international humanitarian and human rights law may be derived from all forms of international law be they international treaties, international customary law or general principles of law." Markus Reiterer and Tirza Leibowitz, "Article 5 Victim Assistance," in *The Convention on Cluster Munitions. A Commentary*, Oxford Commentaries on International Law, 2010, Gro Nystuen and Stuart Casey-Maslen (eds.), p. 357. Also relevant to Cartagena Action Plan, para. IV. 12.

⁴⁵ Sheree Bailey, Victim Assistance Specialist, Anti-Personnel Mine Ban Convention Implementation Support Unit, "Emerging trends: Linking victim assistance and the Convention on the Rights of Persons with Disabilities," 18 March 2010, www.gichd.org/fileadmin/pdf/conferences/UNMAT-2010/UNMAT2010-Day2-ISU-UNMAS-CRPD.pdf.

⁴⁶ For further information see, Survivor Corps, "Connecting the Dots," April 2011, www.survivorcorps.org/PDFs/Advocacy/Connecting_the_dots.pdf; ICBL-CMC, "Connecting the Dots: Detailed Guidance," 2011, www.icbl.org/index.php/icbl/content/view/full/25876; Anti-Personnel Mine Ban Convention Implementation Support Unit, "Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development," 2011, www.gichd.org/publications/assisting-landmine-and-other-erw-survivors-in-the-context-of-disarmament-disability-and-development-en.

⁴⁷ This finding is based on Monitor observations in the absence of global reporting on progress in implementing the CRPD.

⁴⁸ Similarly, more than 20 years after the adoption of the Convention on the Rights of the Child, ensuring child rights remains challenging and "much work remains to be done." See: UNICEF, "1989-2009: Convention brings progress on child rights, but challenges remain," www.unicef.org/rightsite/237.htm. See also: UN, "Ensuring child rights still a challenge, 20 years after treaty – UN officials," 20 November 2009, www.un.org/apps/news/story.asp?NewsID=33029&Cr=unicef&Cr1#.UhbUYW11Tb0.

⁴⁹ A rights expert speaking under the Chatham House Rule, Mine Ban Treaty Intersessional Standing Committee Meetings, Parallel Programme for Victim Assistance Experts, 27 May 2009.

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⁵⁰ Croatia, Convention on Cluster Munitions Article 7 Report (for calendar year 2012), Form H.

⁵¹ European Commission, “Croatia 2011 Progress Report,” Commission staff working document, Brussels, 12 October 2011, pp. 10 & 51.

⁵² Afghanistan, Cambodia, DRC, Eritrea, Ethiopia, Jordan, Mozambique, Serbia, South Sudan, Thailand, Turkey, and Uganda.

⁵³ The 32 States Parties with significant numbers of survivors are: Afghanistan, Albania, Algeria, Angola, BiH, Burundi, Cambodia, Chad, Colombia, DRC, Croatia, El Salvador, Eritrea, Ethiopia, Iraq, Jordan, Lao PDR, Lebanon, Mozambique, Nicaragua, Peru, Senegal, Serbia, Somalia, South Sudan, Sudan, Tajikistan, Thailand, Turkey, Uganda, Yemen, and Zimbabwe.

⁵⁴ For more details on each country see *Landmine Monitor 2013*, victim assistance overview.

⁵⁵ As the victim assistance focal point, the Mozambican mine action center had already shared responsibility for victim assistance coordination with the ministries of health and social affairs for many years.

⁵⁶ Convention on Conventional Munitions, Article 5(2)(c); and Cartagena Action Plan, Section IV: Assisting the Victims, para. 13: “Victim assistance should be integrated into broader national policies, plans and legal frameworks related to disability.”

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⁵⁷ Reporting on victim assistance under the Mine Ban Treaty is done on a voluntary basis.

⁵⁸ The Committee on the Rights of Persons with Disabilities, one of the human rights bodies in the Office of the High Commissioner for Human Rights, is tasked with monitoring the implementation of the CRPD. All states parties to the CRPD are required to submit regular reports to the Committee outlining the legislative, judicial, policy and other measures they have taken to implement the rights affirmed in the Convention.

⁵⁹ UNDP Multi-partner Trust Fund Office, “UNPRPD Mozambique UN Partnership,” start date 4 October 2012, mptf.undp.org/factsheet/project/00084087.

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⁶⁰ A very small number of donors, including Sweden and the United Kingdom, chose these streams to be their only channels for funding their cooperation obligations to assist victims.

⁶¹ For example, Norway at a side event at the 2013 Mine Ban Treaty Standing Committee Intersessional Meetings in Geneva, and Japan at the 2013 Bangkok Symposium on Enhancing Cooperation and Assistance.

⁶² Dedicated victim assistance funding as reported by donors is mainly delivered through donors’ humanitarian funding channels. As reported by donors, this is money that comes from the same mine action-funding sources as, for example, clearance and advocacy. In addition to financial assistance, there are also some cases of technical support between states that is reported as support for victim assistance.

