

Assistance to Victims of Landmines and Explosive Remnants of War: *Guidance on Child-focused Victim Assistance*



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In addition to the print version, the Guidelines are also available in a range of alternative formats: DAISY; E-Pub and accessible HTML that can be found at www.unicef.org/disabilities.

Cover photo:

Tayyab lost his right foot due to a mine that exploded while he was playing with it. Tayyab’s father, a farmer, explains: “My land was flooded, but with the help from my family, I managed to cultivate it again. I was working ... when I saw something that looked like a thermos cap. I ... put it in my pocket ... I gave it to my children to play with. The next morning ... I heard a big explosion. It sounded too close. I came out to look and saw Tayyab lying in the pool of blood. I was devastated. I could not go to the hospital that day and just kept crying.”

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Explanatory Note

THIS document is one of **eight** PDF documents that comprise the Guidance on Child-focused Victim Assistance. All are available in PDF at <<http://www.unicef.org/publications/>>. The full document is also available.

This first section contains the Acknowledgements, Foreword, Acronyms and Chapters 1 through 4:

- Chapter 1. Introduction: The Need for Child-focused Victim Assistance Guidance
- Chapter 2. Mine Action, UNICEF and Guidance on Child Victim Assistance
- Chapter 3. Victim Assistance: Stakeholders and International Standards
- Chapter 4. Principles, Coordination and Cross-cutting Aspects of Victim Assistance

Another six stand-alone PDF documents available for the six technical components comprise Chapter 5 Child-focused Victim Assistance:

- Section 5.1 Data collection and analysis
- Section 5.2 Emergency and continuing medical care
- Section 5.3 Rehabilitation
- Section 5.4 Psychological and psychosocial support
- Section 5.5 Social and economic inclusion
- Section 5.6 Laws and policies

The final PDF file, Chapter 6, contains resources and references that users may find helpful.



Somali refugee boys in Dadaab refugee camp in Kenya. The boy in the centre lost one eye and his left hand in an explosion of unexploded ordnance when he was four.

Acknowledgements

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Mohamed was 13 years old and living in Benghazi, Libya, when he was playing football with his friends in front of his apartment block. He saw a shiny golden metal object and started hitting it against a wall. It was a submunition which exploded, hitting the child in the hand and face. He lost several fingers in the accident.

Survey: Armed Violence & Weapons Child-Focused Victim Assistance

Thanks go also to predominantly Child Protection staff from 40 UNICEF Country Offices who completed the survey. Much gratitude to Hugh Hosman in supporting the development of the survey form and the data management and analysis.

FOR me, one incident expresses it all: When 8-year-old Nouay picked up an unusual looking stone, it exploded, leaving him unconscious and bloodied. He said recently, “Every day I used to cry when I looked at my hand.” This is one child’s reflection on the explosion of a cluster munition in Lao PDR that occurred years after the war ended. Even decades after fighting is over, these small and indiscriminate weapons remain hidden in the ground, just as landmines, ready to explode at the touch of an animal’s paw or hoof – or a child’s hand or foot. This guidance is important because of a largely invisible group of survivors: children whose lives were altered forever in a split second’s explosion of sound and light. Though this manual originated in the global Mine Action community, all those who work with children with disabilities will benefit from this guidance.

While landmines, cluster munitions, Improvised Explosive Devices and other explosive ordnance had been in use for decades, in 1996, the UN Secretary General issued a report, “Impact of armed conflict on children.” Its development was led by former Mozambican First Lady Graça Machel, still an activist today for children’s rights. That report highlighted systematically the dangers to children posed by landmines and explosive remnants of war and the illicit global flows of small arms and light weapons.

The following year, 1997, saw the adoption of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction. This was followed by other related protocols and conventions, notably the 2006 Convention on the Rights of Persons with Disabilities. You will read about these later in the text. The point here is that when States ratified these international agreements, amongst other provisions, they committed to providing assistance for the care, rehabilitation and reintegration of mine victims and their families. This is as relevant in today’s troubled regions as it is in those still

contaminated by these “explosive remnants of war”.

Implementation by States of the “victim assistance” provisions has been uneven, often left to non-governmental organizations and UN agencies. It has been even more irregular for children, who are too often absent from policy dialogue and programme planning and implementation. Child survivors require more care and attention than adults. Their growing bodies require more frequent access to health, rehabilitation and prosthetic services. The right to education is crucial for supporting the social and economic reintegration of child survivors, yet this right is often in jeopardy if a child has a disability. The psychosocial recovery and wellbeing of child survivors also requires specific considerations appropriate to the survivor’s age and phase in the life cycle. Children with disabilities are especially vulnerable to discrimination, marginalization, violence, abuse, exploitation and neglect, requiring pro-active preventative attention through protection services. For those interested in economic measurements, the DALY or Disability Adjusted Life Years lost due to disease or disability is far greater for children than for adults.

This guidance will be a contribution to filling the gap in ensuring that the child survivors of mine and other explosive accidents receive the immediate and long-term support required for their physical and psychosocial wellbeing. It is also applicable for those who work to end the havoc wreaked by guns and other light weapons and, indeed, other forms of violence against children.

Let us know how you have been able to use it and good luck with your important work.

Susan Bissell
Associate Director, Child Protection
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Acronyms

AIDS	acquired immune deficiency syndrome	P&O	prosthetics and orthotics
APMBC	Anti-Personnel Mine Ban Convention	UN	United Nations
C4D	Communication for Development	UNDG	United Nations Development Group
CBR	community-based rehabilitation	UNDP	United Nations Development Programme
CCM	Convention on Cluster Munitions	UNICEF	United Nations Children’s Fund
CCW	Convention on Certain Conventional Weapons	UNMAS	United Nations Mine Action Service
CDC	Centers for Disease Control and Prevention	UXO	unexploded ordnance
CMC	Cluster Munition Coalition	VA	victim assistance
CRC	Convention on the Rights of the Child	WASH	water and sanitation and hygiene
CRPD	Convention on the Rights of Persons with Disabilities	WHO	World Health Organization
DFID	Department for International Development, Government of the United Kingdom of Great Britain and Northern Ireland		
DPO	disabled people’s organization		
ERW	explosive remnants of war		
GA	General Assembly (of the UN)		
GICHD	Geneva International Centre for Humanitarian Demining		
GMAP	Gender Mine Action Programme (A Swiss NGO)		
HI	Handicap International		
HIV	human immunodeficiency virus		
ICBL	International Campaign to Ban Landmines		
IDP	internally displaced persons		
IED	improvised explosive device		
IMAS	International Mine Action Standards		
IMSMA	Information Management System for Mine Action		
ISPO	International Society for Prosthetics and Orthotics		
ISU	Implementation Support Unit (of the APMBC)		
MA	mine action		
MRE	mine risk education		
NGO	non-governmental organization		
NSA	non-state actor		
PDR	People’s Democratic Republic (as in Lao PDR)		
PFA	psychological first aid		

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Amadou, in Timbuktu, Mali, had an arm and a leg amputated following the explosion of a grenade that killed the other two children he was with.

Chapter 1

Introduction: The Need for Child-focused Victim Assistance

The Need for Child-Focused Victim Assistance

BETWEEN 1999 and 2012, 88,331 people living in some 60 countries are known to have been killed or injured by landmines or explosive remnants of war (ERW). Of these, at least 15,868 were under the age of 18 at the time of the accident.¹ Although significant progress has been made in reducing the threat of unexploded ordnance worldwide, some 1,000 children – 90 per cent of them boys or young male adolescents² – are still killed or injured annually. Cluster munition remnants and improvised explosive devices (IEDs) are particularly deadly for children. Blast and fragmentation injuries often cause long-lasting impairments including limb amputations, loss of eyesight and hearing, severe injuries to genitals, internal organs, face and chest, brain damage and spinal cord damage.

These physical injuries are aggravated by the psychosocial, socio-economic and protection consequences of the traumatic event of a blast accident as the survivors confront lifelong difficulties accessing education, livelihood opportunities and, like many vulnerable children with disabilities, are subject to violence, abuse and exploitation. Children who lose a family member as a result of a mine/ERW blast, or who are living in a family with an adult survivor, also face considerable challenges from the loss or impairment of a care giver or the household breadwinner. Educational opportunities may be lost due to the burden of school fees or the child's need to work to support family income.

Not all deaths and injuries are recorded and not all highly impacted countries disaggregate data by age. Nonetheless, available data on 1,466 child victims collected from 2009 to 2012 show that children from 12 to 17 years old are most at risk and those under 5 the least (See Box 1).

Child Victims

Boys and girls killed and injured by the blast of a landmine/ERW (<18 years old on day of accident)

Non-injured children whose lives are altered by death or injury of a family member or caregiver

All children in a community affected by mines/ERW

Child Survivors

Boys and girls who survived the blast but were injured

More in-depth research is required to better understand the causes that lead to accidents and the associated risk-taking age groups. However, it is crucial to distinguish between those who accidentally set them off, intentionally tamper with a device, and the bystanders. Those causing the explosion may be adults with their children either helping or simply standing by at the moment of the explosion. Table 1 shows the activities by age group that resulted in ERW/mine accidents in Cambodia from 2008 through 2012.

It reveals that the youngest children hurt or killed were more often observers rather than active participants, while adolescents were far more likely to be handling the object when it exploded. Regardless of the causes, child and adolescent casualties of ERW/mine accidents need assistance from all stakeholders if more deaths and injuries are to be prevented.



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A focus group discussion with male Cambodian landmine/ERW survivors to learn about available victim assistance services and to hear personal accounts as to what has been the most important support for them.



Box 1: Age-groups Among Child Casualties Globally (2009-2012)

From 2009-2012, the Landmine and Cluster Munition Monitor recorded 1,705 child victims globally whose sex and age were known, including children killed and children injured. Of these, 1,218 (71%) were boys and 248 (29%) were girls. For the other 239 children, either the age or sex were unknown). (Many media report on ‘children’ in general; if they differentiate the sex, most provide details only about girls. *Therefore, for the known sex and age casualties, it is likely that girls are slightly over-represented in this dataset*).

In order to undertake an analysis by age-groups, key life cycle segments are considered. The following four main groups are suggested: 0-5, 6-11, 12-14, and 15-17 years of age. By combining the two sub-groups comprising adolescents (12-17), equal age-brackets of 6 years each can be compared.

Children from 12-17 are most at risk from mines/ERW (49%) compared to the two younger age groups. Children aged 12-14 are particularly at risk, comprising nearly one third of reported fatalities and injuries. Those under 6 are least at risk as they are most likely by-standers and too young to actively manipulate the explosive device (see also Box 7 on Cambodia data analysis by age-groups in Section 5.1 “Data collection and analysis”).

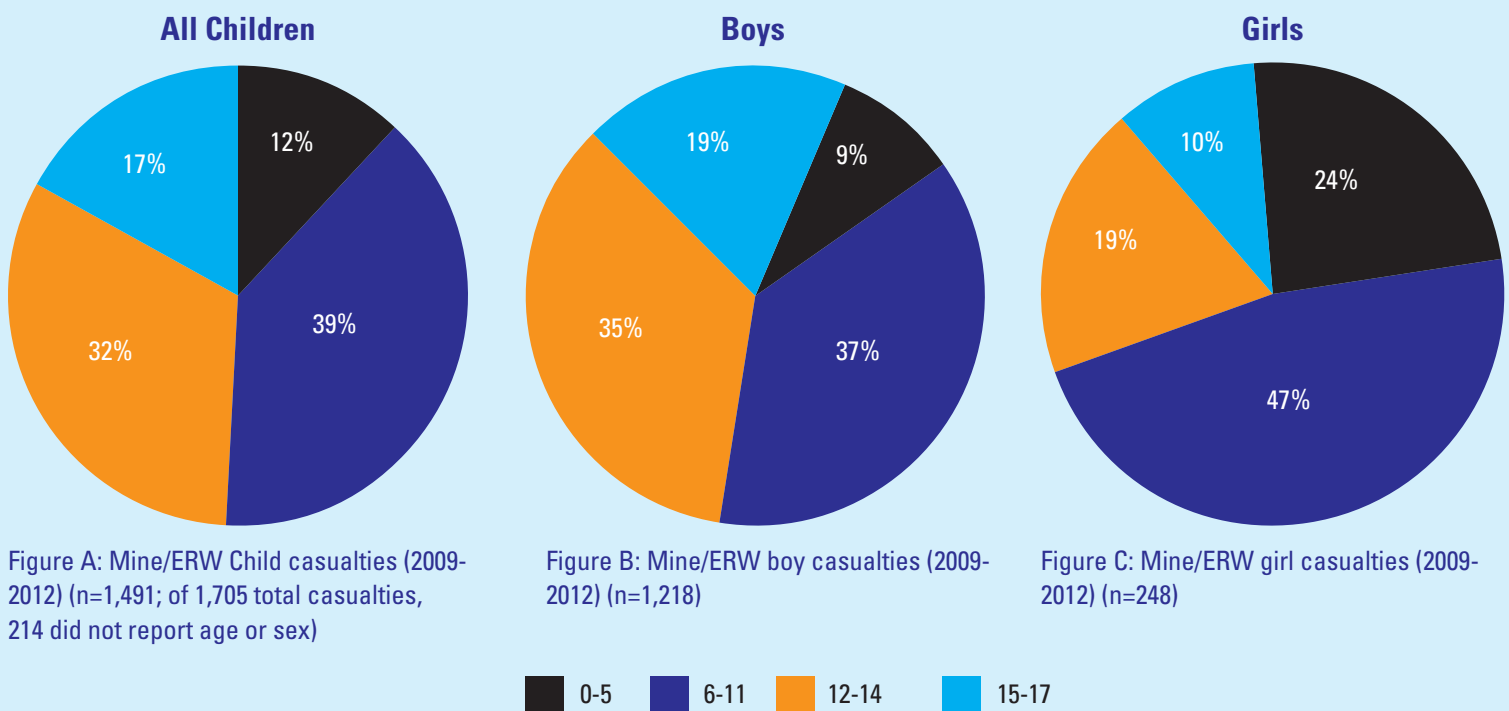


Figure A: Mine/ERW Child casualties (2009-2012) (n=1,491; of 1,705 total casualties, 214 did not report age or sex)

Figure B: Mine/ERW boy casualties (2009-2012) (n=1,218)

Figure C: Mine/ERW girl casualties (2009-2012) (n=248)

Accounting for 71% of reported child victims, boys are clearly much more at risk from ERW and mines than girls. Comparing boys and girls by age-group reveals stark differences though:

- In the 12-17 age group, 54% of the victims of ERW and mines are boys, with 29% adolescent girls.
- Girls aged 6-11 comprise the largest segment of victims among female age groups – by 10% higher than the corresponding boys’ segment.
- Surprisingly, girls under 6 years of age are apparently at considerably higher risk than boys in that age group.

Source: Data provided by Landmine & Cluster Munition Monitor (LCM) team for global data (February 2014), Cambodia Mine/ERW Victim Information System (CMVIS) for Cambodia data (February 2014).

Table 1: Activity at Time of ERW/Mine Accident among Children in Cambodia (2008-2012)

Age Group	Activity at the Time of Accident	Devices		Total
		ERW	Mine	
0-5	Bystander	21	9	30
	Handling Mine/ERW	2	1	3
	Making fire	1		1
	Traveling		9	9
0-5 Years of Age: Total		24	19	43
6-11	Bystander	60	3	63
	Farming		1	1
	Handling Mine/ERW	39	5	44
	Making fire	1		1
	Traveling		5	5
6-11 Years of Age: Total		100	14	114
12-14	Bystander	38	8	46
	Clearing new land	1		1
	Collecting food	1	1	2
	Farming		3	3
	Handling Mine/ERW	40	1	41
	Herding	1	1	2
	Other	2		2
	Traveling		3	3
12-14 Years of Age: Total		83	17	100
15-17	Bystander	32	7	39
	Clearing new land	3	2	5
	Collecting wood		2	2
	Construction		1	1
	Farming	1	5	6
	Handling Mine/ERW	33	2	35
	Herding	2	1	3
	Making fire	2		2
	Other	1		1
	Traveling		14	14
15-17 Years of Age: Total		74	34	108
Grand Total		281	84	365

Source: Data provided by Landmine & Cluster Munition Monitor (LCM) team for global data (February 2014), Cambodia Mine/ERW Victim Information System (CMVIS) for Cambodia data (February 2014).

Resources Chapter 1 “Introduction: The Need for Child-focused Victim Assistance Guidance”

Landmine & Cluster Munition Monitor. *The Impact of Mines/ERW on Children*. Fact Sheet. December 2013. [Since 2009 annually.] <http://www.the-monitor.org/>

Landmine & Cluster Munition Monitor. *Landmine Monitor Report 2013*. [Particularly Section ‘Casualties and Victim Assistance’] <http://www.the-monitor.org/>



Liban lost his leg in a bomb blast in Mogadishu, Somalia, after arriving from the city of Baidoa as an internally displaced person.

Chapter 2

Mine Action, UNICEF and Guidance on Child Victim Assistance

Mine Action, UNICEF and Guidance on Child Victim Assistance

MINE Action (MA) is comprised of five pillars:

- Demining,
- Stockpile destruction,
- Mine risk education (MRE),
- Victim assistance (VA), and
- Advocacy for accession and adherence to the Anti-Personnel Mine Ban Convention (APMBC).

MRE and advocacy, particularly advocacy for the Convention on the Rights of Persons with Disabilities (CRPD), are closely linked to VA. Demining and clearance of landmines and explosive remnants of war (ERW) in affected communities is also fundamental to VA in order to reduce accidents, improve socio-economic recovery and enable life without fear from mines and ERW. Injury prevention (lethal and non-lethal), including the prevention of impairments, is primarily addressed by MRE, demining and advocacy.

The United Nations Mine Action Service (UNMAS), United Nations Development Programme (UNDP), UNICEF and World Health Organization (WHO) have been engaged in VA over the past 15 years. UNICEF contributes to MA through its support of MRE, VA and advocacy. Although the 2011 General Assembly (GA) mandated evaluation of the United Nations (UN) work in MA specifically recommended appointing a VA focal point in the UN system, as of mid-2014, this was not the case; nor is there a UN disability focal point.

UNICEF supports survivors and victims of landmines and ERW as part of its comprehensive support to children affected by armed conflict and to children with disabilities. UNICEF advocates for implementation of the Anti-Personnel Mine Ban Convention (APMBC), the Convention on Cluster Munitions (CCM) and Protocol V on ERW of the UN Convention on Certain Conventional Weapons (CCW), three conventions that integrate needs of victims into disarmament treaties and reinforce their rights. It also supports the Optional Protocol to the UN Convention on the Rights of the Child (CRC) on Children and Armed Conflict and the UN Convention on the Rights of Persons with Disabilities (CRPD), among other legal instruments. UNICEF supports the APMBC Standing Committee on Victim Assistance and Socio-Economic Reintegration in their efforts to strengthen age and gender-appropriate VA for children. In supporting efforts to implement the relevant instruments of international humanitarian law, mine action actors address all types of explosive devices including landmines, ERW and cluster munitions.

Children with Disabilities

The term, 'children with disabilities' refers to persons up to the age of 18 who have 'long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'

Convention on the Rights of Persons with Disabilities, Article 1

The noted gap of the inability of armed non-state actors (NSAs), many of which use indiscriminate weapons, to sign on to international law has been addressed through the work of the Swiss Non-governmental organization (NGO) *Geneva Call* which has for many years successfully lobbied NSAs to sign a 'Deed of Commitment' similar to the APMBC. As of mid-2014, 45 NSAs agreed to ban landmines and to broadly undertake mine action, including limited VA. UNICEF supports or has supported civilians living in areas controlled by NSAs in some countries/areas.

States Parties to the Mine Ban Convention have acknowledged victim assistance to be a core pillar of Mine Action and States Parties to the Convention on Cluster Munitions have agreed to VA as an obligation with its own article whereby States Parties must adequately provide age-sensitive assistance. High Contracting Parties to the Convention on Certain Conventional Weapons that signed Protocol V on ERW also incorporated VA requirements.

All States Parties repeatedly called for such assistance to be age and gender-appropriate, noting that survivors and other victims may need to access various components of VA at different points in their life-cycle, depending on individual circumstances. This life cycle approach is particularly relevant for child survivors who require tailored assistance at various stages throughout their lives. Their initial needs also vary greatly depending on whether they were under six, school age or adolescents at the time of injury.

Various victim assistance and disability stakeholders, including treaty-related bodies, have developed guiding principles and policies on victim assistance. The UN Mine Action Strategy 2013-2018, for example, includes comprehensive support to victims as the second of four strategic objectives and calls for the provision of age- and

gender-sensitive assistance. The *Landmine & Cluster Munition Monitor* has compiled and reported the limited information that is available on child victims and on victim assistance annually since 2009, with the support of UNICEF. While most such strategies acknowledge the need to provide age- and gender-sensitive assistance, they provide no detail on how to do so. In recent years, there has been increasing anecdotal evidence and acknowledgement of a considerable gap in age- and gender-sensitive VA. A comprehensive mapping of VA-related literature and programming undertaken by UNICEF confirmed what was suspected: age-sensitive assistance remains among the least considered aspects of victim assistance provisions. There is a scarcity of child-specific literature, recommendations, good practices and analysis with the notable exception of the Save the Children publication *Child Landmine Survivors: An Inclusive Approach to Policy and Practice*, published in 2000.

While data and analysis on how children are impacted have been used as a primary advocacy and fundraising tool by the MA and VA community, existing guidelines, tools, studies or programme evaluations barely address their specific needs. Although some information can be gleaned from gender guidelines and studies undertaken with a deliberate gender focus, these fail to recognize that the needs of boys and girls of different ages vary greatly from those of adults, and that girls', let alone boys', needs cannot be adequately or appropriately met through strategies and approaches that target only women.

In response to this gap and to increased demand from UNICEF Country Offices for guidance in this area, UNICEF established an international resource group made up of victim experts involved in treaty-related processes, global policy and advocacy and direct programme implementation to oversee the development of a new guide. This group included landmine survivors. The process of development included:

- Comprehensive desk and literature review;
- Comprehensive mapping of victim assistance programmes;
- The development, dissemination and analysis of a survey on child-centred victim assistance to UNICEF Country Offices in 53 mine/ERW affected countries and areas;
- Missions to Mozambique and Cambodia, which included focus group discussions conducted with landmine/ERW survivors including children and family members of landmine/ERW victims;
- Participation and presentation of concepts and preliminary findings during side meetings of the APMBC Intersessional Meeting 2013 and the Meeting of States Parties 2013 organized by the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration (Austria and Colombia); and
- A final draft review by an editorial group.

Child-focused VA is about children and their families

A child survivor who lost a limb or the eyesight is the most visible victim. But to ensure the rights of all child victims, we must also support adult mine/ERW survivors and families who have lost someone due to a blast.

How can victim assistance be provided to best benefit children affected by landmines/ERW?

This is the core question.

This guidance is intended to support UNICEF staff and other MA, VA and children with disabilities practitioners engaged in planning and implementing victim assistance to apply human rights, child and gender-based approaches. The goal is to improve the well-being of children directly or indirectly affected by landmines and ERW, as well as children living with disabilities overall.

Overall objectives of the guidance

- To provide guidance on how to develop or adapt policies and programmes that assist child mine/ERW victims that are age- and gender-appropriate and promote the rights of children and young people with disabilities.
- To promote access for children directly and indirectly affected by landmines and ERW to comprehensive support in emergency situations, directly or through their families, communities and service providers.
- To promote programming for mine/ERW injured children that is mainstreamed into wider disability, economic and social development, and poverty reduction efforts.
- To support stakeholders to meet the needs and enhance the quality of life of children and their families affected by landmines and ERW by advocating for and facilitating access to affordable health care, rehabilitation, psychosocial support, social and economic inclusion (education, livelihood support and social assistance, etc.).
- To encourage stakeholders to facilitate the empowerment and participation of children affected by armed conflict and of children with disabilities.

Target audiences of the guidance

The primary audiences for this guidance are:

- UNICEF programme and policy staff at country,

Monica and Luis Alberto, both 14 years old, during a weekend retreat for children with disabilities, run by the NGO CIREC (the Colombian Integral Rehabilitation Centre), outside Bogotá, Colombia. Monica lost one foot when her younger cousin brought a grenade home, not knowing its danger. It exploded, killing the cousin and injuring Monica and her brother Jonathan, both of whom required lower leg amputations. Luis Alberto left home at the age of 11. He says he was born without one foot, but social workers suspect it was amputated following a war-related injury. CIREC promotes an integrated recovery approach, especially for children, combining physical and play therapy, counselling and empowerment training. It also trains clients to advocate against stereotypes affecting people with disabilities.



regional and headquarters levels;

- Governmental and non-governmental entities and international organizations, including UN actors, providing services for survivors and victims of landmines/ERW and persons with disabilities;
- Government, UN, NGO and other relevant stakeholders influencing policy and budgeting related to mine action, persons with disabilities, and/or child rights and protection.

The secondary audiences of the child-focused VA guidance are:

- Child Protection practitioners focusing on children affected by armed conflict and disaster management;
- Mine Action actors;
- Protection, Child Protection, Education, Health, WASH (Water, Sanitation and Hygiene) and other relevant sectors;
- Personnel from service providers, development organizations, non-governmental organizations (NGOs), disabled people’s organizations (DPOs) including landmine/ERW survivor organizations working to strengthen respect for human rights and access to health, education, social and livelihood services;
- Children and people with disabilities, their family members and other care givers;
- Victims and survivors of armed conflict, including children and adolescents;
- Researchers and academics.

The Guidance has seven major parts, including an introduction with justification of the need for a child-centred guide, a section on key stakeholders and standards that govern mine action and in particular victim assistance and a summary of the key principles and cross-cutting issues critical to effective VA.

The core of the Guidance is Chapter 5, which has six sections describing the full spectrum of holistic and integrated interventions required for effective victim assistance for children directly and indirectly affected by landmines and explosive remnants of war. Each section contains an introduction, goals, role of the respective child-focused VA, key concepts, desirable outcomes, and suggested activities. The six sections are:

- 5.1 Data collection and analysis
- 5.2 Emergency and continuing medical care
- 5.3 Rehabilitation
- 5.4 Psychological and psychosocial support
- 5.5 Social and economic inclusion
- 5.6 Laws and policies

The six components are in line with the current understanding on VA applied by States Parties to the relevant conventions (APMBC, CCM, Protocol V of CCW). They are also accepted by many States that have yet to join these conventions. The first and sixth elements — data collection and analysis, and laws and policies — serve as the foundation to any efforts on behalf of child survivors and victims. All six components are inter-related and based on the premise that victim assistance must be undertaken as an integrated process through which a person can access all the services required throughout their lifetime rather than as a series of separate actions.

Finally, when using the term “access to”, this Guidance adopts the six criteria that underlie the concept of *access* as proposed by Handicap International (HI):

1. availability,
2. accessibility,
3. acceptability,
4. affordability,
5. accountability,
6. good technical quality.

Resources Chapter 2 “Mine Action, UNICEF and Guidance on Child Victim Assistance”

- APMBC Co-Chair of the Standing Committee on Victim Assistance and Socio-Economic Reintegration (Austria). *Strengthening the Assistance to Child Victims*. 13th Meeting of the States Parties to the APMBC. Geneva December 2013. <<http://www.maputoreviewconference.org/fileadmin/APMBC-RC3/3RC-Austria-Colombia-Paper.pdf>>
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Ahmed lives in the village of Khan Arnaba, Syria, 10 km from Quneitra, where he was severely injured by a landmine. Ahmed lost vision in both eyes. Quneitra is close to the Golan Heights in southwestern Quneitra Governorate. UNICEF supported a mine risk education campaign and constructed seven safe playgrounds.

Chapter 3

Victim Assistance: Stakeholders and International Standards

Victim Assistance: Stakeholders and International Standards

Stakeholders

NATIONAL governments are the primary stakeholders responsible for ensuring that the rights and needs of landmine/ERW survivors in their territory are met. States, however, are not expected to do so on their own and treaty language clearly stipulates that “States *in a position to do so*” (emphasis added) are obliged to assist. This assistance may be provided through a variety of means, including through “the United Nations system, international, regional or national organizations or institutions, the International Committee of the Red Cross, and national Red Cross and Red Crescent societies and their International Federation, non-governmental organizations, or on a bilateral basis.”

A number of key international agencies and non-governmental actors have historically engaged in the development of VA guidance and in the implementation of assistance to victims. These include the International Committee of the Red Cross (ICRC) and its related national organizations, and international and national NGOs and disabled people’s organizations (DPOs) including those comprising the International Campaign to Ban Landmines (ICBL) and the Cluster Munition Coalition (CMC). Key organizations involved in VA programming at global and regional levels include but are not limited to: Handicap International and the ICRC; Clear Path International, Jesuit Refugee Service, and Vietnam Veterans of America Foundation/Veterans International active particularly in Asia; and the Polus Center active particularly in Latin America.

The ICBL-CMC’s Survivor Network Project strives to maintain the work begun by the Landmine Survivor Network/Survivor Corps, an influential NGO that ceased to exist in 2010 when its member organizations were integrated into national mine action programmes.

International Standards

While most components of Mine Action are guided by the International Mine Action Standards (IMAS) there is no IMAS for victim assistance.

This is based on the rationale that VA is not a single-sector field expressly dedicated to addressing the impacts of landmines and explosive remnants of war, and that a non-discriminatory approach requires efforts on behalf of survivors of landmines/ERW to be inclusive of all persons with disabilities regardless of cause. Many practitioners therefore agree that a specific IMAS on VA is not required.

Numerous standards and guidelines relevant to components of VA have been developed. These include publications on data collection, emergency first aid and war surgery, the provision of rehabilitation services and on wheelchairs, mental health and psychosocial support, inclusion, community-based rehabilitation, the right to decent work, skills development and gender for mine action programmes.

Box 2 describes Eritrea’s comprehensive Victim Assistance programme, which includes a variety of stakeholders and covers several programme sectors.



Any object can be turned into an Improvised Explosive Device (IED), even a children’s toy. This is prohibited by international convention. Though this type of IED was seized in Nepal during the conflict, eight years after the Peace Accord was signed, command-detonated IEDs are still used by various armed groups. Children continue to be victimized by these devices that ‘don’t look like bombs’.



Box 2: Comprehensive Victim Assistance as Part of Cross-cutting Government Interventions in Eritrea

Eritrea is a State Party to the APMBBC and has accepted responsibility for a considerable number of landmine victims. The UNICEF Country Office participated in a VA Survey conducted in August 2013 as part of developing this Guidance.

Eritrea has developed a comprehensive VA programme, engaging in five key programme areas: Protection and Reintegration, Education, Health, Rehabilitation, Social Awareness and Mobilization. National policies and strategies are in place to address children with disabilities and that are inclusive of child mine/ERW survivors.

UNICEF supports the Government in mine action, child protection and disability concerns. In addition, four civil society associations that include persons who are war-disabled, and/or blind, deaf, have Down Syndrome or are autistic operate under the umbrella of the Ministry of Labour and Human Welfare (MoLHW). These organizations actively participate and are consulted for VA related interventions. Moreover, the MoLHW hires and trains persons with disabilities to involve them directly in the implementation of the community-based rehabilitation (CBR) activities. The UN Convention on the Rights of the Child (CRC) periodic reporting mechanism is used to ensure that VA is age and ; UNICEF works with the partners to have disaggregated data from the beginning of any project. The integrated approach is outlined below.

Protection and Reintegration

- The MoLHW in collaboration with UNICEF promotes Community-Based Rehabilitation (CBR) programmes at national level. Children with disabilities are protected under government policy through awareness creation, early intervention, medical services (health for all), education, sports and culture, vocational training, and CBR.
- Provision of Integrated Social and Economic Assistance to Children and Families at Risk support annually the placement of orphans and children separated from their primary care givers in foster families and communities with focus on completion of basic education; provide social and economic support for disadvantaged households.
- The national war-disabled association provides support specifically to ex-combatants who were injured during their army service with physical recovery and rehabilitation, psychosocial support and socio-economic reintegration.
- The MoLHW provides socio-economic reintegration and psychosocial support for vulnerable children, child mine/ERW victims/survivors and their families
- UNICEF supports victims through research on situation and profile of children with disabilities and through procuring prosthetics and other mobility aids including donkeys (see Education) and specialized learning materials to reintegrate children with disabilities into the community.
- MRE and other awareness sessions and workshops have been organized in all 6 zobas [provinces] for community-based social workers and community volunteers. Risk reduction and prevention of child injuries, violence and disabilities are addressed.

Education

- Government policy states, “The government shall guarantee equal access for all to a single system of education that will cater for the needs of all learners within an inclusive environment which is pedagogically sound, psychologically acceptable and socially valid”.
- To promote access to basic education, UNICEF provided donkeys for 1,000 children with disabilities living in the most remote communities, to serve as means of transport from home to school. Priority was given to girls with disabilities.
- UNICEF procured specialized learning materials to reintegrate children with disabilities into the community in collaboration with Ministry of Education (MOE) and three associations of persons with disabilities.
- UNICEF supported the Education Management Information System (EMIS) in integrating mine/ERW victim surveillance, including training of MOE personnel on data collection and integration of child injuries in the EMIS in collaboration with basic education.
- MRE is conducted by the Eritrean Demining Authority at community level. MRE materials were provided to in and out-of-school children in landmine/ERW impacted areas across all six zobas. Assisted MOE in training teachers in landmine impacted areas on MRE.
- Street children are supported with school materials, cash assistance for uniforms and skill/vocational training for school dropouts.

Health

- The Ministry of Health (MoH) provides emergency medical support for mine/ERW victims. It provides free medical service for victims of mines/ERW.
- MoH extended first aid response in remote war-impacted communities through providing first aid toolkits and training for community-based health promoters, health focal teachers and community focal points. UNICEF procured first aid tool kits and distributed them along with risk prevention materials. The first aid response aims to reduce death before reaching main hospitals, which normally takes hours or days.
- For Community Health Promotion, an integrated community health manual on prevention of child injuries across the six zobas was produced and is in use.
- On-the-job training of social workers and group home care givers on effective utilization and delivery of available social services has been provided.
- The Health Management Information System (HMIS) and Injury Surveillance System (ISS) integrated mine/ERW victim data. The ISS collects data of all types of injuries including weapons related injury used to initiate referrals.
- In collaboration with MoH, three civic associations (War-Disabled, Associations of Blind, Deaf, and Persons with Down Syndrome & Autism) provide medical support for children with disabilities and psychosocial support and rehabilitation services.

Rehabilitation

- The MoLHW with UNICEF support provides mobility devices (prosthetic legs, wheelchairs, crutches and other devices) for child mine/ERW victims/survivors through the referral system of the CBR programme.
- Access to rehabilitation services for children with disabilities promoted through a case management system through building the capacity of physiotherapy centres.
- Development of Child Friendly Spaces which are inclusive of children with disabilities.
- Establishment of Child Resource Centre, promoting friendly services/ environment for children with disabilities.

Social Awareness, Mobilization and Advocacy

The CBR programme run by community-based social workers and volunteers conducts social awareness, community education and mobilization and advocacy to avoid stigmatization as well as over-protection of children with disabilities practiced by families and communities. Key measures include:

- Community-based child wellbeing committees established;
- Promoting child justice and child rights system which is inclusive of children with disabilities;
- Positive parenting for home safety - parents and caregivers sensitized on promoting safer environment for children and prevention of child injuries, violence and early detection of child disabilities;
- Community forums held in all six zobas and on-going community-based injury surveillance for mine/ERW victims;
- Training of social workers on the prevention of child injury and violence;
- Inclusion of children with specific needs and engagement with children during: (i) December 8, International Children's Day and (ii) December 3, International Day of Persons with Disabilities; and
- Finalization and dissemination of a national comprehensive policy on persons with disabilities and a community awareness campaign through media and seminars.

Six Best Practices:

1. Involve victims, families and communities fully in designing and implementing victim support
2. Promote psychosocial support and socio-economic reintegration for child mine/ERW victims/survivors
3. Facilitate educational access for child mine/ERW victims/survivors
4. Promote child/disability friendly environment, including access to physical environment
5. Community education and awareness raising activities at the community level to avoid social stigma and negative attitude
6. Build government capacity and advocacy to domesticate international frameworks, policies into the local context

Source: UNICEF Survey on Child-focused Victim Assistance, August 2013

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The Centre for the Rehabilitation of the Paralyzed in Sava, Bangladesh, has centres throughout Bangladesh that provide rehabilitation services, psychological support, economic services and support for inclusion of children with disabilities into schools and neighbourhoods.

Chapter 4

Principles, Coordination and Cross-cutting Aspects of Victim Assistance

Principles, Coordination and Cross-Cutting Aspects of Victim Assistance

THE following victim assistance (VA) principles are generally agreed amongst the global Mine Action community. They resonate with Article 3 of the Convention on the Rights of Persons with Disabilities (CRPD).

1. Non-discrimination

VA-related projects and policies should not discriminate against or amongst victims of landmines and explosive remnants of war (ERW), other war-victims, or other persons with disabilities who have similar needs. Programmes should be designed for persons with disabilities more generally, while ensuring that the specific needs and rights of landmine/ERW victims are also met. Creating a group entitled to preferential treatment must be avoided.

Inclusion of persons with disabilities should be an integral component of all development strategies and programmes. Bearing in mind that persons with disabilities often face multiple discrimination (for example, because of their gender or their minority status), specific measures should be taken to ensure that programmes targeting other vulnerable populations (such as persons at risk of HIV or pregnant women) are also accessible for persons with disabilities. Programmes specifically designed to assist victims of armed conflict must also ensure that they reach and are accessible to survivors and victims of landmines and ERW.

2. Age and gender sensitivity

Providers of VA must take an individual and tailored approach that considers and responds to the capacities, needs and vulnerabilities of each specific person and affected community. Programmes must take into account the differing capacities, needs and vulnerabilities of boys and girls as well as their changing needs throughout the course of the life cycle from childhood to adolescence into adulthood.

The Inter-Agency Coordination Group on Mine Action produced gender guidelines in 2010, which notes that while boys and men may form the largest groups of mine/ERW survivors, girls and women often experience greater difficulties in getting the necessary medical and psychosocial care. For example, VA strategies should ensure that provisions are made for girls and women to be transported for emergency and rehabilitative care, which may mean covering the transport costs of men who accompany them. In schools, girl survivors may require private toilet and hygiene facilities.

Ensuring age-sensitivity for child victims of landmines/

Victim Assistance

“Each State Party with respect to cluster munition victims in areas under its jurisdiction or control shall, adequately provide age- and gender-sensitive assistance, including medical care, rehabilitation and psychological support, as well as provide for their social and economic inclusion. ...”

Convention on Cluster Munitions, Article 5

ERW requires a focus on children directly and indirectly affected. When a family member or caregiver has been killed or injured, girls and boys indirectly affected require support in order to address the psychological, social, socio-economic, and protection impacts of death or injury within the family. See Box 3 for suggestions on age groups and the risks and opportunities by each group.

3. Participation and Empowerment: Nothing about Us without Us

Mine Action Programmes require the appropriate involvement of those affected, at all levels and through all the stages of the programme cycle from assessment to monitoring and evaluation. Survivors of mines/ERW have played a key role in global and local advocacy on mine action and the rights of persons with disabilities. The movement of persons with disabilities has long advocated full participation under the slogan “Nothing about us without us.” The concept of inclusion of persons with disabilities has broadened significantly beyond integration and now includes not only inclusive education but social inclusion – the right to participation in community life – and economic inclusion – the right to work. This all-encompassing approach is of particular relevance to children because they are particularly prone to exclusion.

Children and adolescents with disabilities need to be involved in making decisions that affect them. They can be key agents of change within their families and communities.

Communication for Development (C4D) strategies stress two-way communication, dialogue, participation and empowerment, complemented by policy and advocacy (See Box 4).



Box 3: The Life Cycle Concept

The concept of the “life cycle” refers to the division of individual lives into a series of sequential stages. Each stage is defined in terms of three distinct conceptual components: biological, psychological, and social. The contemporary notion of adolescence, for example, consists of a biological component involving pubertal physical changes, rapid physiological growth, and sexual maturation; a psychological component involving drastic mood swings, inner turmoil, generational conflict, and a quest for identity; and a social component (which involves the shifting social experience, institutional treatment, and cultural definition of adolescence).

Source: Mintz, Steven et al., ‘Life Stages’, Paper submitted to the “Re-Staging Childhood” Conference, 6-10 August 2009, Bear Lake, Utah <www.usu.edu/anthro/childhoodconference/reading%20material/life_stages.doc>

<p>Early years 0-5</p>	<ul style="list-style-type: none"> ▪ Risk from explosive devices overwhelmingly as a by-stander (e.g. infant on mother’s back), not by actively coming into contact with the device and triggering the explosion ▪ High risk of death or severe impairment due to small body size ▪ Require regular medical, nutritional and rehabilitation services due to growing body ▪ High dependency: risk from loss of parent/care giver, including resulting high risk of being institutionalized ▪ Risk of acquiring secondary disabilities through lack of adequate care, particularly due to neglect, as well as discrimination of girls ▪ Good possibility of strong positive psychosocial recovery in a caring environment
<p>Children 6-11</p>	<ul style="list-style-type: none"> ▪ Risk of not attending school because of lack of access or inadequate schooling (not inclusive; poor WASH facilities) ▪ Risk of not receiving risk education, particularly children out of school ▪ Require regular medical, nutritional and rehabilitation services due to growing body; children with disabilities require sex education as anyone else does ▪ Dependency: risk from loss of parent/care giver ▪ Risk of not attending school because of domestic or income-earning responsibilities or lack of household income to pay for school related costs and for medical costs related to the accident ▪ Particular issues for girls: not prioritized for investment in education/domestic responsibilities ▪ Vulnerability to sexual exploitation and other forms of abuse when attending schools and institutions ▪ In an inclusive environment and with supportive care givers, strong psychosocial recovery and growing up to full potential is possible
<p>Adolescents 12-17</p>	<ul style="list-style-type: none"> ▪ High risk of deliberate tampering with explosive devices, especially among boys from 12-14; girls tend to be more mature and are less prone to deliberate risk taking than boys ▪ Vulnerability of (especially girl) children to early withdrawal from school due to lack of parents/family income/additional costs due to landmine accident ▪ Impact of triple burden of work, unpaid care and schooling ▪ Risks from early marriage and child-bearing ▪ Lack of access to training/formal employment leading to entry into high risk employment categories ▪ Increased risk of HIV and AIDS infection as individuals become sexually active ▪ Increasing vulnerability of girls due to gender-based violence ▪ Vulnerability to exploitation, violence and abuse

Note: These three categories of age groups were developed specifically for this context. Each comprises the same age-bracket of 6 years, thus allowing comparison by risk-taking and other factors. For a more refined approach, the adolescent group may be further divided into two brackets (12-14 and 15-17). See also Emma Cain, ‘Social Protection and Vulnerability, Risk and Exclusion Across the Life-Cycle’. HelpAge International, UK. <<http://www.oecd.org/dac/povertyreduction/43280790.pdf>>.



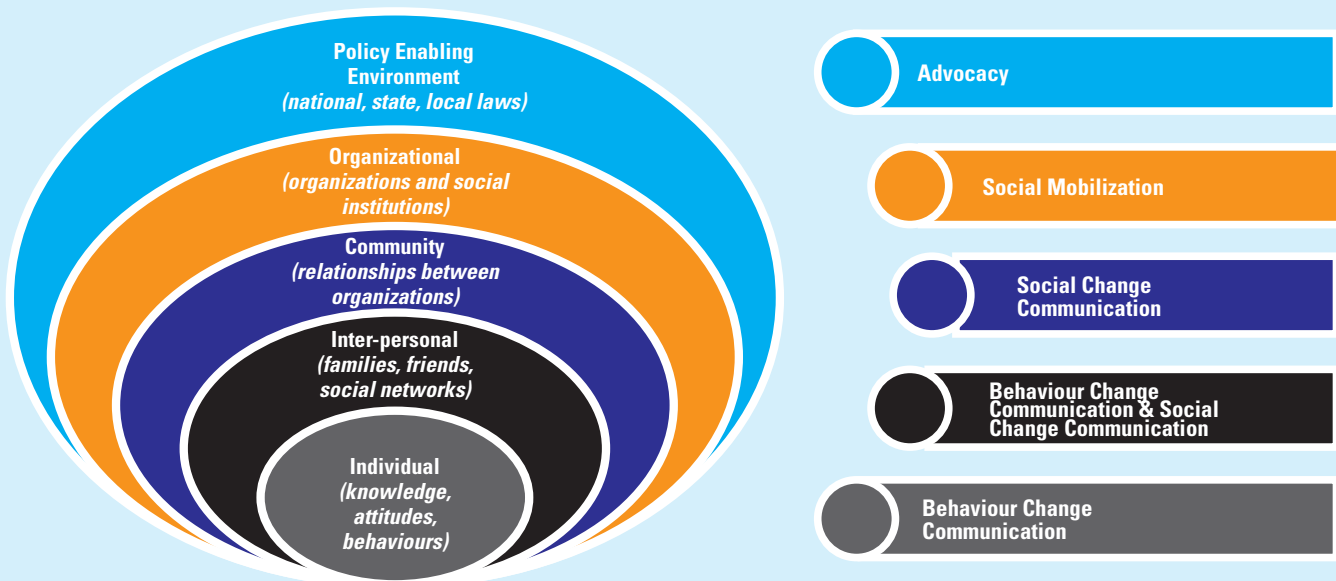
Box 4: Communication for Development

Communication for Development (C4D) is a cross-cutting practice that contributes to positive social change, including improved outcomes for children and their families. In UNICEF, C4D is defined as “a systematic, planned and evidence-based strategic process to promote positive and measurable behaviour and social change that is an integral part of programmes and humanitarian actions”. C4D is not public relations or corporate communications. It involves engaging children, their families and communities in *dialogue, consultation and participation* in issues and decisions of relevance to their lives and based on an understanding of their local context and realities.

Building on the human rights-based approach to programming and the rights to information, communication and participation as enshrined in the Convention on the Rights of the Child (Articles 12, 13 and 17), C4D aims to:

- Facilitate enabling environments that create spaces for a plurality of voices and the narratives of the community. It encourages listening, dialogue, debate and consultation;
- Seek the active and meaningful participation of children and youth, from the research and planning phases through implementation and into the evaluation phases of programmes;
- Reflect the principles of inclusion, self-determination, participation and respect by ensuring that marginalized groups including indigenous populations and people with disabilities are prioritized and given high visibility and voice;
- Link community perspectives with subnational and national policy dialogue;
- Start early and address the whole child, including the physical, cognitive, emotional, social and spiritual aspects;
- Ensure that children are reflected as agents of change and as a primary participant group, starting from the early childhood years; and
- Build the self-esteem and confidence of care providers and children.

In UNICEF, the C4D process takes a holistic view of a social system, referred to as the Social Ecological Model (SEM). The SEM focuses on the complex interplay of systemic factors such as national and international policy, legislation and norms that impact individuals and societies, as well as inter- and intra-personal factors such as relationships, attitudes and individual beliefs. All these influence sustained behaviour and social change. The Social Ecological Model and the corresponding C4D approaches appropriate to each level are shown in the chart.



To strengthen victim assistance programming, C4D approaches can be used to:

- garner political support to shape and implement inclusive policies and legislation, and ensure adequate allocation of resources for victim assistance and rehabilitation, by amplifying the views of child survivors and their families, and connecting them to upstream policy advocacy;

- motivate and mobilize civil society, local organizations and social networks to support affected groups including children with disabilities, to claim their rights to information, services and supplies;
- facilitate mine risk education;
- address harmful social norms, stigma and discrimination against those affected;
- promote desired practices to help develop the skills and confidence of individuals and groups including stakeholders and service providers; and
- cultivate positive attitudes and empower households and communities to demand accountability and good governance at local, provincial/state and national levels.

C4D specialists know how to involve children and adults in determining the right mix of communication channels – face-to-face discussions, TV, radio, cell phones and many others – and the most effective messages and talking points for victim assistance programming.

Source: UNICEF New York, C4D Team, January 2014

4. Comprehensiveness - a holistic and integrated approach

The Mine Action sector benefits from working across agencies, professional fields, cultures (civilian and military) and programming contexts (humanitarian to development). A comprehensive approach requires collaboration, coordination and coherence. Inclusion of people with disabilities touches all aspects of life, not only health and rehabilitation, but also education, livelihoods, and justice. Because VA covers a broad variety of fields, coordination is key from the community level up and from national focal points down (see also Principle 6).

All sectors need to work closely together to support inclusive development, including Child Protection (specifically the role of the social welfare sector and social work/case management for vulnerable children, and psychosocial support), Education (with a focus on Inclusive Education to support social and economic inclusion), as well as Health, Rehabilitation, Nutrition and Water and Sanitation and Hygiene (WASH) sectors. Meanwhile, Communication for Development strategies that focus on the use of strategic media and communication methods and technologies to facilitate behaviour and social change among stakeholders and affected groups, including raising awareness and the demand for services, can be used to create an enabling environment for the above.

5. Twin-track approach towards inclusive development

The CRPD calls for a twin-track approach in promoting the inclusion of persons with disabilities:

1. Improving a person's capacities and abilities at the personal and collective level through empowerment;
2. Reducing the physical, communication and attitudinal barriers that society erects towards persons with disabilities to ensure they can participate and access services on an equal basis with everyone else.

This acknowledges that efforts must be made to both ensure and promote the inclusion of persons with disabilities in mainstream service provision, programmes and opportunities. Likewise, targeted efforts must be made to address the specific needs of persons with disabilities. For example, children with limb loss regularly need new prostheses; children with visual impairment will need specific support to fulfil their right to education (training of teachers, training in Braille, provision of material in Braille, etc.); building codes need to be improved and enforced to guarantee physical access to schools.

National Implementation and Monitoring

States Parties ... shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

Article 33, Convention on the Rights of Persons with Disabilities

6. Coordination of stakeholders and collaboration amongst them

In the early days of mine action, participants debated whether VA should be a specific component of mine action, since it is part of broader sectors such as public health and social affairs. Few agencies and persons involved in mine action were specialized in disability and/or community development. VA requires multi-stakeholder and inter-ministerial involvement and the responsibility to coordinate VA lies with a designated government body with the capacity to do so.

A female facilitator of mine risk reduction sessions talks with children at the Adi-kieh Elementary School in rural Eritrea. Women, men, girls and boys are often trained to facilitate such sessions in their schools and communities.



The VA focal point can be, for example, a ministry mandated to address the needs of persons with disabilities (usually the Ministry of Social Affairs and/or Health). Collaboration extends, however, to the Ministries of Education, Labour, Public Works, Transport, Information, Defence and others – many of which may have their own disability focal point. Some countries may have ministries that separately address children and youth, as well as women. Coordination across ministries is therefore critical.

For child-centred VA, all these government stakeholders, as well as relevant civil society organizations – Survivor and DPOs and associations of parents/ guardians – must be engaged. While in some countries the Mine Action Centre or Authority may take the temporary lead on victim assistance as a first step in raising awareness and building capacities of the relevant ministries and stakeholders, as well as to collect data and mobilize resources, it is important that one designated ministry takes on the role of coordinating VA and engages all relevant actors.

The ultimate responsibility for VA lies with the State. However, as stated in Article 6.3 of the Anti-Personnel Mine Ban Convention (APMBC), Article 8.2 of Prot. V to the Convention on Certain Conventional Weapons (CCW), and Article 6.7 of the Cluster Muniton Convention (CCM), there is no expectation that States must do this on their own. “States in a position to do so” are obliged to assist. This assistance may be provided through a variety of means, including through “the United Nations system, international, regional or national organizations or institutions, the International Committee of the Red Cross, and national Red Cross and Red Crescent societies and their International Federation, non-governmental organizations, or on a bilateral basis.”

Beyond coordination among relevant government stakeholders, coordination and collaboration with other development and humanitarian sectors is also relevant. Four of these are summarized below.

VA and disarmament: Disarmament circles have come to accept VA as a treaty obligation in arms-related conventions. The unique collaboration among the International Campaign to Ban Landmines, the Cluster Muniton Coalition, the International Committee of the Red Cross, the United Nations, governments and donors that exists for the APMBC and CCM is seen as an example for other treaties. Including survivors in meetings, consulting survivors and, to a lesser extent, the affected family members, is a key lesson that other disarmament initiatives are starting to replicate. While continuing to strengthen the linkages and synergies among VA efforts under the various Landmines and ERW Treaty-related processes, cooperation can be increased with other Armed Violence actors including those on Small Arms and Light Weapons and armed violence.

VA and humanitarian crises: While noting the considerable challenges and constraints in humanitarian contexts, it is important that actors provide a broad spectrum of services, including first aid, emergency and longer-term medical and surgical care, physiotherapy and early access to rehabilitation, and psychological and psychosocial support, in order to prevent impairments through a reduction of the physical and psychological consequences of war-related injuries.

While the initial focus is on life-saving measures, addressing the long-term physical, psychosocial and socio-economic impacts through early recovery and development-oriented measures should be considered from its inception. For example, when setting up or improving rehabilitation services, these efforts should be linked from the outset with the wider health sector and social protection sector for socio-economic inclusion purposes. Emergency psychosocial care should be a standard component of the response in all these sectors. Likewise, in humanitarian crises, disability-inclusive planning must become the norm. For example, when setting

up camps for internally displaced persons (IDP) or refugees, or establishing and running children's centres, schools and vocational learning facilities, the transition from humanitarian to sustainable development should be considered. This applies to health facilities, water and sanitation facilities and others as well.

VA and development: There are a number of intersections between victim assistance and development work.

Those specific to children include poverty reduction and development efforts to strengthen the health, education and child protection sectors. The majority of survivors and their family members see economic inclusion as their highest priority. Not only are persons with disabilities often the poorest in society, the poor are also the most exposed and susceptible to the threat of landmines and ERW. They have fewer alternatives to generate income or to move to safer surroundings when living in contaminated areas. Families and children who lack meaningful livelihood opportunities may opt to search for scrap metal to sell, to cultivate contaminated land, or to traverse dangerous areas to fetch water, wood, or for herding, despite awareness that these activities pose a lethal risk. Integrating VA and disability-responses into poverty reduction and development programmes and policies is the only long-term sustainable approach towards inclusive development.

Strengthening health and child protection systems as part of post-conflict reconstruction and development programmes should integrate specific considerations for child survivors of landmines/ERW and children. In child protection, this includes strengthening the legal and policy frameworks for children with disabilities, and ensuring that the social welfare sector, including social work, case management, and social protection, is responsive to the needs of both survivors and victims. Health sector interventions should build national capacity to adequately provide emergency and long-term specialized medical and surgical care, physiotherapy, and the production, distribution and repair of mobility devices to support the rehabilitation process of child survivors.

All sectors should endeavour to integrate 'reasonable accommodation' and 'universal design' into their work.

Universal design means designing products, environments, programmes and services to be usable by all people, both with and without disabilities. *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."²⁴

VA and human rights: From the beginning, VA has been influenced by the human-rights-based approach. Service providers and activists have been strong advocates for the weapons-related conventions (less so regarding Prot. V

Convention on the Rights of Persons with Disabilities (CRPD)

The CRPD provides the international legal framework to guarantee the rights of all persons with disabilities, including children with disabilities (Art.7).

The Convention establishes disability as a human rights and development issue, and calls upon States Parties to address disability not as a supplementary issue of "charity", but as an integral part of human rights guarantees.

The CRPD does not introduce additional rights, but imposes additional obligations on Governments to take action to remove the barriers preventing persons with disabilities from realizing their human rights on an equal basis with others.

<http://www.un.org/disabilities/>

of the Convention on Certain Conventional Weapons) and for the CRPD. The 1989 Convention on the Rights of the Child, which includes Article 23 on children with disabilities, provides a critical human rights framework for child survivors of landmines/ERW. As noted by UNICEF, "Landmines and explosive remnants of war violate nearly all the articles of the Convention on the Rights of the Child: a child's right to life, to a safe environment in which to play, to health, clean water, sanitary conditions and adequate education."²⁵

VA is a strong advocacy tool for survivors and for the rights of all persons with disabilities. Before the CRPD, VA in many countries was a primary entry point to bring attention to the rights of persons with disabilities more generally. This was the case, for example, in Afghanistan, Angola and Eritrea. VA has in turn greatly benefited from the disability movement and the CRPD by linking the disarmament, disability and human rights movements. However, approaching VA only from the disability angle is not enough: it is important to remember that there are also specific obligations for those *indirectly* affected by landmines/ERW. These include the families, including children of those killed or injured by mines/ERW, as well as mine/ERW-affected communities more generally. Child survivors often quit school, as do children whose parents died or were severely injured, often due to the need to support family income. Girl and boy survivors, like all children with disabilities, are also at particular risk of violence, abuse and/or exploitation.

In the early years of efforts to implement the APMBBC, VA overwhelmingly focused on first aid and rehabilitation. Actors in mine action led the formulation of international guidance in the rehabilitation sector, endorsed by the International

Society for Prosthetics and Orthotics (ISPO). These early efforts often overlooked less visible impairments such as loss of hearing and eyesight. They also did not understand that the provision of medical and rehabilitation service alone did not suffice in enabling a survivor to participate in community, school or work life.

Increased appreciation for the need to adopt a more comprehensive approach beyond the 'physical' rehabilitation needs of survivors is now mainstream. Although links to organizations providing psychosocial/psychological care still remain weak, there has been considerable positive experience through peer-to-peer support among survivors in a number of countries. While inclusive education has been overlooked in many programmes to assist victims there is a wealth of experience in the fields of social and economic inclusion and of community-based rehabilitation. Nonetheless, few of these programmes have been adapted to the specific needs of boys, girls and male and female adolescents.

Cross-cutting Aspects of Victim Assistance

Some stakeholders in mine action and development identify specific cross-cutting functions that should be integrated into VA programming. The United Nations Mine Action Strategy 2013-2018 includes **four cross-cutting functions**: (i) Coordination, (ii) Capacity development, (iii) Data collection and analysis, and (iv) Advocacy.

Coordination is addressed at the beginning of this Chapter as an overarching principle. **Data collection and analysis** is addressed in Chapter 5.1 on "Data collection and analysis". **Advocacy** is addressed in Chapter 5.6, "Laws and policies", because of its essential role in shaping national laws and policies relevant for VA. Good advocacy also supports effective mobilization of funds and contributes to changes in attitudes by top decision-makers and community members.

Capacity building is interwoven throughout but merits extra attention, especially in child-focused VA. Programmes

serving women, children and the elderly should have staff trained and enabled to understand the unique issues found within each of these groups. This is particularly true for the individual survivor, who needs to understand the problems caused by the blast injury to support healing, regain mobility, and better interact with the family and the community to become fully included and as independent as possible. Family and community members also need to learn how best to interact with people with disabilities, at home, in school or at the work-place. And of course policy makers, service providers and aid agencies need to understand not only the challenges posed but also the capacities and potentials already existing to improve the lives of victims and survivors and communities affected by landmines and ERW.

Finally, other enabling factors relevant for VA programming are continued engagement/ownership and results-based management. **Continued engagement** or commitment recognizes the need for clear **ownership** of the programme from its inception onwards. Ownership requires involvement by national and sub-national governments, civil society, donors and aid agencies. Engagement, ownership and participation are similar notions that are easy to say but more difficult to realize. Through ongoing consultations with as many stakeholders as possible, victim assistance programmes will be more integrated and, ultimately, more successful.

Results-based management (RBM) focuses on 'results' rather than 'activities' and was adopted by the UN system in the late 1990s to improve effectiveness and accountability. RBM helps UN agencies to articulate better their vision and their support for expected results, through the development of theories of change which clearly articulate how lower level inputs and activities converge to arrive at higher level outcomes. RBM methodology monitors progress using well defined and agreed baselines, indicators and targets. Results-based reporting helps the organization(s), stakeholders and funders to understand the impact that a given programme or project is having on the target population.



Box 5: Suggested Activities to Improve Capacity Building in Child-focused VA

- Ensure that training curricula, for example in the health and education sectors, include injury prevention, psychosocial care and disability-relevant topics taking age and gender considerations into account.
- Train service providers in communication skills to inform, dialogue and communicate with victims/ survivors and affected families/communities.
- Pursue participatory baseline research and ongoing monitoring, including children and adolescents with a disability.
- Consult children/youth in planning and decision making processes, and during monitoring and evaluation of VA programmes.
- Present research results to and with children and adolescents in a child-friendly way, for example, through drawings, role plays or discussion groups.



Box 6: Suggested Activities to Apply Results-based and Evidence-based Management in Child-focused Victim Assistance

- Use and promote disability-specific budgeting, whereby a government or an institution sets specific goals for all children with disabilities and allocates a sufficient portion of resources for them.
- Incorporate a child rights and child development perspective into all programming for children affected by landmines and ERW. Advocate and support age and gender specific considerations and ensure that the needs of child survivors and victims of mines/ERW are integrated within the Economic Recovery, Education and Health Sectors.
- Be aware that mine/ERW survivors and victims may be at particular risk of violence, abuse, exploitation, harmful practices and exclusion – survivors because of the heightened risks faced by children with disabilities, and victims as a result of the loss or disability of a care giver or family bread winner. Social norms with regard to children or persons with disabilities may further exacerbate risks.
- Age- and gender-sensitive VA-related programming needs to consider child-friendly and accessible institutions (hospitals, rehabilitation centres, schools, sports facilities) but also has to provide access for mothers or other female guardians (female staff, separate areas depending on the cultural context, child care).
- Include victim assistance/disability projects in tools that could serve resource mobilization, such as the Strategic Response Plans or the Portfolio of Mine Action projects.

Evidence-based management relies on solid **monitoring and evaluation (M&E)**. M&E should ensure both situation monitoring – needed to understand what the problem is – and performance monitoring that allows for real-time, evidence-based decision-making. Developing solid indicators, using appropriate monitoring methodologies and adequate resourcing of monitoring efforts allow for course corrections to be taken during programme implementation. It also helps to assess changes in attitudes and practices over time.

Conclusion

In summary, victim assistance and, more generally, disability support entails many diverse factors and demands the engagement of a greater variety of stakeholders that few other issues demand. It requires sustained political will across several fields of government to effectively bring about change for affected people and communities.

From a practical point of view, there is consensus that

national mine action authorities should play a supportive and not an implementing role in VA. But ensuring that the State's obligations enshrined in the weapons-related conventions, including to victims indirectly affected, are met has proven to be a challenge. Some of the most affected States have not yet joined the relevant conventions but are willing to comply with the provisions. Given the specific mandate and focus of national mine action actors, few have the capacity to implement VA programmes in a non-discriminatory manner, that is, ensuring assistance not only to mine/ERW survivors and victims, but also to all persons with disabilities. As of 2012, 12 of 30 States Parties that have accepted special responsibility for a significant number of landmine/ERW survivors²⁶ had allocated the role of VA focal point to disability-responsible actors. When disability responsible actors have engaged in VA, the programmes increasingly benefit persons with disabilities equally in terms of numbers of beneficiaries.

Resources Chapter 4 “Principles, Coordination and Cross-cutting Aspects of Victim Assistance”

APMBC Implementation Support Unit [ISU]. *Five key examples of the role of mine action in integrating victim assistance into broader frameworks*. Sheree Bailey. Geneva 2014. <http://reliefweb.int/sites/reliefweb.int/files/resources/Five_Key_Examples_of_the_Role_of_Mine_Action.pdf>

APMBC ISU. *Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development*. Sheree Bailey. Geneva 2011. <<http://www.apminebanconvention.org/fileadmin/GICHD-resources/rec-documents/Brochure-Assisting-Survivors-June2011.pdf>>

Convention on Cluster Munitions/Governments of Spain and Mexico. *FROM WORDS TO ACTION. Catalogue of Best Practices on Cooperation and Assistance for the Convention on Cluster Munitions*. Madrid 2012. <<http://www.clusterconvention.org/files/2012/11/FROM-WORDS-TO-ACTION-COOP-and-Assistance-kopi.pdf>>

Handicap International. ‘Victim Assistance Issue Briefs: How to ensure survivors and other people with disabilities benefit from, and participate in, disability-inclusive development’, Lyon 2014. <<http://www.handicapinternational.be/en/publications/victim-assistance-disability-inclusive%20development>>

United Nations Development Group. *Results-Based Management Handbook, Strengthening RBM harmonization for improved development results*. Clean Draft Version. New York 2010. <<http://www.undg.org/docs/12316/UNDG-RBM%20Handbook-2012.pdf>>

UNICEF. *It’s About Ability. An explanation of the Convention on the Rights of Persons with Disabilities [to children]*. Available in English, French and Spanish. New York 2008. <http://www.unicef.org/publications/index_43893.html>

Please see also Chapter 6 for further resources.

Endnotes

- 1 Data provided by the Landmine & Cluster Munition Monitor team. See also *Landmine Monitor Report 2013*.
- 2 Landmine & Cluster Munition Monitor (2013), *Fact Sheet Children & Landmines*, full source see References. These are reported casualties; the actual figure may be higher. Landmines are explosive devices. However, as conventions and protocols address landmines and ERW separately, the two are listed separately henceforth. Protocol V of the Convention on Certain Conventional Weapons defines ERW as unexploded and abandoned explosive ordnance. The data include casualties from remnants of cluster munitions, a specific type of ERW.
- 3 The UN Mine Action Strategy 2001-2005 (see UN General Assembly document A/56/448/Add.1) lists “five complementary core components”; in a previous UN GA document from 1998 (A/53/496), four components were listed (not listing stockpile destruction).
- 4 UN, Joint Inspection Unit, *Evaluation of the scope, organization, effectiveness and approach of the work of the United Nations in mine action*, JIU/REP/2011/11, Geneva 2011, <https://www.unjui.org/en/reports-notes/JIU%20Products/JIU_REP_2011_11_English.pdf>; Recommendation 1. The recommendation was welcomed by UN agencies, see UN General Assembly 2013, Note by the Secretary-General, A/68/63/Add.1; <https://www.unjui.org/en/reports-notes/CEB%20and%20organisation%20documents/A_68_63_Add.1.pdf>.
- 5 The full title of the APMBC is “Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction”, also commonly referred to as Ottawa Convention; <<http://www.apminebanconvention.org/>>.
- 6 The full title of this UN convention is “Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May Be Deemed to Be Excessively Injurious or to Have Indiscriminate Effects”; <<http://www.unog.ch/disarmament/>>.
- 7 <<http://www.genevacall.org/what-we-do/landmine-ban/>>
- 8 CCW Prot. V on ERW refers more generally to “care and rehabilitation and social and economic reintegration of victims of explosive remnants of war”.
- 9 Another notable exception is a psychosocial study from 2004 undertaken in Lao People’s Democratic Republic (PDR): HI (Belgium)/Lao Youth Union/UNICEF (2004), *Life After the Bomb: A Psychosocial Study of Child Survivors of UXO Accidents in Lao PDR*, Vientiane.
- 10 While writing the Guidance the following article was published: “Masculinity: The Unseen Barrier in Survivor Assistance”, by Duprat, Anne-Sophie and Lusya Peçak (Gender in Mine Action Program) (2013), *The Journal of ERW and Mine Action*, Vol.17.3, Fall 2013, Harrisonburg, VA, pp. 18-21, <<http://www.jmu.edu/cisr/journal/17.3/17.3.pdf>>.
- 11 Forty of the 53 UNICEF offices responded to the survey. For more detail on the survey and the countries from which information was collected, see Chapter 5, Section 5.6, “Laws and Policies”.
- 12 At the time of writing, Colombia and Austria, the Co-Chairs of the APMBC Standing Committee on VA and Socio-economic Reintegration, were also preparing a guidance document particularly aimed at the States Parties to improve child-focused VA. A Working Paper titled “Strengthening the Assistance to Child Victims” was shared at the 13th Meeting of the States Parties to the APMBC in December 2013; <<http://www.maputoreviewconference.org/fileadmin/APMBC-RC3/3RC-Austria-Colombia-Paper.pdf>>. It directs recommendations at three levels: i) the international and regional level, ii) the national level and iii) the community level. The “Guide for Comprehensive Assistance to Boys, Girls and Adolescent Landmine Victims” was released at the third Review conference of the APMBC in Maputo in 2014. It focuses its recommendations on four ‘dimensions’: “Boys, Girls and Adolescents; The Family; The Community, The State”; <<http://www.maputoreviewconference.org/fileadmin/APMBC-RC3/3RC-Colombia-Paper.pdf>>.
- 13 A “child” is defined in the Convention on the Rights of the Child as a person younger than 18 years of age. “Adolescents” are generally defined to be between 10 and 18 years old. Some definitions of “young people” go up to 24 years.
- 14 This structure follows the Community-Based Rehabilitation Guidelines, see WHO/UNESCO/ILO/IDDC (2010), *Community-Based Rehabilitation: CBR Guidelines*, Geneva.
- 15 Handicap International in August 2013 published a set of 12 *Victim Assistance Factsheets. How to implement victim assistance obligations?* <http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf>.
- 16 References to all Conventions can be found in Chapter 6, *Resources – Literature and websites*.
- 17 Handicap International in August 2013 published a set of 12 *Victim Assistance Factsheets. How to implement victim assistance obligations?* <http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf>.
- 18 This is an incomplete list aiming to highlight key VA providers. UN agencies, GICHD, ISU, GMAP and other NGOs not listed have played and are playing an important role in developing guidance. The remaining LSN branches were nationalized and are supported by the ICBL-CMC survivor network project.
- 19 <<http://www.mineactionstandards.org/>>
- 20 Afghanistan developed a National Mine Action Standard on VA: <<http://www.macca.org.af/macca/afghanistan-mine-action-standards/>>.
- 21 Guidelines are listed under Resources at the end of each Component, i.e. Chapter 5.1, 5.2 etc. Please see also *Resources – Literature and websites*.
- 22 Among the 10 programme areas proposed throughout the UNICEF VA survey these five were most prevalent.
- 23 <<http://www.mineaction.org/sites/default/files/publications/MA-Guidelines-WEB.pdf>>. See especially Chapter 3, pages 35-46 for additional guidance and suggestions.
- 24 <<http://www.un.org/disabilities/convention/conventionfull.shtml>>. See Article 2.
- 25 UNICEF, *Children and Landmines: A Deadly Legacy*, Leaflet, New York (undated but circa 2009).
- 26 *Landmine Monitor Report 2013*, Section ‘Casualties and Victim Assistance’, <http://www.the-monitor.org/index.php/publications/display?url=lm/2013/sub/Casualties_and_Victim_Assistance.html>.