



Rahmatullah, 14 years old, writes on a white board during a training workshop for electricians at a UNICEF-assisted reintegration and rehabilitation centre for war-affected children in the southern city of Kandahar, Afghanistan.

## Chapter 5

# Child-focused Victim Assistance

### Section 5.5

### Social and economic inclusion

# Explanatory Note

**T**HIS 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.

The first PDF 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

This stand-alone document on ***Social and economic inclusion*** is one of the six technical components of Child-focused Victim Assistance Guidance. Together, they comprise Chapter 5 Child-focused Victim Assistance. The other five parts (each of them in a PDF document) of Chapter 5 are:

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 5.6 Laws and policies

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

**B**ETWEEN 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. Although 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 adolescents<sup>1</sup> – 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.

This Guidance was developed in response to requests for support in developing child-focused victim assistance programming. It provides support for:

- Developing new policies and programmes (or adapting existing ones) that assist child mine/ERW victims that are age- and gender-appropriate and promote the rights of children and young people<sup>2</sup> with disabilities.
- Promoting 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.
- Designing programming for mine/ERW injured children that is mainstreamed into wider disability, economic and social development, and poverty reduction efforts.
- Supporting 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.).
- Encouraging stakeholders to facilitate the empowerment and participation of children affected by armed conflict and of children with disabilities.

This Guidance will be useful to Governmental and non-governmental entities and civil society organizations that provide services or influence policy and budgeting related to survivors and victims of landmines/ERW and persons with disabilities; UNICEF and other UN programme and policy staff at all levels; children and people with disabilities and their families and other care givers; Mine Action actors; Governmental and non-governmental entities and international organizations, including UN actors, providing services for survivors and victims of landmines/ERW and persons with disabilities; and researchers and academics.

# Acronyms

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

## Boxes

- Box 18:** Increased Independence in Afghanistan
- Box 19:** Case Management System for Victims/survivors of Landmines/ERW in Sri Lanka
- Box 20:** Improving Quality of Life in Cambodia
- Box 21:** Persons with Disabilities and HIV-AIDS

# 5.5 Social and economic inclusion

## Introduction

**T**HE 1997 Anti-Personnel Mine Ban Convention refers to *socio-economic reintegration*, but with the evolution of the Convention on the Rights of Persons with Disabilities (CRPD), *inclusion* became the preferred term.<sup>3</sup> Integration usually means the adaption of a person to fit into the dominant norms of a society. Inclusion means that the society and environment must adapt to include all persons, without discrimination. Inclusion in the victim assistance (VA) context covers social inclusion including inclusive education and economic inclusion.

An *inclusive society* is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. To be fully included in society children, both boys and girls, need to be able to access education. Accessible and inclusive education is one key element of this victim assistance component and of child-focused VA as a whole. It is estimated that over 90 per cent of children with disabilities in low-income countries do not attend school. Of the 75 million children of primary school age who are out of school, one third are children with disabilities.<sup>4</sup> To achieve an inclusive society a two-pronged approach is needed: (i) Focus on the society to remove the barriers that exclude (mainstreaming); (ii) Focus on the groups of those excluded to improve their capacity for full inclusion and support their lobbying efforts for inclusion.<sup>5</sup>

Handicap International (HI) defines *economic inclusion* as an adequate standard of living through waged and self-employment as well as through social protection.<sup>6</sup> It means that all persons, without discrimination, can benefit from, participate in, and contribute to, the economic development of their family and community. *Economic exclusion*, on the other hand, has been defined as lack of access to and participation in the economy. In addition to salaried and self-employment, social protection also contributes to economic inclusion.

Children with disabilities can live a full life and be fully included in education and social opportunities if they have access to assistive aids, inclusive education systems with trained teachers and a supportive family and community. For adolescents with disabilities, opportunities to continue their formal education should be a priority. They should also have access to vocational training and support to ensure the right to decent work, decent income and social protection. Care must be given to ensuring that girls have the same opportunities as boys.

**“I was fifteen when I walked on the plank that had an anti-personnel mine buried under it. I am 33 now, yet I cannot forget the trauma I went through. I was angry all the time after the accident. Although they never said much to my face, I knew they used to talk of my condition behind my back. They thought I was no good anymore for I couldn’t help them bring income in the household.”**

—*Sri Kea*

Handicap International US, <[http://www.handicap-international.us/cambodia\\_victim\\_assistance](http://www.handicap-international.us/cambodia_victim_assistance)>. Article on the launch of the study: HI (2011), *Victim assistance in Cambodia: The Human Face of Survivors and Their Needs for Assistance*.

## Fundamentals of Inclusion

The Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) challenge charitable approaches that regard children with disabilities as passive recipients of care and protection. Instead, the Conventions demand recognition of each child as a full member of her or his family, community and society. This entails a focus not on traditional notions of ‘rescuing’ the child, but on investment in removing the physical, cultural, economic, communication, mobility and attitudinal barriers that impede the realization of the child’s rights – including the child’s right to active involvement in the making of decisions that affect children’s daily lives.

*UNICEF, The State of the World’s Children 2013, p. 11*

Social inclusion is closely linked to psychosocial care and empowerment. People who are or feel included in society are encouraged to participate in common events, e.g. religious or political gatherings, school events, weddings and other festivities, sports and leisure activities and meetings of self-help groups or Disabled People’s Organizations (DPOs). To overcome exclusion, the family and community play important roles. Peer support by other persons with disabilities or, for



## Box 18: Increased Independence in Afghanistan

Afghan Amputee Bicyclists for Rehabilitation and Recreation (AABRAR) is a local non-government organization working for the rehabilitation and socio-economic integration of people with disabilities and other vulnerable groups into the community.

At its inception in 1992, AABRAR began a bicycle-training programme for amputees to improve mobility and increase their independence, enabling them to travel to and from work, and save on transportations costs. Since then, AABRAR has expanded its activities.

Sixteen year old Muhammad Fahim from Pacher-O-Agam District, Nangarhar Province, was four years old when both of his legs were affected by polio. He says, "It was the worst incident of my life and I cannot ever forget that. But still I am grateful to *Almighty Allah* that he gave me opportunities for living a better life." He received a wheelchair from AABRAR that enables him to move around and saves money on transportation.

Muhammad also participates in AABRAR's wheelchair basketball training programme, in which 23 athletes receive sports basketball wheelchairs and daily training by a professional coach. The team participated in a tournament in Kandahar province and played against professional basketball wheelchair teams of Herat and Kabul. Muhammad adds, "Beside this, we several times received physiotherapy sessions of AABRAR here in Jalalabad."

Source: AABRAR Jalalabad, Afghanistan, November 2013



example, by a father or mother of a child who died, can play an important role (On peer support see Box 16 in Section 5.4, "Psychological and psychosocial support").

In crises, during war, in an IDP or refugee camp, spaces for children of both sexes should be created that allow for "normal" daily routine activities such as learning, playing or sports for everyone. UNICEF with its partners is experienced in providing education in emergencies and post-conflict settings, including temporary learning spaces, child-friendly spaces for playing and learning, accelerated learning for ex-child soldiers and for other children who have missed out on learning. Specific efforts need to ensure that all children with disabilities are included, integrating mine/ERW survivors as well.

### Goal

Assistance for Landmine/ERW victims and survivors includes children's access to education and lifelong learning; ensuring that they have meaningful social roles in their families and communities; they have access to social protection measures; that adolescents of working-age and adults gain a livelihood allowing them to lead dignified lives and to contribute to their families and communities.

## Education

4. ... States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

*Extract from Article 24, Convention on the Rights of Persons with Disabilities*

## The role of social and economic inclusion in child-focused victim assistance

The role of social and economic inclusion in child-focused victim assistance is to:

- Facilitate access for child landmine/ERW survivors and the children of mine/ERW victims to inclusive education and lifelong learning,
- Ensure their full participation in the social life of their families and communities,
- Include child survivors/victims and children with disabilities, their caregivers and family members in case management programming and other social protection mechanisms (see also Box 19),
- Ensure that survivors acquire skills and livelihood opportunities as equal members of society.

### Key concepts

#### Inclusive education

*Inclusive education* is the process of addressing and responding to the diversity of needs of all learners. Inclusive education involves the provision of education at all levels including early childhood, primary and secondary education as well as adults' education in inclusive settings. Article 24 of the CRPD mandates the provision of education to children with disabilities on an equal basis with other children, within an inclusive education system. Article 23 of the Convention on the Rights of the Child (CRC) articulates the right of children with disabilities to assistance to ensure their access to education in a manner that promotes their social inclusion.

Inclusive education entails providing meaningful learning opportunities for all students within the mainstream school system. It allows children with and without disabilities to attend the same classes at the local school, with additional, individually tailored support as needed. It requires physical accommodation, for example, ramps instead of stairs and doorways wide enough for wheelchair users. A child-centred curriculum will include representations of the full spectrum of people found in society (not just persons with disabilities) and reflect the rights of all children. In an inclusive school, students are taught in small classes in which they collaborate and support one another rather than compete. Children with disabilities are not segregated in the classroom, at lunchtime or on the playground.

Poverty, marginalization and discrimination are the main barriers to inclusive education. Children with disabilities are often placed in specialized institutions – either because they are not deemed fit or because they are supposed to be “made fit” for general schools. The concept of inclusive education tries to alter the dominant approach of “changing the student to fit the system” to one of “changing the system to fit the student.” Instead of focusing on impairments (medical model), the aim is to

## Adequate standard of living and social protection

- (a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;
- (b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;
- (c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;
- (d) To ensure access by persons with disabilities to public housing. Programmes ...

*Article 28, Convention on the Rights of Persons with Disabilities*

remove barriers in society to ensure children and other people with disabilities are given the same opportunities as others (social model of disability). The main premise of the social model of disability is that disability results not from the impairment itself but from an interaction of the impairment with barriers in the society whether physical, communicational, informational or attitudinal.

Integration is not the same as inclusion. *Integrated* education focuses on improving the functional capacities of the child to bring him/her into existing general schooling, or the placement of a child with disability within the mainstream setting without necessary accommodations having been made in the general education setting to make it inclusive. *Inclusive* education, on the other hand, focuses as much on providing necessary impairment-specific support as on improving the school and the community, so they are accessible to the child.

### Social protection

*Social protection* is a set of public actions which address not only low income, poverty and economic shocks, but also social vulnerability, thus taking into account the inter-relationship between exclusion and poverty. Through income or in-kind support and programmes designed to increase access to services (such as health, education and nutrition), social protection helps realize the human rights of children and families.

*Special education* or special needs education is also used in the context of education for children with disabilities, at times inferring that ‘children with special needs’ have learning difficulties. Children without a disability also encounter learning difficulties. With good child-centred teaching techniques, essential resources and an inclusive environment, all children can learn. While disability-specific courses and schools have a role to play, they need to be linked with regular schools and their expertise applied with an aim towards supporting inclusion. Centres, schools and associations that teach Braille language or sign language, for instance, are important in providing the necessary impairment-specific training and support needed for inclusion within the general education system.

*Child protection* includes measures to prevent and respond to violence, abuse, exploitation and neglect of children. The field addresses social norms, policies, standards, guidelines and procedures to prevent and protect children from intentional and unintentional harm. Some girls and boys are particularly vulnerable, including those affected by conflict, children with disabilities, children separated from their families or who are orphaned, children who live in institutions, and children who are displaced within their country’s borders or who are refugees outside their countries.

Children of a mine/ERW survivor or victim are at risk of being taken out of school in order to support the family. They are more likely to be forced into child labour, and they may be at increased risk of forced migration and trafficking. In families where the breadwinning parent died or was injured in a mine/ERW accident, children may suddenly have to fill the role of breadwinner. A mine/ERW explosion can lead to the break-up of families as children are sent to live with relatives or are placed in institutional care. VA-related activities should therefore consider the needs of the victim’s spouse and children to ensure long-term support for the family’s socio-economic development.

UNICEF’s child protection strategy provides a framework that guides interventions on behalf of child victims of landmines/ERW and all children with disabilities. Pillars of the strategy relevant to VA include:

- Building a national child protection system, ensuring that laws, policies and other normative frameworks are protective of children. It means providing protection services for children when they do become victims of violations. It helps strengthen and build the capacity of child protection institutions to respond (including the social welfare sector, justice for children, and alternative care for children without parental care).
- Supporting positive behaviour and social change, by addressing harmful social and cultural norms and practices, combating stigma, and mobilizing and building the capacity and resilience of families, communities, and children to prevent, mitigate and address violence, abuse and exploitation. Using

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## “Girls and boys are protected from abuse, violence, exploitation and neglect through community-based mechanisms and processes.”

Inter-Agency Minimum Standards for Child Protection in Humanitarian Action, Standard 16: Community-based mechanisms

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Communication for Development strategies supports this change process.

- Strengthening child protection in armed conflict and natural disaster including through the application of the above two approaches across the emergency continuum of preparedness, response and recovery.

## Livelihood and economic inclusion

A *livelihood* comprises the capabilities, material and social resource assets and activities required to make a living. A livelihood is sustainable when it can cope with and recover from stress and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base. The Sustainable Livelihoods Framework, developed by the UK’s Department for International Development (DFID) provides a way to understand: (i) the assets people draw upon, (ii) the strategies they develop to make a living, (iii) the context within which a livelihood is developed and (iv) factors that make a livelihood more or less vulnerable to shocks and stresses.

The livelihood component in the *Community-Based Rehabilitation (CBR) Guide* addresses five key elements: Skills development, financial services, self-employment, waged employment and social protection. Support to access employment and livelihood services, such as financial services, should target family members rather than children. Nevertheless, adolescents can participate in age-appropriate vocational training, money management training and other skills development programmes. In addition to wage or self-employment, the family of a child survivor should be supported to access social protection schemes that may provide additional income to ensure children remain in school. The financial burden in the aftermath of an accident can lead some families to resort to harmful practices as coping mechanisms. For example, they may arrange early marriage for daughters with the intention of providing for them or of enhancing the family’s economic situation. Or they may take children out of school and make them work, putting them at additional risks associated to child labour, trafficking and abuse.

## Desirable outcomes

- Child survivors have access to local schools which are equipped (disability-friendly infrastructure and teachers trained on inclusive education) to include children with disabilities so that they can learn and play along with their peers. Child survivors and victims have access to skills development and lifelong learning opportunities.
- The rate of children of landmine/ERW victims dropping out of school is significantly lowered.
- Parents of children with disabilities advocate for access to education, skill development and lifelong learning opportunities.
- Water, sanitation and hygiene facilities at home, in schools and elsewhere are inclusive and can be used with dignity.
- Child survivors are valued within their families and are encouraged and supported to contribute their skills to the development of their communities.
- People with disabilities have access to all services they need to improve their economic situation, including skills development, finance, social protection, and waged or self-employment.
- Women and girls with disabilities have equal opportunities for education, work and employment as do men and boys.
- Family members of mine/ERW victims are included in efforts to promote the quality of life of families affected by mines and ERW.
- Community leaders are convinced that social and economic inclusion of survivors strengthens the cohesion of the whole group.

## Suggested activities

### Inclusive education<sup>7</sup>

- ✓ Support families to facilitate access to education for survivors and/or the children of those killed or injured in a landmine/ERW explosion in general inclusive education settings.
- ✓ Prevent children from dropping out of school after a mine/ERW accident; e.g. by providing psycho-social support to the child and the family/care giver and providing income-generating support.
- ✓ Promote inclusive education at all levels, i.e. early childhood, primary, secondary and higher education, non-formal education and lifelong learning. This involves bringing domestic laws and education policies into harmony with Article 24 of the CRPD.
- ✓ Creation of an inclusive education setting entails removal of barriers (physical, informational, communicational and attitudinal). In schools, this

## Participation in cultural life, recreation, leisure and sport

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:

- (a) Enjoy access to cultural materials in accessible formats;
- (b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;
- (c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.

2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society. ...

5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

- (a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
- (b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities ...;
- (c) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system; ...

*Article 30, Convention on the Rights of Persons with Disabilities*

means ensuring access to the school and access within the school premises including accessible classroom and WASH facilities (Water, Sanitation and Hygiene). It also means providing training in braille and or sign language for students with sensory disabilities as well as provision of necessary assistive devices and technology.

- ✓ Discrimination on grounds of disability often arises





## Box 19: Case Management System for Victims/Survivors of Landmines/ERW in Sri Lanka

UNICEF with its partner agencies in Sri Lanka is practicing a case management system in response to the needs of persons with disabilities with a focus on mine/ERW victims and survivors. The main objectives of this system are to

- Ensure each child's individual needs are identified and that assistance is adapted and responsive to the specific needs of each child;
- Ensure multi-sector participation and consultation in decision making process;
- Avoid duplication in terms of services to mine/ERW victims;
- Provide continuous follow-up through Social Service Officers and Mine Risk Education (MRE) agencies.

In 2012, 119 total cases were discussed and 86 supported. Of the 86 cases, 45 were mines/ERW related and 41 cases were other persons with disabilities. Twenty-five cases were children (19 boys, all mines/ERW-related and 6 girls, including 1 related to mines/ERW).

The case management system works in the following manner:

- MRE agencies identify mine/ERW/war victims in need of assistance during their visits to villages;
- MRE facilitator fills the victim assessment form;
- The completed victim assessment form is submitted along with the case history of the individual for discussion during case management sessions;
- The Case Management team discusses the status of the victim and identifies assistance required to respond to the specific needs of the victims or survivor in a holistic manner by different stakeholders;
- The Case Management process is documented, including recommended response to victims, and goes to the Divisional Secretary or the Government for endorsement.

Based on the number of cases and urgency in responding to the need of the victims, case management meetings are organized on an as-needed basis. MRE agencies submit their request along with supporting documents to the Social Service officer in Divisional Secretariat to call for case management action.

### Members of Case Management System

- Social Services Officer
- MRE agencies
- Grama Sevaka [Lowest administrative unit of Local Government]
- Victim assistance agencies – agencies providing support related to physical rehabilitation, psychosocial support, social and economic inclusion
- Members of Rural Development Society (RDS), Women Rural Development Societies (WRDS) or Village Mine Action committees
- School teachers or principals if the case is related to a child
- Any other relevant officers based on the nature of the case

MRE agencies/Social Service Officers continuously follow up the supported/referred cases and document the progress.

Source: UNICEF Country Office, Sri Lanka, November 2013

from ignorance about disability. Thus, it is important to raise awareness and ensure training on disability rights as well as inclusive education techniques and methodologies for all educational staff, teachers and parents. Teacher training in inclusive education, both pre-service and ongoing in-service, is most effective when it is hands on and teachers are provided with

follow up guidance and mentoring support and are monitored.

- ✓ Some child survivors spend months in hospital and rehabilitation and lose out on schooling. Many have problems with concentration and thus fall behind. Where necessary additional support and bridge programmes as well as itinerant support may need to

- ✓ be provided to ensure continuation of education.
- ✓ Support parents' groups of children with disabilities. Parents need support from local schools, teachers and possibly from parents' associations to assist their children who may be survivors or children of those killed or injured in a landmine/ERW explosion.
- ✓ Support inclusive after-school child and youth clubs to break down attitudinal barriers and create necessary social networks and support systems.
- ✓ Support the development of multi-sectoral approaches where health, WASH, education, rehabilitation, transport and social protection services can be provided in a synergistic manner.
- ✓ Incorporate the "lifelong learning approach" stipulated in the CRPD and the CBR Guidelines into VA-related policies and services. Lifelong learning refers to all types of learning that promotes personal development and participation in society including the skills and knowledge needed for employment as well as for early childhood education.

## Social inclusion

- ✓ Ensure that family ties are maintained if/when children are evacuated/hospitalized, and strive to reunite as quickly as possible child survivors of mines/ERW who have been separated from their families; facilitate support particularly for young children (0-8 years) and their care-givers. Family Tracing and Reunification efforts should take into consideration needs of children who may have recently acquired impairments and of children who have family members with disabilities.
- ✓ Include mines/ERW in the identification of risk scenarios for boys and girls in emergency situations, as well as in the development and implementation of community preparedness and response plans.
- ✓ Consider that child survivors of mines/ERW may be at particular risk of separation from their families (including institutionalization) because children with disabilities or those whose family has lost a bread winner may be considered a "burden"; and support families to maintain family unity.
- ✓ Assess and ensure that the specific needs of child survivors of mines/ERW who may be associated with armed forces, including those with disabilities, are taken into consideration in the release and reintegration of children associated with armed forces or armed groups.
- ✓ Ensure that 'Child-friendly spaces' (CFS) are accessible to children with disabilities; ensure that child victims participate equally in CFS activities; fully involve boys, girls, women and men in the community who are affected by mines/ERW in developing and supporting CFS activities; include mine/ERW survivors and victims

- in the recruitment of animators from the community; include the integration of specific considerations for mine/ERW victims and survivors in the training, coaching and follow-up support for animators; integrate mine/ERW risk education into CFS activities.
- ✓ Assess and ensure that the specific needs of child survivors of mines/ERW who are unaccompanied/ separated from their care givers are taken into consideration in the identification, registration, interim/alternative care, development of care plans, tracing, assessment, reunification and follow-up.
- ✓ Promote 'case management' for child survivors and victims of mines/ERW as a core component of integrated and holistic supports and services. Case management is the process of helping individual children and families through direct social work-type support and managing information well (see also #15 of the Minimum Standards for Child Protection in Humanitarian Action).
- ✓ Build capacity of government, community-based organizations (including community-based child protection networks) and NGOs on collecting information and case management for child survivors and victims of mines/ERW; include child survivors of mines/ERW in the defining and sharing of criteria on who is a vulnerable child, building on definitions that already exist (including community-based definitions); in conjunction with MA and other relevant actors, develop standard operating procedures on addressing child survivors and victims of mines/ERW by defining criteria and processes for registration, referral and follow-up linked to best interest; work closely with community-based child protection mechanisms and networks to identify girls, boys and families who are mine/ERW victims and who have or are vulnerable to child protection risks for referral to the case management system, to encourage community support, and to provide ongoing monitoring.
- ✓ Support community-based child protection mechanisms and promote safety nets
  - \* Include services, mechanisms and support for mine/ERW survivors in the mapping and capacity building of local formal and informal supports, service providers and support mechanisms for child protection.
  - \* Include mine/ERW survivors in the selection, recruitment and training of volunteers from the community for community-based child protection networks to protect children from, and support child survivors of, abuse, violence, exploitation and neglect.
  - \* Mobilize and strengthen peer-to-peer supports for child victims/survivors of mines/ERW.
- ✓ Facilitate access for child survivors and victims of

mines/ERW to participate in social life of families and communities.

- ✓ Incorporate the approaches stipulated in the Social Component of CBR, addressing five elements (Personal assistance; relationships, marriage and family; culture and arts; recreation, leisure and sports; and justice) into VA-related policies and services.

## Economic inclusion

- ✓ Facilitate access to age-appropriate livelihood, vocational training, income-generation etc. opportunities. These opportunities have to be viable in terms of income-generation in the specific context where the victims live. A particular focus should be given to children/adolescents who drop out of school and to those who finish school without the necessary skills to earn an income.

- ✓ Inform survivors, victims and their families about existing social protection measures (such as cash transfer schemes, school stipends, social pensions, food vouchers, food transfers, user fee exemptions for health care, WASH, education or subsidized services), and support families to access them.
- ✓ Support the families of child survivors to start/continue/improve their livelihood activities, to help children maintain and improve their quality of life.
- ✓ When a person with disability is not directly in charge of a livelihood activity, ensure that he/she actively contributes and participates as much as possible (to avoid him/her being excluded by the family).
- ✓ Ensure that persons with disabilities have access to existing programmes that promote youth employment.



## Box 20: Improving Quality of Life in Cambodia

A holistic and integrated approach towards improving the quality of life of mine/ERW survivors/victims and other persons with disabilities in Cambodia has shown impressive results,

The project “Towards Sustainable Income Generating Activities” is implemented by Handicap International and the local NGO *Opération Enfants du Cambodge* in one of the most mine/ERW affected provinces of Cambodia, Battambang. Since 2008, the project has adopted a comprehensive approach that aims to improve key factors influencing the quality of life of mine/ERW victims as identified by them, rather than focusing on facilitating access to a single service. The project worked on two aspects:

1. Improving access to business-related services (microfinance, in-kind seed capital, vocational training, money management), and
2. Improving access to medical social services (rehabilitation, vaccination and nutrition campaigns, (which have an important impact on children), meetings on prevention of domestic violence and others.

Project team members worked to empower mine/ERW survivors and other persons with disabilities and victims’ family members. They also trained mainstream service providers to include persons with disabilities in their work. The evaluation of the first phase of the project (2008-2010) demonstrated that all 560 participants experienced improvements in their quality of life, especially in the household budget and in community participation.

The second phase of the project, currently ongoing, has been expanded to another province. It now includes persons from 16 years of age in vocational and money management training, so that when they are 18 years old they have the necessary skills to start a business.

This approach recognizes that a single organization cannot cover all sectors (livelihoods, health, etc.) but rather that orientation and referral networks should be in place and strengthened to ensure persons can access all the different services they need to improve their lives and those of their families.

Source: Handicap International (2010), Good practices from the project Towards Sustainable Income Generating Activities in Cambodia, Phnom Penh/Lyon, <[http://www.hiproweb.org/uploads/tx\\_hidrtdocs/Good\\_practices\\_TIGA.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/Good_practices_TIGA.pdf)>



## Box 21: Persons with Disabilities and HIV-AIDS

Persons with disabilities have a heightened risk to HIV infection compared to persons without disabilities due to limited access to HIV education, information and prevention services; at-risk behaviours leading to HIV infection; and limited access to HIV treatment, care and support. They also are more vulnerable to sexual violence; have limited knowledge and capacity of services providers to render inclusive services; and face stigma and discrimination.

This challenges the common misconception that persons with disabilities are sexually inactive and do not require HIV or sexual reproductive health services. Marginalized or stigmatized communities with limited access to basic human rights are frequently at higher risk of HIV infection and feel the impact of HIV and AIDS more significantly. Yet women and men and adolescents with different impairments (physical, sensory and particularly intellectual and mental) have often been ignored in HIV prevention, treatment, care, support and impact mitigation services, along with sexual and reproductive health promotion and gender-based violence protection services.

Handicap International's projects on HIV and AIDS are centred on four key areas of intervention:

- HIV prevention
- Treatment, care and support including different types of rehabilitation services
- Integration with sexual and reproductive health (SRH)
- Integration with gender-based violence (GBV)

### Examples from the field:

- 'See It, Sign It, Know It, Share It' project in South Africa, engages young Deaf South Africans in HIV prevention. <[http://www.gala.co.za/deaf\\_programme/hiv\\_aids\\_awareness/see\\_it\\_know\\_it\\_sign\\_it\\_share\\_it.htm](http://www.gala.co.za/deaf_programme/hiv_aids_awareness/see_it_know_it_sign_it_share_it.htm)>
- See also a detailed video from Handicap International on integrated programming in Cambodia, with a focus on raising awareness about gender-based violence and HIV/AIDS prevention among deaf women. <[https://www.youtube.com/watch?gl=FR&v=M\\_Ar4LSXhgQ](https://www.youtube.com/watch?gl=FR&v=M_Ar4LSXhgQ)>

Source: Handicap International (2012), Inclusive and integrated HIV and AIDS programming, Policy Paper, Muriel Mac-Seing, Lyon

## Technical Resources

Documents are listed in *inverse chronological order*, starting with the most recent ones.

## Social and economic inclusion

- UNICEF (2013), *Take Us Seriously! Engaging Children with Disabilities in Decisions Affecting Their Lives*. New York, <[http://www.unicef.org/disabilities/files/Take\\_Us\\_Seriously.pdf](http://www.unicef.org/disabilities/files/Take_Us_Seriously.pdf)>
- UN High Commissioner for Refugees (UNHCR) (2013), *Child Protection Issue Brief: Community-based child protection mechanisms*, Geneva, <<http://www.refworld.org/docid/531ec54f4.html>>
- United Nations Educational, Scientific and Cultural Organization (UNESCO) (2013), *Promoting Inclusive Teacher Education Series* [5 advocacy guides], Bangkok, <<http://www.unescobkk.org/resources/e-library/publications/article/promoting-inclusive-teacher-education/>>
- Handicap International [HI] (2013), *Victim Assistance Factsheets*, Lyon; here Factsheets 4 *Education*, 5 *Social Inclusion*, 6 *Economic Inclusion* and 8 *Empowerment*. <[http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact\\_Sheets/Hi-FactSheets-HD.pdf](http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/Hi-FactSheets-HD.pdf)>
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- HI (2013), *From Africa to South East Asia: Handicap International's work on HIV and AIDS*, Fourth Edition, Muriel Mac-Seing (ed.), Lyon, <[http://handicap-international.ca/wp-content/uploads/2012/10/Hi\\_Work\\_on-HIV\\_and\\_AIDS-EN-2013-ref.pdf](http://handicap-international.ca/wp-content/uploads/2012/10/Hi_Work_on-HIV_and_AIDS-EN-2013-ref.pdf)>
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- CBM (2012), *Inclusion made easy: A quick program guide to disability in development*, Bensheim [particularly see 'Disability Inclusion: Child rights', 'Disability Inclusion: Women'] <<http://www.cbm.org/Inclusion-Made-Easy-329091.php>>
- HI (2012), *Inclusive and integrated HIV and AIDS programming, Policy Paper*, Muriel Mac-Seing, Lyon, <[http://d3n8a8pro7vnm.cloudfront.net/handicapinternational/pages/265/attachments/original/1369073425/HealthPreventionHIVAIDS\\_Inclusive\\_and\\_integrated\\_HIV\\_and\\_Aids\\_Programming.pdf?1369073425](http://d3n8a8pro7vnm.cloudfront.net/handicapinternational/pages/265/attachments/original/1369073425/HealthPreventionHIVAIDS_Inclusive_and_integrated_HIV_and_Aids_Programming.pdf?1369073425)>
- International Labour Organization (ILO) (2011), *Moving towards disability inclusion*, Jeannette Sanchez, Geneva, <[http://www.ilo.org/wcmsp5/groups/public/@ed\\_emp/@ifp\\_skills/documents/publication/wcms\\_160776.pdf](http://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_160776.pdf)>
- UNICEF (2011), *GUIDELINES FOR CHILD FRIENDLY SPACES IN EMERGENCIES*, Field testing version developed and reviewed by: Global Education Cluster, Global Protection Cluster, INEE [Inter-Agency Network for Education in Emergencies], IASC [Inter-Agency Standing Committee], New York, <[http://www.unicef.org/protection/Child\\_Friendly\\_Spaces\\_Guidelines\\_for\\_Field\\_Testing.pdf](http://www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf)>
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## Endnotes

- 1 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.
- 2 “A system providing proper fit and alignment based on sound biomechanical principles [that] suits the needs of the individual and can be sustained by the country at the most economical and affordable price.” Day, H.J.B., J. Hughes & N. Jacobs (eds.), *Report of ISPO Consensus Conference on Appropriate Orthopaedic Technology for Developing Countries*, ISPO, Phnom Penh, Cambodia, 5-10 June 1995, ISPO/USAID/WHO, Brussels 1996.
- 3 CRPD Articles 3, 19, 24, 26-27.
- 4 <<http://www.unesco.org/en/education-ar/themes/improving-education-quality/inclusive-education/vulnerable-and-marginalized-groups/children-with-disabilities/>>.
- 5 Stubbs, Sue (no date), Inclusive Development, IDDC Paper [International Disability and Development Consortium], <[www.un.org/esa/socdev/enable/rights/ahc5docs/ahc5iddc.doc](http://www.un.org/esa/socdev/enable/rights/ahc5docs/ahc5iddc.doc)>.
- 6 Handicap International, Victim Assistance Factsheets, <[http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact\\_Sheets/HL-FactSheets-HD.pdf](http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HL-FactSheets-HD.pdf)>; here Factsheet 6 ‘Economic Inclusion’.
- 7 Education in VA is usually seen as a part of social inclusion but it is of such critical importance for child-focused VA that it is presented separately. This “Social and economic inclusion” chapter covers three of the six CBR components: Education, Livelihood, and Social, while the CBR component “Empowerment” also addresses key concerns relevant for an inclusive development approach.