

**Preliminary Observations
Committee on Victim Assistance
(Belgium, Colombia, Senegal, Thailand)**

Intersessional Meetings

19-20 May 2016

PART 1: Introduction

I. Activities of the Committee

1. The Committee had an initial meeting on 18 January 2016 to look at challenges in the implementation of the States Parties' victim assistance commitments and to discuss the way forward for the Committee in 2016. During this initial meeting the Committee recognized that reporting remains a challenge for States Parties and that developing a "gold standard" on victim assistance could provide important guidance to States Parties in implementing their victim assistance commitments under the Maputo Action Plan.
2. On 2 February 2016, the Committee Chair wrote to the States Parties with mine victims in areas under their jurisdiction or control to recall that the Maputo Action Plan commitments called for States Parties to do their utmost to communicate relevant information, employing the Guide to Reporting and annexed sample report, by 30 April 2016. The Committee Chair noted in its letter the importance of transmitting information by the deadline given the short timeframe between the reporting deadline and the intersessional meetings of 19-20 May. The Committee Chair also informed the States Parties that the Implementation Support Unit (ISU), which is in part mandated to provide advice and technical support to States Parties on the implementation of the Convention, remained ready to support States Parties in fulfilling their Maputo Action Plan commitments.
3. On 18 February 2016, the Committee convened an *Informal Discussion on Reporting on Victim Assistance Commitments under the Anti-Personnel Mine Ban Convention*. Observing that reporting on victim assistance commitments under the Maputo Action Plan may be complex, the Committee sought to offer a platform for States to discuss challenges faced by them in responding to the call for information on implementation of Actions 12-14 of the Maputo Action Plan and opportunities to overcome these challenges.
4. On 18 February 2016, the Committee convened a meeting with the victim assistance coordinators of Protocol V to the Convention on Certain Conventional Weapons (CCW) and the Convention on Cluster Munitions (CCM). The purpose of the meeting was to exchange information and experiences regarding how victim assistance is dealt with in the three conventions. It was noted that the basic principles on victim assistance (e.g., a broad definition of "victim", the importance of a rights-based approach, etc.) have been agreed to by the parties to all three instruments and that affected States are often party to more than one instrument. The meeting also discussed the issue of reporting.
5. On 4 March 2016, the Committee's Chair, Thailand, addressed the XXXI Session of the Human Rights Council on the rights of persons with disabilities in situations of risk and humanitarian emergencies (Article 11 of the Convention on the Rights of Persons with Disabilities, CRPD). The

Chair recalled the need to ensure that persons with disabilities are not excluded from services and assistance in conflicts and emergency situations, and to ensure the restoration of communities and assets in a manner that makes them less vulnerable and strengthens their resilience (“Build Back Better”), underlined the importance of data collection and the report's conclusions and recommendations on integrating disability-related strategies in the prevention of risk and humanitarian action, with the aim to promote peace and curb the growing number of people affected and acquiring disabilities in conflicts and emergency situations.

6. On 17 March 2016, the Committee met with Ms. Catalina Devandas Aguilar, Special Rapporteur on the Rights of Persons with Disabilities, Mr. Stefan Trömel, Senior Disability Specialist, International Labour Organisation (ILO) and Mr. Jorge Araya, Secretary of the Committee on the Rights of Persons with Disabilities. Committee Members used the opportunity to share ideas with the group and discussed possible areas of cooperation.

II. Methodology

7. In line with its purpose of supporting States Parties in their national efforts to strengthen and advance victim assistance and in continuation of the efforts of the Committee's work in 2015, the Committee gave particular attention to the following aspects of the Maputo Action Plan:

- Assessment of the needs of mine victims, the availability and gaps in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victim to existing services where possible.
- Time-bound and measurable objectives for the equal and effective participation of mine victims in society.
- Enhancement to plans, policies and legal frameworks to meet the needs of mine victim and on budgets allocated for their implementation.
- Enhancement of coordination with subnational entities and increased availability of and accessibility to appropriate comprehensive rehabilitation, economic inclusion opportunities and social protection measures for all mine victims.
- Enhancement of the capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation.

8. In preparing its preliminary observations the Committee drew upon information submitted by States in their Article 7 reports.

III. Information provided by States Parties on victim assistance

9. At the close of the Fourteenth Meeting of the States Parties, 29 States Parties had reported significant numbers of mine victims in areas under their jurisdiction or control. Of these, until 10 May, ten provided information through their Article 7 reports: Afghanistan, Albania, Bosnia and Herzegovina, Cambodia, Chad, Colombia¹, Jordan, Peru, Thailand and Zimbabwe.

¹ Colombia has submitted substantial information on Victim Assistance but given the tight timeframe the Committee was unable to analysis the wealth of information provided.

10. Of the 29 States Parties, 20 have not submitted their reports as of 10 May 2016 with updated information on victim assistance efforts: Angola, Burundi, Colombia, Croatia, Democratic Republic of the Congo, El Salvador, Eritrea, Ethiopia, Guinea-Bissau, Iraq, Mozambique, Nicaragua, Senegal, Serbia, Somalia, South Sudan, Sudan, Tajikistan, Uganda and Yemen.

PART 2: PRELIMINARY OBSERVATIONS

I. OBSERVATIONS OF A GENERAL NATURE

11. The Committee observed that few State Parties in their Article 7 submission provided information that specifically addressed what has been asked for in Actions #12, #13 and #14 of the Maputo Action Plan; the Committee was appreciative of the efforts of Afghanistan, Albania, Bosnia and Herzegovina, Cambodia, Chad, Jordan, Peru, Thailand and Zimbabwe in furnishing information on victim assistance activities.
12. The Committee observed that reporting on victim assistance remains a challenge for States Parties. The Committee observed that increased support in this area to the States Parties would be beneficial. The Committee further observed the importance of the Committee hearing from affected States Parties regarding the challenges they may have encountered in acting upon these commitments.

II. INFORMATION SUBMITTED BY AFGHANISTAN

13. Afghanistan indicated that the Ministry of Labor and Social Affairs, Martyrs and Disabled (MoLSAMD) is the focal point for victim assistance issues with the Ministry of Public Health (MoPH) and Ministry of Education (MoE) involved in disability services and advocacy activities. Afghanistan indicated that the MoPH is the coordinating body for community-based rehabilitation, physical rehabilitation and psychosocial support services and coordinates the training programme for physiotherapist and healthcare providers.
14. Afghanistan indicated that a victim assistance coordination committee exists which includes all key victim assistance (VA)/disability national and international organisations and line ministers participating, including UNMACA, MoPH, MoLSAMD and MoE.
15. Afghanistan indicated that a UNMACA/Education (MoE) joint project for VA/disability is being carried out with the objective to (a) increase the level of awareness and commitment to VA/disability as a cross-cutting, rights-based and development issue to be addressed by government, civil society groups and the international community in Afghanistan, and (b) to provide capacity building support to inclusive education to the department of the MoE to define inclusive policies and long terms strategies and programmes for inclusive education as well as providing inclusive education trainings to teachers, headmasters, children with disabilities and their parents in order to make general schools accessible for enrolling children with disabilities.
16. Afghanistan provided information on a number of enhancement to plans, policies and legal frameworks to meet the needs of mine victims including the following:
 - the MoPH and MoLSAMD established a strategy for the inclusion, provision of equal opportunities and empowerment of persons with disabilities with a programme in 20 out of 34 provinces;

- the MoPH revised and updated the new disability and physical rehabilitation strategy 2016-2020 for the health sector;
- the MoPH finalized the non-technical and technical standards for physiotherapy and prosthetic and orthotic which will be approved in early 2016;
- the MoPH reviewed and updated the 3-year physiotherapy curriculum which will be used in the new physiotherapy training programme in 2016;
- an action plan for inclusive education was developed; and
- the MoE developed guidelines for ACAP II awareness training.

17. Afghanistan provided information on enhancements made to the coordination with subnational entities and increased availability of and accessibility to appropriate comprehensive rehabilitation, economic inclusion opportunities and social protection measures for all mine victims including the following:

- in 2015, the Afghan Civilian Assistance Programme (ACAPIII) provided immediate assistance packages to 1,568 families, physical rehabilitation services to 5,869 people and enrolled 283 people in vocational training courses;
- 500 medical staff from nine provinces were trained on disability awareness, physical rehabilitation and UNCRPD issues to improve access of persons with disabilities to health and rehabilitation services;
- training of 20 orthopaedic technicians from Kunar, Khost, Bamyan and Kabul with funding from the European Commission to be completed by November 2016;
- training of 2,101 physiotherapist and 40 orthopaedic technicians from provinces lacking physiotherapists with training starting in August 2016;
- printing of spinal cord injury management guidelines in the health sector were and dissemination to health centres throughout the country;
- a reform plan for the rehabilitation hospital the of MoPH was developed based on the assessment report of 2014;
- rehabilitation project concepts for the development and expansion of services to mine/ERW victims and person with disabilities were developed and submitted for funding in 2016;
- CBR training to 23 physiotherapists and 20 orthopaedic technicians;
- 150 Community Health Supervisor (CHS) of the MoPH in Afghanistan Civilian Assistance Project (ACAPIII) and disability awareness and physical rehabilitation from 34 provinces of the country were trained;
- capacity building for 117 child protection officers from 34 provinces, aiming at building capacity of MoE staff to enable them to train other school teachers on ACAP III services in their provinces.

Observations:

18. The Committee welcomes the information submitted by Afghanistan concerning the implementation of its victim assistance actions of the Maputo Action Plan.
19. The Committee takes note of the efforts conducted by Afghanistan to reach out to victim's need. The Committee would appreciate further information on the process to carry out *assessments of the needs of mine victims, the availability and gaps in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victim to existing services where possible*. The Committee would welcome any additional information on this issue and any challenges faced in carrying out assessments and above mentioned activities these efforts.
20. The Committee observed that Afghanistan included a number of time-bound and measurable objectives to increase the capacity to respond to the needs of mine victims. The Committee would welcome additional information on *time-bound and measurable objectives for the equal and effective participation of mine victims in society*.
21. The Committee observed that Afghanistan established a strategy for the inclusion, provision of equal opportunity and empowerment of persons with disabilities in 20 provinces. The committee would welcome information on how this strategy supports the *enhancement of capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation*.
22. The Committee observed that Afghanistan had established a strategy for inclusion, provision of equal opportunities and empowerment of persons with disabilities with a programme in 20 out of 34 provinces. The Committee would welcome any additional information on the strategy.

III. INFORMATION SUBMITTED BY ALBANIA

23. Albania indicated that there are at least 996 UXO casualties (150 killed and 846 injured) all over Albania with disaggregated data by age and gender available for every prefecture/region of Albania.
24. Albania indicated that the Albanian Mines and Munitions Coordination Office (AMMCO) is recording all incidents of previously unreported victims and information drawn from needs assessment forms, assembled by ALB-AID during the reporting period. Albania indicated that During 2014-2015, a "Needs Assessment of Socio-Economic and Medical Needs of Marginalized Explosive Remnants of War (ERW) Victims in Albania" was conducted all over Albania with the financial support of the Austrian Government and the US Government through the International Trust Fund Enhancing Human Security focused on reviewing the status of the survivors, identifying their specific needs and drafting due recommendations for the Government to provide them with relevant assistance.
25. Albania indicated that through the above effort the following needs were identified:
 - Medical/rehabilitation needs:
 - a. 527 persons with amputations need to have their prosthesis and orthoses fitted and periodically maintained; this number includes lower and upper limb prostheses.
 - b. 528 injured persons need to have regular medical checks.

- c. 610 persons need to attend physiotherapy sessions.
 - d. 137 injured survivors should have periodic checks of their eyes by specialist.
 - e. 12 injured survivors should undergo operation for their vision.
- Economic reintegration/income generation activities:
 - a. 583 survivors are in need of further economic support such as employment opportunities, income generating activities and support with microloans for family home based businesses.
 - b. 347 survivors wish to attend vocational training courses.
 - c. 57 survivors wish to attend high school (secondary school) and 34 persons wish to attend university studies.
 - d. 123 families of survivors need to be supported for re-imburement of studies of their children.
 - e. 20 survivors ask to have access to daily care centres.

Psycho-social/peersupport, sport activities:

- a. 262 injured survivors should attend psycho-social sessions.
 - b. 32 injured survivors have special needs such as: reading tools for blind persons (braille), sign language media (sound with braille), somniferous books (special books with sound and braille)
 - c. Almost all survivors want to participate in recreational activities and psychosocial support to overcome the trauma, including in the peer support programmes.
26. Albania indicated that a national workshop with participation of all stakeholders including donors is planned to be held in 2016 to present all findings from the needs assessment projects. Albania indicated that all activities were monitored and coordinated by AMMCO and carried out in cooperation with various implementing partners including the Ministry of Health, Ministry of Welfare and Youth, Kukës Regional Hospital, and Directorates of Public Health, UNDP Albania, International Trust Fund Enhancing Human Security (ITF), University Rehabilitation Institute Republic of Slovenia and the NGO “Albanian Association for Assistance Integration and Development” (ALB-AID).
27. Albania indicated that there is a National Plan aiming to support the mine/UXO victims throughout Albania which complies with several international treaties ratified by Albania, such as the Anti-Personnel Mine Ban Convention, the Convention on Certain Conventional Weapons, the Convention on Cluster Munitions and the Convention on the Rights of Persons with Disabilities (CRPD). The implementation of the National Plan contributes to the emergency, medical care, physical rehabilitation, psychosocial support, socio-economic reintegration, data collection, as well as the implementation of relevant laws and policies for all mine/UXO victims throughout Albania.
28. Albania indicated that the prosthetic workshop in the Regional Hospital of Kukes was upgraded with equipment, raw materials and relevant elements to repair and produce prostheses and orthoses. During 2015, the prosthetic workshop at Kukes Regional Hospital was able to support about 30 amputees with new prostheses and 91 others with major repairs. The Ministry of Health provided an amount of 45,000 EUR for the raw materials and components for the repairs and production of new prostheses to Kukes prosthetic workshop, but this is not enough to cover all the needs. The workload at Kukes prosthetic workshop is continuously increasing, due to the poor functioning of the national prosthetic centre in Tirana. Kukes Hospital has been upgraded with CT scan in 2015 with the support from Japan. In additions, the cardiology cabinet and the

emergency department at Kukes regional Hospital have been upgraded with equipment and training with the financial support from Turkey.

Observations:

29. The Committee welcomes the information submitted by Albania concerning the implementation of its victim assistance commitments under the Maputo Action Plan.
30. The Committee observed that Albania provided information on its efforts to carry out *assessments of the needs of mine victims, the availability and gap in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victim to existing services where possible*. The Committee observed that Albania had provided information on the results of these efforts.
31. The Committee observed that Albania included a number of *time-bound and measurable objectives to increase the capacity to respond to the needs of mine victims*. The Committee also observed that Albania has a National Plan in place to support mine/UXO victims through Albania which complies with several international, treaties including the CRPD.
32. The Committee observed that Albania had not included information on the *enhancement of capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation*. The Committee would welcome any information on this issue.
33. The Committee observed that Albania had included information on plans for a national workshop with participation of all stakeholders including donors to be held in 2016 to present all the findings from the needs assessment projects. The Committee would welcome further information on how this project is articulated in a national plan for *enhancements to the coordination with subnational entities and increased availability of and accessibility to appropriate comprehensive rehabilitation, economic inclusion opportunities and social protection measures for all mine victims*. The Committee would welcome any addition information on this issue.
34. The Committee observed that Albania had included information on one project concerning an upgrade of capacities of the Prosthetic Workshop in Regional Hospital of Kukes. The Committee would appreciate further information of a more general nature on the *budget allocated at the national level for the implementation of its victim assistance efforts*.

IV. INFORMATION SUBMITTED BY BOSNIA AND HERZEGOVINA

35. Bosnia and Herzegovina indicated that in 2015 it has completed the draft decision on the establishment of a coordination working group within Bosnia and Herzegovina Mine Action Centre (BHMIC) and indicated that coordination meetings of the working group took place as well as several individual meetings in order to improve the situation in the field of assistance to victims of landmines. Bosnia and Herzegovina further indicated that BHMIC has actively participated in the board of directors and the implementation of the IPA project to help victims of mines.
36. Bosnia and Herzegovina indicated that in 2015 the updating of the database continued at the request of representatives of governmental and nongovernmental sectors with information on 81 victims updated into the database.

37. Bosnia and Herzegovina indicated that BHMIC has received 14 individual requests for entry in the records of mine victims and to check the status of the same in the database, of which eight new victims were registered.
38. Bosnia and Herzegovina indicated that at the request of NGOs and third parties the Mine Action Centre in Bosnia and Herzegovina is continuously delivering the requested information available about the victims of landmines in accordance with the Regulations on the Protection of Personal Data.
39. Bosnia and Herzegovina indicated that, in 2015, eight projects to help victims of mines were realized, where 899 beneficiaries received assistance.

Observations:

40. The Committee welcomes the information submitted by Bosnia and Herzegovina concerning the implementation of its victim assistance commitments under the Maputo Action Plan, in particular the establishment of a coordination working group within Bosnia and Herzegovina Mine Action Centre (BHMIC). In connection with this initiative the Committee would welcome a more detailed description of the IPA project and its responsibilities in the areas related to victim assistance.
41. The Committee observed that Bosnia and Herzegovina had not included information on the *assessment of the needs of mine victims, the availability and gaps in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victim to existing services where possible*. The Committee would welcome any additional information on this issue and challenges faced in carrying out these efforts.
42. The Committee on Victim Assistance observed that Bosnia and Herzegovina had not included *time-bound and measurable objectives for the equal and effective participation of mine victims in society*. The Committee would welcome any information on this issue.
43. The Committee observed that Bosnia and Herzegovina had not included information on the *enhancement to plans, policies and legal frameworks to meet the needs of mine victim and on budgets allocated for their implementation*. The Committee would welcome any information on this issue.
44. The Committee welcomes information on the establishment of a coordination working group within the BHMIC. The Committee would welcome additional information on *enhancements made to the coordination with subnational entities and increased availability of and accessibility to appropriate comprehensive rehabilitation, economic inclusion opportunities and social protection measures for all mine victims*.
45. The Committee welcomes information on the establishment of a coordination working group within the BHMIC. The Committee observed that Bosnia and Herzegovina had not included information on the *enhancements made to the capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation*. The Committee would welcome any information on this issue.

V. INFORMATION SUBMITTED BY CAMBODIA

46. Cambodia indicated that the responsibility for landmine/ERW victim assistance was delegated to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), where it is most appropriately addressed. Cambodia indicated that the Disability Action Council (DAC) secretariat serves in supporting the MoSVY in the area of general disabilities and that the Department of Victim Assistance of CMAA is working with the MoSVY, Person with Disability Fund and DAC in order to obtain information on services provided to landmine/ERW victims.
47. Cambodia indicated that ongoing primary data collection on Quality of Life Survey (QLS) for mine survivors and other persons with disabilities reached 800 villages in 23 provinces and that 7,000 persons with disabilities including 2,000 landmine/ERW survivors were interviewed. Cambodia indicated that the survey found that most of the survivors met received assistances and few of them lack access to services. Cambodia also indicated that the CMAA continues to expand the QLS, supports survivor networks, monitors victims' needs, provides emergency assistance, and disaggregates data on services received by survivors from relevant stakeholder.
48. In May 2015, a working group led by CMAA for managing, monitoring and collecting data on services received by mine victims was established, composed of the Ministry of Social Affairs, Veterans and Youth Rehabilitation, Disability Action Council, Persons with Disability Fund and the heads of the physical rehabilitation centres.
49. For the next five years, CMAA will participate in the national coordination mechanism on disability and monitor implementation to ensure that the rights and needs of mine survivors are being addressed, in the broader context of disability.
50. The following 2015 figures were made available to CMAA by the MoSVY and Person with Disability Fund: 26,662 persons with disabilities including mine/ERW survivors received physical rehabilitation included prosthetics, orthotics, wheelchairs, tricycles and walking aids including crutches and walking frames. 11,012 persons with disabilities including mine/ERW survivors received physiotherapy and surgery. 58 Persons with disabilities including mine/ERW survivors were trained at the vocational training centres. Community-based rehabilitation services are available in 22 provinces and provide education, health care, disability empowerment, prostheses, orthotics, and wheelchairs/tricycles, including repair, interviews for referral to other service providers, gender training, job placement and self-help groups.
51. Cambodia indicated that a disability and mine survivor forum was organised at the sub-national level in order to discuss the needs of those disabled by landmines; a total of 280 landmine/ERW survivors (70 of which were women) and people with disabilities participated.
52. Cambodia indicated that government efforts are supported by the Disability Rights Initiative Cambodia Programme; a five-year joint programme by UNDP, UNICEF and WHO, funded by Australia. The programme supports the implementation of the NDSP 2014-2018 and the CRPD.
53. Cambodia indicated that a meeting on developing a policy for supporting ex-deminers injured by demining operation was conducted with relevant ministries and demining operators.
54. Based on the findings from the QLS, a series of activities were made to promote the rights and address the needs of survivors in the broader context of disability and development, at both national and sub-national level. For instance, nationwide survivor networks were created and forums on survivor rights and needs. In addition, CMAA provides emergency assistance to recent victims and organises training workshops to build the capacity of the survivor networks, and the commune and village chiefs on recording survivor assistance.

Observations:

55. The Committee welcomes the information submitted by Cambodia concerning the implementation of its victim assistance commitments under the Maputo Action Plan.
56. The Committee observed that Cambodia had provided information on the efforts Cambodia carries out to *assess the needs of mine victims, the availability and gaps in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victim to existing services where possible.*
57. The Committee observed that Cambodia was carrying out efforts to implement their NDSP 2014-2018 and the CRPD through a five-year joint programme with its partners. The Committee would welcome any additional information on these efforts.
58. The Committee takes note of several initiatives undertaken in the area of victim assistance. However, it also observed that Cambodia had not specified which efforts constitute *enhancements to plans, policies and legal frameworks to meet the needs of mine victim and on budgets allocated for their implementation.* The Committee would welcome any information on this issue, as well as the progress made on the implementation of Cambodia's NDSP 2014 – 2018 indicated in its 2015 victim assistance report.
59. The Committee observed that Cambodia had provided information on *enhancements made to the capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation.*

VI. INFORMATION SUBMITTED BY CHAD

60. Chad indicated that it has reliable data on 84 victims, including 18 mine victims and 66 victims from other ERW. In 2015, seven mine/ERW victims were recorded, one of which was killed and six injured.
61. Chad indicated that it had assessed the needs of victims and the availability and gaps in services and support in the areas of medical care, rehabilitation, psychological support, education, economic integration, social inclusion, coordination and participation.
62. Chad indicated that first aid treatment for mine victims is provided free of charge. Organisations of persons with disabilities provide psychological support services and aim to generalize and systematize their interventions in the mine-affected areas. Students with disabilities and the children of persons with disabilities are exempted from tuition fees in public schools. Organisations of persons with disabilities have in the past years successfully launched economic inclusion programmes. They further promote and raise awareness for the rights of persons with disabilities in the public sphere and with various ministries (e.g. with the National Disability Day celebrations on 7 February).
63. Chad indicated that it faces a number of challenges in providing services and support to mine victims, including the lack of technical expertise in rehabilitation, education and economic integration; the lack of facilities and equipment for medical care, rehabilitation, education and economic integration; the lack of coordination of victim assistance, as well as and social and

cultural barriers which impede the participation and integration of persons with disabilities in society.

64. Chad indicated that three preparation missions for the implementation of a pilot project were conducted in Ouaddaï and Borkou and that these missions provide an opportunity to assess the challenges and potential of each of the sub-prefectures of the two regions in the implementation of the PADEMIN project.
65. Chad established a number of objectives in the areas of data collection, medical care, rehabilitation, psychological support, education, economic integration, social inclusion, coordination and participation it seeks to achieve through the implementation of national policies, plans and legal frameworks that will contribute to the full, equal and effective participation of mine victims in society.
66. In 2015, the Ministry of Planning and International Cooperation (MPCI), with the support from the World Bank, drafted an ambitious Social Protection Strategy which should be implemented in 2016. Chad indicated that this strategy could enable vulnerable groups, including persons with disabilities to receive financial support and/or supplies.
67. At the beginning of 2016, the National Mine Action Centre with the participation of various ministries revised the 2010 National Plan for Victim Assistance (PANAV). In April 2016, the revised PANAV was awaiting finalization and adoption.

Observations:

68. The Committee welcomes the information submitted by Chad concerning the implementation of its victim assistance commitments under the Maputo Action Plan.
69. The Committee observed that Chad was carrying out efforts to assess the needs of victims, the availability and gaps in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victim to existing services where possible. The Committee would welcome information on the results of these efforts as well as any plans to carry out other such efforts in other areas of Chad.
70. The Committee would welcome *time-bound and measurable objectives for the equal and effective participation of mine victims in society*. The Committee would welcome information on this issue.
71. The Committee observed that Chad had not included information on *enhancements to plans, policies and legal frameworks to meet the needs of mine victim and on budgets allocated for their implementation*. The Committee would welcome information on this issue.
72. The Committee would welcome information on the *enhancement of coordination with subnational entities and increased availability of and accessibility to appropriate comprehensive rehabilitation, economic inclusion opportunities and social protection measures for all mine victims*. The Committee would welcome information on this issue.
73. The Committee would welcome information on Chads efforts to enhance *the capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation*.

VII. INFORMATION SUBMITTED BY JORDAN

74. Jordan indicated that victim assistance falls under the National Strategic Plan for Persons with Disabilities which is executed through the Higher Committee of Persons with Disabilities and their Rights. The plan ensures the rights of victims for care, rehabilitation, health, employment, and education.
75. Jordan indicated that the five-year Strategic Plan is updated periodically to ensure that the rights of persons with disabilities are preserved.
76. Jordan indicated that the Ministry of Health provides treatment, rehabilitation/reintegration for victims; the national authority for mine action provides more rehabilitation/reintegration and financial support depending on available funding with the prosthetics centres in all public hospitals.

Observations:

77. The Committee welcomes the information submitted by Jordan concerning the implementation of its victim assistance commitments under the Maputo Action Plan.
78. The Committee observed that Jordan has a five-year Strategic Plan to ensure that the rights of persons with disabilities are preserved.
79. The Committee would welcome information on efforts to *assess the needs of victims, the availability and gaps in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victim to existing services where possible.*
80. The Committee would welcome information on *time-bound and measurable objectives for the equal and effective participation of mine victims in society.*
81. The Committee observed that Jordan had not included information on the *enhancements to plans, policies and legal frameworks to meet the needs of mine victim and on budgets allocated for their implementation.* The Committee would welcome any information on this issue.
82. The Committee observed that Jordan had not included information on the *enhancement of coordination with subnational entities and increase availability of and accessibility to appropriate comprehensive rehabilitation, economic inclusion opportunities and social protection measures for all mine victims.* The Committee would welcome any information on this issue.
83. The Committee observed that Jordan had not included information on the *enhancement of the capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation.* The Committee would welcome any additional information on this issue.

VIII. INFORMATION SUBMITTED BY THAILAND

84. Thailand indicated that it has been working on disability under the Empowerment of Persons with Disabilities Act 2007 and its Amendment (Vol. 2) 2013 which allows persons with disabilities to register for disability identification cards.

85. Thailand indicated that as of 29 February 2016, there are 1,567,571 (838,499 male and 729,072 female) persons with disabilities. Of these, there are 620,622 (328,466 male and 292,156 female) persons with disabilities who live in 27 mine-affected areas, including 1,200 persons with disabilities who are impacted by mines.
86. Thailand indicated that given that mine-contaminated lands are often located in remote areas which has proven to be an obstacle to rapid and timely on-site emergency services to mine victims, both local civilians and deminers, during mine clean operations, Thailand has sought to promote collaboration between the National Institute for Emergency Medicine (NIEM) and the Thailand Mine Action Centre (TMAC) regarding on-site emergency medical service to mine victims. As a result of these efforts, Thailand indicate that NIEM and TMAC have begun to collaborate with NIEM local emergency medical service unit on standby during mine clearance operation and with both agencies conducting joint emergency medical trainings.
87. Thailand indicate that to promote appropriate health care settings in providing physical rehabilitation services for persons with disabilities with the participation of local communities, the Department of Medical Services (DMAS) of the Ministry of Public Health has organised and promoted community-based rehabilitation (CBR) for persons with disabilities, including mine victims. Thailand indicated that this has resulted in the development of the Strategic Plan for Health Care System Development for Persons with Disabilities 2017-2021 and has resulted in the following: caregivers and volunteers in the communities are given primary health care trainings; more than 3,000 persons with disabilities have joined the CBR programme, and; 53 speech therapy networks and 81 swallowing training networks have been created nationwide.
88. Thailand indicated that the success rate of the community health services was around 80.26% in 2015 and that many independent training centres in rural areas are available to support knowledge, information and services for persons with disabilities and their families.
89. Thailand indicated that to provide psychological remedy and advice to persons with disabilities, including mine victims, and to protect the rights of persons with disabilities, Thailand counts on 152 Community Learning Centres (CLC) in 76 provinces of Thailand with an additional 10 centres in Bangkok with 27 CLC's located in affected areas. Thailand indicated that the Centres provide two teams of professionals for the local communities, consisting of social workers, psychologists, local officers, and teachers.
90. Thailand indicated that the Ministry of Social Development and Human Security also makes use of volunteer networks to assist persons with disabilities, such as searching persons with disabilities in communities, registration for disability identification cards, coordination with persons with disabilities/families/local administrative offices and other related agencies to find out problems and needs, individual planning, independent living skills of each type of disability, promotion of health insurance and assistive devices, preparation to school system, vocational skills for persons with disabilities, and stimulation to self-help groups.
91. Thailand indicates that the Ministry of Social Development and Human Security has been implementing CBR model for psychological support services to persons with disabilities.
92. Thailand indicated that to support independent living of persons with disabilities and to improve the quality of life of persons with disabilities in corresponding to increasing costs of living in Thailand, through its efforts to reduce poverty among persons with disabilities, a Cabinet resolution dated 16 February 2016 approved that persons with disabilities who are registered for disability identification cards are eligible to immediately received disability allowances requesting the Ministry of Interior to revise the rules of disability allowance payment for persons with disabilities. Thailand reported the following additional results from these efforts:

- a. Government's policy to increase the monthly disability allowance from the rate of 500 baht (14 USD) to the rate of 800 baht (27 USD);
 - b. individuals eligible to seek support from the Fund include (1) persons with Disability ID cards who have no outstanding debt with the Fund (2); caregivers with guarantees by organisations of persons with disabilities or other agencies; (3) groups of individuals or disability related organisations. Tax exemption is applied for persons with disabilities, caregivers, and employers who hire persons with disabilities and provide accessibility for them;
 - c. in term of employment of persons with disabilities, the Ministry of Labour and the Ministry of Social Development and Human Security have continuously worked to raise awareness of the Regulation among government agencies and private companies in order to increase the rate of employment of persons with disabilities (100:1);
 - d. recently, the Fund of Empowerment of Persons with Disabilities has allocated approximately 97 million USD to be loaned for self-employment for persons with disabilities and their caregivers.
93. Thailand indicated that, as of today, there are 34,080 persons with disabilities and 2,167 caregivers who are employed and can apply to receive interest-free loans from the fund at the amount not exceeding 1,333 USD for five years. Thailand further indicated that another 128,117 persons with disabilities and their caregivers who are being supported for their self-employment by the same fund.
94. Thailand indicated that, in order to promote independent living and participation of persons with disability in their communities, the Ministry of social Development and Human Security has made available 550 personal assistants, 55 sign language interpreters, 2,498 house modifications, 3,053 volunteers, and 152 CLCs to support persons with disabilities, including mine survivors.
95. Thailand indicated that the Government has allocated budgets for personal assistance since 2011 equalling approximately 1.2 million USD, and for housing modifications equalling approximately 3.6 million USD.
96. Thailand indicated that in order to provide services for persons with disabilities as prescribed by the law and to coordinate and refer persons with disabilities to access further services, Thailand has established two types of Persons with Disabilities Service Centres, namely (1) Provincial Persons with Disabilities Service Centres, operated by the central government, and (2) General Persons with Disabilities Service Centres, operated by any governmental and non-governmental agencies related to the empowerment of persons with disabilities including local administration organisations. Thailand indicated that the purpose is to facilitate the access of persons with disabilities, including mine victims, to these services and to reinforce positive social attitudes towards persons with disabilities.
97. Thailand indicated that, currently, there are 77 Provincial Social Development and Human Security Offices all over Thailand operating to provide services for persons with disabilities and referring them to further services they are entitled to. The Government has so far allocated a budget of approximately 650,000 USD for Disability Service Centres.
98. Thailand indicated that in order to enable persons with disabilities at the decision making level to design policies, plans, and projects on disability issues there are governmental and non-governmental agencies including organisations of persons with disabilities working to support full participant of person with disabilities in society, including those of mine victims. Thailand indicated that the Department of Empowerment of Persons with Disabilities under the Ministry

of Social Development and Human Security in collaboration with the Thailand Mine Action Centre has, in 2015, organised four workshops on “Rehabilitation and Development Plan for Persons with Disabilities who are Impacted by Mines and Promotion of the Establishment of Disability Service Centres” with the objective to promote the full participation of mine victims and persons with disabilities in general in four mine-affected provinces. Participants in these workshops included persons with disabilities, their personal assistants, and related local government officials.

Observations:

99. The Committee welcomes the information submitted by Thailand concerning the implementation of its victim assistance commitments under the Maputo Action Plan.
100. The Committee observed that Thailand had provided information on the efforts Thailand carries out to *assess the needs of mine victims, the availability and gaps in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victim to existing services where possible.*
101. The Committee observed that Thailand had included information on the *enhancement to plans, policies and legal frameworks to meet the needs of mine victims and on budgets allocated for their implementation.*
102. The Committee observed that Thailand had provided information on *enhancements made to the capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation.* The Committee would welcome any additional information on the progress made since its 2015 report, including the establishment of a Systematic Landmine Victims Database, and an Integrated Community Master Plan.

IX. INFORMATION SUBMITTED BY ZIMBABWE

103. Zimbabwe indicated that it is in the process of capturing data and statistics specifically for those affected by landmines through the assistance of demining partners.
104. Zimbabwe indicated that the Ministry of Public Service, Labour and Social Welfare in which victim assistance in Zimbabwe lies captures data of all persons with disabilities without discriminating.
105. Zimbabwe further indicated that the same principle of non-discrimination is employed in the provision of basic needs including medical care, physical rehabilitation, economic and social inclusion.
106. Zimbabwe indicated that due to limitation of funding not much coordination has been done with other state entities dealing with disabilities such as the Ministry of Health and Child Care and Public Service and Social Welfare, however, the Mine Action Authority always tries and assists identified victims in remote areas who are in need by having them included in the social welfare database.
107. Zimbabwe indicated that plans are in place for the establishment of a mine victim database through coordination with other ministries. In 2015, the Halo Trust assisted 36 people identified by the National Mine Action Authority with prosthetic limbs.

Observations:

108. The Committee welcomes the information submitted by Zimbabwe concerning the implementation of its victim assistance commitments under the Maputo Action Plan.
109. The Committee observed that Zimbabwe is carrying out efforts to capture data and statistics for those affected by landmines. The Committee would welcome additional information on assessments of the needs of mine victims, the availability and gaps in services and support, and existing or new requirements for disability, health, education, employment, development and poverty reduction activities needed to meet the needs of mine victims, and to refer victims to existing services where possible.
110. The Committee observed that Zimbabwe had not included *time-bound and measurable objective for the equal and effective participation of mine victims in society*. The Committee would welcome information on time-bound and measurable objectives to be met by Zimbabwe.
111. The Committee observed that Zimbabwe had not included information on *efforts to enhance coordination with subnational entities and increase availability of and accessibility to appropriate comprehensive rehabilitation, economic inclusion opportunities and social protection measures for all mine victims*. The Committee would welcome additional information on this issue and challenges faced in carrying out these efforts.
112. The Committee observed that Zimbabwe did not include information on the *enhancement to plans, policies and legal frameworks to meet the needs of mine victims and on budgets allocated for their implementation*. The Committee would welcome information on this issue.
113. The Committee observed that Zimbabwe had not included information on *efforts to enhance capacity to ensure the inclusion and active participation of mine victims and their representative organisations in national action plans, legal frameworks, policies, implementation mechanisms and monitoring and evaluation*. The Committee would welcome information on this issue.