Handicap International input to questions of Co-Chairs to the Standing Committee on Victim Assistance and Socio-Economic Reintegration
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Thank you for the opportunity to provide input into a concept paper on assistance to child victims in the context of the Anti-Personnel Mine Ban Convention.

It is good to see that that various actors are currently looking into the issue of child-centred victim assistance. Aside from the Co-Chairs' call to look into this issue, UNICEF is currently apparently recruiting a consultant to develop child-centred guidance for Victim Assistance. For more information on the vacancy announcement: http://www.unicef.org/about/employ/index_67842.html.

Even though I understand from a conversation yesterday with Hugues Laurenge at UNICEF that this consultancy aims to gather best practices internal to UNICEF, a concerted and coordinated effort between the various actors engaged in this issue could only yield a more comprehensive outcome.

In reading the invitation, reference is made to child victims. In keeping with the definition of victims as per the Convention on Cluster Munitions, this then refers to children injured and killed by mines and other explosive remnants of war (ERW), as well as children of parents who have been injured or killed by these same weapons and children living in mine/ERW affected areas. In speaking with Ms. Woergoetter it however became clear that the focus of the proposed concept paper is on child survivors and their families. For this reason, our input will be limited to this group of victims.

Also in the invitation is the reference to a non-discriminatory approach, meaning that victim assistance should benefit not only people disabled by mines/ERW, but also those who are disabled through other causes. This is indeed in keeping with the Cartagena Action Plan. Interpreted most broadly, this implies that victim assistance efforts should be responsive to the needs of all children with disabilities, including children with cognitive and congenital disabilities as well. In as much as there is a desire to align efforts in the context of victim assistance from a disarmament angle with work done in the context of the Convention on the Rights of Persons with Disabilities; to date, the discussion on victim assistance in disarmament fora has yet to tackle the question of how its efforts can be truly inclusive of the needs of all children with disabilities in mine/ERW -affected countries. Hence, our response below will not endeavour to answer this important question, even though we very much encourage efforts to do so in the near future.

Our input into the three questions posed will be limited to the particular areas of expertise that Handicap International has accumulated over the thirty years that the organization has been providing assistance to child and adult victims of mines/ERW, namely in the rehabilitation of people who have suffered the loss of a limb, as well as in inclusive education and in personalized social support.

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REHABILITATION

1) Challenges faced by children who have lost a limb in terms of accessing rehabilitation

Children who lose a limb require rehabilitation services, whether this is physiotherapy or an assistive device. Several challenges are faced in this regard:
- o The need for long term and quality follow-up to adjust the prosthesis to a child that is growing
- o The need for timely interventions to avoid complications
- o The lack of appropriate prosthetics and orthotics technologies and mobility devices (including wheelchair) for both adults and children, but this lack is even more severe for children (little range and availability of small sizes, and need to adapt and change them more frequently)
- o Lack of autonomy and mobility leads to a reduction of opportunities for participation, including in school, sport, cultural and leisure activities
- o Children who are already vulnerable in a crisis, become even more vulnerable as a result of their disability and often face discrimination and/or are exposed to violence, both of which have important implications for their mental health.

The challenge faced by children as a result of their impairment becomes the *defacto* challenge of the whole family, since the burden of disability not only rests on the person with the impairment, but on their caregivers as well (mothers, fathers, or other family members). They have less time to engage in livelihood activities, reduced mobility because of the need to provide relatively more care than to their able-bodied children, and little money to compensate the extra costs, such as those related to travelling and accommodation to reach services (if no cost for care). In order to respond to this challenge, Handicap International ensures that family members of child survivors can participate in its social inclusion and livelihood initiatives.

2) Measures and solutions in terms of rehabilitation

Handicap International's support to rehabilitation is to empower local human resources with technical training in Prosthetics & Orthotics – P&O and in physiotherapy) in a manner that is adapted to a given development/fragile context. Guidelines, such as the "WHO guidelines for training personnel in developing countries for prosthetics and orthotics services", are a means by which to overcome some of the challenges faced.

Some of our measures and solutions in terms of rehabilitation are as followed:
- o Provision of modular P&O training to allow for gradual progression and which are validated by international standards, therefore assuring a certain level of quality
- o In collaboration with Don Bosco University, distance learning has been used with very good results
- o Promotion of regional exchanges for learning (i.e. experience in Balkans), which allows for cultural appropriateness, long-term follow up for quality training and clinical skill development
- o To enhance sustainability of a given initiative, work with institutional partners both locally (setting up of P&0 services within hospitals) and centrally (Ministries, development of sector policies)
- o To increase access and sustainability of P&O services, these are sometimes embedded in Community Based Rehabilitation programs (for example by the Handicap International programme in Nepal)

- In terms of the hand-over of rehabilitation centres that were set up by Handicap International to the State: the focus today is on improving management and quality assurance skills through the development of tools that are being tested in several countries.

EDUCATION

1) Challenges faced by child survivors in terms of accessing education

Children who survive an accident with a mine/ERW face challenges similar to children disabled by other causes when trying to access mainstream education. They are often denied an education at preschool, primary and secondary school, or receive an education that is of poor quality (including informal education).

The main barriers and challenges encountered are:

Barrier 1 - Negative attitudes in the community and family & lack of knowledge due to:
- Traditional beliefs and practices, fears, shame, economic poverty (of parents, schools, teachers, other pupils and communities), large family sizes
- Parents of children with disabilities do not know or underestimate the capacities or the potential of their children
- Parents of children with disabilities do not see the value of sending their children with disabilities to school nor their potential for future employment. The experience from one country teaches that this is even more true for girl than for boy survivors.

Barrier 2 - Quality inclusive primary education not accessible to children with disabilities due to:
- Inadequate teaching, monitoring and support provided
- Inaccessible and un-adapted curricula
- Insufficient training of teachers on key issues (disability awareness, gender sensitivity, classroom management, accessible curriculum, diversification of teaching methodologies)
- Resources and teaching materials and teaching practices inaccessible
- Inadequate monitoring, evaluation and support mechanisms for the inclusion of children with disabilities in education
- Severe lack of provision and follow-up support
- Girls and boys with a disability have no voice or choice in their educational needs and aspirations
- Inaccessible education environment as a result of discriminatory attitudes on the part of teachers and other children, as well as physical barriers that render school buildings and facilities inaccessible, including a lack of accessible and suitably private sanitary facilities (note: this is a primary cause for high-drop out rates among adolescent girls)
- Specialist equipment needed to support many disabled girls and boys is insufficient or unavailable due to cost and tends to be restricted to urban locations alone
- Lack of appropriate transportation.

Barrier 3 - Lack of national and local inclusive education policies due to:
- Lack of information to governments about how to translate international standards such as Article 24 of the Convention on the Rights of Persons with Disabilities into a policy that is feasible within a resource-poor context
- Lack of sufficient knowledge base on disability and inclusive education within Ministries of Education and Teacher Training Colleges to put policies into practice

- Lack of mechanisms for analysis of information and exchange of best practice on key disability and education issues (both within and between countries)
- Entrenchment of a medical model of disability in society
- Severe lack of data:
  * About the numbers of disabled girls and boys both in and out of school
  * On education provision for disabled girls and boys.

Related to Barrier 3, the following common scenarios explain *why* existing national education laws and policies often make the inclusion of children with disabilities difficult:

- No specific law to protect the rights of children with disabilities. Since children with disabilities are often not recognised as equal citizens in society, generic national laws are usually insufficient
- A specific law exists but it is not effective, due to limited knowledge about the law, negative attitudes towards children with disabilities and limited knowledge on how to implement it
- The existing law specifies that children with disabilities should attend special schools
- The law is recognised but only partially implemented within the country context, and only a certain number of education officials actually promote this law
- There are commonly a number of prohibitive policies related to school examinations. In some developing countries where Handicap International works, governments do not take into account specific needs of individual children in terms of completing examinations, such as: extra time to complete the examinations; an assistant to read the questions or transcribe the answers; or, the provision of examinations in an alternative formats (e.g. Braille).

2) Measures and solutions in terms of education

To address these issues, Handicap International's inclusive education sector has identified three main expected results and related activities, as well as indicators. These expected results are largely interdependent and effective action on inclusive education should combine all three.

a) **Changing attitudes for an inclusive society**
Activities:
- Theatre productions in the local area
- Short live radio programme broadcast within the project area
- The inclusion of children with disabilities in existing local social activities such as social events
- Skills development of young adolescents with disabilities (this helps society to see *ability* rather than *disability*)
- The organisation of 'child-to-child' fun days within the school environment for all children, including those with disabilities, to come together to play games and exchange with one another
- To develop empathy activities with teachers, for example "how do you feel about carrying books when you do not have the use of your hands?"
- To collect the life stories of teenagers and adults with disabilities who are at school, at university or who have a job and also the life stories of their families
- To co-host workshops on Education For All with national/regional/local Education Thematic Groups and to have a focus (for campaigns) on the inclusion in education of children with disabilities
- Ensuring the correct protocol is used when dealing with teachers (i.e. collaboration with teacher training colleges)
- Ensuring a wider, more inclusive stakeholder analysis regarding the education situation for children with disabilities

❖ Creating a database of consultants who can carry out disability and inclusion awareness training and assessments.
   Indicators:
o Changes in Knowledge – Attitudes - Practices of groups targeted by the activities (measured at the beginning and end of project)
o Number and types of decisions taken by local authorities, after awareness-raising or advocacy activities.
o Number and types of actions implemented
o Number and types of medium used
o Number and types of local stakeholders involved in awareness-raising initiatives
o Number and types of actions implemented in synergy with various stakeholders
o Number and types of media stakeholders (Radio, TV, newspaper) invested in actions
o Number and types of target groups (communities, leaders, education professionals, children with disabilities and their families etc).

b) **Teaching and learning for an inclusive system of services**
   Activities:
❖ Developing links between model inclusive mainstream schools and the surrounding regular schools
❖ Developing education programmes on inclusive education with higher learning institutions
❖ Developing teacher training programmes (initial and in-service) with teacher training colleges and curriculum development centres
❖ Developing the education service to be able to successfully train, recruit and employ teachers with disabilities
❖ Updating curricula and creating manuals
❖ Developing links between mainstream and special education to ensure specialist services are available and accessible for children with disabilities in mainstream education settings (e.g. deaf children will need to learn sign language; blind children will need to learn Braille)
❖ Participating in monthly teacher meetings: presenting teaching materials and Individual Education Plans (IEPs) as assessment tools
❖ Training local resource teams on inclusive education
❖ Setting up and training key groups of resource persons to give support to inclusive schools: i.e. to give advice to teachers and parents and monitor the IEPs. These resource people could be teachers from the special school
❖ Training of teachers in classroom management
❖ Sourcing adapted teaching and learning materials
❖ Improving physical accessibility (in schools and homes)
❖ Awareness-raising sessions for all teachers within a project area on inclusive education, not just the target schools. This activity ensures that all teachers are predisposed to the issues of inclusion of children with disabilities at their school
❖ Sign language training for those responsible for training programmes (ministry level agents and technical advisors, teacher trainers and teachers)
❖ Strengthening support services such as forming cluster school groups with itinerant resource teachers
❖ Developing monitoring mechanisms.

Indicators:
o Changes in Knowledge – Attitudes - Practices of education professionals and the extent to which teachers provide appropriate education to children with disabilities
o Existence of mechanisms for monitoring the education of children with disabilities
o Use of monitoring tools by teachers

- o Active participation of parents of children with disabilities in meetings with teachers
- o Adequate physical adaptation of the premises.
- o Participation of children with disabilities in education and recreation activities.
- o Number and types of modules on inclusive education included in teacher training schools
- o Number and types of in-service teacher training sessions
- o Change observed in inclusive teaching methodology and practice in the classroom (including the number of teaching tools used)
- o Higher number of children with disabilities successfully participating in education and/or obtaining primary level grades
- o Number and types of accessible teaching tools available
- o Number and types of "post-training" support visits for professionals trained in project life cycle.

c) Supporting the development of Inclusive Education policies
   Activities:
- ❖ Participation of people with disabilities in national and local education forums
- ❖ Participation of people with disabilities in international and national advocacy
- ❖ Lobbying for inclusive education indicators in related policies (for example PRSP[1] indicators, ten-year education sector plans)
- ❖ Lobbying for social protection measures or social safety nets, including school scholarship programmes for the economically disadvantaged
- ❖ Identification and collection of data of children with disabilities both in and out of school
- ❖ Identification of barriers
- ❖ Mapping of needs and resources / creation of data base on inclusive education
- ❖ Creating referral teams (guidance committees)
- ❖ Capacity building of education leaders on designing inclusive policies
- ❖ Capacity building of education leaders on coordinating the implementation of inclusive policies
- ❖ Creating a dynamic of cross-sector exchanges/study tours
- ❖ Accessibility norms created for school construction
- ❖ Participation in education policy development workshops to make them more inclusive
- ❖ Instigation of free orthopaedic consultations at rehabilitation centres for children with physical disabilities
- ❖ The elaboration of an inclusive education module to be introduced into the initial teacher training sessions in state teacher training colleges.

Indicators:
- o Data is generated through routine Ministry of Education statistics on the numbers of girls and boys with disabilities both in and out of school
- o Change in the Knowledge – Attitudes - Practices of education leaders
- o Existence of inclusive education action plans in education policy papers (at local, national or regional levels) fitting with international frameworks
- o Existence of inclusive mechanisms involving parents, associations of parents, Disabled People's Organisations
- o Existence of referral procedures
- o Number of inclusive schools respecting standards of inclusion
- o Number of decision-makers attending information and training sessions on inclusive education.

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[1] Poverty Reduction Strategy Papers: http://www.making-prsp-inclusive.org/

PERSONALIZED SOCIAL SUPPORT

1) <u>Challenges faced by child survivors and their families in accessing services</u>

Many child survivors and their families tend to be socially isolated and not invariably, disempowered, whether this is because a child that has survived an accident with a mine/ERW is no longer attending school due to discriminatory attitudes on the part of teachers or because the local school is physically inaccessible, to name only a few possible reasons.

As most child survivors and their families live in remote, rural areas, accessing those services that can put an end to their social isolation are inaccessible. Personalized social support is *the* link that can make the difference between exclusion and empowerment towards inclusion.

2) <u>Measures and solutions to increase access to services</u>

 "Personalized social support"(PSS) can be defined as a voluntary and interactive approach involving participative methods with the person asking for or accepting assistance, with the objective of improving their situation and relationship with their environment or even transforming them. [...] Social support provided to a person is based on respect and the intrinsic value of each individual, as a party to and subject of rights and obligations".[2]

PSS empowers people to realize a goal, as a result of which they are able to realize the next goal on themselves. This goal purports to increase a given person's level of social inclusion, such as being able to play with other children for a young disabled house-bound child survivor. PSS *can* ensure that those child survivors (as well as adults of course) that are most excluded and marginalized have access to services. Within the context of victim assistance, the goals of PSS are as followed:
- Contribute to improved social inclusion of child survivors and their families by taking a personalized approach to their situation
- Involve the child survivor and their family in their own process of change through improved management of their interaction with their environment and by fostering their empowerment and self-determination
- Foster the creating of a more positive self-image by increasing child survivors and their families' self-confidence and awareness of their personal capacities."[3]

3) <u>Role for the Anti-Personnel Mine Ban Convention</u>
- ➢ To strengthen coordination on various victim assistance efforts undertaken by UN agencies and other actors
- ➢ To bring victim assistance to the fore not only in the context of the Anti-Personnel Mine Ban Convention, but also in the framework of the Convention on Cluster Munitions, Convention on the Rights of Persons with Disabilities, as well as in discussions around the inclusive post Millennium Development Goals and the upcoming High Level Meeting on Disability and Development (HLM DD) to be held during the UN General Assembly on September 23rd in NY: first, to ensure that the rights and needs of victims are recognized in these fora, and second, to create awareness of the fact that work on victim assistance in the context of mines/ERW strengthens and can reinforce broader disability and development initiatives

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[2] Handicap International (2009): *Personalized Support Guide: Thoughts, methods and tools for proximity support.* Available at: http://www.handicap-international.fr/fileadmin/documents/publications/PSSGuide.pdf
[3] Idem

- To ensure efforts in the context of victim assistance are implemented by relevant and existing ministries, generally the one that is also responsible for broader disability issues and to ensure that the role of the Mine Action Centre or Authority is limited to coordinating victim assistance, but only with a view to do so until this has been effectively handed over to the appropriate Ministry
- To promote South-South Cooperation on victim assistance not only in terms of financial support but also by sharing good practices and expertise
- To report not only on victim assistance activities but also on needs within the article 7 report on the Mine Ban Treaty
- To advocate for mainstreaming victim assistance and disability in international development policies as well as to advocate for the continued provision of specific funding for victim assistance
- Last, but not least, the actions in the Vientiane Action Plan on victim assistance are equally relevant for victim assistance in the context of the Anti-Personnel Mine Ban Convention and as such should be applied.