



**Convention on the Prohibition of the Use, Stockpiling, Production and Transfer  
of Anti-Personnel Mines and on their Destruction**

**INTERSESSIONAL PROGRAMME 8 – 12 May 2006**

**STANDING COMMITTEE ON VICTIM ASSISTANCE  
AND SOCIO-ECONOMIC REINTEGRATION**

**Meeting Report 8 & 9 May 2006**

## **I. Introduction**

Pursuant to the decisions of the Sixth Meeting of the States Parties (6MSP) to the Convention, the meeting of the Standing Committee on Victim Assistance and Socio-Economic Reintegration (SCVA) was convened by its Co-Chairs, Ambassador Assad Omer of Afghanistan and Ambassador Jürg Streuli of Switzerland, with the support of their colleagues Khalil Nasri of Afghanistan and Flavio Del Ponte of Switzerland, and the Co-Rapporteurs from Austria and Sudan. The meeting was held in Geneva with the assistance of the Implementation Support Unit (ISU) of Geneva International Centre for Humanitarian Demining (GICHD).

The Co-Chairs base their activity on a Strategy with four main objectives:

1. Support to the establishment of national objectives and plans
2. Case studies on the role of inter-ministerial coordination in the establishment of objectives and plans
3. Promotion of quality of, and access to medical first aid for mine victims
4. Study on best practices on Social and Economic reintegration of all victims

The present strategy builds upon the work and objectives of the 2005 Co-Chairs (Nicaragua and Norway) to ensure continuity in the implementation of the *Nairobi Action Plan* and includes elements relating to advocacy, consultation and participation with all stakeholders.

Victim Assistance is a humanitarian activity which should be integrated into longer-term development aid (targeting public health systems, work opportunities and social integration of survivors and persons with disability in general). The Co-Chairs in connection with their advocacy efforts will promote a more comprehensive inclusion of victim assistance in these initiatives building upon the efforts undertaken by International Organisations (e.g. GICHD, UNDP, UNICEF, ILO and ICRC) and NGO's like Handicap International (HI) and Landmine Survivors Network (LSN).

## **II. Summary of Statements by the Co-Chairs on the status of victim assistance in the context of the Convention and the *Nairobi Action Plan***

The primary aim of the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration is to support progress in the fulfilment of the commitment that all States Parties made in the *Nairobi Action Plan 2005-2009* to enhance the efforts in regard to the care, rehabilitation and reintegration of landmine survivors.

The Co-Chairs recalled that the *Nairobi Action Plan* commits affected States Parties to establish and enhance:

- national data collection capacities for information related to mine victims and victim assistance;
- services for the emergency and continuing medical care of mine victims;
- increased physical rehabilitation capacities;
- increased psychological support and social reintegration services;
- support for economic reintegration; and
- development and implementation of national legal and policy frameworks to effectively address the needs and rights of mine victims and other persons with disabilities.

The *Nairobi Action Plan* also calls upon other States Parties to “promptly assist those States Parties with clearly demonstrated needs for external support, ensuring continuity and sustainability of resource commitments”.

The Co-Chairs recalled actions #38 and #39 of the *Nairobi Action Plan* which called on States Parties and relevant organizations to continue to ensure effective integration of mine victims in the work of the Convention and an effective contribution in all relevant deliberations by health, rehabilitation and social services professionals. At least 9 delegations included relevant health, rehabilitation and social services professionals, together with at least 11 mine survivors, who were participating in the meeting to advance the aims of the Convention.

The Co-Chairs also took the opportunity to thank the ICBL Working Group on Victim Assistance for assisting in advancing understanding of various matters concerning victim assistance by producing the report *Victim Assistance in 2005: Overview of the Situation in 24 States Parties*. This is the 2nd annual report in a series to monitor progress in the implementation of the *Nairobi Action Plan* through to 2009.

### 1. Support to the establishment of national objectives and plans

The Co-Chairs with the help of ISU (GICHD) followed up the detailed questionnaire that was sent by the previous Co-Chairs (Nicaragua and Norway) in 2005 to the 24 relevant States Parties as a basis for action to encourage and support these States Parties in achieving a better understanding of the issues. Responses from the relevant States Parties to the questionnaire were summarized in an annex to the *Zagreb Progress Report*. As a result, there is now a much more solid base to develop a clear road map regarding what needs to be done in anticipation of the Second Review Conference and how success pertaining to victim assistance will be measured in 2009.

The questionnaire was an initial step in a long-term planning and implementation process as it concerns victim assistance. Certain challenges remain in meeting the aims of the *Nairobi Action Plan*:

- The quality of responses was mixed. Few States Parties actually responded with “SMART” objectives, and some States Parties failed to spell out what was known or not known about the status of victim assistance;
- In many instances the effort to develop victim assistance objectives was led by Demining officials with little interaction with those responsible for health and social services; and,
- In many instances the preparation of victim assistance objectives did not take broader national plans into consideration.

The Co-Chairs stressed that it is essential that the 24 States Parties proceed with the more complex task of developing comprehensive national plans to guide the fulfilment of their objectives, ensuring that these plans integrate mine victim assistance into broader health care and social service systems, rehabilitation programmes and legislative and policy frameworks.

The Co-Chairs recognized that the best way to assure progress in overcoming the challenges was to work intensively, on a national basis, with as many of the relevant States Parties as possible while providing some level of support to all 24 of these States Parties. The aim is that by the Seventh Meeting of the States Parties:

- the States Parties with good objectives will develop good plans;
- the States Parties with vague objectives will develop more concrete objectives; and,
- the States Parties that had not engaged, or had engaged very little, in the process of developing objectives and plans in 2005 will get engaged.

With funding support from Switzerland, the ISU provides *process support* on behalf of the Co-Chairs to the 24 States Parties. *Process support* also involves country visits to advance inter-ministerial efforts to establish better objectives and develop good plans in as many of the relevant States Parties as

possible. During the visits one-on-one meetings with officials from relevant ministries take place to raise awareness of the matter and to stimulate inter-ministerial coordination. As well outreach to relevant international and other organisations is undertaken to ensure that their efforts in support of the State Party in question are not being duplicated and incorporate VA efforts. Mine survivors are also being consulted. In some States, inter-ministerial workshops are planned to bring together all relevant actors to discuss and consolidate improvements on objectives and the development of plans.

## 2. Case studies on inter-ministerial coordination

The Co-Chairs recognize that implementation of the Convention at the national level is a challenging task for all State Parties. Recent experience, and in particular in the framework of the questionnaire sent out by the 2005 Co-Chairs to the 24 relevant States Parties, highlighted a lack of communication and coordination between the different ministries (and with other stakeholders) involved in victim assistance in a number of countries. Afghanistan, as Co-Chair, intends to lead by example and has launched an initiative to remedy the identified shortcomings within its administration and should now be able to produce a national plan during 2006. Afghanistan proposes to share this experience with other mine affected countries.

The Co-Chairs will also take the experiences of other States Parties to present a guide to good practices by the 7MSP.

## 3. Promotion of quality of, and access to medical first aid for mine victims

The Co-Chairs established a working group to accentuate the objective with the main stakeholders (experts from TMC<sup>1</sup>, HI<sup>2</sup>, ICRC<sup>3</sup>, IFRC<sup>4</sup> and WHO<sup>5</sup>). In order to consider important steps in medical care, the working group divided the objective in three sections, Pre-hospital care, Hospital care and Physical rehabilitation. On the basis of the discussions within the working group the Co-Chairs and the partners decided to concentrate on the *pre-hospital phase*, although without neglecting the other phases.

The Co-Chairs presented a 'key points' document that highlights the basic 10 first-aid actions to be taken in the event of a landmine explosion, at the same time taking into consideration the cultural context and addressing specific beliefs and misconceptions. It was underlined that the 'key points are basic first-aid actions and are not limited to landmine injuries; actions can benefit the entire community at times of injuries caused by other means, for instance injuries resulting from road accidents, gun shots or natural disasters.

## 4. Best practices on social and economic reintegration of all victims

Switzerland supports Handicap International to conduct a study to identify good practices for the economic integration of mine survivors and other people with disabilities, in particular with regard to access to financing and the use of micro credit. The study has been conducted in three phases: literature review, field visits with workshops, and drafting of guidelines after having analysed the results of the workshops. While using these instruments, it has permitted the identification of relevant projects for economic integration as well as the specific needs of people with disabilities. All these elements have been incorporated in the first draft of a Guide which will be further discussed and consolidated. The results of the study on 'Good practices in Socio-economic Reintegration' will be presented at the Seventh Meeting of the States Parties in September.

## **III. Update from relevant States Parties on the status of implementation**

The Co-Chairs provided an opportunity for updates from the 24 States Parties that have indicated that they hold responsibility for the well being of significant numbers of landmine survivors. A priority was placed on what steps are being taken to achieve the national objectives set by these States Parties and what progress has been made so far. These States Parties were encouraged to provide information based on 3 specific questions:

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<sup>1</sup> Tromsø Mine Victim Resource Centre

<sup>2</sup> Handicap International

<sup>3</sup> International Committee of the Red Cross

<sup>4</sup> International Federation of Red Cross & Red Crescent Societies

<sup>5</sup> World Health Organisation

1. What further progress has your State made in ensuring that the victim assistance objectives you have established both will provide a meaningful guide to progress that can be made by the end of 2009 and will ensure that this progress can be measured? That is, are your objectives SMART – specific, measurable, achievable, relevant and time-bound?
2. Can you comment on the extent to which all relevant ministries have been involved in the processes of establishing victim assistance objectives and developing subsequent plans of action? How have other relevant actors been involved in these processes?
3. How are your victim assistance objectives and plans integrated into broader health care and social service systems, rehabilitation programmes and legislative and policy frameworks?

Sixteen (16) of the 24 States Parties, together with Algeria, provided updates on the problems they face, and their plans, progress and priorities for assistance pertaining to the responsibility to provide for the care, rehabilitation and reintegration of landmine survivors: Afghanistan, Albania, Angola, Chad, Colombia, Croatia, Democratic Republic of the Congo, Guinea-Bissau, Nicaragua, Peru, Serbia and Montenegro, Sudan, Tajikistan, Thailand, Uganda and Yemen. (See Annex to this report for more information on presentations)

#### **IV. Discussion**

##### 1. Landmine Survivors Network

Jésus Martinez and Omar Khan, two landmine survivors participating in the intersessional meetings through the “Raising the Voices” programme, expressed their appreciation of the work initiated by Nicaragua and Norway (Co-Chairs of the SCVA in 2005) and Afghanistan and Switzerland (Co-Chairs in 2006). They urged the co-rapporteurs (Austria and Sudan) to continue to engage vigorously on behalf of landmine survivors in the future.

The presentation stressed that States Parties should implement their victim assistance obligations. Their four main concerns were:

- It was sometimes not known who provided the information presented in the annex to the *Zagreb Progress Report*?
- In the majority of the 24 relevant States Parties landmine survivors were not included in the process of completing the questionnaire. They reminded participants that the *Nairobi Action Plan*, under Action #38 calls for States Parties to “ensure the effective integration of mine victims in the work of the Convention.” Two questions were put forward: How can the status of Victim Assistance in a country be determined without involving landmine survivors, and how can an effective plan be developed without the involvement of survivors?
- It appears that within some States Parties, the people who are most involved with implementing aspects of victim assistance activities had not been involved in the process of completing the victim assistance questionnaire.
- Some States report the availability of rehabilitation centres, however the quality of products and services are often not of a good standard and many are private rehabilitation centres. Many landmine survivors do not have the means to pay for private rehabilitation centres.

They acknowledged that in positive developments some States have established a coordination body to address disability related issues and stressed that the differences between coordination bodies in respective States should be carefully examined to determine what makes one function and others not. Activities will likely not be constructive if the coordination body has no power or authority or does not include decision makers or is not located in the right place within the government. There should be ‘political will’ in addressing all obligations of the treaty.

In conclusion it was suggested that the relevant States Parties establish coordination bodies or mechanism with the power and authority to implement their victim assistance obligations. With positive ‘political will’ and the inclusion of landmine survivors in the process of implementing victim assistance activities including socio-economic reintegration, there could be better results.

##### 2. International Campaign to Ban Landmines (ICBL)

The ICBL reiterated the message from the First Review Conference: “it is time to turn words into deeds”. The ICBL stated that since the Nairobi Summit, victim assistance has become more of a priority in Mine Ban Treaty meetings. Initiatives such as the Survivors Summit, the *Nairobi Action Plan*,

the victim assistance questionnaire and the *Zagreb Progress Report* all recognise the fact that survivors, their families and mine affected communities deserve sustained and life long assistance if needed.

The ICBL reminded States Parties that it is necessary to keep the collective promise to an estimated 400,000 survivors and to ensure that the objectives outlined in the *Zagreb Progress Report* are not just a 'piece of paper'.

The ICBL acknowledged that the variety of topics discussed and the depth of the presentations shows that knowledge of the issues has improved immensely since 1999, and many initiatives are still ongoing to improve knowledge and to assess the situation. However, it stressed that the need for better information is no excuse to postpone action, since the experience countries have accrued over the years should be sufficient to get things started so that survivors and other persons with disabilities do not become data victims.

The ICBL highlighted that in some States, international NGOs and agencies have been providing services that national government should be providing. ICBL realizes that national capacity-building is a gradual process, but would like to encourage States to take national ownership and see the work of international NGOs and agencies as a temporary measure.

The ICBL is concerned that it still hears from many survivors from all over the world, that they cannot afford appropriate services (for example in Colombia and Nicaragua). Sometimes qualitative or complex treatment is not free. The ICBL advocates strongly the need to find ways to finance transport and accommodation for survivors to access services.

The ICBL also advocates that socio-economic reintegration opportunities need to be extended beyond individual survivors, to his/her family and the mine affected community as a whole, and is concerned that several projects have not been able to secure funding.

The ICBL stressed that victim assistance is, above all, a rights issue and noted that numerous States have seen the need for legislation to ensure the adequate care and protection of its citizens with disability.

The ICBL also expressed concern about the increasing number of mine casualties and problems in providing adequate assistance in countries that have not joined the Convention. It encourages those States to use the tools devised by the Standing Committee on Victim Assistance and Socio-Economic Reintegration.

## **V. Cooperation and Assistance**

States Parties declared in the Zagreb Declaration that: "We are committed to overcome together the great challenges that the 24 States Parties with the responsibility to assist significant numbers of mine victims need to continue to do their utmost to respond in a concrete, measurable and meaningful way, and those in a position to assist them should respond to the priorities for assistance as articulated by those States Parties in need".

### 1. Statement by Japan

Japan stated that it will continue to be actively engaged in mine action in the area of the victim assistance as well as mine clearance. Japan will support mine action according to 3 principles:

- consolidation of peace,
- human security, and
- cooperation among the government, NGOs, the private sector and academia.

Concerning human security, Japan has concentrated its victim assistance efforts on the concept of protection and empowerment of people. Since January 2005, Japan has supported 4 projects in the area of victim assistance as follows:

- \$52,800 to the "Project for Providing Equipment for Yemen Association for Landmine/UXO Survivors in Sana'a, Yemen";
- \$645,000 to "Repairing a Rehabilitation Centre for Victims of Landmines and Violence in Colombia";
- \$90,000 to the "Community Approach Project to Rehabilitation and Integration, in Bosnia and Herzegovina";

- \$127,000 to a survey project in Cambodia to assess the current situation and the problems of assistance for people with disabilities including mine victims and to find a direction for future cooperation.

Japan stressed the importance of good coordination among national organisations and the relevant government ministries as well as ownership by mine affected countries, and the problem of inadequate domestic funding for victim assistance because the department responsible for activities has a very weak voice among other relevant departments.

Japan stated that it will continue to actively seek viable projects based on the concept of protection and empowerment of people and is prepared to contribute, within its capacity, to all efforts and initiatives taken for this purpose.

## 2. Statement by Austria

Austria stated that assisting landmine victims forms a *raison d'être* of the Convention. At the end of 2005 Austria adopted a new strategy for its mine action cooperation and assistance that delineates the guiding principles for its activities until the year 2009. The strategy envisages a geographical focus on South Eastern Europe, but foresees the creation of a second focus in Africa.

Under Austria's new strategy, up to 40% of projects in the Africa region are expected to be in the area of victim assistance and Mine Risk Education (MRE). In South Eastern Europe, 20% of projects will focus on victim assistance.

In the year 2005 Austria contributed a total of 1.8 million Euro to bilateral mine action projects in addition to Austria's share in assistance provided by the European Commission. In 2006 Austria intends to increasingly integrate victim assistance into health sector programmes as well as MRE into the education sector of bilateral programmes.

## 3. Statement by Australia

Australia acknowledged that survivor assistance has been one of the lesser funded areas in the Convention and that a long term commitment to assisting landmine survivors is needed by both mine-affected countries and donors. Australia is committed to strengthening its development assistance support for survivor assistance programmes over the next five years.

Australia is currently supporting a range of survivor assistance activities in heavily mine-affected countries within South-East Asia. Many of these activities are based on integrated approaches to mine action aimed at improving livelihoods of survivors, their families and their communities. Australia has recently created the Landmine Survivor Assistance Fund in Cambodia to support grassroots community activities. AusAID is exploring options to develop a new, larger Landmine Victim Assistance programme in 2006. Australia is also supporting a Peer Support Network for Landmine Survivors in Vietnam, where survivors help survivors.

Australia supported the production of the report *Landmine Victim Assistance in 2005: Overview of the Situation in 24 States Parties*. Australia considers this report to be a practical step towards addressing the wider policy implications of victim assistance and commended it to all States Parties.

## **VI. The role of inter ministerial coordination**

The Co-Chairs noted that the implementation of the Convention at the national level is a challenging task for all States Parties, especially when encouraging an integrated approach to victim assistance. In the framework of the questionnaire sent to the 24 relevant States Parties in 2005, the lack of communication and coordination between the different ministries and other relevant stakeholders in a number of countries has been highlighted.

The ISU is providing *process support* on behalf of the Co-Chairs in the form of country visits to as many relevant States Parties as possible to advance their inter-ministerial efforts to establish better objectives and develop good plans. Between February and May 2006, the ISU victim assistance specialist visited Albania, Bosnia and Herzegovina, Tajikistan and Afghanistan as part of the work to deliver more intensive assistance. The visits to Albania and Tajikistan have so far produced the most concrete results; however, Afghanistan is making good progress and will have concrete results before the 7MSP.

The ISU Victim Assistance Specialist made a presentation of the role of inter-ministerial coordination in the development of SMART objectives and a national plan of action. It was stressed that the First Review Conference provided a clear framework to guide efforts:

- "...the call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner;"
- "assistance to landmine victims should be viewed as a part of a country's overall public health and social services systems and human rights frameworks;" and,
- "...providing adequate assistance to landmine survivors must be seen in a broader context of development and underdevelopment...."

The presentation also outlined the 7 key steps to the process of developing a national response to landmine victim assistance:

- 1 Designate an intersectoral group to oversee the process;
- 2 Assign responsibility for the process;
- 3 Conduct a situation analysis;
- 4 Review the situation analysis;
- 5 Prepare a set of SMART objectives (Specific, Measurable, Achievable, Relevant, Time based);
- 6 Develop a national plan of action;
- 7 Resource mobilization.

Participants were reminded that achieving the aims of the *Nairobi Action Plan* will not happen in Geneva. It will involve committed efforts at the national level by all the relevant ministries and key actors in the disability sector.

The presentation concluded by stressing that mine survivors are assets with the capacity to be productive contributors to the social and economic development of their communities. The challenge for States Parties is to provide the environment and opportunities that will enable mine survivors and other people with disabilities to reach their full potential to contribute to their communities and realize their dreams.

#### Statement by H.E. Mr. Mahmood Saikal, Deputy Minister of Foreign Affairs, Afghanistan

Afghanistan has launched an initiative to address the lack of coordination within the victim assistance/disability sector and aims to produce a national plan of action by September 2006. The victim assistance questionnaire was revised following consultations with all relevant actors during the past months and will be presented to a national workshop in August to further engage the participation of relevant government, NGO and UN partners and representatives of survivors.

The victim assistance plan of action will be fully integrated into long term public health and development strategies as it will include elements of already developed plans for health care, rehabilitation, social services and the disability sector. The plan of action will benefit all persons with disabilities and lay the ground work for Afghanistan to fully reintegrate landmine survivors.

As Co-Chairs, Afghanistan intends to share this experience with other mine affected countries and present the outcomes of the workshop at the 7MSP in September 2006.

#### Dr. David Meddings, World Health Organisation

Dr. Meddings reiterated the importance of developing national plans taking into consideration existing health, rehabilitation and disability strategies.

### **VII. Promoting the quality of, and access to medical first aid for mine victims**

The *Nairobi Action Plan* calls on States Parties, particularly those with the greatest numbers of mine victims, to do their utmost to "establish and enhance health care services to respond to immediate and ongoing medical needs of mine victims." With particular regard to the quality of and access to medical care, the Co-Chairs, with input from the main stakeholders intend to highlight the magnitude of the challenges in responding to the needs and stimulate discussion on ways to overcome the challenges.

#### 1. Presentation on pre-hospital care, International Federation of the Red Cross and Red Crescent (IFRC)

The consolidated “ten key points” for first responders and paramedics in providing medical first aid to mine injured people were presented: call for help; safety; airway and breathing; circulation – stop the bleeding; keep the victim warm; transportation; psychosocial support; oral fluid replacement; intravenous treatment; pain relief. Emphasis was given to the topic of ‘*stop the bleeding*’. It was stated that a *tourniquet* should not to be used to stop the bleeding.

The importance of dissemination of the key points on first-aid was stressed and how to make it accessible to communities in need. It was also mentioned there are many differences in what a first responder or a paramedic is allowed to do in relevant States.

In conclusion, two questions were put forward to the States:

Can dissemination and use of the “ten key points” help people and communities to save lives and limbs? If the answer is yes then; How can we promote and ensure these first aid skills and knowledge are accessible to all who need them?

**World Association for Emergency Disaster Medicine (WADEM)** reported that their association supports the *Nairobi Action Plan* and will work with the Standing Committee. WADEM is available to participate in the distribution and dissemination of the ten key points’ document.

**Turkey** asked that if no fast transportation is available for the injured what action should be taken to control the bleeding if a tourniquet is not supposed to be used. For example if the victim was to be carried on a donkey. Should the first-aid risk losing the remaining limb by applying a tourniquet or risk the life of the victim by not using the tourniquet.

⇒ IFRC and ICRC answered that use of a tourniquet should be avoided. The bleeding can be stopped by local pressure and by applying any available dressing (for example a cloth). The bleeding can also be controlled by elevating the injured limb.

**DRC<sup>6</sup>** asked for some recommendations to avoid infection to be integrated.

⇒ In response, Dr. Flavio Del Ponte (Switzerland) mentioned that in most cases wounds are dirty and action to avoid further infection can be taken care when the victim reaches the hospital. In the hospital the victim can be provided with antibiotics and the wound can be cleaned in the first surgery phase.

Dr. Marco Baldan (ICRC) added that it was extremely important to avoid closing the wound as this could result in septicaemia, a general infection, and this can risk the life of the victim.

## 2. Presentation on hospital care – International Committee of the Red Cross (ICRC)

Dr. Baldan referred to the ICRC survey on hospital care for war victims. Mine casualties stay longer in hospital and need more blood transfusions than other war wounded victims (for example; six times more blood than for a bullet injured person). Availability of blood stocks in a hospital treating mine casualties is extremely important.

Special training for doctors should be provided for war surgery because it is different from general surgery.

A hospital for war / mine victims should be an integral part of the public health care system in an affected country, with proper links with pre-hospital care and physical rehabilitation.

Safe access for patients and staff to the medical post, health centre or hospital should be respected by all parties in the conflict. States should support free of charge treatment in emergency situations as delay can risk life.

In a rural hospital it is important to have a physiotherapy unit in order to promote recovery to a maximum of capacities. Adequate supplies of emergency medical and surgery stock should be available.

ICRC explained that basic wound management includes adequate surgical wound excision then leaving the wound open. The wound is covered by bulky dry dressing undisturbed for four to five days. The primary closure of the wound is delayed by leaving the wound undisturbed for five more days. Standard antibiotics and pain killers should be given to avoid infection and provide relief to the victim.

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<sup>6</sup> Democratic Republic of the Congo



**Yemen** asked ICRC if they could conduct war surgery training in their country and in what languages ICRC training material is available.

⇒ The ICRC proposed a bilateral discussion on this topic.

### 3. Presentation on Physical Rehabilitation – Handicap International (HI)

The aim of the rehabilitation process is to give maximum independence to the injured person, and rehabilitation should be adapted to the capacities and living conditions of the individual.

The presentation highlighted that the surgical phase is very much technically linked with the rehabilitation phase. The first surgical intervention is very important.

In order to have a functional stump, the longer the stump the better, in order to gain strength and precision. In order to comfortably fit the prosthesis it is important to have a conical shape stump. The bones should be rounded, and the fibula should be shorter (2 cm) than the tibia in order to avoid pain and complications. It is recommended to cover the bone with 2 cm of muscle and skin to reduce pain.

The three basic periods in the rehabilitation phase are:

- the nursing or wound healing period;
- the strengthening period; and
- the early prosthetic period.

Rehabilitation is an individual process. Each of these periods are essential and play a major role in the rehabilitation approach. The rehabilitation phase must be comprehensive and should include collaboration of different practitioners. It is necessary to train amputees to adapt to their living conditions. At the time of leaving the rehabilitation centre, the amputee must be ready to overcome the difficulties he/she will meet in their day to day living.

The proper mobility training of an amputee is as important as the quality of the prosthesis provided.

### 4. Co-Chairs' recommendations for basic life support

The Co-Chairs presented the "Declaration on promotion of quality of, and access to medical first aid for mine victims". The Co-Chairs encouraged the 24 relevant States Parties to include the training of first responders in their objectives for 2009 and in their subsequent national plans. The Co-Chairs also called upon States in a position to do so to assist the most affected States to: develop, within their national health structures, low cost rural decentralised medical facilities; and to support the relevant NGOs and local communities to implement training programmes for first responders.

## **VIII. Focus on Pre-hospital care**

### Presentation on training methodology – Tromsø Mine Victim Resource Centre (TMC)

TMC stated that there is one main choice to be made: either let people die or delegate life-saving skills. The training that TMC conducted for three years in Northern Iraq (1997-1999) for 140 paramedics ("doctors") and 8'000 village first helpers brought down the mortality rate due to mine incidents from 40% to 10%. This rate has been maintained after the programme was taken over by the local community.

TMC's recipe to maintain low mortality rates is paramedic training. The first step is the selection of trustworthy candidates within their own community for training. Proper follow-up should be maintained with the candidates after the training.

There are three main steps in the training methodology with necessary breaks in between the trainings:

- Step 1 - 150 hours of basic first aid training, then six months gap,
- Step 2 - 150 hours training in advanced care, then six months gap,
- Step 3 - 150 hours training in advanced pre-hospital trauma care, with practice on animals.

The certificate should be issued only after candidates satisfactorily complete all three steps of training. Equity should be obligatory in the training of first helpers (one third children, one third women, and one third men).

Most deaths are easily avoidable, with simple actions that can be taken by anybody, including children. The three main killers following a mine incident are airway blockages, poor breathing and blood loss. All three are treatable by simple but urgent actions.

**Susan B. Walker, Humanitarian Affairs consultant** asked how the Co-Chairs' 10 key points document will be disseminated, translated, and who would do the necessary training.

⇒ Response: The basic 'key points' document will be sent to the relevant States Parties for their comments and inputs and after finalising the document, it will be distributed during the 7MSP in September this year. It is an investment of energy, time and money that would benefit the entire community as the key points are the basic first-aid actions which can be used at times of all traumatic injuries. The relevant States must consider their responsibility for training and dissemination of first aid.

**Paul Vermeulen (Handicap International)** suggested using Mine Risk Education (MRE) for the dissemination of the basic key points on first aid. He also highlighted the importance of facilitating the national recognition of trained first helpers. Ministries of Education should be involved in spreading awareness of basic first aid.

**Dr. Flavio Del Ponte (Switzerland)** requested all States and organisations present during the session to submit their comments and inputs on the basic 10 key points on first-aid before 15 June 2006, so that the document could be finalized for the 7MSP.

## **IX. Other matters of a thematic nature concerning the care, rehabilitation and social and economic reintegration of landmine survivors**

### Presentation on an ongoing study on socio-economic reintegration – Handicap International (HI)

As part of its integrated approach to rehabilitation, HI implements economic integration programmes in various countries, including some severely affected by mines, such as Cambodia, Senegal, Angola and Nicaragua. Its activities include:

- Supporting self-employment initiatives, which are often the most accessible option for the poor in developing countries,
- Promoting employment in the formal sector.

It is through these experiences that HI identified one of the main challenges to the economic integration of people with disabilities in developing countries, including landmine victims, as finding accessible, affordable and sustainable financial services, in particular loans for business start-ups.

The study was conducted to learn from the experience of HI, its partners, disabled people's organisations, and a wide variety of microfinance providers that have come up with answers to this challenge through innovative solutions. HI will produce guidelines based on good practices from the field. The guidelines will be useful for similar-minded organisations that are willing to learn from other programmes and maybe adapt some of those solutions to their specific context.

HI's research included:

- Contacting 460 organisations (27% in Central and South America, 11% in the Middle East, 15% in Europe, 28% in Africa and 19% in Asia) of which 129 responded positively (67 disabled people's organisations and 62 microfinance institutions)
- Field visits to India, Bangladesh, Afghanistan, Ethiopia, Uganda, Tanzania, Kenya and Nicaragua
- Two regional workshops, in Kenya and Bangladesh
- Interviews with several organisations including disabled people's organisations, microfinance institutions and networks, and users of financial services themselves.

HI provided the first draft of the guidelines to a group of experts in a side meeting during the intessionals. HI's goal was to present the draft to key partners and participants in the survey and get their thoughts and points of view. On the basis of their contribution and comments, HI will produce the final document which will be released during the 7MSP in September this year.

## **X Conclusion:**

The Co-Chairs presented their strategy for the work of the Standing Committee on Victim Assistance and Socio-Economic Reintegration in 2006 and the 4 main objectives of the strategy: support to the establishment of national objectives and plans; case studies on the role of inter-ministerial coordination in the establishment of objectives and plans; promotion of quality of, and access to medical first aid for mine victims; and, a study on best practices on Social and Economic reintegration of all victims.

The discussions during the Standing Committee meeting reiterated the consensus that assistance for mine victims and other persons with disabilities, including socio-economic reintegration activities should be part of a broader effort to link activities with development strategies. The participants agreed that there is a need for increased information and cooperation between the relevant Ministries and development authorities to make the link more effective.

The importance of promoting anti-discrimination laws and assuring equal opportunities and accessibility for all persons with disabilities was emphasised. In this regard, it was noted that creative programmes aimed at reintegration of all victims, regardless of the cause, are welcomed.

While international organisations and NGOs are encouraged to include victim assistance, including socio-economic reintegration activities, as part of their ongoing programmes and development strategies, States Parties must be prepared to assume responsibility for these activities over time. Donors must be prepared to support and assist in this transition.

It was noted that some States Parties have made updates and revisions to their victim assistance endeavours. Appreciation was expressed for all the efforts and progress made in regards to victim assistance, both by affected States Parties and those in a position to assist them. It was underlined that it is necessary to set our priorities where progress has not been made and make our future plans in accordance with the *Nairobi Action Plan*.

The Co-Chairs requested all States and organisations present during the session to submit their comments and inputs on the basic 10 key points on first-aid before the 15 June 2006, so that the document could be finalized for the 7MSP in September. It was suggested that Mine Risk Education (MRE) programmes could be used for the dissemination of the basic key points on first aid. Ministries of Education should also be involved in spreading awareness of basic first aid.

The expected outcome of advice and support to the 24 relevant States Parties is an improved capacity to move forward in the process of setting their own SMART objectives and plans of action with a tangible improvement in the services available to mine survivors and other persons with disabilities.

The Co-Chairs aim to support as many concrete victim assistance projects as possible. The participants were asked to become ambassadors in their own countries to keep alive the interest, and increase knowledge and understanding to promote better responses for victim assistance.

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