

**THE OSLO ACTION PLAN**

**VICTIM ASSISTANCE**

**CHECKLIST**

**WHAT IS THIS DOCUMENT ABOUT?**

It is a Checklist for the victim assistance aspects of the Oslo Action Plan (OAP). In accordance with its mandate to “provide advice and support in a cooperative manner to States Parties in the fulfilment of their commitments under the Oslo Action Plan, draw observations in consultation with the States Parties concerned and assist these States Parties in making their needs known” the Committee on Victim Assistance with the support of the Implementation Support Unit (ISU) prepared this Checklist to assist the work of the national victim assistance and disability authorities in reporting on the victim assistance and other relevant actions of the Oslo Action Plan.

The 2020-2024 OAP includes nine actions on victim assistance. Assigning a focal point or an entity, developing a specific, measurable, attainable, realistic and time bound action plan, applying integrated and mult- sectoral approaches, creating or strengthening a unified database, providing first aid, creating a referral system, creating or improving psychological and peer support network, providing social and economic inclusion and ensuring the protection and safety of mine survivors in situation of emergency as some of the concrete actions included in the OAP. As stated under the international cooperation and assistance section of the OAP, in order to translate these commitments into action, State Parties have agreed to develop “resource mobilisation plans” and making use of “South-to-South” cooperation to help with generating the required support to achieve the objectives of the nine victim assistance actions in the next five years.

In order to achieve these commitments, the Checklist can be used by States Parties with victim assistance obligation to report and measure the state of progress in victim assistance and to create a baseline on all aspects of victim assistance for the next five years. Completing this Checklist would help the States Parties and the Committee to gage progress and remaining challenges in victim assistance upon the completion of the OAP in 2024.

**WHO TO FILL IN THE CHECKLIST?**

The Committee on Victim Assistance invite all the 30 States Parties that have reported having responsibility for a significant number of landmine survivors[[1]](#footnote-1), and other States Parties that may find it relevant, to complete the Checklist.

**HOW WILL THE INFORMATION SUBMITTED THROUGH THE CHECKLIST BE USED?**

The information that will be submitted through this checklist through the Article 7 Report will be used by the Committee on Victim Assistance of the Convention to suggest preliminary observations and recommendations on the respective reports at the Intersessional Meetings in June 2020, and conclusions at the Eighteenth Meeting of States Parties in November 2020. The key purpose of this tool, however, is to assist the national victim assistance experts and other relevant authorities to assess how far they have come, what gaps exist, what challenges remain to be addressed and on what areas of victim assistance they would have to invest their efforts to address the rights and needs of landmine survivors and affected families and communities. The Checklist can be used on an annual basis to measure progress on victim assistance and adapt efforts to meet new or remaining challenges.

**HOW TO FILL IN THE CHECKLIST?**

The Checklist covers victim assistance and other related actions of the OAP. Each of the related action is broken into a series of questions.

It can be completed by an informed national victim assistance/disability authority or by a group of experts, such as by members of the national inter-ministerial/sectoral coordination forum. It is important to describe in both cases of ‘yes’ or ‘no’. A description of the situation will help the Committee and the national authority to better understand the state of play in victim assistance activities.

**WHEN TO FILL IN AND SUBMIT THE CHECKLIST?**

The Committee on Victim Assistance encourages States Parties with significant numbers of landmine survivors to fill in the Checklist in the first quarter of 2020 and include the completed Checklist in the *Article 7 Report (under Form J)* to be submitted by the 30 April. A sample of a timeline could be as follows:

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| --- | --- | --- | --- |
| ***February – March------------------------------>*** | ***April --------------------->*** | ***30 April ----------------->*** | ***May ------------------------------------------------------->*** |
| *Hold a national dialogue with concerned actors to assess the situation in victim assistance* | *Complete the Checklist* | *Submit the Checklist through your country’s Art. 7 Report* | *Review plan/strategy or take steps to plan for the implementation of the Oslo Action Plan on victim assistance* |

**2020-2024 Oslo Action Plan**

**VII. Victim assistance**

States Parties remain committed to ensuring the full, equal and effective participation of mine victims in society, based on respect for human rights, gender equality, inclusion and non-discrimination. The States Parties have recognised that, in order to be effective and sustainable, victim assistance should be integrated into broader national policies, plans and legal frameworks relating to the rights of persons with disabilities, and to health, education, employment, development and poverty reduction in support of the realisation of the Sustainable Development Goals. States Parties with victims in areas under their jurisdiction or control will endeavour to do their utmost to provide appropriate, affordable and accessible services to mine victims, on an equal basis with others.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Are victim assistance principles such as human rights, gender equality, diversity and non-discrimination considered in all relevant policies, planning and programmes? |  |  |  |
| * If no, what steps could be taken in this regard? |  |  |  |
| * Is there a common understanding amongst all national stakeholders with regards to the integration of victim assistance into broader national frameworks? |  |  |  |
| * If no, what steps could be taken to create or enhance such an understanding? |  |  |  |
| * Are efforts related to victim assistance coordinated with or linked to national efforts on achieving the goals of the Sustainable Development Goals? |  |  |  |
| * Are principles such as affordability, accessibility and equality considered in planning, policies and implementation of relevant programmes? |  |  |  |
| * If no, what steps could be taken to increase understandings on these important principles? |  |  |  |

**Action #33** Ensure that a relevant government entity is assigned to oversee the integration of victim assistance into broader national policies, plans and legal frameworks. The assigned entity will develop an action plan and monitor and report on implementation based on specific, measurable, realistic and time-bound objectives to support mine victims. This involves the removal of physical, social, cultural, political, attitudinal and communication barriers to access such services; and the use of an approach that is inclusive of gender, age and disability and takes diverse needs into account in planning, implementation, monitoring and evaluation of all programmes.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is there a government entity such as a national ministry mandated to follow up the integration of victim assistance into broader frameworks? |  |  |  |
| * If yes, does it actively and regularly work with relevant ministries, national institutions such as mine action centre, organisations of persons with disabilities/landmine survivors, national and international NGOs? |  |  |  |
| * Is there a disability inter-ministerial or inter-sectoral coordination body to ensure regular coordination at the national level? |  |  |  |
| * Is there an inclusive national action plan to address the rights and needs of mine survivors? |  |  |  |
| * If yes, does the action plan contain specific, measurable, realistic and time-bound objectives and indicators? |  |  |  |
| * Does the plan include all six pillars[[2]](#footnote-2) of victim assistance? |  |  |  |
| * If yes, is it reviewed annually? |  |  |  |
| * If yes, does it include a projected budget for each goal? |  |  |  |
| * Is there a mechanism to monitor the implementation of the action plan? |  |  |  |
| * If yes, does the monitoring mechanism include relevant actors such as organisations of landmine survivors and other persons with disabilities? |  |  |  |
| * Is there a mechanism to report on activities of all relevant entities and service providers? Does it assess the remaining challenges in the delivery of support to mine victims? |  |  |  |
| * Has an assessment been conducted to better understand physical, social, cultural, political, attitudinal and communication barriers that prevent access to services? |  |  |  |
| * Is there a national standard for accessibility of ‘built environment’[[3]](#footnote-3)? |  |  |  |
| * If no, what steps could be taken to develop a standard to ensure ‘built environment’ such as hospitals, schools, public parks, swimming pools, places of worships, etcetera, are accessible for the use of wheelchair users and other persons with disabilities? |  |  |  |
| * Is there a national standard for accessibility of transport systems[[4]](#footnote-4)? |  |  |  |
| * If no, what steps could be taken in this regard? |  |  |  |

**Action #34** Carry out multi-sectoral efforts to ensure that the needs and rights of mine victims are effectively addressed through national policy and legal frameworks relating to disability, health, education, employment, development and poverty reduction, in line with the relevant provisions of the Convention on the Rights of Persons with Disabilities.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Do the relevant ministries such as those responsible for health, social affairs, labour, education, human rights, disability rights, development, disaster management, etc. include victim assistance provisions in their policies and programmes? |  |  |  |
| * If no, who will reach out to them to raise awareness on victim assistance obligation and to advocate for the inclusion of victim assistance in their policies and programmes? |  |  |  |
| * Does the relevant designated government entity mandated to coordinate victim assistance work, participate in disability inter-ministerial /inter-sectoral coordination meeting related to health, disability and social protection? |  |  |  |
| * Does the national action plan on victim assistance/disabilities include roles and responsibilities for ministries responsible for health, labour, education, human rights, disability rights, social protection, development, disaster management, and so on? |  |  |  |
| * If no, what efforts could be made in this regard? |  |  |  |
| * Is there a quota allocated for the employment of persons with disabilities including the individuals that have acquired disabilities by mine/ERW? |  |  |  |
| * If yes, has this measure been successful? |  |  |  |
| * Are there any national laws or policies not aligned with victim assistance obligation? |  |  |  |
| * If yes, what efforts can be made in this regard? |  |  |  |
| * Are the cross-governmental efforts to ensure that the needs and rights of mine survivors are effectively addressed, carried out in line with the Convention on the Rights of Persons with Disabilities |  |  |  |

**Action #35** Establish or strengthen a centralised database that includes information on persons killed by mines as well as on persons injured by mines and their needs and challenges, disaggregated by gender, age and disability, and make this information available to relevant stakeholders to ensure a comprehensive response to addressing the needs of mine victims.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is there a centralised data collection mechanism in place for mine/ERW casualties? |  |  |  |
| * Is data disaggregated by age, gender, disability, causes and types of injuries? |  |  |  |
| * If yes, is the data shared with and used by relevant policy makers and service providers, ministries and institutions, such as ministries of health, planning, social affairs, development, etc.? |  |  |  |
| * If no, what steps will have to be taken to timely share the data and to make sure they are used by relevant ministries and institutions? |  |  |  |
| * Is there a nation-wide injury surveillance mechanism? |  |  |  |
| * If yes, does data collection consider mine/ERW injuries and does it disaggregate cause and type of injuries? |  |  |  |
| * If no, what steps should be taken to make sure that a nation-wide surveillance mechanism is in place and includes mine/ERW injuries? |  |  |  |
| * Is there a centralised database containing comprehensive information on persons with disabilities, including their living situations, needs and challenges? |  |  |  |
| * If yes, is data on/related to mine/ERW survivors included in the centralised database? |  |  |  |
| * If there is no centralised database, what steps should be taken to establish one? |  |  |  |

**Action #36** Provide effective and efficient first aid to casualties in mine-affected communities, as well as other medical emergency services, and ongoing medical care.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is there professional first aid providers in or in the vicinity of locations contaminated by mine/ERW? |  |  |  |
| * Do the first aid providers have the necessary equipment and means for a rapid and efficient response? |  |  |  |
| * Has training been provided to people in affected communities on how to support casualties in the absence of professional first responders or before they reached the scene? |  |  |  |
| * Is there a trauma hospital/centre within reach of mine affected communities? |  |  |  |
| * If no, what means are available or should be made available to transfer the casualty to trauma hospital/centre? |  |  |  |
| * Is the need for first aid or emergency response to mine/ERW casualties integrated into policy and plans of relevant public institutions, such as Ministry of Health? |  |  |  |
| * If no, what steps should be taken to make sure first aid to mine/ERW casualties is included in relevant policies and programmes? |  |  |  |
| * What steps could be taken to ensure the availability of trauma surgeons in mine/ERW affected areas and that facilities and staff are available to provide ongoing medical care? |  |  |  |

**Action #37** Ensure, where appropriate and possible, a national referral mechanism to facilitate access to services for mine victims, including by creating and disseminating a comprehensive directory of services.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is there an accessible directory of all relevant services available in the country? |  |  |  |
| * If yes, is it shared with landmine survivors, affected families and persons with disabilities including with those living in remote areas as well as mine action operators? |  |  |  |
| * If no, who will compile a directory and by when? |  |  |  |
| * Is there an established mechanism among service providers to facilitate referrals to services? |  |  |  |
| * If no, what will have to be done to establish a mechanism or agreement? |  |  |  |
| * Is there a referral system in place to support persons with disabilities including mine survivors access the services at primary, secondary and tertiary levels in mine affected regions? |  |  |  |

**Action #38** Take steps to ensure that, taking into account local, national and regional circumstances, all mine victims, including in rural and remote areas, have access to comprehensive rehabilitation services and psychological and psychosocial support services, including through the provision of outreach rehabilitation service, where necessary, while paying attention to the most vulnerable. This includes the provision of assistive devices, physiotherapy, occupational therapy and peer-to-peer support programs.[[5]](#footnote-5)

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is there health care available in affected locations in the country? |  |  |  |
| * Are healthcare services accessible and available, and designed to meet the needs of women, girls, boys and men with disabilities and mine survivors? |  |  |  |
| * Do health care centres have the capacity to meet the needs of mine survivors at the same level as other members of the society? |  |  |  |
| * If no, what steps could be taken to address the disparity between mine survivors and others in relation to their access to health care services? |  |  |  |
| * Are trauma specialists and surgeons, including eye specialists, available to assist mine/ERW casualties and other traumatic injuries at district level hospitals in close proximity to affected areas? |  |  |  |
| * If no, what steps could be taken to increase capacities to respond to mine and other ERW and other traumatic injuries? |  |  |  |

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Do the current rehabilitation centres meet the needs of all mine survivors, including in remote areas, including through physiotherapy, prosthetics and orthotics? |  |  |  |
| * If no, what steps could be taken to increase rehabilitation support? |  |  |  |
| * Do the rehabilitation centres have the necessary resources, including raw materials for prosthetics and orthotics to operate and to timely address rehabilitation needs of persons with disabilities including mine survivors? |  |  |  |
| * If no, what steps could be taken to provide them with resources they need in a sustainable manner? |  |  |  |
| * Is there mobile rehabilitation service available to meet the needs of those who cannot access rehabilitation centres? |  |  |  |
| * If no, what will have to be done to meet the needs of those that cannot access rehabilitation centres due to being far from the centres or during situations of emergencies? |  |  |  |
| * Are there enough certified physiotherapists, prosthetic and orthotic technicians, occupational therapists, audiologists? |  |  |  |
| * If no, what steps could be taken to increase certified physiotherapists and prosthetic and orthotic technicians? |  |  |  |
| * Are physiotherapy, prosthetic, orthotic and occupational therapy recognised by the Government? |  |  |  |
| * If no, what steps could be taken for recognition of these professions? |  |  |  |
| * Are assistive devices exempted from import and revenue taxes? |  |  |  |
| * Is the Ministry of Health aware of supports provided by the WHO only upon formal requests of its Member States? |  |  |  |

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|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is professional psychological support by psychiatrist, psychologist or psychotherapists available to mine survivors, affected families and communities? |  |  |  |
| * If no, what steps could be taken to address the issue? |  |  |  |
| * Is there a mental health policy? |  |  |  |
| * If yes, is the mental health policy and programmes of the national Ministry of Health inclusive of the needs of mine victims? |  |  |  |
| * If no, what steps will have to be taken to address the issue? |  |  |  |
| * Is there peer to peer support available including in remote mine affected areas? |  |  |  |
| * If no, what steps could be taken to train and deploy peer to peer counsellors and to integrate it into public health policy? |  |  |  |
| * Are data collectors trained in basic psychological support techniques so as not to heighten trauma or raise false expectations and to provide information on available services to aid recovery? |  |  |  |
| * If no, what steps could be taken to provide appropriate training for data collectors? |  |  |  |
| * Are healthcare and Red Cross or Red Crescent social workers and volunteers trained in how to interact and support persons with disabilities including mine survivors? |  |  |  |
| * If no, what steps could be taken to integrate the issue in social worker’s training curriculum? |  |  |  |

**Action #39** Carry out efforts to ensure the social and economic inclusion of mine victims, such as access to education, capacity-building, employment referral services, microfinance institutions, business development services, rural development and social protection programmes, including in rural and remote areas.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Are social support services accessible and available to meet the needs of persons with disabilities including mine survivors on an equal basis with others? |  |  |  |
| * If no, what steps could be taken to ensure the equalisation of opportunities to access services? |  |  |  |
| * Is there social protection support available for the most vulnerable individuals with disabilities including mine victims? |  |  |  |
| * If no, what measures could be taken to support them? |  |  |  |
| * Do national, regional and local development and poverty reduction policies, budgets and programmes include the needs of persons with disabilities including mine survivors? |  |  |  |
| * If no, what steps could be taken to improve inclusive development in favour of persons with disabilities/mine survivors? |  |  |  |
| * Is there a vocational training programme available to enable persons with disabilities including mine survivors adapt/learn employment/income-generating skills? |  |  |  |
| * If no, what steps could be taken to create/expand vocational training and capacity building programmes? |  |  |  |
| * Do child survivors and other children with disabilities in mine affected communities have equal access to educational opportunities in their communities? |  |  |  |
| * If no, what steps could be taken to enhance access of children with disabilities to mainstream schools? |  |  |  |
| * Are awareness-raising activities regularly conducted at the family and community level to promote the participation and inclusion of persons with disabilities including mine survivors in social, cultural, political and other spheres? |  |  |  |
| * Is there a national accessibility standard and enforced to ensure new public buildings such as schools and hospitals are constructed accessible? |  |  |  |
| * If no, what steps could be taken to address the issue? |  |  |  |
| * Is gender, age and disability and diversity considered in relevant socio-economic policies and programmes? |  |  |  |

**Action #40** Ensure that relevant national humanitarian response and preparedness plans provide for the safety and protection of mine survivors in situations of risk, including situations of armed conflict, humanitarian emergencies and natural disasters, in line with relevant international humanitarian and human rights law and international guidelines.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is there a national humanitarian response and/or disaster mitigation, preparedness and management policy in place? |  |  |  |
| * If yes, does it include the needs of persons with disabilities including mine survivors? |  |  |  |
| * If no, what steps could be taken to address the issue? |  |  |  |
| * Are vulnerable groups such as persons with disabilities including mine survivors in locations prone to the risks of humanitarian emergencies or natural disasters trained in the basics of mitigation and rescue? |  |  |  |
| * If no, what steps could be taken in this regard? |  |  |  |
| * Are there emergency response facilities available in locations prone to the risks of humanitarian emergencies or natural disasters for persons with disabilities including mine survivors? |  |  |  |

**Action #41** Ensure the full inclusion and effective participation of mine victims and their representative organizations in all matters that affect them, including in rural and remote areas.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is participation and inclusion of mine survivors and their representative organisations ensured by relevant national laws, policies and plans? |  |  |  |
| * If no, what steps could be taken to address the issue? |  |  |  |
| * Are representatives of mine survivors and their representative organisations included in the delegation of the country in Convention’s meetings? |  |  |  |
| * If no, what steps could be taken to address the issue? |  |  |  |
| * Are mine survivors and their representative organisations included in national disability council/ministry or other entities? |  |  |  |
| * If no, what steps could be taken to address the issue? |  |  |  |
| * Is there a mechanism to ensure inclusion and participation of mine victims and their representative organisations in rural and remote areas? |  |  |  |
| * If no, what steps could be taken to address the issue? |  |  |  |
| * Are persons with disabilities including mine survivors provided with equal opportunity to effectively participate in leading roles and decision makings? |  |  |  |

**VIII. INTERNATIONAL COOPERATION AND ASSISTANCE**

12. While reaffirming that each State Party is responsible for implementing the provisions of the Convention in areas under its jurisdiction or control, the States Parties stress that enhanced cooperation can support implementation of Convention obligations as soon as possible. With a view to enhancing cooperation in order to meet the Convention’s obligations and aspirations as soon as possible, States Parties will take the following actions:

**Action #42** Do their utmost to commit the resources needed to meet Convention obligations as soon as possible and explore all possible alternative and/or innovative sources of funding.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is support to mine victims included in the national/federal annual budget related to development, human rights and humanitarian spheres? |  |  |  |
| * If no, what steps could be taken in this regard? |  |  |  |
| * Does the Ministry of Health and the Ministry of Social Affairs include support for the health, rehabilitation and socio-economic inclusion of mine survivors and other persons with disabilities? |  |  |  |
| * If no, what steps could be taken in this regard? |  |  |  |

**Action #43** States Parties seeking assistance will develop resource mobilisation plans and use all mechanisms within the Convention to disseminate information on challenges and requirements for assistance, including through their annual Article 7 transparency reports and by taking advantage of the individualised approach. States Parties will share the outcomes of the individualised approach with the wider mine action community in order to maximise its impact.

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| --- | --- | --- | --- |
|  | YES | NO | Describe the status, including the extent of progress and challenges in all cases |
| * Is there a resource mobilisation plan to secure resources for the implementation of victim assistance commitments of the OAP? |  |  |  |
| * If no, what steps could be taken in this regard? |  |  |  |
| * Is your State interested in taking part in the Individualised Approach of the Anti-Personnel Mine Ban Convention to mobilise resources for victim assistance? |  |  |  |

1. States Parties with significant numbers of landmine survivors: Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Colombia, Croatia, Congo DR, El Salvador, Eritrea, Ethiopia, Guinea-Bissau, Iraq, Jordan, Mozambique, Nicaragua, Peru, Senegal, Serbia, Somalia, South Sudan, Sri Lanka, Sudan, Tajikistan, Thailand, Uganda, Yemen and Zimbabwe. [↑](#footnote-ref-1)
2. The six pillars of victim assistance are data collection; emergency and continuing medical care; physical rehabilitation; psychological support; social and economic inclusion; and laws and policies. [↑](#footnote-ref-2)
3. Built environment refers to structures, features and facilities built by humans, such as cities, buildings, walkways, roads, etc. [↑](#footnote-ref-3)
4. “Lack of access to transportation is a frequent reason for a person with disability being discouraged from seeking work or prevented from accessing health care.”- World Report on Disability, WHO [↑](#footnote-ref-4)
5. Given the broad content of Action 38, the questions are split into three parts to ensure it’s user-friendly. [↑](#footnote-ref-5)