

Victim Assistance in the Context of the AP Mine Ban Convention: Checklist

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



In 2004, the States Parties to the Anti-Personnel Mine Ban Convention agreed to important understandings concerning landmine victim assistance. These understandings provided the basis for the States Parties to act strategically to achieve progress in addressing the needs and guaranteeing the rights of landmine survivors. Since 2004, the Co-Chairs of the Convention's Standing Committee on Victim Assistance and Socio-Economic Reintegration have provided leadership in applying this strategic framework. Thanks to the financial support provided by Australia, Austria, New Zealand, Norway and Switzerland, the AP Mine Ban Convention's Implementation Support Unit has been able to support the Co-Chairs' efforts, particularly by providing assistance to the States Parties that have reported the responsibility for the well being of significant numbers of survivors. This checklist was developed as a tool that could be used by these States Parties in developing a comprehensive victim assistance response in the context of broader efforts concerning healthcare, rehabilitation, reintegration and human rights. This checklist, which was prepared in response to a need expressed by expert representatives of these States Parties, is intended to be a companion piece to *A Guide to Understanding Victim Assistance in the Context of the AP Mine Ban Convention*.



INTRODUCTION

The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (AP Mine Ban Convention) is unique as the first multilateral arms control treaty in history to make provision for the victims of a particular weapon system. Article 6.3 of the Convention obliges that “each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims.”

The First Review Conference of the Convention in 2004 provided a framework for addressing the rights and needs of mine survivors and other persons with disabilities, and subsequent work by the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration introduced a strategic approach to achieving the aims of the *Nairobi Action Plan* in relation to victim assistance. The ultimate goal of the *Nairobi Action Plan* in relation to victim assistance is an improvement in the quality of daily life of mine survivors and other persons with disabilities.

Victim assistance should be seen as a holistic approach aimed at removing – or reducing as far as possible – the factors that limit the activity and participation of a person with a disability, so that he/she can attain and maintain the highest possible level of independence and quality of life: physically, psychologically, socially and economically. The aim should be to provide the individual with the best possible opportunity for full and effective participation and inclusion in society, with possibilities to study, work, and access services; opportunities that are equal to those of other citizens. To achieve full inclusion, many different interventions may be needed, which, depending on the type of disability, may include one or several of the following: medical care, supply of assistive devices, therapy (physical and occupational), psychosocial services, social support, education (inclusive and special), job placement, support for economic self-reliance, eradication of physical, social and financial barriers, etc.

Achieving the aims of the *Nairobi Action Plan* in the six thematic areas of victim assistance (understanding the extent of the challenges faced, emergency and continuing medical care, physical rehabilitation, psychological support and social reintegration, economic reintegration, and legislation and public policies) requires consideration of several factors in the development of a plan of action and implementation of activities. Of key importance is the long-term sustainability and accessibility of services and infrastructure as many mine survivors and other persons with disabilities will require specialised services for a lifetime. The 2005 *Victim Assistance questionnaire* provided a useful tool by outlining key questions to be addressed to fully understand the current status of victim assistance within the disability sector. However, States Parties acknowledged that the questionnaire was not an end-product but rather an initial step in a long-term planning and implementation process.

INTRODUCTION

The framework developed by the AP Mine Ban Convention is applicable not only to the victims of landmines, but also to addressing the rights and needs of victims of other explosive remnants of war (ERW), including cluster munitions, and small arms and light weapons. Furthermore, the place of victim assistance within the broader context of disability, healthcare, social services, rehabilitation, reintegration, development, and human rights efforts, promotes the development of services, infrastructure, and policies to address the rights and needs of all persons with disabilities.

This checklist was developed in response to a request from victim assistance experts participating in Convention-related meetings to refine the *Victim Assistance questionnaire* and focus attention on the key areas that may require greater efforts. Considerable input into the final document was provided by these experts and other key actors working on the victim assistance issue or in the disability sector more generally. The checklist is intended as an additional tool to assist in the development of a comprehensive national response to meet the aims of the *Nairobi Action Plan*, and as a consequence, address the rights and needs of all persons with disabilities, regardless of the cause of the disability.

PROCESS OF DEVELOPING A NATIONAL RESPONSE TO VICTIM ASSISTANCE

1. Conduct awareness raising activities to sensitise relevant ministries and other key actors in the disability sector on victim assistance in the context of the AP Mine Ban Convention.
2. Designate an inter-sectoral group to oversee the process, including relevant government ministries and agencies, international agencies and non-governmental organisations working in the disability sector, mine survivors and other persons with disabilities and their representative organisations, etc.
3. Assign responsibility for the process and the preparation of a national plan of action, and establish a timeframe for the development of the plan. Make the name and contact details of the focal point known to all relevant actors.
4. Organise a national workshop to look at the actual situation (situation analysis) and to develop the national short, medium and long term goals. The participants at the national workshop should include all relevant ministries, the national body or organisations involved in service coordination and/or service provision, associations of persons with disabilities (including landmine survivors), international organisations and non-governmental organisations supporting service provision.
5. Situation analysis – do a mapping of who is doing what and where, look specifically at the current situation in all areas that may be relevant to mine and other ERW survivors and other persons with disabilities, and the factors that favour or impede achieving the best possible quality of life and enjoyment of human rights for persons with disabilities, including capacities and competencies, and training needs. Look at all the relevant initiatives, including health sector strategies, rehabilitation strategies, education strategies, poverty reduction strategies, human rights frameworks, etc. Include the perspectives of mine and other ERW survivors and other persons with disabilities in the analysis. Also analyse activities of international agencies, national and international non-governmental organisations involved in the sector, and the legal framework.
6. Review of situation analysis – what does the State want the situation to be in the short, medium and long-term?

7. Objectives – prepare a set of SMART objectives that will improve/change the current situation in the short term, in the medium term and in the long term and lead to an improved quality of life for mine and other ERW survivors and other persons with disabilities¹. Objectives should be:
 - specific:** the objective should describe a quantifiable change relative to the current situation
 - measurable:** there should be or will be a system in place to measure progress towards the achievement of the objective
 - achievable:** it should be realistic that, with a reasonable amount of effort, the objective could be met within the time-frame
 - relevant:** the objective should be important to achieve an improvement in the services available and/or the quality of life of persons with disabilities
 - time-based:** the time-frame for reaching the desired objective should be specified
8. National plan formulation – organise a second national workshop to develop a plan of action detailing the strategies, activities and the ministry/agency with responsibility/oversight, that will be undertaken to change/improve the current situation to reach the stated objectives.
9. Ensure the inclusion of the national plan of action in the work plans and budgets of relevant ministries and other government agencies.
10. Resource mobilisation – identify the resources that are currently available at the local, national and international levels to implement the national plan. Assess the needs for additional resources that will be required. Make these needs known at the national and international level, including by integrating resource mobilisation efforts into broader development assistance appeals.

¹ Where relevant, review/revise the objectives provided for the 2005 Zagreb Progress Report.

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

1. Understanding the extent of the challenges faced

Action #34

Develop or enhance national mine victim data collection capacities to ensure better understanding of the breadth of the victim assistance challenge faced and progress in overcoming it, seeking as soon as possible to integrate such capacities into existing health information systems and ensuring full access to information to support the needs of programme planners and resource mobilisation.

Suggested reading to assist in the development of SMART objectives:

- > World Health Organization, *Guidance for surveillance of injuries due to landmines and unexploded ordnance*, Injuries and Violence Prevention Department, WHO, Geneva, 2000
- > Centers for Disease Control and Prevention and World Health Organization, *Injury Surveillance Guidelines*, WHO, Geneva, 2001
- > World Health Organization, *Guidelines for conducting community surveys on injuries and violence*, WHO, Geneva, 2004
- > Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000
- > Jean-Francois Trani, Parul Bakhsi and Cécile Rolland, *Conducting surveys on disability: a comprehensive toolkit*, Handicap International, Lyon, 2006
- > Handicap International, *A review of assistance programs for war wounded. and other persons with disabilities living in mine-affected countries: May 2004 lessons learned workshop report*

Checklist for developing SMART objectives to achieve the aims of Action #34:

	YES	NO
<p>Is there a nation-wide injury surveillance mechanism?</p> <p>If yes, does data collection take into account mine and other ERW injuries and does it differentiate between the different causes and types of injuries?</p> <p>If no, what steps could be taken to modify the system to take into account mine and other ERW injuries?</p>		
<p>Is there a mine and other ERW casualty data collection mechanism?</p> <p>If yes, is data comprehensive including information on the type of injury and services received, and is information collected in all affected areas, retroactively, and compliant with international standards?</p> <p>If no, what steps could be taken to enhance and expand the data collection mechanism?</p>		
<p>Is there a national data collection mechanism on persons with disabilities?</p> <p>If yes, is data comprehensive and collected nationally and retroactively?</p> <p>If no, what steps could be taken to enhance and expand a disability data collection mechanism?</p>		

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

	YES	NO
<p>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?</p> <p>If no, what steps could be taken to provide appropriate training for data collectors?</p>		
<p>Is data available on the current location and needs of mine and other ERW survivors?</p> <p>If yes, is this information updated on a regular basis with details of services received and services needed to assist in programme planning and resource allocation?</p> <p>If no, what steps could be taken to enhance and expand the data collection mechanism or to conduct a needs assessment?</p>		
<p>Is data shared with all relevant actors (eg, all relevant ministries, national and local institutions, non-governmental organisations, donors, associations of mine and other ERW survivors, etc.) on a regular basis?</p> <p>If yes, is the privacy of individuals respected?</p> <p>If no, what steps could be taken to enhance and expand the sharing of data to all key actors to assist in programme planning and resource allocation, while at the same time respecting the privacy of individuals?</p>		
<p>Do all relevant actors involved in providing services for mine and other ERW survivors and other persons with disabilities meet on a regular basis to encourage coordination, monitoring and evaluation of programmes, and the efficient use of limited resources?</p> <p>If yes, is information on new mine and other ERW casualties shared promptly to facilitate appropriate assistance?</p> <p>If no, what steps could be taken to enhance coordination and collaboration to ensure that comprehensive assistance is available and accessible?</p>		

Examples of SMART objectives to achieve the aims of Action #34:

- > Integrate landmine casualty data into an injury surveillance mechanism, by 2009, in which persons with disabilities are tracked through the national health system.
- > Include data on mine and other ERW survivors in national strategies to address the needs of persons with disabilities by 2008.
- > Develop and maintain a comprehensive country-wide mine injury surveillance, data collection and information management system which includes information on health and socioeconomic status by December 2007.
- > Expand existing injury surveillance mechanisms to include the category of “mine explosion” as a cause of injury by the end of 2006.

2. Emergency and continuing medical care

Action #29

Establish and enhance healthcare services needed to respond to immediate and ongoing medical needs of mine victims. Increase the number of healthcare workers and other service providers in mine-affected areas trained for emergency response to landmine and other traumatic injuries, ensuring an adequate number of trained trauma surgeons and nurses to meet the need, improving healthcare infrastructure and ensuring that facilities have the equipment, supplies and medicines necessary to meet basic standards.

Emergency and continuing medical care covers issues such as emergency first-aid and access to healthcare facilities, and appropriate medical care including competent surgical management and pain treatment. The provision of appropriate emergency and continuing medical care, or the lack of it, has a profound impact on the immediate and long-term recovery of mine victims.

Suggested reading to assist in the development of SMART objectives:

- > World Health Organization, *Prehospital trauma care systems*, WHO, Geneva, 2005
- > World Health Organization, *Guidelines for essential trauma care*, WHO, Geneva, 2004
- > International Committee of the Red Cross, *Assistance for Victims of Anti-personnel Mines: Needs, Constraints and Strategy*, ICRC, Geneva
- > International Committee of the Red Cross, *Care in the Field for Victims of Weapons of War*, ICRC, Geneva, 2001
- > Trauma Care Foundation, *Save Lives, Save Limbs*, Third World Network, 2000
- > Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000
- > International Physicians for the Prevention of Nuclear War, *Primary Care of Landmine Injuries in Africa*, IPPNW, 2000
- > World Health Organization, *Surgical Care at the District Hospital*, WHO, Geneva, 2002
- > World Health Organization, *Integrated Management on Emergency Essential Surgical Care - E-Learning Tool Kit*, WHO, Geneva, 2007
- > Handicap International, *A review of assistance programs for war wounded and other persons with disabilities living in mine-affected countries: May 2004 lessons learned workshop report*

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

Checklist for developing SMART objectives to achieve the aims of Action #29:

	YES	NO
2.1 NATIONAL PLAN, STRATEGY AND COORDINATION		
<p>Is there a national policy or plan to address emergency and/or continuing medical care?</p> <p>If yes, does the plan/strategy address issues relating to accessibility of services particularly for persons with disabilities, to the quality of services and their long-term functioning? Is the plan implemented nation-wide including in affected areas?</p> <p>If no, what steps could be taken to develop and/or fully implement a national emergency and/or continuing medical care plan/strategy?</p>		
<p>Does the government support the healthcare sector?</p> <p>If yes, is this support sufficient to cover the needs of persons with disabilities in the sector? Is this support sufficient to ensure the long-term sustainability of the sector?</p> <p>If no, what steps could be taken to ensure the long-term sustainability of the sector and reduce dependence on support from international and non-governmental agencies?</p>		
<p>Is the sector supported by international agencies and/or national and international non-governmental organisations?</p> <p>If yes, where are they working, what do they do, and is their work in coordination and collaboration with relevant ministries?</p> <p>If no, what steps could be taken to enhance coordination and collaboration between all actors?</p>		
<p>Is there country-wide coordination involving all relevant actors (eg relevant ministries, national and local institutions, non-governmental organisations, donors, mine and other ERW survivors and other persons with disabilities, etc.) for the provision of emergency and continuing medical care?</p> <p>If yes, what are the tasks of this body and who participates in this body?</p> <p>If no, what steps could be taken to enhance and/or expand country-wide coordination to facilitate programme planning and resource allocation?</p>		
<p>Is available emergency and continuing medical care part of a comprehensive system designed to meet the needs of mine and other ERW casualties and others with traumatic injuries through to their social and economic inclusion?</p> <p>If no, what steps could be taken to ensure a comprehensive approach to meeting the rights and needs of mine and other ERW casualties and others with traumatic injuries?</p>		
	YES	NO
2.2 ACCESSIBILITY TO SERVICES		
<p>How many health facilities exist in the country?</p> <p>Do health facilities have the capacity to meet existing needs in the country?</p> <p>If no, what steps could be taken to increase the capacity of existing facilities?</p>		
<p>Are health facilities available and accessible in affected areas?</p> <p>If yes, do health facilities in affected areas have the infrastructure, qualified personnel, equipment and supplies to meet existing needs?</p> <p>If no, what steps could be taken to create and/or enhance health facilities in affected areas?</p>		

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

<p>Do persons injured by mines and other ERW have access to trained first-aid responders to provide pre-hospital care to address immediate and life-threatening issues and minimise the risk of further disabling injuries?</p> <p>If no, what steps could be taken to increase capacities to respond to mine and other ERW and other traumatic injuries?</p>		
<p>Is transport to promptly evacuate persons injured by mines and other ERW to adequately equipped hospitals / clinics available in all affected areas?</p> <p>If yes, do first-aid responders know where to refer mine and other ERW casualties according to their needs?</p> <p>If no, what steps could be taken to enhance the availability of transport to evacuate persons injured by mines and other ERW to the nearest hospital / clinic equipped to treat traumatic injuries?</p>		
<p>Is emergency and continuing medical care accessible and available free-of-charge to mine and other ERW casualties and other persons with disabilities?</p> <p>If yes, who is covering the costs of these services?</p> <p>If no, what steps could be taken to ensure that cost does not limit access to services for mine and other ERW casualties and other persons with disabilities?</p>		
<p>Are healthcare services accessible and available equally to, and designed to meet the particular needs of, men, women, boys and girls and older persons?</p> <p>If no, what steps could be taken to ensure equalisation of opportunities to access services?</p>		
	YES	NO
<h3>2.3 QUALITY OF SERVICES</h3>		
<p>Is it known how many trained healthcare workers (eg, first-aid responders, trauma surgeons, doctors, nurses) are in the country and in affected areas?</p> <p>If yes, are the numbers sufficient to meet the needs or how many additional trained healthcare workers are required to meet existing needs in affected areas?</p> <p>If no, what steps could be taken to enhance information on the availability of healthcare workers in affected areas?</p>		
<p>Are trauma specialists and surgeons, including eye specialists, available to assist mine and other ERW casualties and other traumatic injuries in district level referral hospitals in close proximity to affected areas?</p> <p>If no, what steps could be taken to increase capacities to respond to mine and other ERW and other traumatic injuries?</p>		
<p>Are surgeons trained in correct procedures for amputation and other traumatic injuries available?</p> <p>If yes, is training in the care of traumatic injuries available in-country and do surgeons have access to continuing education?</p> <p>If no, what steps could be taken to enhance opportunities for training in amputation or other traumatic injury-related surgery?</p>		
<p>Is training for all types of healthcare workers available in the country?</p> <p>If yes, is the level of training adequate to ensure the provision of emergency and continuing medical care in affected areas?</p> <p>If no, what steps could be taken to increase the capacity for training and/or improve the quality of training in the country?</p>		

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

Examples of SMART objectives to achieve the aims of Action #29:

- > Train at least 50 healthcare workers to improve the pre-hospital emergency response capacity in all mine-affected districts by the end of 2007.
- > Improve emergency healthcare services provided at the village level through the provision of training and basic supplies by the end of 2006.
- > Train at least 50 trauma care specialists, including surgeons, anaesthetists, and nurses, by 2009.
- > Increase access to emergency pre-hospital response services in all heavily mine and other ERW-impacted rural areas in order to reduce the mortality rate of mine and other ERW casualties (not killed immediately by the explosion) by 75 percent by 2009.
- > Improve access to the primary healthcare system in at least 50 remote rural areas by 2009.
- > Equip hospitals and health facilities serving at least 50 percent of heavily mine and other ERW-impacted rural areas with adequately trained personnel, equipment and supplies by 2009.

3. Physical and functional rehabilitation

Action #30

Increase national physical rehabilitation capacity to ensure effective provision of physical rehabilitation services that are preconditions to full recovery and reintegration of mine victims by: developing and pursuing the goals of a multi-sector rehabilitation plan; providing access to services in mine-affected communities; increasing the number of trained rehabilitation specialists most needed by mine victims and victims of other traumatic injuries; engaging all relevant actors to ensure effective coordination in advancing the quality of care and increasing the numbers of individuals assisted; and, further encouraging specialised organisations to continue to develop guidelines for the implementation of prosthetics and orthopaedic programmes.

Physical rehabilitation is an important part of the integrated rehabilitation process needed to ensure the full participation and inclusion in society of persons with disabilities. Physical rehabilitation includes the provision of assistive devices such as prostheses, orthoses, walking aids and wheelchairs along with appropriate therapy allowing an optimal use of the device. Physical rehabilitation is not only the provision of assistive devices along with appropriate therapy, it must also include activities aimed at maintaining, adjusting, repairing and renewing the devices as needed.

The ultimate goal of a national physical rehabilitation programme is: to ensure access to services; to ensure that services provided are appropriate and with quality; and to ensure the long-term functioning of these services. Physical rehabilitation is focused on helping a person regain or improve the capacities of his/her body, with physical mobility as the primary goal.

Functional rehabilitation includes all measures taken to lead a person with disability to be able to engage in activities or fulfil roles that he or she considers important, useful, or necessary. Functional rehabilitation targets issues beyond the physical ones, such as sight and hearing. These issues may also include: psychosocial (adjusting to a changed body-image, handling other people's reactions), self-care, returning to work or school, and performing complex activities such as driving, or cooking.

Suggested reading to assist in the development of SMART objectives:

- > World Health Organization, *Prosthetics and Orthotics Services in Developing Countries – a discussion document*
- > Landmine Survivors Network, *Surviving Limb Loss*
- > Liz Hobbs, Sue McDonough and Ann O'Callaghan, *Life after Injury: A rehabilitation manual for the injured and their helpers*, Third World Network, 2002
- > Prosthetics & Orthotics Project Guide: *Supporting P&O Services in Low-Income Settings: A common approach for organizations implementing aid projects*, 2006
- > Prosthetics & Orthotics Programme Guide: *Implementing P&O Services in Low-Income Settings: A guide for planners and providers of services for persons in need of orthopaedic devices*, 2006

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

- > Physicians for Human Rights, *Measuring Landmine Incidents & Injuries and the Capacity to Provide Care*, March 2000
- > Handicap International, *A review of assistance programs for war wounded and other persons with disabilities living in mine-affected countries: May 2004 lessons learned workshop report*

Checklist for developing SMART objectives to achieve the aims of Action #30:

	YES	NO
3.1 NATIONAL PLAN, STRATEGY AND COORDINATION		
<p>Is there a multi-sector national and/or regional physical rehabilitation plan or strategy that includes training and takes into account all manner of disability?</p> <p>If yes, is the plan implemented in all affected areas?</p> <p>If no, what steps could be taken to develop and/or fully implement a multi-sector rehabilitation plan or strategy?</p>		
<p>Is the sector supported by international agencies and/or international NGOs?</p> <p>If yes, where are they working, what do they do and are they working in collaboration with relevant ministries?</p> <p>If no, what steps could be taken to strengthen collaboration and coordination?</p>		
<p>Is there a national and/or regional community-based rehabilitation (CBR) programme available as a complement to centralised/specialised centres in affected areas?</p> <p>If yes, does collaboration exist between the CBR programme and the physical rehabilitation sector? Is the CBR programme effective in identifying, referring and following-up with mine and other ERW survivors and other persons with disabilities?</p> <p>If no, what steps could be taken to develop and/or expand/enhance CBR services in affected areas?</p>		
<p>Does the government support the physical and functional rehabilitation sector?</p> <p>If yes, is the support sufficient to cover the actual needs of the sector? Does this support include a physical rehabilitation plan of action to ensure the long term sustainability of services, including through cost-recovery and mixed revenue streams and capacity development?</p> <p>If no, what steps could be taken to ensure the long term sustainability of services and reduce dependence on support from international and non-governmental agencies?</p>		
<p>Does the relevant ministry have a separate budget line to meet the physical and functional rehabilitation needs of mine and other ERW survivors and other persons with disabilities?</p> <p>If yes, is the budget sufficient to meet the needs?</p> <p>If no, what steps could be taken to ensure that such a budget line exists and is sufficient to meet the needs?</p>		
<p>Is there country-wide coordination involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, mine and other ERW survivors and other persons with disabilities, etc.) for the provision of physical and functional rehabilitation services?</p> <p>If no, what steps could be taken to enhance and/or expand country-wide coordination to facilitate programme planning and resource allocation?</p>		

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

<p>Are mine and other ERW survivors and other persons with disabilities and their families included in the planning, monitoring and evaluation of rehabilitation interventions?</p> <p>If no, what steps could be taken to increase the involvement of persons with disabilities and their families in planning, monitoring and evaluation?</p>		
	YES	NO
<h3>3.2 ACCESSIBILITY TO SERVICES</h3>		
<p>How many physical rehabilitation centres exist in the country?</p> <p>Are centres located in close proximity to affected areas?</p> <p>If yes, is the capacity of these centres appropriate to meet the demands in a timely manner?</p> <p>If no, what steps could be taken to make services available as close as possible to affected areas? What steps could be taken to increase the capacity of existing centres?</p>		
<p>Do mine and other ERW survivors and other persons with disabilities have access to post-acute physical and functional rehabilitative care, including prosthetics, orthotics, walking aids, wheelchairs, physical and occupational therapy, hearing aids, visual aids, etc.?</p> <p>If yes, is information on services provided by hospitals / clinics and are these services adequate to meet the needs in a timely manner?</p> <p>If no, what steps could be taken to improve the capacity and accessibility of services?</p>		
<p>Do mine and other ERW survivors and other persons with disabilities have access to repair, replacement and adjustment services to maintain assistive devices according to their needs in all centres and/or in close proximity to affected areas?</p> <p>If yes, are these services adequate to meet the needs in a timely manner?</p> <p>If no, what steps could be taken to develop and/or improve accessibility to services?</p>		
<p>Is transportation and lodging provided to assist mine and other ERW survivors and other persons with disabilities to access physical rehabilitation services?</p> <p>If yes, is the assistance provided adequate to meet the needs?</p> <p>If no, what steps could be taken to provide transport and lodging if required?</p>		
<p>Are facilities and workshops which produce mobility aids such as crutches, wheelchairs, tricycles, etc., available and accessible in the country?</p> <p>If yes, is the production capacity sufficient to meet the needs and is quality of the items up to international standards?</p> <p>If no, what steps could be taken to increase and/or improve the quality of production?</p>		
<p>Are physical and functional rehabilitation services accessible and available free-of-charge to mine and other ERW casualties and other persons with disabilities?</p> <p>If yes, who is covering the cost of these services?</p> <p>If no, what steps could be taken to ensure that cost does not limit access to services for mine and other ERW casualties and other persons with disabilities?</p>		
<p>Are services accessible and available equally to, and designed to meet the particular needs of, men, women, boys and girls and older persons?</p> <p>If no, what steps could be taken to ensure equalisation of opportunities to access services?</p>		

	YES	NO
3.3 QUALITY OF SERVICES		
<p>How many trained rehabilitation workers (eg, physiotherapists, physiotherapy assistants, prosthetic and orthotic technicians, occupational therapists, audiologists, etc) are working in the country?</p> <p>Is the number of trained professionals working in the country sufficient to meet the needs?</p> <p>Do all physical rehabilitation centres have trained professionals?</p> <p>If yes, do these professionals have access to ongoing education?</p> <p>If no, how many additional trained rehabilitation professionals are required to meet existing needs? What steps could be taken to enhance the numbers and quality of training of rehabilitation professionals?</p>		
<p>Are those assisting mine and other ERW survivors and other persons with disabilities trained in all areas of physical and functional rehabilitation?</p> <p>If yes, is the quality of training available in-country to an appropriate standard?</p> <p>If no, what steps could be taken to enhance training in physical and functional rehabilitation?</p>		
<p>Are prosthetic and orthotic technicians, physical and occupational therapists, audiologists, and other physical rehabilitation providers trained to internationally recognised standards?</p> <p>If yes, is training available in-country?</p> <p>If no, what steps could be taken to enhance the standard of training for rehabilitation providers?</p>		
<p>Are the professions of physical and functional rehabilitation providers officially recognised by the Government?</p> <p>If no, what steps could be taken to formalise official recognition of professions?</p>		

Examples of SMART objectives to achieve the aims of Action #30:

- > Increase the output of prosthetic and orthotic centres by at least five percent per year, and improve the quality.
- > Improve accessibility in at least five provinces without disability services by 2009 through the provision of transport to appropriate physical rehabilitation facilities.
- > Improve accessibility in provinces with disability services by establishing mobile outreach units that visit at least 30 percent of remote heavily mine and other ERW-impacted areas by 2009.
- > Establish physical therapy clinics, with adequately trained personnel, in at least five percent of district, provincial and regional hospitals by 2009.
- > Increase the number of trained physiotherapists and technicians by at least five percent each year, ensuring that at least 30 percent of trainees are people with a disability.
- > Develop and implement a sustainable physiotherapy training programme by 2008.
- > Extend functional CBR services according to the basic disability services guidelines, with adequately trained personnel and that are appropriate to the national context, to at least 50 additional communities by 2009.

4. Psychological support and social reintegration/inclusion

Action #31

Develop capacities to meet the psychological and social support needs of mine victims, sharing best practices with a view to achieving high standards of treatment and support on a par with those for physical rehabilitation, and engaging and empowering all relevant actors – including mine victims and their families and communities.

Psychological support and social reintegration/inclusion includes activities that assist mine victims to overcome the psychological trauma of a landmine explosion and promote their social well-being. These activities can include community-based peer support groups, associations for persons with disabilities, sporting and related activities, and where necessary, professional counselling. Appropriate psycho-social support has the potential to make a significant difference in the lives of mine survivors, and the families of those killed or injured.

Suggested reading to assist in the development of SMART objectives:

- > International Federation of Red Cross and Red Crescent Societies, *Psychological Support: Best Practices from Red Cross and Red Crescent Programmes*
- > International Federation of Red Cross and Red Crescent Societies, *Community-Based Psychological Support Training Manual*
- > World Health Organization, *Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors*, Department of Mental Health and Substance Dependence, 2004
- > Landmine Survivors Network, *Surviving Limb Loss*
- > Handicap International, *A review of assistance programs for war wounded and other persons with disabilities living in mine-affected countries: May 2004 lessons learned workshop report*
- > Handicap International *Fun inclusive: sports and games as a means for rehabilitation, interaction and inclusion for children and young people with disabilities*

Checklist for developing SMART objectives to achieve the aims of Action #31:

	YES	NO
4.1 ACCESSIBILITY TO SERVICES		
Are mine and other ERW survivors and their families provided with counselling to support their adjustment to their new situation, including coping strategies and an understanding of the recovery process?		
If yes, is the quality and availability of counselling services sufficient, culturally appropriate, affordable, and tailored to different individuals' needs and community situations?		
If no, what steps could be taken to develop and/or enhance the quality and capacity of services?		

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

	YES	NO
<p>Are first-aid responders trained to provide psychological support to mine and other ERW casualties and others with traumatic injuries in the immediate aftermath of an accident?</p> <p>If no, what steps could be taken to develop and/or enhance the training provided?</p>		
<p>Do hospitals / clinics, community workers, community-based organisations, social service providers and other organisations working with mine and other ERW survivors and other persons with disabilities have psychologists, social workers or other staff trained to provide psychological support?</p> <p>If yes, is the quality of training sufficient and suited to adapt to the different individuals' needs and community situations? Are mine and other ERW survivors and other persons with disabilities involved in this training? Is the training available in-country?</p> <p>If no, what steps could be taken to develop and/or enhance the quality of training and the inclusion of survivors and other persons with disabilities?</p>		
<p>Are peer support programmes offering assistance in hospitals / clinics after surgery and after discharge available and accessible?</p> <p>If yes, are programmes sufficient to meet the needs?</p> <p>If no, what steps could be taken to develop and/or enhance the capacity of programmes?</p>		
<p>Are psychological support services available free-of-charge to mine and other ERW survivors, their families, and other persons with disabilities?</p> <p>If no, what steps could be taken to ensure that cost does not limit access to services for survivors and other persons with disabilities?</p>		
<p>Are there local centres to provide information on disability, organise peer support groups and referral services in affected areas?</p> <p>If yes, are mine and other ERW survivors and other persons with disabilities aware of these centres?</p> <p>If no, what steps could be taken to raise awareness and/or develop local centres?</p>		
<p>Are psychological support services accessible and available equally to, and designed to meet the particular needs of, men, women, boys and girls and older persons?</p> <p>If no, what steps could be taken to ensure equalisation of opportunities to access services?</p>		
<p>Is there country-wide coordination involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, mine and other ERW survivors and other persons with disabilities, etc.) for the provision of psychological support services?</p> <p>If no, what steps could be taken to enhance and/or expand country-wide coordination to facilitate programme planning and resource allocation?</p>		

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

	YES	NO
4.2 SOCIAL REINTEGRATION/INCLUSION		
<p>Do children with disabilities have equal access to educational opportunities in their communities?</p> <p>If yes, does this education occur in an integrated setting and are schools physically accessible?</p> <p>If no, what steps could be taken to enhance access of children with disabilities to mainstream schools? Is there a quota system that limits access?</p>		
<p>Do teachers have appropriate training to provide adequate support and education for children with disabilities?</p> <p>If yes, is inclusive education part of the existing teacher training curriculum?</p> <p>If no, what steps could be taken to ensure that teachers are trained to provide adequate support and educational opportunities for children with disabilities?</p>		
<p>Are all education services accessible to persons with disabilities, from primary school through to higher education?</p> <p>If no, what steps could be taken to ensure persons with disabilities can access all existing education programmes?</p>		
<p>Are awareness-raising activities at the family and community level to promote the participation and inclusion of mine and other ERW survivors and other persons with disabilities in social, cultural, political and other activities conducted regularly?</p> <p>If yes, are activities developed in cooperation with organisations of persons with disabilities?</p> <p>If no, what steps could be taken to promote the participation and inclusion of survivors and other persons with disabilities in family and community life?</p>		
<p>Are inclusive sports activities accessible to mine and other ERW survivors and other persons with disabilities in affected areas?</p> <p>If no, what steps could be taken to develop and/or enhance accessible sporting activities?</p>		
<p>Are social support services accessible and available equally to, and designed to meet the particular needs of, men, women, boys and girls and older persons?</p> <p>If no, what steps could be taken to ensure equalisation of opportunities to access services?</p>		
<p>Is there country-wide coordination involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, mine and other ERW survivors and other persons with disabilities, etc.) for the provision of social support services?</p> <p>If no, what steps could be taken to enhance and/or expand country-wide coordination to facilitate programme planning and resource allocation?</p>		

Examples of SMART objectives to achieve the aims of Action #31:

- > Introduce a training programme for community healthcare and other service providers on psychosocial and disability issues by the end of 2007.
- > Provide psychological support, if requested, to at least 50 percent of registered mine and other ERW survivors, or families of those killed in mine and other ERW incidents, by the end of 2008.
- > Conduct awareness-raising programmes throughout the country on the rights and capacities of people with disabilities, and in particular women with disabilities, in 2007 and beyond.
- > Develop a comprehensive plan for inclusive and special education for children with disabilities by 2008.
- > Expand programmes for sport for people with disabilities, on an ongoing basis.
- > Ensure that all new school buildings, and at least ten percent of existing schools per year, are made physically accessible to children with disabilities.
- > Conduct awareness-raising activities in schools for teachers and students on the rights and capacities of children with disabilities.
- > Improve outreach and counselling services available to mine and other ERW survivors through the training of social workers in the mine-affected region by 2007.

5. Economic reintegration/inclusion

Action #32

Actively support the socio-economic reintegration of mine victims, including providing education and vocational training and developing sustainable economic activities and employment opportunities in mine-affected communities, integrating such efforts in the broader context of economic development and striving to ensure significant increases of economically reintegrated mine victims.

Economic reintegration/inclusion involves assistance programmes that improve the economic status of survivors in affected communities through education, economic development of the community infrastructure and the creation of employment opportunities. For many survivors and other persons with disabilities, economic inclusion is their highest priority. The economic status of survivors depends largely upon the political stability and economic situation of the communities in which they live. However, enhancing opportunities for economic inclusion contributes to self-reliance of mine survivors and their families and to community development as a whole.

Suggested reading to assist in the development of SMART objectives:

- > World Rehabilitation Fund, *Guidelines for Socio-Economic Integration of Landmine Survivors*, 2003
- > Handicap International, *Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries*, August 2006
- > The Atlas Alliance, *Microcredit for self-employed disabled persons in developing countries*, 2005
- > Landmine Survivors Network, *Surviving Limb Loss*
- > International Labour Organization, *The Right to Decent Work of Persons with Disabilities*, ILO, Geneva, 2007
- > International Labour Organization, *Job and Work Analysis: Guidelines on Identifying Jobs for Persons with Disabilities*, ILO, Geneva, 2005
- > International Labour Organization, *Skills development through Community Based Rehabilitation (CBR)*, ILO, Geneva, 2008
- > Handicap International, *A review of assistance programs for war wounded and other persons with disabilities living in mine-affected countries: May 2004 lessons learned workshop report*

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

Checklist for developing SMART objectives to achieve the aims of Action #32:

	YES	NO
<p>Are professional and vocational training programmes accessible to mine and other ERW survivors and other persons with disabilities in affected areas?</p> <p>If yes, is the capacity and quality of programmes sufficient to meet the needs in these areas and are survivors and other persons with disabilities involved in the development of programmes?</p> <p>If no, what steps could be taken to increase capacity and/or improve accessibility to programmes?</p>		
<p>Are professional and vocational training programmes appropriate for the establishment of income generating activities that respond to market needs in the affected areas?</p> <p>If no, what steps could be taken to make training programmes more responsive to the market and more likely to lead to long-term sustainability of income generating activities and economic independence?</p>		
<p>Do existing job placement and recruiting services ensure access to employment opportunities for mine and other ERW survivors and other persons with disabilities?</p> <p>If yes, is the capacity of existing services sufficient to meet the needs in these areas?</p> <p>If no, what steps could be taken to increase capacity and/or improve accessibility to services?</p>		
<p>Are employers sensitised to ensure that mine and other ERW survivors and other persons with disabilities are not denied opportunities or discriminated against on the basis of disability?</p> <p>If yes, do programmes include practical information on the rights of persons with disabilities and how to ensure that workplaces are accessible?</p> <p>If no, what steps could be taken to sensitise employers on the rights and capacities of persons with disabilities to work and to ensure that workplaces are accessible?</p>		
<p>Do government sponsored incentives exist to promote adequate employment opportunities for mine and other ERW survivors and other persons with disabilities?</p> <p>If no, what steps could be taken to develop an incentive programme and ensure that workplaces are accessible?</p>		
<p>Are micro-enterprise development services, microfinance institutions, income generating or other economic development activities accessible to mine and other ERW survivors and other persons with disabilities?</p> <p>If yes, is the capacity of existing services sufficient to meet the needs and are mine and other ERW survivors and other persons with disabilities aware of the services and criteria to access services?</p> <p>If no, what steps could be taken to increase capacity and/or improve accessibility to services?</p>		
<p>Are economic reintegration/inclusion activities for mine and other ERW survivors and other persons with disabilities integrated into broader poverty reduction and development strategies and activities?</p> <p>If no, what steps could be taken to ensure that activities are integrated into broader poverty reduction and development policies?</p>		

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

	YES	NO
<p>Are there social protection programmes to ensure the well-being of mine and other ERW survivors and other persons with disabilities whose degree of impairment or specific situation prevents them from engaging in income generating activities?</p> <p>If yes, are these programmes sufficient to meet basic needs?</p> <p>If no, what steps could be taken to ensure that mine and other ERW survivors and other persons with disabilities have access to social protection programmes that meet their basic needs?</p>		
<p>Are economic reintegration/inclusion activities accessible and available free-of-charge to mine and other ERW survivors and other persons with disabilities?</p> <p>If no, what steps could be taken to ensure that cost does not limit access to services for mine and other ERW survivors and other persons with disabilities?</p>		
<p>Are services accessible and available equally to, and designed to meet the particular needs of, men, women, boys and girls and older persons?</p> <p>If no, what steps could be taken to ensure equalisation of opportunities to access services?</p>		
<p>Is there country-wide coordination involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, mine and other ERW survivors and other persons with disabilities, etc.) for the provision of economic reintegration/inclusion activities?</p> <p>If no, what steps could be taken to enhance and/or expand country-wide coordination to facilitate programme planning and resource allocation?</p>		

Examples of SMART objectives to achieve the aims of Action #32:

- > By 2008, national employment agencies will protect, promote and report the number and percentage of persons with disabilities in income-earning employment.
- > Ensure that at least 30 percent of vulnerable families that include a family member with a disability (or families where the main provider has been killed in a mine or other ERW explosion) have access to economic reintegration programmes by 2009.
- > Improve the economic condition of 50 percent of registered mine and other ERW survivors, or families of those killed in mine or other ERW incidents, by the end 2008.

6. Legislation and public policies

Action #33

Ensure that national legal and policy frameworks effectively address the needs and fundamental human rights of mine victims, establishing as soon as possible such legislation and policies and assuring effective rehabilitation and socioeconomic reintegration services for all persons with disabilities.

Legislation and policies cover laws and actions that promote effective treatment, care and protection for all citizens with a disability, including landmine survivors. Many States Parties have legislation to protect the rights of persons with disabilities, and to provide social assistance, for example, in the form of pensions. However, it remains a challenge for many of these States Parties to fully implement the provisions of the legislation, to provide pensions that are adequate to maintain a reasonable standard of living and to ensure accessibility to public and private infrastructure. The new Convention on the Rights of Persons with Disabilities (CRPD) has the potential to promote a more systematic and sustainable approach to victim assistance in the context of the AP Mine Ban Convention by bringing victim assistance into the broader context of policy and planning for persons with disabilities more generally.

Suggested reading to assist in the development of SMART objectives:

- > United Nations, *From Exclusion to Equality: Realizing the rights of persons with disabilities*, Geneva, 2007
- > Landmine Survivors Network, *Convention on the Rights of Persons with Disabilities*, Geneva, 2006.
- > Landmine Survivors Network, *Disability Rights Convention: Ratification Campaign Handbook*, Geneva, 2006.
- > Landmine Survivors Network, *A Human Rights-Based Approach to Disability: The Legal Framework for Survivor Assistance in 24 States Parties*, Geneva, 2007.
- > Landmine Survivors Network, *Surviving Limb Loss*
- > Janet E. Lord, Katherine N. Guernsey, Joelle M. Balfe & Valerie L. Karr, Nancy Flowers (ed) *Human Rights Yes!: Action and Advocacy on the Rights of Persons with Disabilities*, Minnesota, 2007
- > Ursula Miller and Stefanie Zilger, *Making PRSP inclusive: disability in poverty reduction strategy papers*, Handicap International Germany, 2006.
- > Handicap International, *A review of assistance programs for war wounded and other persons with disabilities living in mine-affected countries: May 2004 lessons learned workshop report*.

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

Checklist for developing SMART objectives to achieve the aims of Action #33:

	YES	NO
<p>Do mine and other ERW survivors and other persons with disabilities have legal protection against discrimination and are they guaranteed equal opportunity, including an acceptable level of healthcare, other social services, education, vocational training and employment opportunities?</p> <p>If yes, are these laws fully enforced and implemented?</p> <p>If no, what steps could be taken to develop and/or enhance implementation of effective legislation and national policies?</p>		
<p>Do laws and public policies to guarantee equal opportunities and prevent discrimination take into consideration the particular needs of men, women, boys and girls and older persons?</p> <p>If no, what steps could be taken to ensure equalisation of opportunities and access services?</p>		
<p>Has the government signed and/or ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol?</p> <p>If no, what steps could be taken to raise awareness of the Convention and to encourage the government to sign and/or ratify?</p> <p>If yes, what steps could be taken to raise public awareness of the Convention and ensure observance of the obligations outlined within the Convention?</p>		
<p>Does the government conduct campaigns to raise public awareness of the rights and needs of persons with disabilities and to combat discrimination against persons with disabilities?</p> <p>If no, what steps could be taken to raise public awareness and combat discrimination against persons with disabilities?</p>		
<p>Does the government support and regularly consult with local organisations, self-help groups and associations of mine and other ERW survivors and other persons with disabilities to advocate on behalf of and provide services to persons with disabilities?</p> <p>If no, what steps could be taken to increase the level of support and consultation to build capacity and awareness of government and local organisations working with and for persons with disabilities?</p>		
<p>Is there country-wide coordination of the disability sector involving all relevant actors (eg, relevant ministries, national and local institutions, non-governmental organisations, donors, mine and other ERW survivors and other persons with disabilities, etc.)?</p> <p>If no, what steps could be taken to enhance and/or expand country-wide coordination to facilitate programme planning, improved services and resource allocation?</p>		
<p>Is there an independent body to monitor the rights of persons with disabilities, including mine and other ERW survivors?</p> <p>If yes, does the body include a large representation of persons with disabilities and does the body have the capacity to address complaints relating to violation of rights?</p> <p>If no, what steps could be taken to create and/or enhance an effective independent body?</p>		

TAKING A STRATEGIC APPROACH TO VICTIM ASSISTANCE

	YES	NO
Is disability considered a cross-cutting issue for the planning, implementation, monitoring and evaluation of all public policies, including poverty reduction and development strategies?		
If yes, do policies include the issue of physical accessibility and accessible formats for persons with disabilities?		
If no, what steps could be taken to ensure that all public policies include a disability perspective?		

Examples of SMART objectives to achieve the aims of Action #33:

- > Develop, adopt and implement a National Disability Policy by 2008.
- > Draft and adopt a comprehensive law for persons with disabilities that guarantees their rights to medical care, rehabilitation, education, employment, social services, and an accessible and barrier free society free from discrimination, with due importance given to the rights of women with disabilities, by the end of 2007.
- > Sign and ratify the Convention on the Rights of Persons with Disabilities by the end of 2007 and launch an awareness-raising campaign in all major cities.
- > Establish a disability coordination body by 2008 to coordinate, monitor and report on activities of all stakeholders.



Handover ceremony of the Nairobi Declaration to landmine survivors Song Kosal and Tun Channareth | Nairobi | 3 December 2004

This document was prepared in October 2008 by the Implementation Support Unit of the Anti-Personnel Mine Ban Convention thanks to support provided by the governments of Australia, Austria, New Zealand, Norway and Switzerland.



**Anti-Personnel Mine Ban Convention Implementation Support Unit
Geneva International Centre for Humanitarian Demining**

7bis, av. de la Paix | P.O. Box 1300 | 1211 Geneva 1 | Switzerland
t. + 41 (0)22 906 16 38 | f. + 41 (0)22 906 16 90
isu@gichd.org | www.apminebanconvention.org