

HANDICAP INTERNATIONAL

[Victim Assistance & its key elements]

Focus on Health and Data Collection

Baghdad – VA National Dialogue

September 2018

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HI in a nutshell

A long history with people with disabilities

- ❑ French doctors in 1982 in Thai Cambodian refugee camps
- ❑ More than three decades of comprehensive work to prevent injuries and impairment and to support inclusion of most vulnerable
- ❑ Working in situations of poverty and exclusion, conflict and disaster
- ❑ Co-founder International Campaign to Ban Landmines (ICBL) in 1992 – Nobel Peace Prize 1997
- ❑ Working on four of the five pillars of mine action
- ❑ Bearing witness and taking action to respond to their essential needs and improve quality of life

Final goal is to improve quality of life

A Comprehensive Approach to Mine Action

Handicap International's originality and strength is to propose a **comprehensive approach** which tackles the problem in its entirety by integrating the four main pillars of the anti-landmine campaign:

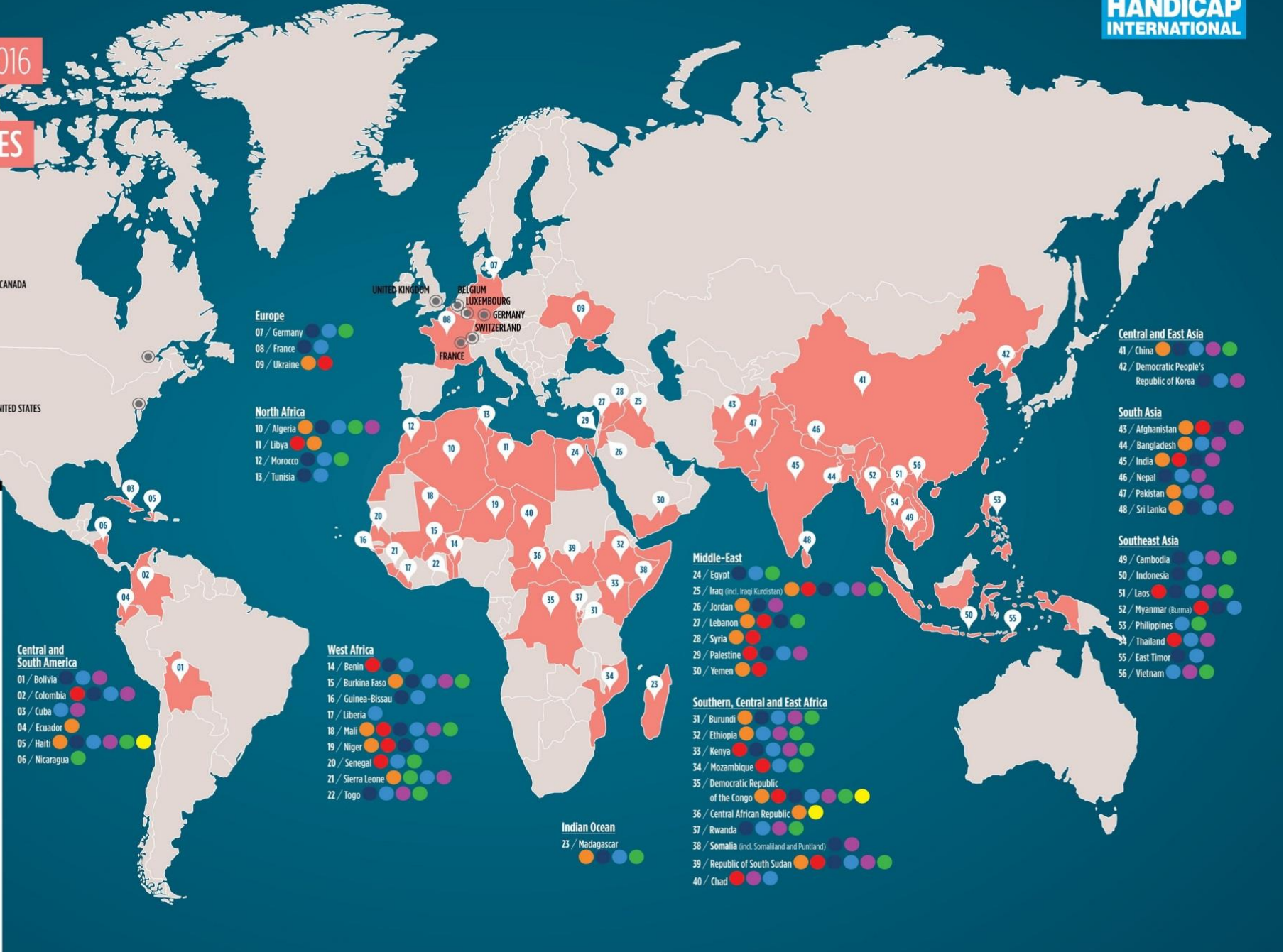
- ❑ Clearing the land of explosive remnants of war,
- ❑ Educating at-risk populations,
- ❑ Providing victim assistance,
- ❑ Engaging in international advocacy to end the use of explosive weapons

**WORLDWIDE
PRESENCE IN 2016
337 PROJECTS
IN 56 COUNTRIES**

- Emergency response
- Mine action
- Disability rights and policy
- Inclusion
- Rehabilitation
- Prevention and health
- Logistic platforms
- Handicap International network
Germany, Belgium, Canada,
United States, France, Luxembourg,
United Kingdom, Switzerland.

- Countries where activities were started in 2016: Ecuador
- Countries where activities closed down in 2016: Cape Verde, Tanzania, Kyrgyzstan, Tajikistan, Ecuador.

The borders and country names shown in this map do not imply an opinion by Handicap International as to the status of these territories.



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Universal access to services

Universal Access to Services

Services can be implemented on **different levels** - local, national and regional- and with a variety of actors and partners.

Universal access to services, is to provide a service that is equally accessible to men, women and children of all abilities and ages.

The Twin Track Approach

Personal factors:

Enhance a persons capacities through providing information, training and medical services

Environmental factors:

Physical environment: Removing physical barriers through construction & adaptation

Social environment: changing attitudes, diversifying communication means and languages, strengthening community networks, strengthening referral mechanisms, developing inclusive policies

Why is the twin track approach important?

- This approach pulls together the six elements of victim assistance.
- Highlights the need to go further than service provision in silo, towards a holistic social model, tailoring services to meet needs, linking service providers, promoting community engagement and addressing access to services.
- The twin track approach moves us towards a rights based approach that addresses the root causes of vulnerability, poverty and exclusion among victims and all other persons with disabilities.

Twin track approach to Health:

Personal Factors

Emergency healthcare - first aid care in the community, Emergency health services, immediate medical treatment

Rehabilitation - rehabilitation services (physiotherapy, P&O, Occupational Therapy, SALT), advice on adapted living.

Mental Health & Psychological and psycho-social support (MHPSS) – support to manage psychological distress & prevents and responds to mental disorders, such as post-traumatic stress disorder.

Twin track approach to Health: Environmental Factors

Physical Environment:

Analyse and remove barriers to access healthcare: service availability; costs, transportation; information; distance; etc.

Social Environment:

Provide information, create demand for services, community based awareness (ie.schools, health centres) to reduce stigma, reinforce family support , peer to peer support mechanisms, address livelihood opportunities within communities

The importance of Data

Provides information on the numbers of the population affected, the types of services required or needs, barriers and facilitators to accessing services and meeting needs.

Data Collection should concern all components of VA;

- Emergency and long-term medical care.
- Rehabilitation
- Psychological and psycho-social support
- Social Inclusion
- Education
- Economic inclusion

Recommendations:

- Data on victims of explosive weapons and all other persons with disabilities is collected in a comprehensive and systematic manner
- Information about services is available and referral pathways are in place
- An analysis and action plan to overcome barriers and facilitators for communities to access services must accompany the development and implementation of services.
- Inter-sectorial approaches to service provision - Victim assistance is a responsibility for all service providers and policy makers: Mine action, Health, social care, education etc.

– HI Factsheets “How to implement VA obligations?”

Provide concise information on what victim assistance (VA) is and on how translate it into concrete actions.

12 factsheets

Available in different languages,
including Arabic.



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Any questions?



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Thank you for your time!

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