Integrated Mine Action:
Lessons and Recommendations from
Austcare’s Program in Cambodia

Prepared by Sally Campbell Thorpe
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**About the Author**

Sally Campbell Thorpe studied international relations, with a focus on human security, multilateral negotiation, and disarmament. She began her career as a Program Specialist for the United Nations Development Fund for Women (UNIFEM) and later served as an Information Specialist with the United Nations Mine Action Service (UNMAS). In 2002, Sally moved to Sydney, Australia, and began work with Austcare as Project Officer for South Asia and the Middle East, with thematic responsibilities as Mine Action Advisor. Much of this work involved supporting indigenous partners through organisational capacity-building and training, which ultimately led to her involvement as a Lecturer in Program Management for the University of New South Wales (UNSW) School of Social Work. In 2005, Sally left Austcare to begin work as a consultant to a number of organisations, including the Australian Government and a range of NGOs. Sally also took-up a Directorship with Standing Tall Australia (STAIIRRSS), a non-government organisation focused on assisting landmine survivors and other people with disabilities.

A Canadian national, Sally returned with her family to Vancouver in 2007. She is currently Senior Aboriginal Relations Coordinator for BC Hydro.

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**Disclaimer**

This report reflects the views of the author and does not necessarily reflect Austcare Policy. Austcare is distributing this report to interested Parties to promote awareness and discussion on Integrated Mine Action. Comments on this report are invited and should be sent to Austcare’s Mine Action Officer jturton@austcare.org.au
Executive Summary

This report identifies lessons learned and best practices from Austcare’s Integrated Mine Action (IMA) Program in Cambodia. It provides key recommendations for Austcare to consider implementing, while also highlighting broader perspectives that may be of interest to other agencies involved in IMA or seeking to develop a similar approach. To date, few organisations have documented their field-based experiences in IMA. This report explores Austcare’s experience in Cambodia to explain and advocate the benefits of IMA, as well to identify some of the challenges involved. It is hoped that the results will encourage a broader discussion and exchange on the subject.

Integrated mine action is defined by four different, but related, approaches:

- Integration into development, which refers to the potential for mine action to reduce the direct and indirect impact of landmines while simultaneously contributing to the economic and social development;
- Integration of mine action’s core pillars, in particular mine clearance, mine risk education, survivor assistance, and advocacy;
- Integration in conflict and post-conflict situations, highlighting mine action’s potential role in building peace, and as part of the human security framework; and,
- Integration in resource allocation, which refers to the potential to mainstream spending for mine action into overall development allocations.

Austcare’s experience to date relates primarily to integration into development and the integration of mine action’s core pillars. But the results of this report highlight an important potential to expand Austcare’s experience of IMA to integration in conflict and post-conflict contexts. The core competencies required for such interventions corresponds not only to Austcare’s mandate to assist refugees overseas, displaced people, returnees and those affected by landmines, but also to the specific capacities it has gained from its experience of IMA in Cambodia. Indeed, the humanitarian disaster caused by mines, and the development constraints caused by mines, are both relevant in a human security framework and each applies meaningfully to Austcare’s current international program. The social and economic constraints posed by mines cannot detract from the humanitarian scope of the problem, particularly in places like Cambodia, which has one of the highest casualty rates per capita in the world today.
Austcare has been implementing mine action projects globally since 1989 but only adopted the IMA approach fairly recently. The impetus to develop an IMA program was based on increasing evidence that the divide between peace and security and development was superficial. While the mine action sector increasingly realised the importance of coordinating its response with development actors, for example, by ensuring that de-mining efforts would support follow-up development actions, the development sector also began to advocate a more comprehensive and multi-dimensional approach that encouraged greater linkages between the two sectors.

Austcare’s IMA program in Cambodia began in 2003. It was among the first Australian organisations to systematically establish mine action as a component of a broader development process, focusing primarily on IMA in development and integrating mine action’s core components of mine clearance, mine risk education, survivor assistance, and advocacy. The program was a natural outcome of several years of project support to Cambodian refugees and internally displaced people in the aftermath of conflict. The nation’s process of transition from post-conflict reconstruction to rehabilitation and development brought about a parallel transformation in Austcare’s program approach, resulting in an increased focus on the relationship between landmine contamination and endemic poverty. Austcare’s mine action program is now focused on integrated programming and the critical contribution that can be made towards poverty reduction, the strategies and development plans of affected nations, and the achievement of the Millennium Development Goals (MDGs).

In 2004, the Nairobi Summit on a Mine Free World provided an important framework of reference for continued efforts at integrating mine action with other sectors. Actions #40 to #50 of the Nairobi Action Plan outline expectations on States Parties to the Anti-Personnel Mine Ban Treaty (APMBT) to provide political, financial, and material commitments to ensure the success of integrated outcomes. These actions are based on the principle that the primary responsibility for mine action in any mine-affected country rests with its government. Mine-affected countries are being asked to include mine action in their priorities and plans, encouraging national ownership and national capacity to address landmine contamination. Combined with the annual Meetings of States Parties to the APMBT, the Nairobi Action Plan provides the current framework of reference for many IMA programs and policies, including Austcare’s.

The concept of IMA has taken hold as an important means of addressing the humanitarian and development implications of mines and other explosive remnants of war (ERW). Based on its experience in Cambodia, Austcare has found the approach to be meaningful in terms of eliminating the threat of landmines and contributing to poverty reduction. But the lessons from Cambodia can be more broadly applied. IMA can make an important contribution to the human security framework as a whole, highlighting the potential for Austcare to broaden the scope of its interventions in IMA, seeking linkages with other relevant and valuable areas of organisational involvement in conflict and post-conflict contexts.
**Recommendations**

♦ Where possible, expand Austcare’s work in IMA to new countries. Resource and conduct comprehensive feasibility studies in potential areas of future intervention using criteria included in this document as a starting point.

♦ Establish linkages of IMA to Austcare’s work in conflict and post-conflict situations. This document highlights that core competencies required for such interventions corresponds to Austcare’s existing capacity and that IMA in such contexts is a fundamental part of supporting broader human security and peacebuilding efforts. For example:
  - Include mine action in programs and budgets that address the needs of refugees / IDPs to ensure that the potential impact of landmines / ERW on mobile communities is factored into assessments;
  - Prepare proposals to donors that link mine action to refugees / IDP needs;
  - Consider mine action as a complementary part of Austcare’s protection program;
  - Seek links with defence bodies and relevant NGOs to provide IMA in communities where disarmament, demobilisation, and reintegration (DDR) efforts are in process;
  - Actively engage actors involved in peacebuilding and transition initiatives with the mine action sector to encourage the use of mine action as a tool for confidence building and to enhance the peace process;
  - Encourage linkages of mine action with peacebuilding, by using and building on existing dialogue mechanisms in communities to discuss development challenges, including those caused by mines / ERW, with the aim of strengthening the dialogue process in communities and ensuring that the IMA programming responds to community priorities;
  - Explore linkages between mine action and small arms and light weapons;
  - Link Austcare’s response to comply with UN OCHA Civil-Military Coordination doctrine and UNMAS policies;
  - Deploy Mine Action Advisors quickly in emergencies as well as to assist in early planning for longer-term recovery and development as part of IMA planning and preparation; and,
  - Take a leading role in helping to plan and implement Community Based Disaster Risk Management (CBDRM) at an early stage.

♦ Explore new funding channels to support IMA programs, not just those related to mine action, seeking to diversify funding sources. For example:
  - Influence multilateral organisations to take mine action into consideration in looking at country programs;
  - Influence governments at national and sub national levels to integrate mine action, as a specialised sector, into their development plans. With the increased move from many donors to direct budget support, which is often leaving less funds available for project work, this is a potential funding source for Austcare in the future;
  - Influence bilateral donors to take mine action into consideration as part of the broader development and defence portfolios; and
  - Influence mine-affected states to create a multi-sectoral response to the problem.
♦ Invest in ongoing training to build Austcare staff core competencies related to IMA, including program management, capacity-building (including how to prepare and implement training), knowledge of mine action and development sectors (and linkages between the two sectors), and best practices in multi-agency coordination.

♦ Become involved in information-sharing on IMA programs at the international level, as well as within mine-affected countries and in Australia, through research and participation in meetings / conferences. For example:
  • Prepare research projects focused on IMA programs conducted in partnership with academic and government institutions;
  • Follow-up IMA programs with retrospective studies to use lessons learned and best practice;
  • Ensure that mechanisms are in place to measure and report on the impact of the program, based on specific objectives and strategies, in improving the quality of life of persons with disabilities in the target communities; and,
  • Advocate IMA based on Austcare’s experience and further research.

♦ Seek to work with mine action partners meeting the following criteria / options:
  • The national mine authority as a possible and preferred partner if/where possible and where the authority adheres to International Mine Action Standards (IMAS) and other relevant quality assurance guidelines and standards;
  • Operator’s understanding and support of the community development process, including the ability to introduce innovative clearance approaches such as the use of solid risk management approaches to clearance;
  • Operator’s potential to give added value to the process through provision of medical evacuation and first aid services, acknowledging that this support will only be provided for the duration of clearance procedures;
  • Operator’s strength of communication with local communities and their representatives in every project and willingness / ability to respond to local needs and concerns;
  • Austcare’s potential to assist partners in developing policies across the mine action pillars and to support the community development process; and,
  • Operator’s ability to contribute to capacity building of local organisations and institutions, including consideration of the use / training of village deminers.

♦ Develop specific financial management criteria to ensure that IMA program budgets are cost-effective and create a mechanism through which the cost-benefit of IMA programs can be assessed, for example by assessing the cost-effectiveness of mine clearance techniques and strategies, including the geographic scope of the program.
Integrate the key activities involved in mine action into IMA programs, including:

- Provide MRE to all affected communities and to staff, partners, collaborators, and volunteers who will visit villages;
- Link MRE to mine clearance and ensure that communities where mine clearance is taking place have been consulted and informed of activities taking place;
- Ensure that a specific amount of available funding for an IMA program is allocated to meet the needs of mine survivors and other people with disabilities in the target communities, and create a mechanism to provide detailed reporting on the use of these funds;¹ and,
- Through advocacy, consultative processes and policy dialogue, emphasise the importance of mine action in humanitarian, peace-building and development issues.

Develop generic criteria for procuring personnel with appropriate skills to support IMA programs and use the criteria to ensure that experienced indigenous and ex-patriot personnel are available to support new programs.

Invest IMA programs with principles of development well-established in Austcare’s institutional mandate, program manuals, and institutional expertise.

¹ See Annex 8. Full details of how to integrate survivor assistance in IMA are provided in Landmine Victim Assistance in Integrated Mine Action, a publication by Austcare with Standing Tall Australia.
Introduction

IMA is an evolving concept and has been used variously to describe four different, but related, approaches. The terminology used to describe IMA is used interchangeably with “mainstreaming” and “linking” mine action to development. Mainstreaming, integrating, and linking aim to get more actors involved in working on an issue, in addition to technical partners, in the recognition of the improved potential for interventions to be successful when an integrated approach is adopted. As a sector requiring specialised inputs, mine action requires strong cooperation and coordination with a range of partners and stakeholders, particularly where IMA is involved.

The four categories of IMA that provide a comprehensive definition of its scope include:

1. **Integration into development**: refers to the potential for mine action programs to reduce the direct and indirect impact of landmines while simultaneously contributing the economic and social development of communities. This approach underlines that landmines have both human and development impacts. It emphasises the importance of mine action as a priority in reducing poverty, as well as the importance of national ownership and community consultation as central aspects of the process. The approach requires the involvement of actors across the development sector and strong cooperation with a range of related stakeholders and bodies. IMA links mine action, as a unique sector with related technical competencies, to existing bodies wherever possible, but provides targeted services where necessary.

2. **Integration of mine action’s core pillars**: mine clearance, mine risk education (MRE), survivor assistance, and advocacy, are key issues for Austcare’s IMA approach. Stockpile destruction, which is considered a core pillar of mine action, is not typically relevant for nongovernmental organisations implementing IMA, including Austcare. To date, mine action programs have increasingly integrated MRE with clearance. Austcare increased its integration of MRE with mine clearance and realised the benefits of this strategy in Otdar Meanchy and Preah Vihear. Based on lessons learned, it now also seeks to integrate survivor assistance and advocacy as part of the process.

3. **Integration in conflict and post-conflict situations**: IMA is not exclusively about development. Mine action’s peacebuilding role also forms part of a working definition of integrated programs. In most mine-affected countries, there is a need to prioritise both peacebuilding and development objectives. Research undertaken by the International Peace Research Institute (PRIO), emphasizes the synergy between peacebuilding and development priorities, pointing to the important potential for mine action to “contribute to a sense of security, to the demobilisation of soldiers, or to confidence-building.” Austcare’s program experience has shown the relevance of this point in linkages of mine action with its broader mandate to assist refugees, IDPs, and returnees, and its program focus on situations of conflict/postconflict and countries in transition.

4. **Resource allocation**: mine action programs are funded by diverse means and donors all have unique approaches. Mainstreaming of resources for mine action into overall development spending is a growing trend and one that can be used to harness funds for IMA.

Since 1989, Austcare has implemented mine action projects in Afghanistan, Angola, Bosnia-Herzegovina, Cambodia, Mozambique, and on the Thai-Burma border. It began implementing mine action projects in Cambodia in 1996, and, by 2001, Austcare had mine clearance and development projects taking place separately in the same geographic region of the country. IMA formally began in Cambodia in 2003 when the development and mine clearance inputs
were linked and the program systematically focused on integrating its work in the two sectors.

This report focuses on lessons learned from Austcare’s IMA Program in Cambodia, linking Austcare’s experiences with evolving concepts of IMA in recent years. It aims to address the broader definition of IMA outlined above, with an eye to encouraging an expanded view of the concept and a broadened application in the field for Austcare.

**Austcare’s IMA Program in Cambodia**

Austcare’s IMA program in Cambodia was established to rehabilitate communities affected by landmines, to reduce poverty, and to make a meaningful contribution to Cambodia's poverty reduction strategy and the MDGs. The program was initially established in recognition of the fact that mine-affected communities often failed to benefit from mine clearance for a number of reasons, including a lack of resources to maximise the use of cleared land, limited understanding of agricultural practices, loss of crops to pests, lack of resources to build houses, limited access to water, and very low literacy levels. The IMA approach was seen to be the most practical way to provide sustainable impacts to the lives of people in mine-affected communities, as well as to increase the development and economic security of the nation as a whole.

Beginning in 2003, Austcare’s program focused in Otdar Meanchey and Preah Vihear provinces in Cambodia’s northwest. Many villages in the provinces are landmine contaminated, vital infrastructure was destroyed or damaged during the conflict, and the communities host many victims of war, including landmine survivors. At the outset of the program, it was clear that another significant issue to be addressed was the low capacity of civil society and civilian administration to address these issues.

This phase of Austcare's IMA program, known as the “Integrated Mine Action Program in Otdar Meanchey and Preah Vihear Provinces, Cambodia,” was funded by the Australian International Development Agency (AusAID) with A$1,999,879 over three years. It combined mine clearance with community development inputs such as water supply and sanitation, agriculture extension activities and farmer field schools, food production, and adult-literacy training. The program also focused intensively on capacity building for partners and related administrative bodies. Austcare worked in partnership with the HALO Trust for demining of selected minefields in the target districts. For development inputs, Austcare worked in partnership with existing government structures and local development organisations: local NGO Teuk Sa’at implemented water and sanitation components; the Provincial Department of Education, Youth and Sports (PDEYS) implemented adult literacy classes; and, integrated pest management and farmer field schools were implemented under the technical oversight of the Provincial Department of Agriculture, Forestry, and the Environment. Austcare also provided capacity building to the Mine Action Planning Unit (MAPU), which is a decentralised provincial government technical support unit responsible for prioritising land to receive mine clearance and for identifying beneficiaries to whom to allocate cleared lands.

In 2006, Austcare began a new IMA program targeting poor communities in remote areas close to the heavily mined K5 belt in western Banteay Meanchey (BMC) Province. BMC and the K5 belt are one of the most mine-affected areas of Cambodia with equally pressing problems in terms of limited livelihood opportunities and general under-development. The program scope is focused on 16-mine affected rural villages that are severely mine-affected but within a geographically similar area, either where landmines are present or have recently been cleared. The issues confronting communities in BMC are similar to those in Otdar Meanchey and Preah Vihear provinces. They include a lack of land for farming, lack of food year-round, limited access to water, limited skills for agriculture and other vocational areas, and limited income-
generating opportunities. In addition, there is a lack of capacity within government bodies to respond to these needs.

Known as the “Integrated Mine action and Development Program,” the program in BMC is again funded by AusAID with A$3,164,937 over four years. The program seeks to integrate mine clearance with other development activities in partnership with the Cambodian Mine Action Centre (CMAC), Cambodia’s indigenous demining operator. As in the past, Austcare is continuing to work in partnership and support MAPU and collaborate with the Provincial Department of Land Management, Urban Planning, and Construction (PDLMUPC) to secure land title for program beneficiaries.

In designing the IMA and Development Program in BMC, Austcare integrated lessons learned from its past experiences in Cambodia, including promotion of widespread ownership in the program through the close involvement of village, provincial, and Commune Council stakeholders. This participatory model is a defining principle of Austcare’s organisational program manual and development approach and will be used to ensure that the communities, particularly the most poor and vulnerable, benefit from sustainable improvements in their livelihoods.

In addition, Austcare is seeking to improve program integration of mine clearance with mine risk education, survivor assistance, and advocacy. Austcare’s end-of-project evaluation for its IMA Program in Otdar Meanchey and Preah Vihear Provinces noted that mine risk education contributed greatly to reducing mine incidents in program areas. Further, a report written by Standing Tall Australia on behalf of Austcare highlighted the importance for IMA programs to include services to landmine survivors and other people with disabilities as an important cornerstone towards improving the sustainable development of the communities as a whole. Finally, advocacy is an essential part of implementing a rights-based approach, supportive of the participatory model and an important aspect of increasing community ownership.

**Austcare’s IMA Approach**

Austcare has adopted a facilitation role in supporting and strengthening the government’s response and the work of a range of other implementation partners. Austcare employs staff with technical expertise in Mine Action, agriculture and water sanitation to support its facilitation role and provide added capacity to its partners as part of the overall process. Austcare’s approach to IMA involves the following roles, responsibilities, and inputs:

♦ **Program management:**

Austcare has an important function in overseeing the program management cycle, including program design, monitoring, evaluation, and post-impact assessments. This vital role ensures that the IMA program is implemented in accordance with needs identified by the local population, in alignment with local and national partners and priorities. Austcare’s
focus on a rights-based approach, with particular emphasis on community participation, means that program management is targeted to service provision as well as social transformation, seeking to address needs and rights through a process of community ownership and empowerment. Austcare also integrates the core pillars of mine action in all aspects of the program cycle, from design to evaluation. Mine clearance, mine risk education, survivor assistance and advocacy are each addressed as unique but inter-related components of the program as a whole.

♦ **Coordination:**
Austcare provides a coordination role by bringing together actors from the mine action and development sectors, helping to liaise between several different areas of technical expertise and provide information to partners to increase their knowledge of each unique area of work. Coordination is achieved through a combination of training and capacity building, as well as regular scheduled meetings for all relevant implementation bodies. This process of coordination maximises the impact of mine action and development projects for targeted beneficiary groups.

♦ **Implementation support:**
Austcare brings together a range of implementation partners with differing areas of technical expertise. Implementation includes inputs defined through a process of community consultation and coordination with government priorities and planning mechanisms. Inputs include activities such as mine clearance, water and sanitation, agriculture, literacy, mine risk education, survivor assistance.

♦ **Capacity building:**
Austcare’s IMA approach is based on supporting and strengthening existing systems. All partners, including the local government authorities, are fully involved in program planning and implementation but often lack the capacity to do so. Their active participation is crucial to the success and effectiveness of such services. Austcare builds partner capacity through a process of ongoing consultation, as well as tailored training components to support their unique needs. Austcare’s program management functions are also useful for capacity building of partner organisations, village committees, and district authorities, by helping them to incorporate key principles of development – including cross-cutting issues such as participation, gender, environment, health, and disability – in task selection and program implementation.

♦ **Land management:**
The prioritisation and distribution of land are necessary precursors to integrated mine clearance. Without transparent planning and clear documentation over access to cleared land and rights of ownership, there is usually a high risk of land grabbing, disputes within the community, and of mine cleared land not meeting overall development priorities. Austcare works with the relevant land officials and authorities, by way of improved data collection, management, and participatory appraisal skills, to ensure that the most vulnerable people can secure cleared land and that clearance operations work within socio-economic development priorities.

♦ **Documentation:**
Austcare has placed a high priority on documenting the processes and procedures put in place to support its IMA program, particularly with regard to the roles outlined above. The process of documentation is essential to transferring growing expertise to new areas, and to developing a model for future IMA in other countries. The documentation process provides the basis by which Austcare can strengthen its capacity and service delivery, and therefore it’s value-added, in implementing IMA programs.
Lessons Learned

The following lessons learned stem from Austcare’s IMA experience in Cambodia. Many of the lessons were generated from the results of the end-of-project evaluation for Austcare’s IMA Program in Otdar Meanchey and Preah Vihear Provinces. These lessons have been integrated into Austcare’s IMA program in Banteay Meanchey Province. Lessons are also more broadly conceived, based on recent policy and program developments in the mine action sector.

1. **IMA is successful and effective.**
IMA is an effective intervention through which important outcomes can be achieved. The Austcare end-of-project evaluation for its IMA Program in Otdar Meanchey and Preah Vihear Provinces developed key findings on 16 villages surveyed. The survey results showed:

   - poverty was reduced in 15 of 16 villages;
   - 100% removal of the impact of landmines (and ERW) on people using cleared land;
   - a notable decrease in the incidence of diarrhea in young children accessing project wells; and,
   - increased food security for project participants.

2. **IMA requires a broad range of technical expertise.**
IMA requires technical expertise in several varied areas of specialisation. Demining organisations perform mine clearance with teams typically formed of military and ex-military personnel. Development inputs require a range of technical specialists, for example in water and sanitation, agriculture, literacy and healthcare.

3. **IMA requires a facilitating agency.**
The facilitation role in IMA is essential to coordinating the different technical areas. The facilitating body may not have full technical expertise in any one area but will have knowledge of both the mine action and development sectors.

4. **The facilitating agency provides important core competencies.**
The facilitating organisation must have strong institutional program management procedures and implementation capacity, ability to build partner capacity, knowledge of both the mine action and development sectors, and ability to leverage the inputs of the different actors involved in the program. Austcare’s end-of-project evaluation for Otdar Meanchey and Preah Vihear Provinces noted several areas where the facilitation role could be strengthened through improved training, coordination, and program management.
5. **IMA should focus on capacity building to existing structures.**

IMA interventions must take place in the appropriate social and political contexts, where partners are available and existing government bodies are in place and available to provide the required implementation support and mechanisms. Lessons learned from Cambodia highlight the importance of the facilitating agency to strengthening the overall structural capacity of partners and program inputs, as well as the high value placed on the appropriate partner selection to complement the facilitator's strengths and capacities. Organisational assessments of partners must take place early in the project design process.

6. **IMA can be costly and needs strong financial management and project planning.**

The costs of IMA programs can be high and effective financial management is essential. Cost-benefit has not been fully assessed by Austcare but it is clear that the costs of IMA programs can escalate if the geographic reach of the program is expansive, placing pressure on access to sites and the budget for field transportation. Mine action inputs can also be costly, particularly the cost of clearance. Austcare's end-of-project evaluation for its IMA Program in Otdar Meanchey and Preah Vihear Provinces noted insufficient budgeting to cover operating costs, which were higher than expected given the geographic reach of the project, resulting in high tele-communications and transport costs. As a result of this finding, Austcare concentrated its IMA program in BMC in a much smaller geographical area (16 villages instead of 79) to maximize program benefits.

7. **IMA should seek to integrate mine action’s core components.**

Integration of mine action’s core components is likely to improve the IMA’s overall impact. Austcare’s end-of-project evaluation for its IMA Program in Otdar Meanchey and Preah Vihear Provinces noted that mine risk education contributed greatly to reducing risk-taking behaviours. In addition, a report written by Standing Tall Australia on behalf of Austcare further highlighted the importance for IMA programs to include services to landmine survivors and other people with disabilities as an important cornerstone towards improving the sustainable development of their community as a whole.

8. **Securing experienced personnel can be difficult.**

Staffing and acquiring personnel with appropriate knowledge and competencies to support the facilitation role can be difficult to secure in a timely manner. Staff training is an essential part of any program from the outset. Austcare’s end-of-project evaluation for its IMA Program in Otdar Meanchey and Preah Vihear Provinces noted that weaknesses in program management were related to difficulties in securing experienced staff.

9. **Progressive disengagement of direct supervision by the facilitating agency is important.**

Progressive disengagement is important to allow for program sustainability and the sustainable fulfilment of the capacity building process. Austcare’s end-of-project evaluation for its IMA Program in Otdar Meanchey and Preah Vihear Provinces noted that District Working Groups (DWGs), to which Austcare had provided capacity building through the program, had weak relationships with MAPU with most communication continuing to pass through Austcare. DWGs were seen as functionaries of Austcare to support its program and were likely to become inactive at project’s end.
10. **IMA programs must seek to maintain focus on community priorities.**

Working within existing governmental structures can threaten access to the real needs of communities where the priorities of each are divergent. The facilitation role must mediate and assess program implementation with this in mind, not losing sight of a participatory and community-focused process. Austcare’s end-of-project evaluation for its IMA Program in Otdar Meancheay and Preah Vihear Provinces noted that a key weakness in the program was that activities sometimes failed to accommodate villager needs, obligations or schedules.

11. **Documentation of IMA lessons learned and best practices is of continuing importance.**

There are not that many public sources of information about IMA programs and there is a need to share lessons learned and best practices more broadly with relevant agencies. The Informal Dialogues on Mainstreaming Mine Action into Development hosted by the GICHD and CIDA in June and December 2005, highlight the importance of information exchange and the need to increase information and cooperation between the mine action and development communities to make the links more effective. Organisations with tested field experience can make an important contribution to this process.

12. **Organisations conducting IMA in development contexts build institutional capacity and experience that can be gainfully applied to IMA in human security and peacebuilding contexts.**

IMA programs in conflict and post-conflict situations share some similar requirements to capacity requirements for IMA in development contexts. For example, organisations involved in IMA can play a brokering role that can promote cross-lines communication and confidence-building. In addition, active participation from the population is essential and a prerequisite for building meaningful peace. Capacity-building to indigenous organisations and civil society builds good governance, which, in turn, lends itself to the peacebuilding process. IMA in such contexts focuses on eliminating risks, reopening transport routes, and providing access to vital land and water sources.

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Generic Criteria for IMA Replication in Development

Based on Austcare’s experience in developing IMA in Cambodia, generic criteria have been established for potential replication in other countries.

- The existence of landmines and explosive remnants of war (ERW) has an impact on other key sectors such as health programs, refugees / IDPs, agriculture, and food security.
- Communities are poor and require development assistance.
- Country is stable and engaged in a process of development.
- Existing mine action and development bodies are in place and open to coordination and / or partnership.
- Existing government bodies are in place and open to cooperation in an IMA program.
- Appropriate mine clearance partners are working in (or interested in) working in the project area.
- Injuries from landmines may be reduced through provision of MRE to communities at risk.
- Landmine survivors are living in potential project areas and would benefit from assistance.
- Development partners have knowledge of the project areas.
- Affected communities are accessible and desire assistance.
- No other NGO or agency is providing IMA in the area.
- Coordination mechanisms are in place or can be created to allow for broad stakeholder engagement, either through regular scheduled meetings or as part of broader policy process.
- Funding is available through regular mine action channels or other sectors related to development and IMA.
- Program personnel are available with appropriate level of expertise to support program.
- Potential exists for sharing of lessons learned from the Cambodia IMA program, including workshops and other techniques for knowledge-sharing.
**Generic Criteria for IMA Expansion in Conflict and Post-Conflict**

The following criteria combines Austcare’s scope of work with key findings from, a publication of the International Peace Research Institute, Oslo. Austcare does not have a history of IMA in conflict and post-conflict countries, although it has a history of supporting components of mine action (e.g. mine clearance, MRE, survivor assistance, and advocacy) in such contexts.

- The existence of landmines has an impact on other key sectors such as health programs, refugees / IDPs, agriculture, food security, and aid logistics.
- Mine action is identified as part of the peace-planning process.
- Joint mine action efforts of warring parties are in place by way of facilitating negotiations between them.
- Indigenous mine action organisations request capacity-building and partnership with international agencies by way of encouraging good governance as basis for sustainable development and stability.
- Partner organisations and community participants invite programs that increase awareness of human rights.
- Resources are available to support IMA.
- International staff and local personnel can access project areas.
- External actors have some working knowledge of how to operate effectively in the country.
- Basic information about the scope of the problem and its relation to daily life is available or potential to collect such information exists.
- It is possible to access affected communities, including IDPs due to return to landmine affected areas, and to improve security for civilians.
- Disarmament, demobilisation and reintegration (DDR) are taking place in mine affected communities where mine action programs could support a larger DDR initiative.
**Conclusion**

This review of Austcare’s experience of IMA in Cambodia identifies impacts achieved through the program and the key institutional competencies developed in Austcare in managing the program. The impact of the program has been very positive, with broad ranging benefits for the participants and communities involved. The benefits of the program are felt both in terms of a reduced threat and incidence of landmine casualties, and in improved health and well-being in the target areas. Austcare’s facilitation role, coordinating the mine action and development aspects, has strengthened its organisational program management and capacity to manage IMA programs, as well as the competencies of its implementation partners. The end-of-project evaluation of Austcare’s IMA program in Otdar Meanchey and Preah Vihear Provinces shows that the overall benefits of the program exceed any weaknesses. Weaknesses identified in the evaluation can readily be addressed by integrating lessons learned in future programs, and have already been integrated into Austcare’s ongoing IMA program in Cambodia.

The major conclusion of this report is to highlight the importance of IMA to supporting a human security framework. Austcare’s competencies in IMA programming can be applied not only to new development situations but also to peacebuilding contexts. Austcare has the organisational capacity, mandate, and program-reach to do so effectively, not least because its international program has long engaged in conflict and post-conflict contexts. Austcare should conduct feasibility studies and further research to integrate mine action as a meaningful aspect of both humanitarian and development interventions.

IMA also has the potential to provide access to new sources of funding and partnerships. Austcare should harness these opportunities, raising awareness with its donors and other partners of the potential scope for expanded collaboration. This includes Austcare’s potential involvement in research and information-sharing processes. As one of the few organisations with tested experience in the field, Austcare is well-placed to participate in a broader discussion on the issue and to influence outcomes in a broad range of relevant sectors.
Sources

- Austcare response to Recommendations and Lessons Learnt in CA12, April 2006.
Annexes

Annex 1: The Nairobi Action Plan  
[URL](http://www.gichd.ch/fileadmin/pdf/mbc/MSP/6MSP/Nairobi_Action_Plan.pdf)

[URL](http://www.icbl.org/lm/2000/appendices/bad_honnef.html)


Annex 4: Reclaiming the Fields of War, Chapter 5, PRIO.  
[URL](http://www.prio.no/files/reclaiming_fields_of_war/MMA_Chapter_5.pdf)

Annex 5: Mainstreaming Mine Action into Development: Rationale and Recommendations, UNDP.  

[URL](http://maic.jmu.edu/Journal/9.2/feature/campbell/campbell.htm)

[URL](http://maic.jmu.edu/JOURNAL/9.2/feature/turcote/turcote.htm)

Text attached.