



Victim assistance responsive to gender and other diversity aspects

— OPERATIONAL GUIDANCE —



The present publication was produced thanks to the financial support of the Italian Cooperation. Its content, however, is the sole responsibility of GMAP and does not reflect the views of the Italian Government.



Table of contents

List of abbreviations	5
Acknowledgments	6
Foreword	8
Introduction	11
Purpose of the operational guidance	14
Audience	15
Methodology	16
Limitations	17
Definitions	17
Structure	21
Services	23
Understanding the challenges (data collection)	23
Emergency and ongoing medical care	30
Rehabilitation	31
Psychological and psycho-social support	34
Socio-economic inclusion	37
Laws and policies	43
Affected States	45
Donors	49
Sources	51
Guidelines and Reports	51
Academic articles	55
Blogs, study cases and witnesses	57



Abbreviations

ACAP III:	Afghan Civilian Assistance Program
ALSO:	Afghanistan Landmine Survivor Organisation
APMBC:	Anti-Personnel Mine Ban Convention
CCD:	Community Center for the Disabled
CCM:	Convention on Cluster Munitions
CCW:	Convention on Certain Conventional Weapons
CEDAW:	Convention on the Elimination of all forms of Discrimination Against Women
CRC:	Convention on the Rights of the Child
CRPD:	Convention on the Rights of Persons with Disabilities
DCP:	Disability Creation Process
ERW:	Explosive Remnants of War
GMAP:	Gender and Mine Action Programme
HI:	Humanity & Inclusion (formerly known as Handicap International)
HQ:	Headquarters
ICF:	International Classification of Functioning, Disability and Health
ICRC:	International Committee of the Red Cross and Red Crescent
IDPs:	Internally Displaced Persons
IEDs:	Improvised Explosive Devices
ILDF:	Inclusive Local Development Framework
KRI:	Kurdistan Region of Iraq
MFPD:	Myanmar Federation of Persons with Disabilities
NGO:	Non-Governmental Organisation
PSS:	Psychological Support Service
RISMAP:	Registro de Información de Sobrevivientes de Minas AntiPersonal

SDGs:	Sustainable Development Goals
SGBV:	Sexual and Gender-Based Violence
UNDP:	United Nations Development Programme
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations Children's Fund
UNMAS:	United Nations Mine Action Service
VA:	Victim Assistance

Acknowledgments

This document was produced by the Gender and Mine Action Programme (GMAP). The Operational Guidance was supervised by GMAP's Director Arianna Calza Bini and was researched and co-written by Programme Officer Marion Provencher and Programme Assistants Giulia Coppola and Beth Cloughton.

GMAP wishes to thank all the people who have collaborated to the development of this guidance. They have generously given their time and contributed from their experience and we are very grateful for their collaboration.

Significant contributions were made by Humanity & Inclusion (HI, formerly known as Handicap International) national and international staff from 12 different programmes and headquarters. The advice and support given by Elke Hottentot, HI Victim Assistance Technical Advisor, has been instrumental in the development of the operational guidance.

Numerous other national and international mine action practitioners

and members of national mine action authorities also contributed their expertise to the guidelines. We want to thank the Afghanistan Landmine Survivor Organisation, the Colombian Campaign to Ban Landmines, the Cooperative Orthotic and Prosthetic Enterprise in Laos, the Geneva International Centre for Humanitarian Demining, the Implementation Support Unit of the Anti-personnel Mine Ban Convention, the Implementation Support Unit of the Convention on Cluster Munitions, the Implementation Support Unit of the Convention on Conventional Weapons, the Inter-Agency Standing Committee, the International Campaign to Ban Landmines, the International Committee of the Red Cross, the Italian Agency for Development Cooperation, the Italian Campaign to Ban Landmines, the Italian Ministry of Foreign Affairs and International Cooperation, the Italian NGO "Un Ponte Per...", the Organisation of Amputees of Republike Srpske, the United Nations Development Programme, the United Nations Mine Action Service, the United Nations Office for Project Services, and any other who may have contributed at some point or another during the project.

Our heartfelt thanks go to all the survivors who shared their experiences with the research team.

This work would not have been possible without the financial support of the Government of Italy, and the precious assistance of Palma D'Ambrosio and Silvia Cattaneo from the Italian Permanent Representation to the Conference on Disarmament in Geneva. The present publication was printed thanks to the financial support of the Italian Government. Its content, however, is the sole responsibility of GMAP and does not reflect the views of the Italian Government.

Foreword

“The mine is a soldier for whom the war has never ended”: for this reason, the Italian Cooperation continues to engage in humanitarian mine action, in order to protect populations affected by armed conflict and to facilitate the safe return and restitution of land to victims for productive use.

Mine clearance – from our point of view – also represents a significant contribution to the process of national reconciliation, such as in the recent case of Colombia or, in the past, the war in the Balkans. There can be no peace or reconciliation with the existing threats posed by mines and explosive remnants of war.

For this reason, despite difficult budget constraints, Italy continues to confirm its annual commitment to mine action through the dedicated Trust Fund for Humanitarian Demining, a central tool to continue supporting the main international initiatives in this field. The Fund was created in 2001 and its total allocation for 2017 amounted to about € 3.3 million, in line with the national commitments confirmed at the World Humanitarian Summit in 2016.

In our comprehensive approach to mine action, along with projects focusing on clearance, risk education and assistance to victims we also focus on advocacy activities, in order to keep mine action high on the international agenda and promote compliance with relevant international treaties. In our awareness-raising activities, as well as in all our humanitarian efforts, we put special emphasis on mainstreaming the needs of persons with disabilities as well as strengthening gender equality, preventing and responding to gender-based violence, recognizing the need for gender- and diversity-sensitive policies.

The Italian Cooperation has been working in close cooperation with relevant entities and organizations to develop strategic Guidelines on Disability, followed by the Italian Development Disability Action Plan, a specific “Vademecum” on humanitarian aid and disability and the endorsement of the “Charter on the inclusion of persons with disabilities in humanitarian action”.

Gender equality is one of the priorities included in the Italian Cooperation “Programming guidelines (2017/2019)” and Italy funds several programmes aiming at the political, social and economic empowerment of women. The Italian Cooperation is particularly engaged in combating gender-based violence in any form, at domestic and societal levels, and for this purpose works in close partnership with a network including civil society organisations and Italian institutions.

Moreover, the Italian Cooperation is strongly committed to preventing sexual violence in conflict and combating all forms of gender-based violence. Italy is particularly active in advocating in multilateral fora for the protection of women and girls at risk of sexual abuse, rape and abduction especially in conflict situations, and, since 2013, is part of the “Call to action on Protection from Gender-Based Violence in Emergencies”, increasing its operational engagement in the field on this subject.

The contents of these guidelines provide useful recommendations and good practices to ensure the effective inclusion of gender and other diversity aspects in victim assistance programmes with the aim to integrate them into broader humanitarian and development efforts, ensuring that all victims, persons with disabilities and other people at risk can have access to the support they need.



"With friends again!"

© Paul Jeffrey, Bosnia and Herzegovina, 2006.

Introduction

The Anti-Personnel Mine Ban Convention (APMBC) was adopted in 1997 and became a landmark for victim assistance: for the first time, a disarmament agreement contained measures for the assistance to the victims of the weapon in question.⁽¹⁾ In 2003, Protocol V of the Convention on Certain Conventional Weapons (CCW) was adopted with specific mention to the necessity to provide assistance for the care, rehabilitation and social and economic inclusion of victims of explosive remnants of war (ERW). In 2008, the Convention on Cluster Munitions (CCM) was adopted, and was influenced by the rights-based approach put forward by the Convention of the Rights of Persons with Disabilities (CRPD). Article 5 of the CCM was dedicated to the importance of providing adequate, gender and age-sensitive assistance to victims of cluster munitions and their inclusion in the decision-making process.⁽²⁾ Over the years, the Conventions have served as catalysts for drawing attention to the difficulties met by survivors, indirect victims and, due to the guiding human rights principle of non-discrimination, the plight of other persons with disabilities in countries contaminated by anti-personnel landmines and other ERW. Together with the CRPD, other conventions such as the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), as well as the Sustainable Developments Goals (SDGs) and the United Nations Resolution 1325 on Women, Peace and Security, these treaties set the backdrop of the provision of victim assistance responsive to gender and other diversity aspects.

1. ISU-APMBC. Assisting the Victims. Consulted in 2017.

<https://www.apminebanconvention.org/status-of-the-convention/assisting-the-victims/>

2. Convention on Cluster Munitions, Article 5. 2010.

In the fifteen years after the adoption of the APMBBC, the annual number of casualties had initially significantly decreased; however, since 2015, the number of casualties has increased. In 2016, a high number of casualties was recorded, with a total of at least 8,605 people recorded to be killed or injured by mines or ERW, a higher number than 2015 and more than twice the number of casualties recorded in 2014.⁽³⁾ At the same time, it was calculated in 2016 that international funding for victim assistance makes up a mere 4% of funding in mine action.⁽⁴⁾ A steadily continuing decrease in earmarked funding of victim assistance efforts is happening, while broader funding for development, humanitarian and human rights efforts do not systematically demonstrate its contribution to the realisation of victim assistance efforts.⁽⁵⁾ This is happening despite the fact that victims remain long after the threat of mines and ERW has been removed from their communities, and will require assistance throughout their lives. There is no compelling evidence that funding through other frameworks such as disability-inclusive development or humanitarian work is currently able to supplement victim assistance-earmarked funding, and ensure in the long-term sustainable response to the situation of survivors and indirect victims.⁽⁶⁾ And while victims should have access to state-provided services, the reality of many countries is that they remain limited, and that victims, and especially those living in remote areas, struggle to access them.

Survivors who suffer physical injuries or mental health issues face a long and difficult recovery and hardship on the road to social and economic inclusion. As a result, all persons with disabilities, among them landmine and cluster munitions survivors, face barriers to inclusion in society. Around 15% of the world's population, estimated at one billion people, live with functional limitations, making them the world's largest

3. Landmine Monitor 2017. International Campaign to Ban Landmines-Cluster Munition Coalition. December 2017.

4. Ibid.

5. Landmine Monitor. Support for Mine Action. 2015.

6. Landmine Monitor. Casualties and Victim Assistance. 2015.

minority.⁽⁷⁾ On top of the physical, financial, legal, and attitudinal barriers of a limited access to relevant and adapted information, persons with disabilities are also more at risk of exclusion and poverty. It is estimated that 90% of children with disabilities living in developing countries do not attend school. Moreover, persons with disabilities are more likely to be victims of sexual and gender-based violence, and less likely to be able to avail to protection against such violence.⁽⁸⁾

Additionally, women, girls, boys, men, and older women and men are affected differently by the threats presented by mines and ERW, both in terms of direct and indirect victimisation. Dependent of their cultural context, women, girls, boys and men who are victims of mine and ERW accidents or have a functional limitation have different patterns of isolation, stigmatisation, discrimination and abandonment. They also have different exposures to poverty. In addition, while men tend to make up a larger proportion of direct victims, women make up the largest group of indirect victims, as wives, mothers, sisters and daughters of survivors and people killed by mines and ERW. This often results in increased financial responsibility and the burden of care to their loved ones. In many contexts, women's employment opportunities are limited, and they are more likely to be at risk of isolation and poverty. Indeed victimisation takes place in societies with already existing inequalities, such as limited education, lower levels of literacy, and restricted mobility patterns for women.⁽⁹⁾ In addition, child survivors have not been regularly included in policy, programming and implementation. They will require access to education, protection, and integration throughout their lives, in addition to ongoing access to health and rehabilitation services to answer the changing needs of their growing bodies.⁽¹⁰⁾

7. United Nations Division for Social Policy and Development Disability. Factsheet on Persons with Disabilities. 2017. <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>

8. Ibid.

9. GMAP - Swiss Campaign to Ban Landmines. Gender and Landmine from Concept to Practice. 2008.

10. United Nations Children's Funds. Child and Young People with Disabilities: Factsheet. 2013.

The present operational guidance adopts an integrated approach to victim assistance. The integrated approach aims to ensure the realization of victim assistance obligations by guaranteeing that victim assistance efforts act as a catalyst to improve the inclusion and well-being of victims and persons with disabilities, and by ensuring that broader efforts, like national laws, policies and plans regarding health, disability, labour, education, etc., actually reach survivors and indirect victims.⁽¹¹⁾ For this reason, the operational guidance recognises and encourages national ownership of victim assistance efforts. States parties to the APMBC, CCM and CRPD commit to assist survivors and indirect victims, and hold ultimate responsibility for the care, rehabilitation and inclusion of victims.⁽¹²⁾ In addition to the guiding principle of national ownership, the operational guidance is founded in the principles of non-discrimination, as well as the full and effective participation and inclusion of persons with disabilities reflected in the slogan “nothing about us without us”, equality between women and men, equality of opportunity, accessibility, and responsibility. These principles have served the analysis and conceptual framing of the methodology and drafting of the publication. The guidelines encourage all actors to respect and adopt those principles in their work.

Purpose of the operational guidance

The present document has been researched and drafted to guide the delivery of victim assistance responsive to gender and other diversity aspects to the people most at risk. They provide a practical set of good practices and recommendations targeted to stakeholders in mine action and the development, human rights and humanitarian sector to guide

11. Iraq, Australia, Chile, Italy and Austria. 2017. Guidance on an Integrated Approach to Victim Assistance.

12. APMBC-ISU. Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development. 2011.

them towards the effective inclusion of gender and other diversity aspects in their programmes. The guidance presents a sample of existing good practices that have already yielded positive results in the field. Recommendations are drawn and accompanied by concrete examples of how the inclusion of gender and other diversity aspects can enable victim assistance efforts to reach the groups most at risk, and as a result improve their livelihoods.

Audience

Assuming the importance of having several stakeholders involved in the realization of victim assistance obligations, and the consequent rights and duties of each party involved, the main audience for the operational guidance has been identified as follows:

1. Organisations, including implementing organisations, organisations of persons with disabilities, survivors organisations, and all other bodies directly involved in victim assistance;
2. States who were or still are affected by mines and ERW including ministries and other state bodies providing services;
3. Donors.

It is critical that all stakeholders involved in the provision of victim assistance work together to ensure that programmes, projects, and activities are gender and diversity responsive. Additionally, according to the principle of national ownership, most recommendations that stem from consultations with organisations delivering victim assistance services do also apply to national authorities and can serve as good practices of services provided by the state.

Methodology

To produce this operational guidance qualitative data collection methods have been used, including an extensive literature review on victim assistance, gender and disability. During a period of five months, GMAP reviewed 104 guidelines, reports, academic articles, blogs, case studies and testimonies in English, French and Spanish. The guidelines have also reviewed existing guidance for states and donors. In addition to the literature review, interviews with 37 persons have been conducted over a period of three months, with key informants from 13 different countries. The main partner of the study was Humanity & Inclusion because of their area of intervention, expertise, and continued contact with victims, persons with disabilities and other persons at risk internationally. Other NGOs and survivor organisations were contacted to be a part of this study. Because of the limited time and resources, the organisations that are featured in the operational guidance are the ones who responded to our collaboration call. The interviews were conducted primarily with HI national and international field staff (16 persons), other Non-Governmental Organisations (NGOs) working with those affected by landmines (12 persons), Humanity & Inclusion headquarters staff (4 persons), the International Committee of the Red Cross (ICRC) (2 persons), and survivors (3 survivors). The interviews took place over Skype, in person, or through online questionnaires. All interviews were based on the same questionnaire, and adapted depending on the context, using only open-ended or semi-structured questions. The goal was to allow the emergence of examples and good practices on the different aspects of victim assistance as identified in the framework of the APMBC. Preliminary findings of the guidance were presented during a Working Group co-organised by Italy and GMAP that took place during the 7th Meeting of States Parties to the Convention on Cluster Munitions in September of 2017.

Limitations

More work is needed to identify good practices in certain areas of victim assistance efforts. One of them is the provision of victim assistance to individuals who find themselves socially isolated, which could include but is not limited to internally displaced persons (IDPs), orphans, widows and the elderly. In fact, family or community support seems to be indispensable for the care of survivors and indirect victims, and a large part of victim assistance relies on the presence of a family or support network. Moreover, support to indirect victims in any aspect of victim assistance, but especially in psychological and psycho-social support, was difficult to identify.

It also became evident during the drafting of the guidance that there is a lack of a complete and comprehensive set of sex and age disaggregated data on victims, both direct and indirect, as well as data on the waged- and self-employment of survivors and other persons with disabilities in victim assistance programmes and in the development, human rights and humanitarian sectors. Finally, due to time constraints and limited resources, the possibilities for improving inclusive victim assistance from a state or donor perspective were limited, and could be further improved.

Definitions

In the literature review process, three different definitions of **disability** were identified: the Disability Creation Process (DCP) Model (1999), the definition from the International Classification of Functioning (ICF, 2001) and finally the CRPD (2006). The Disability Creation Process Model defines a disabling situation as a lack of – or reduced – realization of life habit. It is a relative situation that can be modified by

reducing the impairment and by adapting the environment.⁽¹³⁾

The DCP model is in line with the social model of disability which moves away from an individually-oriented characterization of disability (i.e. the person is deficient/vulnerable/helpless) toward an approach focusing on dangers and risks presented by the environment (i.e. attitudinal, physical, legal, communicational). The ICF defines functioning and disability as “a dynamic interaction between health conditions and contextual factors, both personal and environmental.” In that sense, disability is used as an umbrella term for impairments, limitations and restrictions, denoting the negative aspects of the interaction between an individual with a health condition and that individual’s contextual factors (environmental and personal).⁽¹⁴⁾

The CRPD recognises that persons with disabilities include “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.⁽¹⁵⁾ The CRPD was a big achievement in the recognition of a human rights-based approach to disability.

Vulnerability is understood to be a universal and constant part of the human condition.⁽¹⁶⁾ However, a high proportion of the vulnerabilities commonly associated with disability is contingent on a particular social response to impairment, and are not inherent to a person. Consequently, the social mediation of vulnerability attributes to some groups a greater chance of being subject to specific kinds of harm or to experience harm

13. For more on the DCP Model, c.f. Fougeyrollas, Patrick et al. Quebec Classification: Disability Creation Process. 1999.

14. For more on the ICF, c.f. WHO. The International Classification of Functioning Disability and Health. 2002; or WHO, Measuring Health and Disability Manual for WHO Disability Assessment Schedule, WHODAS 2.0., 2010.

15. UN General Assembly. Convention on the Rights of Persons with Disabilities, Article 1. 2006.

16. Fineman, Martha Albertson. The Vulnerable Subject: Anchoring Equality in the Human Condition. Yale Journal of Law & Feminism: Vol. 20:1. Article 2. 2008.

in general. In order to move beyond the characterisation of persons with disabilities as inherently “vulnerable”, the expression “vulnerable persons/groups” has been avoided in favour of “**people at risk**”.

The term “**victims**” refers to all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalisation or substantial impairment, because of mines/ERW. The term “victims” also includes affected families and communities, also known as indirect victims. The term “**survivors**” is used in reference to persons who have survived mines or ERW accidents, whereas “victims” is always used to refer to both direct and indirect victims.⁽¹⁷⁾

Gender refers to the social attributes and opportunities associated with being male and female. It also refers to the relationships between women, girls, boys and men. Gender is socially constructed and learned through a socialization process. It is important to underline that gender is not about women, but about the (power) relations between men and women.⁽¹⁸⁾ The guidance is adopting a **gender responsive** approach, as opposed to gender sensitive approach. Gender sensitivity is an approach that considers the differentiated impact of landmines on women, girls, boys, men and older women and men.⁽¹⁹⁾ Gender responsiveness not only means that differences are acknowledged and taken into account, but that all actions must be designed to directly respond to women’s priorities as well as men’s.⁽²⁰⁾

17. Guidance on an Integrated Approach to Victim Assistance. Iraq, Australia, Chile, Italy and Austria. 2017.

18. Concepts and Definitions. UN Women.
<http://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm>

19. Glossary of mine action terms, definitions and abbreviations. 2003. International Mine Action Standards.

20. Gender Equality Glossary. 2017. UN Women Training Centre.

Diversity is defined as the differences between groups, and comprises different aspects of a group of persons' identities, such as age, race, ethnic group, language, religion, ability/disability, cultural perspectives, urban/rural, skills, life experiences, etc.⁽²¹⁾ Different diversity aspects operate "not as mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities."⁽²²⁾ Thus, this complex and dynamic array of elements enables or constrains the inclusion of people in different contexts. Looking through the lens of **intersectionality** can help to identify groups of people who are more likely to experience barriers in accessing victim assistance services. An intersectional approach takes into account the gender, ethnicity, religion, language, ability, and age as well as the historical, social and political context and considers them not as unitary, mutually exclusive entities, but rather as reciprocally constructing phenomena. As an analytical strategy, this approach provides new angles of vision on social experience.⁽²³⁾

21. Diversity.Global Protection Cluster 2017.
<http://www.globalprotectioncluster.org/en/areas-of-responsibility/age-gender-diversity/diversity.html>

22. Patricia H. Collins. Intersectionality's Definitional Dilemmas. *Annual Review of Sociology*. Vol. 41. 2015.

23. An intersectional approach to discrimination: Addressing multiple grounds in human rights claims. Ontario Human Rights Commission. 2001.

Structure

The operational guidance is divided into three different sections: guidance for organisations or entities offering victim assistance services including ministries and other state bodies; guidance specifically targeted to affected states; and finally guidance for donors. The first section on victim assistance services is further developed into the six areas of victim assistance efforts:

1. Understanding the challenges (data collection)
2. Emergency and ongoing medical care
3. Rehabilitation
4. Psychological and psycho-social support
5. Socio-economic inclusion
6. Laws and public policies

The six areas of victim assistance should be understood as part of one whole, and as a continuum. At the same time, while medical care and rehabilitation are specifically relevant for survivors, the remainder are all fundamental areas for the improvement of all victims' lives and livelihoods.



© Karina Lynge, Sudan, 2009.

Services

Understanding the challenges (data collection)

In order to understand the extent of the challenges faced in providing victim assistance, there needs to be accurate and up-to-date sex and age disaggregated data on casualties, survivors and indirect victims. Organisations need to establish clear data on affected communities to identify individuals most in need, the services they require, and those that are accessible to them. Organisations and other bodies providing services must also ensure gender and diversity inclusive training of women and men of diverse backgrounds in collecting data, disseminating information and conducting research. The collection of data should be done in a respectful manner, with clear confidentiality and data protection policies in place.

1/ Conduct a gender and diversity analysis of the region to better understand the challenges faced by the women, girls, boys and men amongst survivors, persons with disabilities and other groups at risk, including older people.

- In Mozambique, after conducting surveys in 12 districts, HI found out that survivors of mines and ERW had additional needs requiring other services than persons with different causes of disability, as the necessity to be treated for post traumatic disorders.
- In Myanmar, HI is conducting an assessment of 240 target villages to identify people at risk. Alongside village leaders, they go house-to-house to guarantee no one is left behind.

2/ Collect sex, age and disability disaggregated data on all mine and ERW casualties, and any additional relevant information for projects and activities, including relevant dimensions of diversity like language, ethnic group, rural/urban origin, etc. Their type of functional limitation and other external factors like family or social support and accessibility to services should also be collected when relevant. Similar information on people living in affected communities should be compiled, such as exposure to risk, indicators of poverty, legal status, displacement, etc. The collection of data must always be done in the respect of people's rights and privacy.

- The three most common dimensions of diversity measured by Humanity & Inclusion (HI) are disability, sex and age.
- In Afghanistan, leveraging the Afghan Civilian Assistance Program (ACAP III) implemented by UNMAS, field staff collect detailed information on the injury type and activity at the time of injury, as well as sex, age, occupation, marital status and other information.
- In Bosnia and Herzegovina, HI developed a template for collecting data that records the family situation of survivors, number of children, social inclusion and social participation level, physical and health situation, area of living, and access to services.

3/ Train both men and women to direct workshops, gather, and analyse data in order to conduct community-based data collection.

- HI KRI trains their staff tasked with maintaining a database, collect feedback, and refer beneficiaries to appropriate services on the topic of inclusion.

4/ Hire and train gender balanced teams to access beneficiaries of different sex and age groups in affected communities. Teams should also reflect other diversity aspects, such as language and ethnicity.

- HI KRI employs gender-balanced teams to reach women directly in their homes, as their mobility is constrained and they cannot attend public meetings.

5/ Establish contact points and collaboration networks between National Authorities, local and international organisations, and existing services in order to obtain all available data on affected communities.

- In Jordan, the organisation Un Ponte Per... working with persons with disabilities in contexts of displacement uses the UNHCR Refugee Assistance Information System as a coordination portal to share data on affected populations. It takes part in coordination meetings and dedicated task forces such as cluster meetings, the Disability Task Force, the Sexual and Gender-Based Violence (SGBV) Sub-Working Group, and the Child Protection Sub-Working Group to increase the collaboration between existing organisations.

6/ Designate women and men to be disability and vulnerability focal points among either the beneficiaries of a target community or local staff to identify the type of assistance required, and spread information on services and resources available.

- Afghanistan Landmine Survivor Organisation (ALSO) ensures the inclusion and treatment of as many victims as possible by contacting the elders of the community, whose role is to refer those with disabilities and encourage them to participate in the programmes.

- In Tajikistan, the Mine Action Centre supported by the UNDP established a network of 80 female heads of household covering 331 villages. They act as focal points in remote areas or in areas where security was sensitive. They also received remote support to conduct community-based victim assistance awareness activities in their villages.

7/ Ensure that channels to report accidents related to mines and ERW are implemented and contribute to the casualty surveillance mechanism. Those channels must be accessible to women, girls, boys and men living in remote areas.

- In Afghanistan, a hotline number was established by UNMAS to allow individuals and communities to report mines and ERW accidents and hazards in need of clearance directly to the national mine action programme. The hotline number was also used by a nationwide victim assistance project (ACAP III) for victims of conflict to call to receive an evaluation for services. Awareness of the hotline was raised through SMS messages, TV advertisements and hotline cards.
- In areas of Colombia, HI's Community Liaison Officers and Psychosocial Promoters work to identify survivors and other persons with disabilities. They forward the information to local partners responsible for making the initial assessment and registering the data into their database which is compatible with the national information system on mine and ERW victims.

8/ Map existing services to appropriately respond to the urgent needs of the community, and effectively direct community members to available resources. The service list should be divided between the available services aimed to women, girls, boys and men, and take into account other relevant diversity aspects.

- In Jordan, a Disability Task Force, co-chaired by UNHCR and HI, was established in 2015 under the Protection Cluster. The task force has developed technical guidelines for providing services for refugees and people at risk with disabilities in and outside camps. The Disability Task Force mapped specialized services for persons with disabilities.
- In Mozambique, HI regularly does community-mapping at neighbourhood level by employing social protection units composed of two people per neighbourhood, usually one from the National Institute for Cash Transfers and the other from civil society or organisations of persons with disabilities.

9/ Develop information sharing strategies that are responsive to gender and other diversity aspects in order to reach the women, girls, boys and men amongst survivors, other persons with disabilities and other groups at risk.

- In Afghanistan, UNMAS has supported the government in establishing a database to collect and house information on services provided to families of victims of conflict and people with disabilities. The database will allow the government and other stakeholders to analyse, share and report information on available services and gaps, which will allow better planning and coordination, and strengthen the referral network.
- In Jordan, Un Ponte Per... uses radio communication, a widely used medium in Jordan, to reach marginalised groups at the community levels, especially those who are home-bound or live in isolated areas. Their direct partnerships with local organisations enable them to distribute material on the ground, including brochures and flyers.

- In Myanmar, HI's communication strategy targets children separately from adults, as well as women and men, according to their risk-taking behaviour profile.

10/ Service provider should have the capacity to **identify and guide every beneficiary who have experienced or are experiencing sexual and gender-based violence (SGBV), including persons with disabilities**. It must be done in the respect of people's wishes and privacy, while upholding the "Do no harm" principle by which staff should never place an individual in harm's way.

- In Colombia, in order to identify and report cases of sexual and gender-based violence, HI established partnerships with local organisations to create focal points of dialogue and implementation of care programmes.
- In Jordan, Un Ponte Per... has a Protection Officer in charge of identifying sexual and gender-based violence cases and ensuring their referral to relevant institutions.
- HI KRI has a similar referral process which consists of internal identification first, and then the referral to other organizations.

11/ Based on updated data on victims, **anticipate the future needs of different groups of beneficiaries** in the community, and plan programmes and activities accordingly.

- If recent victims are mostly children, future needs will likely include access to education, continuing provision of prosthetics and rehabilitation, programmes for social inclusion, etc. If recent victims are mostly married men, future needs might be centred

on socio-economic inclusion, psychological support with activities tailored for men, support to indirect victims including their wives and children, etc.

- The ICRC is currently trying to systematise the use of data on persons with disabilities and other people at risk for the identification and formulation of future programmes.

12/ The programme should accordingly **budget for and allocate the necessary resources for the consideration of gender, age and disability**, as well as other diversity aspects, in their activities.

- Based on the activities and the needs of the intended beneficiaries, programmes should budget for any costs associated with providing inclusive services, including separate facilities for men and women, the hiring and training of staff to cater to women and men, accessible infrastructure, services for children, etc.

13/ Programmes should develop strategies to identify and reach women, girls, boys, men, and older women and men amongst survivors, persons with disabilities and other groups at risk isolated at home, or living in residential institutions such as orphanages or care homes. Their services should be accessible to them and they should **provide them with higher priority** according to their higher vulnerability.

- In Jordan, Un Ponte Per... works to identify people without families or living alone without a caregiver and gives them maximum priority in its services.

Emergency and ongoing medical care

Medical care must be provided without discrimination. To this end, emergency and ongoing medical care should also consider the issue of access, and therefore should include women, girls, boys and men amongst survivors, other persons with injuries and disabilities and people at risk in healthcare systems and services. In addition, further barriers to access those services should be removed and could be done by providing financial, social, or any other provisions. Finally, organisations should develop first aid capacity at the local level.

1/ Organisations should **develop first aid capacity at the local level** and should train both women and men in first aid.

- HI Colombia is delivering first aid trainings to community leaders with the aim to see them disseminate it among the local community, including women and people from rural areas.

2/ **Medical centres should have adequate facilities that are sensitive to gender and other diversity aspects and accessible** to persons with disabilities, families with children, and older people. This includes allowing family members to be present with children and having the option for separate areas for men and women when appropriate. This also includes appropriate measures to address the financial and travel burden of families of child victims.

- HI Iraq employs gender-balanced teams to ensure the constant presence of a female doctor while treating a female patient.
- In Mozambique, HI pays for the transportation for those requiring medical care, transports them in their own cars, pays fuel for ambulance when they have to go to the provincial capital, and provides the transfer for emergency cases.

- In Myanmar, HI covers the travel costs in emergency situations, and in collaboration with the International Committee of the Red Cross (ICRC), covers the transport costs for people in routine visits.

3/ Medical care should take into account the reproductive rights and sexual health of women especially in (post) conflict situations. This includes the access to sexual education as part of the medical services given directly or indirectly to women victim of mine or ERW or living in (post) conflict areas.

- In Jordan, Un Ponte Per... has proposed the introduction of focus groups discussions targeted at women with disabilities to address specific challenges of reproductive health. It also has a referral mechanism in place to refer beneficiaries to already existing services.

Rehabilitation

Rehabilitation needs to be gender and age responsive, as well as appropriate to other diversity aspects like disability or language, and should consider the issues of access, at every stage of the rehabilitation process.

1/ Rehabilitation centres should adopt a user-centred approach whereby the rehabilitation process is based on the user's situation, including gender, age, disability, family situation, financial situation, etc. They should propose a range of assistive devices and mobility aids that will respond to the beneficiaries' needs and activities.

2/ Develop rehabilitation services, which include a registry of survivors' location, active support centres, and trained staff and volunteers **able to provide rehabilitation support to survivors and other persons with disabilities through home visits**. Families of survivors should be included and trained as part of these services.

- In Afghanistan, ACAP III implemented by UNMAS deploys physiotherapists directly to the homes of victims for assessments and referrals to local facilities. By providing immediate home-based care, the project attempts to increase access to physical rehabilitation by ensuring women, children and other less mobile, vulnerable individuals are identified for treatment and receive appropriate follow-up.
- The Paola Biocca Rehabilitation Center in Jordan started community-based rehabilitation training, aimed to teach community members to take care of survivors and other persons with disabilities; this project involves university students, caregivers and family members. Most of the participants are women. The course is offered free of charge and the call is opened to anyone and advertised thanks to the local partners.

3/ Train family members to help assist therapy, especially in remote areas. The father and other male family members should be included in this capacity building to increase their involvement in care giving and prevent additional load being put on the mother or other female relatives.

- In Jordan, Un Ponte Per... provides basic training for caregivers to facilitate regular therapy or to individuals facing constraints accessing facilities.
- HI KRI trains family members on helping survivors and other persons with disabilities on how to do exercises to minimize the need to move to the medical facility.

4/ Rehabilitation centres should include trained female and male staff that can access remote areas.

- HI KRI has gender-balanced teams for house visits for women who otherwise would not be able to access the facilities without the presence of a male relative.

5/ Provide age-responsive rehabilitation services by integrating rehabilitation centre with paediatric teams, specialized in child rehabilitation. Specialised paediatric centres should be available and accessible through referral by other centres.

- In the Cauca department in Colombia, HI provided paediatric equipment and trained rehabilitation professionals to be able to include and treat children.

6/ Rehabilitation centres should collaborate with other services to ensure survivors who live in remote areas or with limited mobility have adequate access to rehabilitation resources outside of rehabilitation services. This should include connection with other networks to provide comprehensive support structures to beneficiaries.

- In Afghanistan, UNMAS has established four mobile rehabilitation workshops in rural areas. The “mobile clinics” provide physical rehabilitation services, collect victim data for entry into a national database and spread awareness on disability rights and services. The clinics work by liaising with district health clinics, which leverage networks of community health workers to alert community members that the mobile clinic will be arriving.
- HI Chad collaborates with the Rehabilitation and Equipment Center of N'djamena. When beneficiaries are not able to reach

the capital, the Center provides the medical equipment and delivers it to them.

- In Jordan, Un Ponte Per... includes a psychologist within their rehabilitation team to identify psycho-social needs, provide counselling, as well as refer cases in need of further specialized assistance to relevant facilities and experts.
- HI Myanmar collaborates with the Myanmar Physically Handicapped Association, the Minister of Social Welfare, and the ICRC Support Rehabilitation Center in the state capital in order to guarantee the best possible response to the affected communities' needs.

Psychological and psycho-social support

Organisations should provide psychological and psycho-social support groups to survivors and indirect victims, and train both women and men of diverse backgrounds to recognize signs of trauma, isolation, and abuse. Psycho-social support should also address the social stigma attached to women, girls, boys and men with a functional limitation whether due to a mine or ERW accident, or due to other causes, and focus on increasing family support.

1/ Provide psychological support to women, girls, boys, men, and older people adapting it to diversity aspects.

- In Chad, the presence of men significantly reduces women's participation in support groups. HI adapted its services and created gender separate groups when needed.

- HI Mozambique organises man-to-man activities to try to change norms of masculinities, highly influenced by traditional male ideologies, in order to increase the participation of men in psychological and psycho-social support.
- Students at the Psychology Faculty at the National University of Tajikistan created a “hotline” initiative where the student peer counsellors carry a mobile phone to be reached by anyone in need.

2/ Programmes should employ, train and overall include survivors of mines and ERW, indirect victims, persons with disabilities and other persons at risk to become peer counsellors.

- In Colombia, HI has trained persons with disabilities, village leaders, and caregivers on various topics related to physical, emotional support and social inclusion.
- In El Salvador, women and people from minority groups like the Nahua-Pipil were trained by Fundación Red de Sobrevivientes y Personas con Discapacidad in peer support in order to reach all victims of mines and ERW.
- In Myanmar, HI employs a consultant psychologist for professional counselling and peer to peer support. Additionally, each centre has 10 volunteers from the community trained on basic lay counselling skills.

3/ Rely on promoters with diverse identity profiles to encourage widespread participation in psychosocial programmes.

- In Colombia, HI employs psychosocial promoters in the community network to facilitate the inclusion of victims. Psychosocial promoters are specifically selected and trained for the targeted social group.

4/ Support should **consider and address psychological trauma associated with accidents, the social stigma attached to disability, and sexual and gender-based violence**. For children, this includes efforts to combat stigma among families, peers, caregivers and institutions such as schools to prevent abuse and exploitation.

- In Colombia, HI developed a care path at the community level to protect those who have experienced or are experiencing sexual and gender-based violence, offering connections with hospitals and security units.
- In Jordan, the Paola Biocca Rehabilitation Centre endorses home visits or hospital visits by those who have overcome the trauma of injury and subsequent functional limitations and lead an autonomous life, in order to motivate and support those who have recently suffered injuries.

5/ Psycho-social activities should **ensure access of services to indirect victims**, and provide it for those who are isolated. They should specifically include women who are often indirect victims of mine and ERW accidents and who as a consequence of increased burden may require special psychological and psychosocial assistance.

- In Afghanistan, ACAP III implemented by UNMAS identifies and provides psychosocial counselling for direct and indirect victims of conflict. To reduce barriers to access, psychosocial counsellors are deployed to the homes of victims. This home-

based care model allows for identification of further indirect victims in households and communities who otherwise would not receive treatment.

- HI KRI identifies indirect victims and refers them to other existing services.

6/ Create a variety of support and social groups to increase the social participation of survivors and indirect victims. They should be inclusive of victims from all backgrounds and integrate them into broader disability support.

- In Chad, HI organises activities according to their age, sex, language and other diversity aspects and needs, such as football teams for children.
- In Jordan, Un Ponte Per... organizes group activities including sport and music to reach men who may be hesitant to receive one-on-one psychological counselling sessions and foster a sense of trust that can lead to their increased participation in additional activities.

Socio-economic inclusion

In order to increase the opportunity for survivors, indirect victims, persons with disabilities and other persons at risk into the socio-economic system, it needs to be accessible to them and include appropriate resources. Socio-economic inclusion programmes should target schools and other community areas to improve their accessibility and utilise them as platforms to inform people on their rights and the services available. They should also aim to improve their economic status by providing adequate

educational programmes, training, and employment opportunities for all and ensure that women have access to economic resources.

1/ Increase or formalise the employment of victims and other persons with disabilities. Women and men of diverse backgrounds should be included and trained to lead workshops, education programmes and socio-economic inclusion projects.

- In Jordan, Un Ponte Per... offers paid traineeships for unemployed young people in the humanitarian sector.

2/ Provide culturally-appropriate resources to ensure access to education for people with disabilities, especially children, and other people at risk. Accessible education services should be integrated into broader disability support.

- In Eritrea, UNICEF provided donkeys for transport to 1000 children with disabilities living in the most remote areas to allow them to continue their education. Priority was given to girls.
- HI Iraq engages with other actors to encourage the reconstruction of schools accessible for all and the construction of access ramps.

3/ In school programmes, **train both health workers and teachers** to include information on the rights of survivors, indirect victims and other persons with disabilities and on services available.

- ALSO trains teachers to encourage children with disabilities to continue education and convince parents to allow their children to attend school.

4/ Provide micro-credit/small business loans to victims, especially women. Special attention should go to female indirect victims whose families may require childcare services and financial support. Follow up on the use of the loan to monitor their use and ensure that the persons who received the loan had effective decision-power over the use of the money.

- In Jordan, Un Ponte Per... provided seed funding and material support of an income-generating activity run by people with mental health conditions.

5/ Conduct educational workshops on financial empowerment and autonomy, management, and other business-related services, particularly for women victims.

- The mentorship programme Carpe Sophia operated by IKF Malmo offers an individual support, educational workshops, and practical training to women to improve their employment prospects, self-esteem, and network.
- In Iraq, UNDP provides economic workshops to empower and educate women who had become the head of household as a consequence of their husband dying or acquiring a functional limitation.

6/ Set up apprenticeships and businesses through financial support using a comprehensive twin track approach.⁽²⁴⁾ This implies empowering persons with disabilities on the one hand, and advancing disability inclusion of mainstream livelihood service providers and local development on the other.

24. Twin-Track approach consists of a combined approach that is Disability Specific, meant to support and empower persons with disabilities, and societal, meant to identify and overcome barriers in society that persons with disabilities face. Cf. CBM and the Twin-Track Approach to Disability and Development. CBM. 2008.

- In Cambodia, a project has been designed under the Inclusive Local Development Framework to encourage mutual understanding between persons with disabilities, local decision makers, and local service providers to support collaboration efforts to enhance service delivery.

7/ Set up personalized social support approaches to deliver tailored support, including coaching, vocational training and specific services delivery, based on the beneficiaries' existing backgrounds, needs and interests. Personalised support must consider cultural beliefs to allow victims and persons with disabilities to be included into the community, whilst encouraging women and men to decide the type of employment they want to engage in.

- HI Afghanistan supports the implementation of an inclusive livelihood programme by training and coaching NGOs to improve the participation and involvement of persons with disabilities in livelihood activities, mainly in income generating activities.
- ALSO trains women in vocations that can be carried out from the home, like hairdressing. In Colombia, women are becoming a larger part of the demining work force.
- HI Mali employs Inclusion Officers in charge of providing a tailored support to victims and other persons with disabilities.
- In the Republike Srpske, Bosnia and Herzegovina, the Organisation for Amputees UDAS Republike Srpske provides tailored support by purchasing adequate tools for survivors, provide livestock funds, greenhouses, motor cultivators and small mechanisation for victims and persons with disabilities to increase the income of the family.

8/ Create a strategy to provide formal education to both direct and indirect victims, facilitating their social and socioeconomic inclusion.

9/ Encourage micro-credit self-help groups by providing guidance, facilitation or funds for self-help groups organized by community members.

- HI Chad has put in place self-help groups whereas community members organise into savings and lending groups, allow a number of people to put their savings together, create a fund, and disburse loans from this fund to its members.

10/ Create clear strategies for rehoming and educating orphans, including survivors or those who have lost parents due to a mine or ERW accident or for children with disabilities.

11/ Promote the hiring and employment of indirect victims, especially widows and family members who have sustained injuries from explosive ordnances.

- In Jordan, Un Ponte Per... has put in place capacity building and paid traineeships for women with disabilities and groups at risk. In addition, they offer financial literacy training courses and assistance to the development of microbusinesses.
- In the Republike Sprske, Bosnia and Herzegovina, on the initiative of UDAS Republike Sprske, the Public Institution Fund for Professional Rehabilitation and Employment of Persons with Disabilities was created to provide one-time financial stimulation to encourage the employment of persons with disabilities and constant financial support in the form of pension and health insurance for those employees.

12/ Tailor all resources to ensure they reach victims and acknowledge intersecting issues in socio-economic services, like the other pillars of mine action, or the other aspects of victim assistance.

- Fair and inclusive hiring practices in clearance can increase gender equality and socio-economic inclusion of both female and male survivors and indirect victims. Demining also directly increases a community's safety, as well as improves livelihoods and access to land and resources.
- By ensuring that victims are reached by socio-economic activities, communities are less likely to marginalize victims and more likely to recognize their contribution to community life.
- In Afghanistan, ACAP III works with civilian families facing economic hardship due to a conflict-related incident to create tailored, non-cash based packages intended to help them establish a new livelihood and generate income. Common examples of packages include livestock, establishing a small business or replacing farm or other business equipment damaged in a conflict-related event.

13/ Participate in changing attitudes regarding the role of survivors, persons with disabilities and other groups at risk. Actively prevent the social isolation of survivors, indirect victims and other persons with disabilities.

- ALSO found that people affected by explosive ordnances can often become isolated and have family with negative attitudes towards disability. Support focuses on empowering persons with disabilities to become models to change attitudes and encourage participation in socio-economic life.

- ALSO is also offering counselling services to help all survivors maintain a good quality of life and encourage families to think positively about their children with a disability.

Laws and policies

Laws and policies concern legislation and actions to promote the effective inclusion of survivors, indirect victims and other persons with disabilities. Organisations should advocate for the accession to, and implementation of legislation and policy in the light of the APMBC, the CCM, and the CRPD. Organisations should be mindful of their definition of disability, and have clear internal policies and mechanisms to respond to sexual and gender-based violence.

1/ Organisations, local governing bodies, and leaders should **advocate for the state to ratify the Anti-Personnel Mine Ban Convention, the Convention on Cluster Munition, and the Convention on the Rights of Persons with Disabilities.**

2/ Organisations should **be aware that their definition of “disability” can impact on their services.**

- The definition impacts on whether men willingly identify as “victim” or “disabled” for fear of marginalisation or stigmatisation. It also impacts on whether indirect victims, like partners, are considered as beneficiaries and can receive victim assistance services.

3/ Organisations should **establish clear policies to respond to harassment, misconduct, exploitation, abuse, and violence in any form, including sexual and gender-based violence**, covering both the conduct between colleagues within the organisations and with beneficiaries in the communities. It is recommended that all organisations maintain a clear code of conduct and reporting mechanism that are explained and signed with the contract by all employees.

4/ Organisations must have **policies and regulations that ensure gender equality and the inclusion of victims and people with disabilities in all work spaces**. Staff members must be trained on the topic of gender and other diversity aspects, and on the code of conduct, reporting mechanism, and policies.

Affected States

States have a responsibility to assist victims and hold ultimate responsibility for their care, rehabilitation and inclusion. National ownership is crucial to the sustainability of victim assistance efforts. This means that States have to provide all victims adequate care, and enforce basic provisions with diversity-specific components which should be measured with time-bound objectives.

1/ States who have not yet done so should **join the APMBC, the CCM, and the CRPD** and work to meet the obligations of the conventions. States should also join the CRC and CEDAW.

2/ **Ensure the participation of survivors, indirect victims, persons with disabilities and other people at risk in the policy-making process** and that these groups are consulted throughout the adoption and reform of laws, policies, and programmes. The participation of these groups must be gender-balanced.

- UDAS Republike Sprske initiated the creation of a Council for Persons with Disabilities as an advisory body of Council of Ministers of Bosnia and Herzegovina. The Council for Persons with Disabilities consisted of 10 members from competent ministries from both the entity and state level, and 10 members from NGOs or organizations of disabled persons. The role of the council is to ensure that newly adopted laws do not infringe on the rights of persons with disabilities. In addition, the Council is in charge of revising existing laws to include persons with disabilities.

3/ Ensure the representation of women, persons with disabilities and other people at risk within the National Mine Action

Authorities. The representation of women, as advocated under the United Nations Resolution 1325 on Women, Peace, and Security, can increase attention to gender and diversity challenges in the national mine action activities and policies, and ensure the full inclusion and participation of women.

4/ Adopt legislation to protect the rights of persons with disabilities, especially those who are more at risk. Additionally, all existing legislation, at all levels (national, provincial, state, district, etc.) that discriminates against the participation of women, victims, groups at risk, and persons with disabilities should be removed.

5/ At the legislative level it is important to **make clear reference to persons with disabilities and the people most at risk and their rights,** ratify and implement all existing laws.

6/ Develop an infrastructure system adapted to victims, persons with disabilities and other persons with reduced mobility to increase their access to services, through which the implementation and enforcement of laws are made possible. This includes the planning of facilities with the universal design,⁽²⁵⁾ the maintenance of roads, sidewalks and ramps for access in crutches and wheelchairs, and the provision of adapted transport.

7/ Develop time-bound and measurable objectives to achieve through the implementation of national policies, plans, and legal

25. Universal Design is defined in Article 2 of the CRPD as “the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.”

frameworks. Those should be gender and diversity-sensitive and have indicators disaggregated by sex, age, disability status, and other relevant diversity dimensions (religion, ethnic group, clan, etc.).

8/ States should **allocate national resources, including financial and human resources for the effective implementation and monitoring of all national policies, plans, and legal frameworks.**

This can mean the development of a capacity in relevant ministries or agencies, and a national focal entity for victim assistance efforts and/or disability-related issues.

9/ The integrated approach requires collaboration between ministries and an **understanding that victim assistance is a cross-cutting topic** that should involve health, education, disability, infrastructure, mine action, etc.

10/ **Develop a casualty surveillance system** that is compatible with other non-state information systems and disaggregates information by sex, age, disability, and any other relevant diversity dimensions.

11/ When states conduct a national census they should **use the Washington Group Short Set of Questions for States⁽²⁶⁾** in conjunction with the census to enable disaggregation of other measures (employment status, educational attainment, etc.) by disability status. The wording of the questions should be kept as it is to avoid confusion, and personnel in charge of the census should be trained on the questions to ensure clarity and lack of bias.

26. The questions are designed to provide comparable data cross-nationally for populations regardless of culture or economic resources. The objective is to identify persons with similar types and levels of limitations in basic activities regardless of nationality or culture.

12/ **Local and national authorities should share data on casualties and programmes**, in accordance with relevant data protection standards, and cooperate with local and international organisations.

13/ **Develop strategies that strengthen existing family and community support mechanisms** for the most vulnerable, including indirect victims, other persons with disabilities, and minority groups of people with specific needs.

- In Mozambique, project-based partnerships were established between local authorities, HI, service providers and user representatives to sensitize local authorities to disability issues and assist them in the implementation of more inclusive local development projects.
- In Myanmar, continuous contacts and referral to Myanmar Federation of Persons with Disabilities (MFPD) has assisted in strengthening support.

14/ At the international level, states should **exchange good practices** gathered from organisations, programmes and pilot initiatives developed in the field. Good practices should be used to inspire policy recommendations and guidelines to be adapted and enforced where relevant in other communities domestically.

15/ The SDG framework should be used as an opportunity to address gendered dimension of victim assistance and the inclusion of persons with disabilities. Gender equality, in addition to being SDG Goal 5, is mainstreamed throughout all Goals. Persons with disabilities are targeted by both universal and specific targets on education, employment, transport and accessibility, empowerment and inclusion, etc.

Donors

Victim assistance will be the longest lasting pillar of mine action, as survivor and indirect victims will require support long after the last mine has been lifted. As such, dedicated mine action funding should continue to be allocated, even to countries that have met their clearance obligations. In addition, donors can ensure that victims are included in broader efforts by requiring that all programmes in mine or ERW affected countries funded by mainstream development funds demonstrate that they reach and include victims and persons with disabilities.

1/ Mine action funding needs to **dedicate appropriate funds to victim assistance that is responsive to gender and other diversity aspects.**

2/ Adopt a “Disability marker” similar to the already existing “gender marker”, to track whether projects are designed to be disability inclusive and ensure that persons with disabilities can benefit from them.

3/ Encourage the development of guidelines and strategies to better include women and men victim, persons with disabilities, and people at risk.

4/ Engage directly with stakeholders and involve those affected by mines and ERW in programme design, implementation, monitoring and evaluation. Survivors, indirect victims, persons with disabilities and people at risk must all have equal access to victim assistance

and broader development efforts in order to reduce inequalities between them and improving their social participation in communities, school, and employment.

5/ Ensure that funds remain allocated to organisations assisting those affected by mines and ERW **after clearance activities have ended.**

6/ Require that a gender balanced workplace or an organization that works towards the full inclusion of women must be a condition for funding.

7/ Strengthen Monitoring and Evaluation in each supported project to ensure the fulfilment of their victim assistance obligations.

8/ Require that programmes in affected countries funded by mainstream development funds **demonstrate that they effectively reach and include survivors and indirect victims amongst the broader group of beneficiaries.**

Sources

Guidelines and Reports

1. Age and Disability Consortium. 2018. Humanitarian Inclusion Standards for Older People and People with Disabilities.
2. Anti-Personnel Mine Ban Convention Implementation Support Unit. 2010. Review of the Victim Assistance Programme in Tajikistan.
3. Anti-Personnel Mine Ban Convention Implementation Support Unit. 2011. Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development.
4. Anti-Personnel Mine Ban Convention Implementation Support Unit. Tajikistan – Plan of action for mine victims and other persons with disabilities, 2012-2015.
5. Anti-Personnel Mine Ban Convention. 2014. Maputo Action Plan.
6. Bailey, Sheree. 2005. Final Report on Landmine victim assistance in integrate mine action in Cambodia.
7. Calza Bini, Arianna, and Åsa Massleberg. GMAP, Gender Mainstreaming the Cartagena Summit on a Mine-Free World: Victim Assistance, 2009.
8. CBM. 2008. CBM and the Twin-Track Approach to Disability and Development.
9. Centers for Disease Control and Prevention. 2013. Morbidity and Mortality Weekly Report, vol. 62:34.
10. Collins, Patricia H. 2015. Intersectionality's Definitional Dilemmas. Annual Review of Sociology. Vol. 41.
11. Convention on Cluster Munition Implementation Support Unit. 2016. Dubrovnik Action Plan.
12. Eke, Ayda. 2009. "Adapting Survivor Assistance to the Needs of Child Survivors". Journal of ERW and Mine Action 17:3.

13. Geneva Call, Swiss Campaign to Ban Landmines, Colombian Campaign to Ban Landmines, GMAP. 2009. The Impact of Anti-Personnel Mines and Explosive Remnants of War on Women Victims in Colombia.
14. GICHD. 2002. The Role of Mine Action in Victim Assistance.
15. GICHD. 2011. Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development.
16. Global Protection Cluster. 2017. Diversity.
<http://www.globalprotectioncluster.org/en/areas-of-responsibility/age-gender-diversity/diversity.html>
17. "Governance and Social Development Resource Centre" (GSDRC). 2015. Disability inclusion Topic Guide.
18. Hall, Samuel. 2014. UNMAS, Mine Action in Afghanistan: A Success Story in Danger.
19. HI. 2006. Good Practices for the Economic Inclusion of People with Disabilities in Developing countries Funding Mechanisms for Self-Employment.
20. HI. 2009. Understanding the UN Convention on the Rights of People with Disabilities.
21. HI. 2015. Disability check list for emergency response. Adapted from disability task force.
22. HI. 2015. Humanitarian Response: how to include everyone.
23. HI. 2017. "Everywhere the bombing followed us", Advocacy Report.
24. International Committee of the Red Cross. 2005. Caring for landmine victims.
25. International Committee of the Red Cross. 2013. Professional Standards for Protection Work.
26. Iraq, Australia, Chile, Italy and Austria. 2017. Guidance on an Integrated Approach to Victim Assistance.
27. Landmine Monitor. 2015. Support for Mine Action.
28. Landmine Monitor. 2016. Casualties and Victim Assistance.
29. Landmine Monitor. 2017. International Campaign to Ban Landmines-Cluster Munition Coalition. December 2017.

30. LSE Gender Institute. 2016. Confronting Gender Inequality. Findings from the LSE Commission on Gender, Inequality and Power.
31. LSE Institute of Public Affairs. 2017. Above the parapet report. Women in public life.
32. National Center on Health, Physical Activity and Disability (NCHPAD). 2014. Guidelines for Disability Inclusion in Physical Activity, Nutrition, & Obesity Programs and Policies.
33. Organisation for Economic Co-Operation and Development (OECD). 1999. DAC Guidelines for Gender Equality and Women's Empowerment in Development Co-operation.
34. Permanent Mission of Thailand. 2015. Guidance on victim assistance reporting.
35. PRAGES. 2009. Guidelines for Gender Equality Programmes in Science.
36. Secretariat of the Convention on Biological Diversity. 2010. Guidelines for Mainstreaming Gender into National Biodiversity Strategies and Action Plans.
37. Swiss Campaign to Ban Landmines. 2008. Gender and Landmines from Concept to Practice.
38. UN General Assembly. 1989. Convention on the Rights of the Child.
39. UN General Assembly. 1997. Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.
40. UN General Assembly. 2007. Convention on the Rights of Persons with Disabilities.
41. UN General Assembly. 2008. Convention on Cluster Munitions, 2008.
42. UN General Assembly. 2008. Convention on the Rights of Persons with Disabilities.
43. UN General Assembly. 2010. Gender Guidelines for Mine Action Programmes.
44. UN Women. 2017. Concepts and Definitions. <http://www.un.org/womenwatch/osagi/conceptsanddefinitions.html>
45. UNDP. 2016. Human Development Report.

46. UNHCR. 2002. Guidelines on International Protection: Gender-Related Persecution within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees.
47. UNICEF. 2008. It's About Ability - An explanation of the Convention on the Rights of Persons with Disabilities.
48. UNICEF. 2013. Child and Young People with Disabilities: Factsheet. United Nations Children's Funds.
49. UNICEF. 2014. Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance.
50. United Nations Division for Social Policy and Development Disability. 2017. Factsheet on Persons with Disabilities.
51. United Nations. 2016. The United Nations Policy on Victim Assistance in Mine Action.
52. USAID. 2013. Integral Assistance for Landmine Victims Affected by Armed Conflict in Colombia Final Report 2008 – 2013.
53. WHO. 2002. The International Classification of Functioning Disability and Health.
54. WHO. 2010. Community-Based Rehabilitation Guidelines.
55. WHO. 2010. Measuring Health and Disability Manual for WHO Disability Assessment Schedule, WHODAS 2.0.
56. WHO. 2010. The International Classification of Functioning Disability and Health.
57. World Economic Forum. 2016. The Global Gender Gap Report.
58. World Health Organisation and the World Bank. 2011. World Report on Disability.
59. World Vision Australia. 2004. How landmines hurts.

Academic articles

60. Alexandra Frost, Peter Boyle, Philippe Autier, Colin King, Wim Zwijnenburg, David Hewitson, Richard Sullivan. 2017. "The effect of explosive remnants of war on global public health: a systematic mixed-studies review using narrative synthesis." *Lancet Public Health*.
61. Andersson, Neil, Palha da Sousa, Cesar, Paredes, Sergio. 1995. "Social cost of land mines in four countries: Afghanistan, Bosnia, Cambodia, and Mozambique." *British Medical Journal*, Vol. 311.
62. Armstrong, Megan et al. 2017. "Interventions utilizing contact with people with disabilities to improve children's attitudes towards disability: A systematic review and meta-analysis", in *Disability and Health Journal*, 10.
63. Barlow, Dennis. 2002. "Seven Common Myths about Landmine Victim Assistance". *Journal of Conventional Weapons Destruction*: Vol. 6:3, Article 46.
64. Barry S. Levy, Victor W. Sidel (ed.). 2013. "Social Injustice and Public Health." Oxford University Press.
65. Blakeney, Patricia, Creson, Daniel. 2002. "Psychological and Physical Trauma: Treating the Whole Person." *Journal of Conventional Weapons Destruction*, Vol. 6:3, Article 12.
66. Courtney-Long et al. 2017. "Socioeconomic Factors at the Intersection of Race and Ethnicity Influencing Health Risks for People with Disabilities." *Racial and Ethnic Health Disparities*, Vol. 4:2. p. 213–222.
67. De Beudrap, Pierre et al. 2017. "Prevalence of HIV infection among people with disabilities: a population-based observational study in Yaoundé, Cameroon (HandIVIH)". *The Lancet HIV*.
68. Dijkstra, Lobke. 2014. "Gender mainstreaming in landmine victim assistance In Eastern Burma, Master Thesis in International Health." KIT (ROYAL TROPICAL INSTITUTE), Vrije Universiteit Amsterdam, Amsterdam.
69. Doliński, Wojciech. 2016. "Autobiographical reports in research on people with disabilities", in *Physiotherapy*, 24:1.
70. Duttine, Antony, and Elke Hottentot. 2013. "Landmines and explosive remnants of war: a health threat not to be ignored." *Bulletin of the World Health Organization*.

71. Fineman, Martha Albertson. The Vulnerable Subject: Anchoring Equality in the Human Condition. *Yale Journal of Law & Feminism*: Vol. 20:1. Article 2. 2008.
72. Fougeyrollas, Patrick et al. 1999. Quebec Classification: Disability Creation Process.
73. HI, Victim assistance in the context of mines and explosive remnants of war, Policy Paper, Technical Resources Division, July 2014
74. Holzman, Robert. 2001. "Risk and Vulnerability: The Forward Looking Role of Social Protection in a Globalizing World". World Bank.
75. Hussein, Jamal Jalal. 2007. "The Mine-action Process in Iraqi Kurdistan," in *Journal of ERW and Mine Action*, Vol. 11:1, Article 29.
76. James H. Rimmer. 1999. "Health Promotion for People With Disabilities: The Emerging Paradigm Shift From Disability Prevention to Prevention of Secondary Conditions", in *Physical Therapy*, 79, 5.
77. James H. Rimmer. 2017. "Equity in active living for people with disabilities: Less talk and more action", in *Preventive Medicine*, 95.
78. Kleven, Henrik and Camille Landais. 2017. "Gender Inequality and Economic Development: Fertility, Education and Norms". *Economica*, London School of Economics.
79. Leach Scully, Jackie. 2014. "Disability and Vulnerability: On Bodies, Dependence, and Power", in *Catriona Mackenzie, Wendy Rogers, Susan Dodds. "Vulnerability: New Essays in Ethics and Feminist Philosophy"*, Oxford University Press, New York.
80. Lvasseur et al. 2017. "Comparing the Disability Creation Process and International Classification of Functioning, Disability and Health Models", in *Canadian Journal of Occupational Therapy*, Vol. 74.
81. Morton, Maureen. 2002. "How NGOs Can Build Peace: Landmine Clearance and Victim Assistance", in *Journal of Conventional Weapons Destruction*, Vol. 6:3, Article 40.
82. Ruan, Juan Carlos. 2001. "Victim Assistance in Central America: A Regional Effort," in *Journal of Conventional Weapons Destruction*, Vol. 5:2, Article 20.

83. Stier, Haya and Efrat Herzberg-Druker. 2015. "Running Ahead or Running in Place? Educational Expansion and Gender Inequality in the Labor Market." Tel Aviv University, Springer.
84. Vives-Cases et al. 2017. "Priorities and Strategies for Improving Roma Women's Access to Primary Health Care Services in Cases on Intimate Partner Violence: A Concept Mapping Study." *International Journal for Equity in Health*, 16:96.
85. Wai Ling Mak. 2017. "A Critical Understanding of Power Relations through Women's Experience with the Mentorship Program, Carpe Sophia: Is Women's Economic Empowerment a Way out of Gender Inequality?" Master Thesis in Sociology, Lund University.
86. Walsh, Nicolas E., and Wendy Walsh. 2003. "Rehabilitation of landmine victims- the ultimate challenge", in *Bulletin of the World Health Organization*, 81:9.

Blogs, study cases and witnesses

87. Duprat, Anne-Sophie, and Lusia Peçak. 2013. "Masculinity: The Unseen Barrier in Survivor Assistance". *The journal of ERW and mine action*, Vol. 17.3. <http://www.jmu.edu/cisr/journal/17.3/focus/duprat.pdf>
88. HI Communiqué de presse. 2015. "Le Mozambique se déclare libre de mines: HI se félicite du travail accompli."
89. HI, India. 2017. Prévenir, soigner et aider à se relever. <http://www.handicap-international.ch/fr/actualite/prevenir-soigner-et-aider-se-relever>
90. HI, Sénégal. 2016. "Une femme chez les démineurs." <http://www.handicap-international.ch/fr/actualites/femme-demineurs>
91. IRIN Myanmar. 2011. "Landmine survivor need outstrip aid," IRIN, Myanmar. <http://www.irinnews.org/report/94417/myanmar-landmine-survivor-needs-outstrip-aid>
92. IRIN Pakistan. 2008. "Landmines ruin lives, leave hundreds dead." <http://www.irinnews.org/report/77611/pakistan-landmines-ruin-lives-leave-hundreds-dead>

93. IRIN, Laos. 2014. "Little help for UXO victims in Laos." <http://www.irinnews.org/report/99711/little-help-uxo-victims-laos>
94. IRIN, Sénégal. 2009. "Mine survivors need opportunities not handout." <http://www.irinnews.org/report/86170/senegal-mine-survivors-need-opportunities-not-handouts>
95. IRIN, Sénégal. 2009. "Voices of landmine survivors." <http://www.irinnews.org/report/86506/brief-voices-landmine-survivors>
96. IRIN, Uganda. 2004. "UGANDA: Interview with Margaret Arach Orech, Ugandan landmine survivor." <http://pictures.irinnews.org/indepthmain.aspx?InDepthId=19&ReportId=62878>
97. IRIN. 2009. "Difficile d'obtenir de l'aide pour les victimes de mines antipersonnel." <http://www.irinnews.org/fr/report/86948/mozambique-difficile-d%E2%80%99obtenir-de-l%E2%80%99aide-pour-les-victimes-de-mines-antipersonnel>
98. IRIN. 2009. "Lack of care in landmine victims." <http://www.irinnews.org/report/85288/myanmar-lack-care-landmine-victims>
99. IRIN. 2017. "The problem of landmine victim assistance." <http://pictures.irinnews.org/indepthmain.aspx?InDepthId=19&ReportId=62806>
100. PRO MUJERES. 2016. "Maria Alejandra Rodriguez's Story." <https://promujer.org/2016/10/15/maria-alejandra-rodriguez>
101. PRO MUJERES. 2017. "Carmen Adelaida Cruz's Story." <https://promujer.org/2017/04/27/carmen-adelaida-cruz>
102. PRO MUJERES. 2017. "Miriam Amparo's Story." <https://promujer.org/2017/04/04/miriam-amparo>
103. UNDP. 2017. "Landmine risk awareness and victims assistance programme helps victims regain control over their lives in Egypt." <http://www.arabstates.undp.org/content/rbas/en/home/ourwork/climate-and-disaster-resilience/successstories/landmine-risk-awareness-and-victims-assistance-programme-helps-v.html>
104. UNICEF, Sud Sudan. 2012. "Land mine victim determined to achieve his dream despite losing a leg." https://www.unicef.org/southsudan/reallives_Land_mine_victim_dares_to_dream.html

**OPERATIONAL GUIDANCE FOR
VICTIM ASSISTANCE RESPONSIVE TO GENDER
AND OTHER DIVERSITY ASPECTS**

Published by **GMAP**, May 2018 thanks to
the financial support of the Italian Cooperation.

More information on: <http://www.gmap.ch>

Cover photo: © Paul Jeffrey, Bosnia and Herzegovina, 2006.

Layout design: <http://www.atelier-volant.fr>

“ A world in which women, girls, boys and men from diverse groups are safe from mines/ERW and participate and benefit equally from mine action ”

GMAP develops the capacity of mine action programs, authorities and stakeholders to mainstream gender and diversity in order to improve the benefit of humanitarian mine action interventions for affected women, girl, boys and men from diverse groups.

This is done through undertaking **assessments** and providing **technical assistance, training** and **advice** on gender and diversity in mine action according to identified needs. **Monitoring and evaluation** is conducted to measure the progress and outcomes of gender and diversity mainstreaming in mine action.

GMAP also carries out demand driven **research** to collect evidence, raise awareness and provide guidance on specific aspects of gender and mine action, and contributes to the implementation of the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions through its advocacy work.