

OVERVIEW

How to ensure mine/ERW survivors participate in, and benefit from, disability-inclusive development?

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1

INTRODUCTION

BACKGROUND

The Mine Ban Treaty (MBT) and the Convention on Cluster Munitions (CCM) include a **legal obligation** to ensure that mine/explosive remnants of war (ERW) survivors, as well as families of those killed or injured, are exercising their human rights on an equal basis with others. The ultimate objective is their full and effective participation in society on an equal basis with others.⁽¹⁾

In order to reach that objective, an integrated approach to victim assistance (VA) insofar as survivors are concerned requires:

- 1) **specific efforts** to ensure survivors are reached and empowered to exercise their rights, in particular: locating and identifying survivors; ensuring their equal access to services; and monitoring and evaluation to demonstrate progress; and
- 2) **broad efforts** to address their rights and needs under development and human rights frameworks (disability, health, rehabilitation, social services and social protection, education, employment, human rights, gender, development, and poverty reduction), including the development of a disability-inclusive system of services comprised of: relevant mainstream services (health, education), disability-specific services (such as peer support) and support services, (sign – language interpreters for example), through awareness-raising, capacity building and the mobilization of adequate resources.

The UN Commissioner for Human Rights underscores the link between VA and the Convention on the Rights of People with Disabilities (CRPD) by affirming that: “**when survivors of mines and other explosive devices acquire a disability, they fall under the scope of the CRPD.**”⁽²⁾ This indicates that survivors should have equal access to all services, along with other people with disabilities, with the principle of non-discrimination against or among survivors and other people with disabilities as a cornerstone of these efforts.

In accordance with the CRPD, disability-inclusive development aims to ensure that people with disabilities are meaningfully and effectively participating in development processes and policies. Since mine/ERW survivors are, for the most part, people with disabilities, working on development should ensure that these survivors also participate in, and benefit from, disability-inclusive development initiatives.



MAIN LEGAL AND POLICY FRAMEWORKS RELEVANT TO VICTIM ASSISTANCE AND DISABILITY-INCLUSIVE DEVELOPMENT

MBT Art. 6 #3 and **CAP** IV #23-#33, V #37 #39 #41 and #46

CCM Art. 2 #1 #5, Art. 6 #1 #7-#12, Art. 7 and Art. 9 and
VAP VI, VII Actions 33-41, VIII

CRPD

MDG and **Post 2015** Development Agenda

WHO Global Disability Action Plan 2014-2021

Incheon Strategy 2013-2022

Therefore, these issue briefs propose **specific efforts and related recommendations to ensure survivors are effectively included as beneficiaries in disability-inclusive efforts**. These efforts aim to ensure sustainability of assistance to survivors, in a context of reduced VA-earmarked funds and good progress on clearance in a number of countries.

It is equally important to acknowledge that specific efforts as supported by VA earmarked funds, should also benefit other people with disabilities with similar needs. Existing practices and recommendations on that aspect will be mentioned in these briefs, while not constituting their focus.

⁽¹⁾ ISU, *Five key examples of the role of mine action in integrating victim assistance into broader disability frameworks*, 2014

⁽²⁾ Opening remarks, Ms. Navi Pillay, United Nations Commissioner for Human Rights, 12th Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, Geneva, Monday December 3rd, 2012



RATIONALE

Synergies between VA and the CRPD have long been explored from a treaty perspective, and previous studies demonstrate that VA efforts have largely ensured access to services not only for survivors, but for other people with disabilities as well.⁽³⁾

Yet, to our knowledge,

- ▶ Little to no work has been done to date to show that survivors do indeed benefit from larger disability-inclusive efforts, nor to analyse what needs to be done to ensure survivors are actually among beneficiaries of such efforts;
- ▶ For the most part, even those organisations working on disability-inclusive development cannot demonstrate they are including survivors, or to what extent;
- ▶ Our study shows that services targeting only survivors still exist.

This happens in spite of the fact that international legislation and policies clearly affirm that **no discrimination should be made against or among survivors and other people with disabilities**.

The inclusion of survivors in disability-inclusive development will only be:⁽⁴⁾

- ▶ **Relevant**, inasmuch as survivors are located and identified, and their needs, rights, and capacities well understood;
- ▶ **Effective**, inasmuch as survivors are empowered and have the capacity, skills, and knowledge needed to participate in all development practices;
- ▶ **Efficient**, inasmuch as the whole system of services is accessible to survivors and other people with disabilities;
- ▶ **Sustainable**, inasmuch as the rights and needs of survivors and people with disabilities are addressed by development practices and policies such as the Poverty Reduction Strategy Papers, the Millennium Development Goals, and the Incheon Strategy 2013-2022;
- ▶ **Measurable in terms of impact**, if adequate monitoring, evaluation, and reporting mechanisms are in place.

⁽³⁾ ISU, op.cit.

⁽⁴⁾ OECD Development projects Evaluation Criteria; UNDP *Handbook on Planning, Monitoring and Evaluating for Development Results*, 2009; European Commission Development Aid. *Results Oriented Monitoring*, 2012.



WHY SHOULD THOSE WORKING ON DISABILITY-INCLUSIVE DEVELOPMENT MAKE SPECIFIC EFFORTS TO ENSURE THE INCLUSION OF SURVIVORS?

- › To reach the **hundreds of thousands of survivors** who still live in situations of poverty and exclusion.⁽⁵⁾
- › Research, including recent studies in Mozambique⁽⁶⁾ and Lao PDR,⁽⁷⁾ demonstrates **higher vulnerability among survivors compared to other people living in the same community**.
- › States Parties to the MBT and the CCM, or organisations working in countries that are Party to these treaties, should contribute to their successful implementation and measure progress related to VA obligations. They should not simply assume that survivors are included among other people with disabilities.
- › Before the CRPD was adopted (and even today in those countries that have not ratified the CRPD) **VA has spearheaded efforts that led to increased access to services** not only for survivors, but for other people with disabilities as well. Similarly, CRPD efforts should reach all people with disabilities, including mine/ERW survivors, and be able to demonstrate it.
- › The **global development agenda is explicitly recognising the need to include people with disabilities**, in particular those most vulnerable, in all development processes (Rio+20, Post 2015 Development Agenda, Incheon Strategy, etc.)



WHY SHOULD THOSE WORKING ON VICTIM ASSISTANCE ENSURE LINKAGES WITH DISABILITY-INCLUSIVE DEVELOPMENT EFFORTS?

- › Survivors have **the same rights as people with disabilities**, and claiming those rights can contribute to **improving their quality of life**.
- › Advocating for equal rights in access to health, rehabilitation, social and other services, as well as education and employment opportunities has more potential for **sustainability and impact on quality of life**.
- › Joining efforts between Survivor Organisations (SO) and Disabled People's Organisations (DPO) and other advocacy groups (such as women, indigenous groups, etc.) gives **people in a situation of vulnerability more of a voice than doing so alone**.
- › Other advocacy groups, including DPOs, **advocate for political rights, access to justice, freedom of speech, and other rights that are less discussed in the context of VA**.
- › The global **development agenda is explicitly recognising people with disabilities without differentiating by cause of impairment**. Advocating both as people with disabilities and as survivors increases participation in international and national development agendas.

OBJECTIVE

The **objective** of this set of issue briefs is *to inform and to influence policies and practices to ensure survivors participate in, and benefit from, disability-inclusive development by providing civil society, practitioners, and government stakeholders with technical information, good practices, and recommendations*.

The **target audience** includes: government stakeholders from affected States Parties and from States Parties committed to international cooperation; civil society organisations, in particular SOs and DPOs; and practitioners providing services relevant to survivors and other people with disabilities, and opportunities and services provided through disability-inclusive development interventions.

HOW TO USE THE ISSUE BRIEFS

The three briefs cover the following topics:

- 1) **Locating and identifying survivors and other people with disabilities.** This paper examines the importance of locating the geographical area where survivors and other people with disabilities live, identifying them through different methodologies, and understanding specific needs, rights, and capacities.

⁽⁵⁾ The exact number of survivors remains unknown

⁽⁶⁾ Handicap International Mozambique/RAVIM. *Shattered Dreams*, 2013.

⁽⁷⁾ Wyper Health and Quality of Life Outcomes, An exploratory study on the perceived impact of health problems of landmine/UXO victims versus another disability group, 2012

- 2) **Improving access to an inclusive systems of services for survivors and other people with disabilities.** This paper examines the role of three types of stakeholders (right holders/service users, service providers, and duty-bearers/policymakers) to ensure survivors have access to an inclusive system of services, including via formal referral mechanisms.
- 3) **Measuring progress on the implementation of VA through disability-inclusive development: Monitoring and Evaluation.** This paper examines how progress in assisting survivors can be measured in the context of disability-inclusive development by improving monitoring and evaluation mechanisms.

The briefs, a result of a 12 country study, discuss three crucial elements to ensure survivors participate in, and benefit from, disability-inclusive development. They are designed as a set of papers that present three interlinked topics, but which can also be used separately.

This set of issue briefs completes two other documents previously developed by Handicap International, and which together constitute a kit of useful resources for those who want to better understand how VA can effectively be integrated into disability-inclusive development. The other two documents are:

- * HI *Factsheets: How to implement victim assistance obligations?* 2013
- * HI: *The Way Forward on Victim Assistance: a consideration of the various aspects at play when integrating assistance to survivors into disability-inclusive development.* 2014

While the Way Forward paper explores the conceptual landscape that ought to be considered when talking about integrating VA into broader frameworks, the factsheets provide guidance on how to ensure impact of **broad efforts** that VA is an integral part of. And, these briefs focus on the **specific efforts** required if an integrated approach to VA is to be effective.

2 METHODOLOGY

METHODS AND PARTICIPANTS

A mixture of methods was used for this study. An initial mapping exercise was conducted with the use of VA country profiles from the Landmine and Cluster Munition Monitor to identify countries for potential case studies, based on reported experience with integrating assistance to survivors into disability-inclusive development. Twelve countries were selected on the basis of the following criteria:

- a) State Party to at least the MBT or CCM, and the CRPD;
- b) Mix of government-led and non-governmental organisations that are involved in VA and broader disability initiatives;
- c) Located in different regions of the world.

These countries were: **Algeria, Albania, Afghanistan, Cambodia, Colombia, El Salvador, Lao PDR, Lebanon, Mozambique, Senegal, Tajikistan, and Uganda.**

The study took place in April 2014, applying the following methods:

- a **literature review** of existing information on the evolution of VA, disability-inclusive development, and on assistance to survivors through disability specific services and frameworks;
- 18 **online surveys** with representatives from DPOs, SOs, Non-Governmental Organisations (NGO), including Handicap International, and governments;
- 16 **interviews** in person, via Skype, or through email exchanges with governments, DPOs/or SOs, depending on the type of work implemented in integrating VA into disability-inclusive development;
- 7 **qualitative questionnaires** with victim assistance experts viz., Aurelie Fabry (UNMAS), Firoz Alizada (ICBL-CMC), Higazi A.O. Ibrahim (UNMAS-Darfur), Loren Persi (ICBL-CMC), Nerina Cevra (AOAV), and Megan Burke (ICBL-CMC).

These methods were chosen to gain breadth as well as depth of understanding of the issues at stake, identify good practices, acknowledge challenges, and reflect opinions/perceptions of experts and respondents working on the ground on the integration of assistance to survivors into broader disability-inclusive development efforts. Using diverse methods also facilitated re-verification and cross-checking of information. An internal editorial committee ensured technical coherence of these briefs and an external committee of reviewers validated their content.

Respondents from DPOs, SOs, NGOs and governments were:

Algeria: Association Culturelle d'Intégration des Handicapés Moteurs, wilaya de Berchar (ACIHM), Association Solidarité des Handicapés et Victimes de Mines Wilaya d'El-Tarf (ASHVM), Ministry of Defence

Albania: Alb Aid, National Mine Action Authority

Afghanistan: Afghanistan Disabled Rehabilitation Centre (ADRA), Afghan Landmine Survivors Organisation (ALSO)

Cambodia: Cambodian Disabled People's Organisation, Cambodian Campaign to Ban Landmines, Cambodian Mine Action and Victim Assistance Authority, Operations Enfants du Cambodge

Colombia: Colombian Campaign to Ban Landmines, FUNDISCA, Presidential Programme for Mine Action (PAICMA)

El Salvador: FOLYPROD, Red de Sobrevivientes y otras personas con discapacidad

Lao PDR: Lao Disabled People's Association (LDPA)

Mozambique: National Disability Council, Rede Para Assistencia As Victimas de Minas (RAVIM)

Lebanon: Landmine Resource Centre

Senegal: Association Sénégalaise des Victimes de Mines, Ministry of Foreign Affairs

Tajikistan: Tajikistan Centre to Ban Landmines, Tajikistan Mine Action Authority, and UNDP

Uganda: Uganda Landmine Survivor Association (ULSA)

And, Handicap International field offices in Afghanistan, Algeria, Cambodia, Colombia, Mozambique, Lao PDR, and Senegal.

In addition to the above, representatives from **international cooperation departments in three States (Australia, Austria, and Switzerland)** responded to the questionnaire, providing a general overview of their VA and disability cooperation policies. Likewise, staff from the **Christian Blind Mission** (Headquarters and Sri Lanka office) also responded to the questionnaire, which facilitated understanding of how disability-focused organisations view the inclusion of survivors into their policies and practices.

QUESTIONNAIRE

The categories of questions (for in-country respondents) were:

- › Information on the organisation/government institute interviewed, such as its goal, mission, objectives, type of projects, targets, and change of targets in the tenure since establishment.
- › If activities to locate and identify survivors are being carried out, information on: tools used in the exercise; objective; process of locating; type of information collected; measures taken to include men, women, older people, and children; type of questions asked; challenges faced; sharing of reports, and recommendations.
- › If activities to locate and identify people with disabilities in general are being undertaken: similar questions as above with additional questions related to type of information collected (background, type of impairment, cause of impairment, etc.); and awareness of the Washington Group Questionnaire.
- › Knowledge and practice on the links between Survivor and Disabled People's organisations, type of mainstream and disability-specific services accessed by people with disabilities (including survivors), factors hindering survivors in accessing mainstream and disability-specific services, difference of perception between survivors and other people with disabilities and with other victims of conflict, and differences in access between women, children, and older people.
- › Finally, the questionnaire also included questions related to funding sources, as well as on existing national legislation, policies, and strategies relevant to survivors and other people with disabilities, with some operational links.

For key informants/VA experts, similar types of questions were asked, but with more focus on their knowledge of policy, practices, and perceptions. In addition, they were also asked to provide recommendations.

It is important to bear in mind that:

- › The 12 countries were chosen as per criteria described above. This study does not intend to be exhaustive, but rather to explore practices from different types of stakeholders in a few mine/ERW affected countries on different continents.
- › The interviews took place in person (during the MBT and CCM Intersessional meetings in Geneva in April 2014) or from a distance. Field visits were not possible given the limited time available to conduct the study.
- › The good practices highlighted in these briefs are based on literature review and analysis of the responses, as well as email exchanges with those organisations that were consulted for this study.

ANALYSIS

An analysis of responses was conducted in three phases in May 2014:

- i) Codes and categories of questionnaire were developed to analyse responses to the questions, clustering responses into

categories such as type of project and organisational targets, and under each issue brief: locating and identifying (type of information collected, challenges, recommendations, etc.), access (legal policies, organisational work, links with DPOs-SOs, challenges, recommendations, etc.), and measuring progress (disaggregating data, usage of data, etc.)

- ii) As per the codes and categories, information was collected using Survey Monkey's analysis tool, and
- iii) Responses to in-depth interviews were manually entered into the database to analyse the information.

Interesting quotes were extracted and used in the briefs, and examples of good practices were sought with respondents after the first round of discussions based on analysis and summary of findings.

Based on the analysis, the issue briefs were written while pulling out examples of good practices.

3 GLOSSARY

VICTIM ASSISTANCE & DISABILITY

Impairment: A loss or difference in physiological, psychological, or anatomical structure or function.

People with disabilities: People 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.

Survivor: A person who has experienced a mine/ERW accident and survived it.

Victim: A person who has been killed or suffered physical or psychological injury, economic loss, social marginalisation, or substantial impairment of the realisation of their rights caused by the use of mine/ERW. They include those persons directly impacted by mine/ERW, as well as affected families and communities.

Victim assistance: "Each State Party with respect to cluster munition victims in areas under its jurisdiction or control shall, in accordance with applicable international humanitarian and human rights law, adequately provide age and gender-sensitive assistance, including *medical care, rehabilitation and psychological support, as well as, provide for their social and economic inclusion*. Each State Party shall make every effort to collect *reliable data* with respect to cluster munition victims." ⁽⁸⁾ The mission of victim assistance is the full and effective participation of mine/ERW victims in society on an equal basis with others. ⁽⁹⁾

SERVICES

Community-based services: Services provided at the community level and organised in partnership with, or by, members of the community with the involvement of users/beneficiaries in the prioritisation of the needs, the planning, and the evaluation of services.

Inclusive system of services: A coordinated group of services that allows for the participation of the largest number of persons possible, including people with disabilities, by taking into consideration, and adequately responding to, individual needs. This involves ensuring access to:

- i) **Mainstream services:** Services that target the **general population**, such as medical, social, education, employment, leisure, culture, and sport services. Mainstream services become **disability-inclusive services** when they take all necessary measures to ensure people with disabilities can participate in and benefit on an equal basis with others.
- ii) **Disability-specific services:** Services that are **specifically dedicated to people with disabilities** and intended to provide them with a precise answer to their specific needs. Examples include peer support and individual needs assessments.
- iii) **Support services:** Services that **facilitate access to mainstream services** for vulnerable persons. Some people with disabilities may have specific needs that can be responded to by mainstream services, but still face obstacles in accessing these services. Support services compensate for this shortfall and also help people with disabilities to effectively participate in daily social, cultural, political, and economic activities. Support services include personal assistant schemes, support teachers, social advisors or social workers, and mediators for accessing mainstream employment.

Referral mechanism: A referral mechanism ensures that the needs of populations in situations of risk or vulnerability, including people with disabilities, are met with an efficient and multi-sectoral response. It is often managed by formal or informal social services which identify persons living in marginalisation or exclusion, carry out needs assessments with the persons and connect the persons to the relevant services they need. An efficient referral mechanism should ensure a person can access all the available services they need throughout their life (education and rehabilitation for instance) and that all the services are ready to offer an adapted response.

Service: A response to a specific need, or a broad range of needs, of users. The services provided can be free of charge or can be available for a fee (including partial cost recovery system). They can be provided by public or private entities (for profit or not-for profit), or through an "informal system" such as families, volunteer workers, neighbours, etc.

⁽⁸⁾ Convention on Cluster Munitions, 2010

⁽⁹⁾ United Nations Mine Action Standards 01.10, Second Edition, Amended 8 June 2013, paragraph 4.

INCLUSIVE DEVELOPMENT

Disability-inclusive development: Ensuring that all phases of the development cycle (design, implementation, monitoring, and evaluation) include a disability dimension and that people with disabilities are meaningfully and effectively participating in development processes and policies.

Inclusive development: Inclusive development consists of ensuring that all marginalised and excluded groups are stakeholders in development processes. The goal of inclusive development is to achieve an inclusive society able to accommodate differences and to value diversity. Inclusive development also implies a rights-based approach to development, understood in terms of a framework for human development as a process firmly grounded in international human rights standards and focused on the promotion and protection of human rights.⁽¹⁰⁾

OTHERS⁽¹¹⁾

Abandoned explosive ordnance: Explosive ordnance that has not been used during armed conflict, but that has been left behind or dumped by a party to an armed conflict and which is no longer under its control. Abandoned explosive ordnance is included under the broader category of explosive remnants of war.

Explosive remnants of war (ERW): Under Protocol V to the Convention on Conventional Weapons, ERW are defined as unexploded ordnance and abandoned ordnance. Mines are explicitly excluded from the definition.

Mines (or Antipersonnel mines): According to the 1997 Mine Ban Treaty, an antipersonnel mine is a landmine designed to be exploded by the presence, proximity, or contact of a person and that will incapacitate, injure, or kill one or more persons.

Unexploded ordnance: Munitions that were designed to explode, but for some reason failed to detonate.

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ACRONYMS

ADB: Asian Development Bank	HI: Handicap International
AOAV: Action on Armed Violence	JRS: Jesuit Refugee Service
CAP: Cartagena Action Plan	LDPA: Lao Disabled People's Association
CBR: Community Based Rehabilitation	MBT: Mine Ban Treaty
CCM: Convention on Cluster Munitions	MDG: Millennium Development Goals
CMAA: Cambodian Mine Action and Victim Assistance Authority	NGO: Non-Governmental Organisation
CMVIS: Cambodia Mine/ERW Victim Information System	OECD: Organisation for Economic Cooperation and Development
CRPD: Convention on the Rights of People with Disabilities	OEC: Opérations Enfants du Cambodge
DPO: Disabled People's Organisations	RAVIM: Rede Para Assistencia As Victimas De Minas (Mozambique)
DRC: Democratic Republic of the Congo	SO: Survivor Organisations
EUROSTAT: European Statistics of the European Commission	UN: United Nations
ERW: Explosive Remnants of War	UNDP: United Nations Development Programme
ICBL-CMC: International Campaign to Ban Landmines-Cluster Munition Coalition	UNESCAP: United Nations Economic and Social Commission for Asia and the Pacific
IDDC: International Disability and Development Consortium	UNICEF: United Nations Children's Fund
IDP: Internally Displaced Persons	UNMAS: United Nations Mine Action Service
ICF: International Classification of Functioning	VA: Victim Assistance
ILO: International Labour Organisation	VAP: Vientiane Action Plan
IMSMA: Information Management System for Mine Action	WHO: World Health Organisation
ISU: Implementation Support Unit of the Mine Ban Treaty	WG: Washington Group on Disability Statistics

⁽¹⁰⁾ HI. Disability and Development CD ROM, 2012. Funded by AFD. Accessed: June 1st, 2014. www.hiproweb.org/fileadmin/cdroms/Handicap_Developpement/www/en_page61.html

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The issue briefs were authored by Rashmi Thapa and Wanda Muñoz with input from Elke Hottentot and Marion Libertucci. Special thanks to the Editorial Committee: Alma Al Osta, Aude Brus, Hervé Bernard, Lisa Adams, Priscille Geiser, Stephanie Legoff, and Sophie Wyseur; and reviewers of Issue Briefs I, II and the Overview: Anne Rouve-Khiev (Handicap International Lao PDR), Coline Grunblatt and Fridah Kirema (Handicap International Afghanistan), Johanna Huertas (Handicap International Colombia), Nerina Čevra (Action On Armed Violence), Salima Rebbah (Handicap International Algeria), and Sheree Bailey (Disability/Victim Assistance Advisor).

Suggested citation: Handicap International, *Victim Assistance Issue briefs: Ensuring Survivors Benefit from and Participate in Disability-Inclusive Development*, HI: Brussels, 2014.

LOCATING AND IDENTIFYING SURVIVORS AND OTHER PEOPLE WITH DISABILITIES:

**HANDICAP
INTERNATIONAL**

How to ensure mine/ERW survivors participate in, and benefit from, disability-inclusive development?

This brief is part of a set of papers that look at how to ensure that disability-inclusive development efforts actually benefit mine/explosive remnants of war (ERW) survivors. This brief examines the importance of locating the geographical area where survivors live, identifying them through different methodologies, and understanding their needs, priorities, and capacities. It presents the challenges faced by stakeholders in locating and identifying survivors, and provides recommendations that aim to benefit survivors and other people with disabilities alike.



WHAT DOES LOCATING AND IDENTIFYING SURVIVORS AND OTHER PEOPLE WITH DISABILITIES MEAN?

Locating refers to defining the geographical area where survivors and other people with disabilities live, as a starting point for finding and tracing them. **Identifying** refers to finding each person, talking to them and their families to understand their situation, needs, demands, and capacities, and to collecting the data necessary for planning, implementation, monitoring, and evaluation. Locating and identifying are vital first steps in ensuring that policies, plans, and programmes that set out to be disability-inclusive also count survivors among the beneficiaries, and are designed to promote development close to, or in, those areas where they live.



WHY IS IT IMPORTANT TO LOCATE AND IDENTIFY SURVIVORS AND OTHER PEOPLE WITH DISABILITIES?

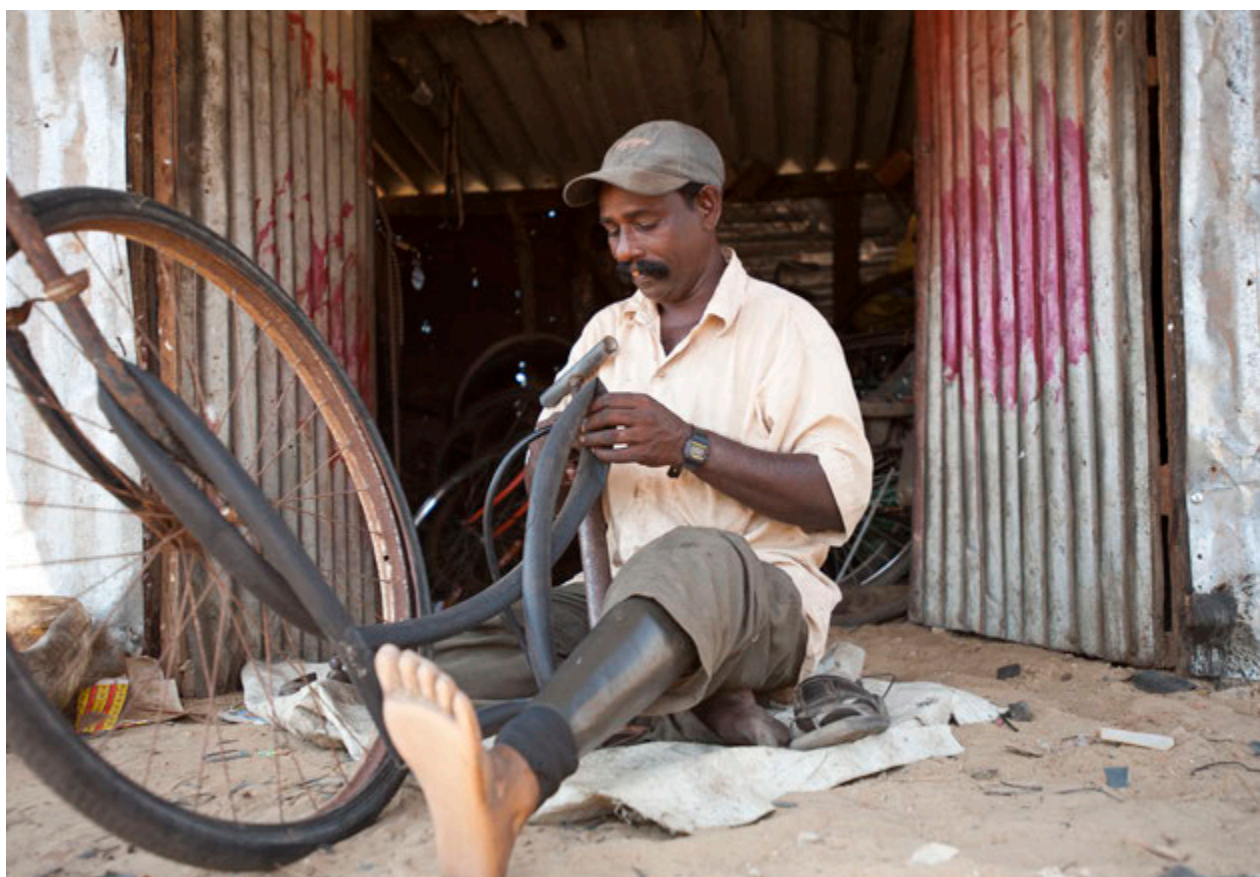
Experience has demonstrated that it **cannot be assumed that this group, often in situations of exclusion and marginalisation, accesses necessary services. Reasons include: a) those related to personal factors, such as lack of self-confidence, information, and knowledge of rights, and low literacy rates; and b) those related to the environment, such as remote and rural location, discrimination, inaccessible services, etc.** Knowing where survivors and other people with disabilities live and identifying them after initial contact are necessary precursors to ensuring that efforts developed in their name actually benefit them.

- ▶ To ensure policymakers have knowledge of their existence and location;
- ▶ To provide survivors and other people with disabilities with information about available services and how to access those services, particularly in remote areas;
- ▶ To establish a first contact and be able to get in touch in the future, even if the survivors and other people with disabilities move;
- ▶ As a first step in collecting information for identification methods such as survey, needs assessments, and situational analysis;
- ▶ To establish a baseline necessary for monitoring progress, report, at a minimum, on the number, sex, age, situation, needs, capacities, and quality of life of survivors and other people with disabilities;
- ▶ To share relevant information with Ministries and stakeholders, thus contributing to formulating, implementing, monitoring, and evaluating policies, plans, and programmes that aim to respond to the rights and needs of survivors and people with disabilities.



COMMON METHODS BY WHICH SURVIVORS AND OTHER PEOPLE WITH DISABILITIES ARE LOCATED AND IDENTIFIED:

Locating and identifying people with disabilities, all while ensuring that survivors are also included, involves locating (through Survivor Organisations (SOs) and Disabled People's Organisations (DPOs), health centres, and village-level authorities, for example) and identifying them directly in their communities. This also implies locating and identifying survivors and other people with disabilities who have high mobility, such as nomad populations, refugees, and internally displaced persons. The information that is collected by stakeholders should cover at a minimum: name, age, sex, current and possible future location, contact details and those of family members, type of impairment, situation, needs, demands, and capacities in sectors including health, rehabilitation, education, social inclusion, social protection, and employment. Such information should be collected once survivors and other people with disabilities are informed of the purpose of such questions, and be done in an accessible and dignified manner that respects the privacy and the rights of survivors and other people with disabilities. Efforts identifying only survivors or people with disabilities without specifying the number of survivors are most common, but those that collect the type of data that reveals the number of survivors among the overall group of beneficiaries are rare. Methodologies include: population census, household surveys, baseline and end of project assessments (evaluation, impact measurement, etc.), situation analysis, needs and capacities assessments, and mapping of services. (HI, VA factsheet #10 on Data collection)



KEY FIGURES

There are hundreds of thousands of survivors in the world. The exact total is unknown. Studies show that many survivors are not able to access services (example: in Mozambique, three out of four survivors live under the poverty line. HI/RAVIM, *Shattered Dreams*, 2013).

People with disabilities comprise 20% of the poorest people as having some form of disability (UN-Enable, *Fact Sheet on Persons with Disabilities*); most live in rural areas.

25 out of 34 respondents in this study said they were identifying only survivors; **19 of 34** said they identified survivors as a subgroup of people with disabilities. [The above numbers are from multiple responses of a total of 34. See section 1.4 and 2.5 for the type of stakeholders from whom information was collected].



EXISTING LEGAL AND POLICY FRAMEWORKS/MAIN REFERENCES

/ **CCM**: Article 5, para 1, 2.A para 1.K. | **VAP**: Actions #22 and # 25 | **CAP**: Section IV, Action #25 | **CRPD**: Article 3.1
 / **UN resolutions**: 63/150, 64/131 and 65/186. | **WHO**. *World Disability Policy*, Annex, Action #23, 2014-2021 | **Washington**
 / **Group Questionnaire (WGQ)** on *Data Collection of People with Disabilities*, 2010 | **WHO and UNESCAP**. *Training manual on*
 / *disability statistics*, 2008 | **WHO**. *Model Disability Survey*, 2013.

1

IDENTIFIED PRACTICES FROM THOSE ORGANISATIONS LOCATING AND IDENTIFYING ONLY, OR MAINLY, SURVIVORS (AS STATED BY 25 RESPONDENTS)

WHY DO ORGANISATIONS LOCATE AND IDENTIFY SURVIVORS?

To understand the needs of survivors; to facilitate access to services where survivors are located, including referring them to nearest available services (health, education, employment, or livelihoods); to monitor the type of services accessed; to plan activities; to raise awareness of their rights; to collect information for advocacy purposes.

TYPE OF INFORMATION COLLECTED

Background information (name, age, sex, location, information on accident); survivor awareness of existing services and rights; type of services received (emergency care, rehabilitation, mental health, education, social services, livelihood, etc.); needs and priorities of survivors.

ACTIVITIES CARRIED OUT TO LOCATE AND IDENTIFY SURVIVORS

Map general population at the community level, with a focus on survivors. Interview community leaders to locate where survivors live. Ask SOs and DPOs to help locate survivors. Ask survivors to help locate other survivors. Liaise with Mine Action Centres. Liaise with mainstream community workers, social workers, and health workers. Provide information in public events and through the media (particularly radio) to inform survivors and ask them to self-identify. Ask hospitals and rehabilitation centres to help identify survivors. Only 5 out of 25 respondents affirmed that they partner with local government authorities to locate and identify survivors. Only 2 out of 25 respondents reported that they have identified and collected information on people with disabilities, and that was only because they were trying to locate and identify survivors.

TOOLS AND MECHANISMS IN PLACE FOR UNDERSTANDING THE CHALLENGES FACED AND MANAGING DATA ON SURVIVORS

- The Information Management System for Mine Action (IMSMA) is used by government respondents from Afghanistan, Cambodia, Colombia, Lao PDR, Tajikistan, Albania, and Senegal to gather and analyse data on casualties. Respondents in all countries also use paper files and Excel databases to manage and analyse the data at the project level. Besides IMSMA, the National Regulatory Authority for unexploded ordnance in Lao DPR also conducted a victim-tracking survey that is currently in a phase of analysis.
- Needs assessments/surveys/situational analyses were reported by NGO respondents: Handicap International and RAVIM's assessment in Mozambique in partnership with the Ministry of Social Affairs and AOA's report 'Understanding and addressing the needs of victims and survivors in Western Sahara'.
- The Government of Austria and UNMAS are supporting location and identification projects in Albania and in the Democratic Republic of the Congo, respectively.

MEASURES TO INCLUDE WOMEN, MEN, BOYS AND GIRLS, AND OLDER PERSONS WHEN LOCATING AND IDENTIFYING SURVIVORS

Only 6 out of 25 respondents stated that they take particular measures to ensure that women, men, children, and adults are included when locating and identifying survivors. None reported any measures to identify older persons. Gender measures referred mostly to hiring female field workers to facilitate communication with female survivors; methodologies generally lacked a comprehensive age and gender approach.

DISSEMINATION OF INFORMATION

19 of 25 respondents shared the information obtained with Mine Action Centres, relevant government stakeholders, service providers, community workers, and DPOs. Almost all of the respondents produced reports, and three said they hosted public awareness events. The other six said they did not share the information in principle; however, when asked, the information was shared on a case-by-case basis. Stakeholders in Colombia and some in Algeria reported sharing the information for statistical purposes, and sharing the information on specific survivors only when necessary to support them in accessing services, and after having obtained their written free and informed consent.



EXAMPLES OF GOOD PRACTICES

These initiatives show the importance of locating and identifying survivors as a way to ensure programs and policies are responsive to their realities, however, by expanding to also include other people with disabilities, their impact could be increased.

- › A centralised data collection mechanism has been recognised as a good practice by all the respondents. This includes IMSMA and others such as the **Cambodian Mine Victim Information System (CMVIS)**, which works with civil society organisations and the Cambodian Red Cross to locate and identify survivors in rural areas. It hires and trains enumerators as government employees to guarantee the validity of the information, conducts meetings, and produces monthly reports. Work is ongoing to make their website accessible.
- › **In Mozambique**, HI and RAVIM implemented a needs and capacity assessment in 12 districts of two of the provinces with the highest number of survivors. The quantitative part targeted survivors and used a control group of people without disabilities in the same community, of the same age and sex, to assess the relative vulnerability of survivors. The qualitative part gathered additional information and opinions of persons working on VA. It was established that survivors face more functional limitations and more often live under the poverty line, as compared to other community members. The assessment concluded that physical rehabilitation and psychosocial support services should be improved. In addition to collecting and sharing evidence about survivors' capacities and needs, this assessment aimed at ensuring the needs and priorities of survivors are also reflected in the National Disability Action Plan.
- › **In Western Sahara**, AOA used a mixed approach in conducting a survey for the report entitled 'Understanding and addressing the needs of victims and survivors of ERW in Western Sahara'. AOA recruited survivors as some of their data gatherers, training them and sending them to affected communities. This proved key in getting people to feel more comfortable self-identifying. The organisation liaised with the government and the location of data gatherers taking down information was announced in the media and at community gatherings, but also provided information as to where this data will be stored permanently. Small grants were provided to survivors who participated in data collection.

2

IDENTIFIED PRACTICES FROM THOSE ORGANISATIONS LOCATING AND IDENTIFYING SURVIVORS AS PART OF LARGER EFFORTS TO LOCATE AND IDENTIFY PEOPLE WITH DISABILITIES (AS STATED BY 19 RESPONDENTS)

WHY DO ORGANISATIONS LOCATE AND IDENTIFY PEOPLE WITH DISABILITIES, INCLUDING SURVIVORS?

To understand their needs and priorities and to record the type of services they need and access; to update national databases; to identify priorities, make decisions, and design national development plans and programmes; to use data to raise awareness and do advocacy work; to inform people of their rights; and as a first step in offering personalised social support.

TYPE OF INFORMATION COLLECTED

Background information (name, age, sex, location, type of impairment, size of household, etc.); 6 of 19 respondents collect information on the cause of impairment; type of services needed and type of services accessed.

ACTIVITIES CARRIED OUT TO LOCATE AND IDENTIFY PEOPLE WITH DISABILITIES, INCLUDING SURVIVORS

- › Liaise with SOs, DPOs, NGOs; contact national government offices and regional/local authorities; check beneficiaries registration in organisations, patients in hospitals, and rehabilitation centres; hold community meetings; make public service announcements.
- › Most respondents affirmed they do not discriminate against survivors, but they did not take specific measure to identify them among the larger group of people with disabilities.

TOOLS AND MECHANISMS IN PLACE TO UNDERSTAND THE CHALLENGES FACED AND MANAGING DATA ABOUT PEOPLE WITH DISABILITIES

- › Government-led: national censuses, household surveys, though most are not based on the CRPD and are carried out every ten years.
- › NGOs/DPOs/SOs-led: situational analysis, project baseline assessments, questionnaires, focus groups, and surveys in conjunction with national governments.

MEASURES TO INCLUDE WOMEN, MEN, BOYS AND GIRLS, AND OLDER PERSONS WHEN LOCATING AND IDENTIFYING PEOPLE WITH DISABILITIES

- › Only 2 of 19 respondents said that they attempted to take measures to include women, men, children, and adults while locating and identifying people with disabilities by hiring women as field workers – none of the respondents implemented a gender approach and none took into consideration the needs of older persons.
- › Respondents in five countries specified they hire women with disabilities to collect information on women in their homes, while respondents in three countries reported hiring people with disabilities, more generally.

DISSEMINATION OF INFORMATION (THE FOLLOWING SCENARIOS WERE REPORTED - FROM MOST FREQUENT TO LESS FREQUENT)

- › Information collected from surveys and needs assessments is not shared widely in order to respect people's privacy, particularly because some people with disabilities do not like sharing the cause of impairment (see section 3: challenges).
- › Information is shared for statistical purposes, omitting any personal information.
- › When information is shared with service providers that can respond to the needs of people with disabilities, free and informed consent is requested on a systematic basis.
- › Information is shared on a case-by-case basis by request only when stakeholders have specific questions.



EXAMPLES OF GOOD PRACTICES

- › **In Cambodia**, the Jesuit Refugee Service (JRS) in conjunction with the Cambodian Mine Action Authority, released a quality-of-life report that surveyed 3,448 survivors and people with disabilities. Interviews were carried out in 388 remote villages, which were identified through JRS mapping the people with disabilities living in the villages and cross-checking information with the existing CMVIS database on survivors located in the same provinces. The success of the report has enabled CMAA and JRS to update an on-going quality-of-life survey.
- › **In Colombia**, the four organisations that participated in the study reported respecting the privacy of survivors, including by sharing the information in statistical format and for statistical purposes only, and by requesting free and informed consent in written format, if necessary, to support survivors in accessing the services they need.
- › **In Lao PDR**, the Lao Disabled People's Association (LDPA), with HI support, conducted a needs assessment on people with disabilities in four provinces in which mines/UXO are identified as a cause of impairment. The Washington Group Questions guide was used for the needs assessment to identify the type of impairment and needs.
- › **In Uganda**, the Ugandan Landmine Survivor Association (ULSA) has been able to successfully advocate that survivors be identified within the upcoming National Census. The Census includes a sheet with questions on disability, where the cause of impairment has been inserted.

3

CHALLENGES IN LOCATING AND IDENTIFYING SURVIVORS AND OTHER PEOPLE WITH DISABILITIES

GEOGRAPHICAL LOCATION

- › Respondents expressed difficulties in reaching survivors in areas where there is ongoing armed conflict or violence. One affirmed, *"We cannot access insecure areas, because there is no transport that reaches them..."*
- › Changes in survivors' whereabouts is a challenge. Such mobility is related to nomadism, semi-nomadism, ongoing conflict, and related refugee and internally displaced persons movements. A survivor organisation respondent said, *"Once survivors are displaced, they travel to regions that are not mine/ERW affected; we cannot locate them as these regions are outside of our working area."*
- › Most survivors and other people with disabilities live in rural and remote areas where poor infrastructure makes it difficult to reach them.
- › There is little to no pre-existing information on the location and situation of survivors and people with disabilities. There is no basis upon which to start the mapping exercise.

TECHNICAL AND FINANCIAL CAPACITY

- › Limited human, technical, and financial resources at all levels for collecting appropriate data and maintaining a comprehensive centralised database.
- › Donors appear reluctant to support disability surveys and needs assessments, or to support capacity building necessary to advance data collection efforts and to establish and maintain a centralised database.
- › In some countries, there are many different languages, which makes it difficult to communicate if enumerators are not from the local area.
- › Due to funding constraints, in some cases field workers are volunteers who receive little training and small remuneration for each interview. This makes the quality of the interview unknown, and with little or no possibility of verification.
- › In some cases, international agencies still require that only survivors are targeted by VA earmarked funds, leading some government bodies and NGOs to collect data only on survivors and their families, and not on other people with disabilities.
- › There is still no systematic way of collecting information on disability. Washington Group Questions were only used by one organisation even though they are the highest standard for data collection on people with disabilities and they are in accordance with the CRPD.



WHAT ARE THE WASHINGTON GROUP QUESTIONS?

The growing interest in developing standard tools to measure disability resulted in the establishment of the *Washington Group on Disability Statistics (WG)*, led by the UN Statistical Commission, in 2001. Representatives of 188 countries and territories, DPOs and NGOs, UNICEF, ILO, UNESCAP, EUROSTAT, and others have contributed to the WG's work.

This group developed measures of disability for surveys and censuses that: a) are compatible with the WHO International Classification of Functioning, Disability and Health (ICF); b) reflect the complexity of disability; and c) are comparable across countries and different population groups. Such measures seek to identify all those at greater risk than the general population for limitations in participation, and are particularly useful for: a) obtaining data to inform policymaking at the national level; b) facilitating internationally comparable data; and c) contributing to assessing a country's compliance with the CRPD. The tools the WG has developed include the *Short Set of Questions* recommended for censuses, and the *Extended questions set on functioning* for national surveys.

The six questions recommended for a census are: Because of a health problem,

- i) Do you have difficulty seeing, even if wearing glasses?
- ii) Do you have difficulty hearing, even if using a hearing aid?
- iii) Do you have difficulty walking or climbing steps?
- iv) Do you have difficulty remembering or concentrating?
- v) Do you have difficulty with self-care, such as washing all over or dressing?
- vi) Using your usual-customary language, do you have difficulty communicating-understanding or being understood by others?

Source: UN Disability and Statistics website. Accessed 5th July 2014. <http://www.un.org/disabilities/default.asp?id=1515>

OTHER

- › Managing expectations of survivors and other people with disabilities interviewed was also considered a challenge by some of the respondents, as many survivors expected to receive something in return for sharing their experience. When this did not materialise, they were either angry or disappointed.
- › Over a third of the respondents said that people with disabilities do not like to share the cause of their impairment, or to discuss it in detail.
- › In three countries, certain survivors report they are not people with disabilities. One survivor organisation respondent said, “...*some [survivors] say they are different because they acquired the impairment due to war, or later in their lives. One of the reasons why we do not request a detailed background from survivors and other people with disabilities is because many consider this information sensitive or private.*”



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4 RECOMMENDATIONS ON LOCATING AND IDENTIFYING SURVIVORS AND OTHER PEOPLE WITH DISABILITIES

PRIOR TO LOCATING AND IDENTIFYING SURVIVORS AND OTHER PEOPLE WITH DISABILITIES

- › Work closely with local and national authorities and with NGOs/DPOs/SOs to ensure coordination with other relevant efforts and monitoring mechanisms and compliance with existing national guidelines on data collection. Define an authority to be the focal point responsible for the task and ensure strong linkages with national data collection mechanism(s) in those countries where this exists.
- › Organise district committees to carry out planning, locating, and identifying survivors and other people with disabilities with an adequate timeframe, and with the necessary financial and technical support.
- › Establish a functioning data collection system to manage and analyse data at the national level and facilitate access by, and dissemination to, relevant stakeholders.
- › Define the purpose of locating and identifying survivors and other people with disabilities to manage respondents' expectations.

LOCATING SURVIVORS AND OTHER PEOPLE WITH DISABILITIES

- › Projects in areas currently or previously affected by mine/ERW should ensure survivors are located, talked with, and traced amongst the broader group of people with disabilities.
- › A mapping exercise with community leaders, field workers, SOs and DPOs needs to be done in advance to prioritise the areas for data collection and identification of people with disabilities, including survivors. Criteria for mapping could include: prevalence of mines/ERW in the region, assumed disability prevalence, presence of survivors, location of displaced survivors, etc.

IDENTIFYING SURVIVORS AND OTHER PEOPLE WITH DISABILITIES

- › Raise awareness in public events and through mass media on why survivors and other people with disabilities should self-identify (information, rights, access to services).
- › Collect information about needs, rights, and quality of life in all sectors, such as health and livelihoods.
- › Ensure questions or tools used to identify survivors and other persons with disabilities are aligned with CRPD standards, including the use of Washington Group Questions.
- › Train women, men, and survivors, with and without disabilities, and ensure field workers represent the diversity of the target region in terms of ethnicity, religion, and culture.
- › Inform survivors and other people with disabilities of the purpose of identifying them, and let their families also know of the purpose so that they are supportive.
- › Ensure data collectors have adequate training on subjects such as terms used, types of impairments, the concept of disability, respect for privacy and identity of the interviewee, and human rights prior to field work to collect data, and provide adequate remuneration for their work.
- › Avoid multiple surveys on the same topics in the same location by improving coordination with local and national authorities and among different stakeholders (for example, in one country, multiple victim surveys were carried out by different actors).
- › Provide survivors and other people with disabilities with contact details of services they can contact if they move.

SHARING AND REPORTING ON INFORMATION OBTAINED

- › Ensure stakeholders know with whom, and how, to share information if they identify survivors or other people with disabilities.
- › If possible, cross-check certain information collected with various stakeholders, all the while respecting the privacy of respondents.
- › Request free and informed consent before sharing any specific data.
- › Train stakeholders in affected areas on reporting procedures. *“Establish contact with the victim/or family or local authorities, in the shortest time possible after the accident. That way, we have information needed for the identification and timely recording of events. This has significantly improved the accuracy and reliability of the database.”* - A representative of a government in one of the countries with the highest number of victims in the world.
- › Take the opportunity of identification to share information about rights and services and inform survivors and others about local associations and authorities that can support them.
- › Even if survivors are not an explicit target of programmes and organisations that include people with disabilities and work in mine/ERW affected areas, such organisations should be able to demonstrate they are taking steps to ensure survivors are included (for instance by targeting areas where most survivors live, facilitating access to rehabilitation, etc.).

INTERNATIONAL COOPERATION

- › Support efforts to build capacity of local authorities to locate and identify survivors and other people with disabilities.
- › Support efforts to locate and identify survivors and other people with disabilities, as well as all relevant methodologies to identify their needs, priorities, and capacities.
- › Support training of data collectors to ensure they carry out their work properly and work in decent conditions.

Suggested citation: Handicap International, *Victim Assistance Issue briefs: Ensuring Survivors Benefit from and Participate in Disability-Inclusive Development*, HI: Brussels, 2014.

IMPROVING ACCESS TO AN INCLUSIVE SYSTEM OF SERVICES FOR SURVIVORS AND OTHER PEOPLE WITH DISABILITIES:

**HANDICAP
INTERNATIONAL**

How to ensure mine/ERW survivors participate in, and benefit from, disability-inclusive development?

This brief is part of a set of papers that look at how to ensure that disability-inclusive development efforts will actually benefit mine/explosive remnants of war (ERW) survivors. This particular brief examines the role of three key stakeholders (right holders/service users, service providers, and duty-bearers/policymakers) in ensuring that survivors have access to an inclusive system of services, including those accessed via a referral mechanism. Recommendations are provided that aim to benefit survivors and other people with disabilities alike.



WHAT IS AN INCLUSIVE SYSTEM OF SERVICES?

It is a network of services from all sectors that has **strong functional and informational links**, and which allows every person to benefit from appropriate services **at every stage of their life** (as children, adolescents, adults, and older persons) and to access **different services simultaneously** (e.g. education and rehabilitation, or health and livelihoods). An inclusive system of services includes: a) **mainstream services** that target the general population; b) **disability-specific services**, which respond to their specific needs, such as peer support and individual needs assessments; and c) **support services** that support the self-determination and participation in society of people with disabilities, such as support teachers, support for accessing waged employment, and interpreters for people with sensorial impairments (HI, *Access to services*, 2010).



WHY IS IT IMPORTANT?

People with disabilities, including survivors, often live in poverty, and usually lack access to basic services (such as health care and education), and to opportunities for safe employment and proper housing conditions. The major obstacle to their inclusion in society is not the impairment itself, but rather **discrimination, exclusion, denial of rights, and lack of access to services**.



WHO ARE THE MAIN STAKEHOLDERS AND WHAT ARE THEIR ROLES IN ENSURING THAT AN INCLUSIVE SYSTEM OF SERVICES IS IN PLACE?

Such a system cannot function and be sustainable unless good governance and accountability mechanisms are in place, and three types of key stakeholders work together:

► Survivors and other people with disabilities, their families, and representative organisations:

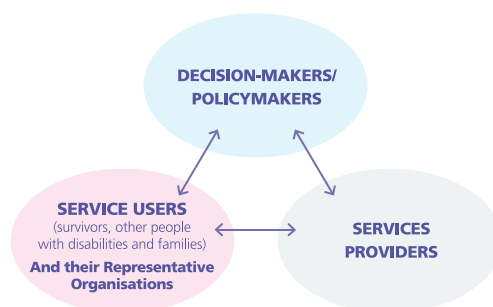
They are the service users and must express their needs and priorities. By adopting a proactive attitude, users contribute to orienting policies, improving access to services, and defending their rights. They should receive appropriate information and play a role in monitoring services.

► Service providers:

These include public providers (public agencies and institutions); non-governmental organisation (NGO); for-profit companies providing services; and "informal" providers such as families or volunteers. Their services must be available, acceptable, affordable, accessible, accountable, of good quality, and based on a person-centred approach. They should provide information needed by users and authorities and must adhere to defined quality standards and principles. A referral mechanism should be in place to ensure people can access all services they need in different sectors.

► Policymakers:

As duty-bearers, they have the responsibility of assessing the needs of survivors and other people with disabilities, of identifying gaps in responding to needs and implementing rights, of taking measures to guarantee access to appropriate services, and of ensuring overall coordination. The government should maintain its regulatory role; define main directions; provide services and financial resources; define quality of services; and establish indicators for reporting at the national and international level.



★ **Good governance** has eight major characteristics. It is participatory, consensus-oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive, and follows the rule of law. It assures that corruption is minimised, the views of minorities are taken into account, and that the voices of the most vulnerable in society are heard in decision-making. It is also responsive to the present and future needs of society. (UNESCAP)

★ **Accountability** refers to the relationship of duty-bearers (policymakers) with right holders (survivors and other people with disabilities in this case) who are affected by their decisions and actions. Accountability serves to determine which aspects of a policy or service are working and/or not working, so they can either be expanded or improved upon. (Adapted from UNOHCHR. *Who will be Accountable? Human Rights and the Post 2015 Development Agenda*. 2013)



FROM THE FIELD...

"The added value of inclusive development is that it does not differentiate between people with disabilities based on the cause of impairment. Human rights are universal: the benefits and services that are only for survivors should be equally available to other people with disabilities."

– A survivor organisation in a country where survivor-specific services still exist.

"The reality is that the institution in charge of survivor assistance has national funding, whereas that in charge of disability does not."

– A challenge identified by a survivor organisation.

"Most survivors, like other people with disabilities, still do not know their rights and how to claim them. We need to do more to ensure this happens."

– A government representative.



MAIN REFERENCES

- / **CCM:** Article 5.H. | **VAP:** Action 25. | **CAP:** Section IV.13. | **CRPD:** Article 9. | **HI.** *Access to services for persons with disabilities in challenging environments.* 2010. | **IDDC.** *Make Development Inclusive Website.* 2013. | **OECD.** *Service delivery in fragile situations.* 2008. | **UNESCAP, UNDP, ADB.** *Access to services for the poor: the importance of good governance.* 2007.
- / **ISU:** *Assisting landmine and other ERW survivors in the context of disarmament, disability and development.* 2011.

The following sections describe current practices of the three types of key stakeholders.

Each has a vital role to play if survivors are to be included in disability-inclusive development efforts. It outlines challenges that need to be overcome and provides recommendations to ensure a truly inclusive system of services.

1 STRENGTHENING THE LINK BETWEEN REPRESENTATIVE ORGANISATIONS OF SURVIVORS, OTHER PEOPLE WITH DISABILITIES AND THEIR FAMILIES: SURVIVOR ORGANISATIONS (SO) AND DISABLED PEOPLE'S ORGANISATIONS (DPO)

IDENTIFIED PRACTICES

- › Survivors have created their own organisations for two main reasons: i) having faced similar traumatic experiences, survivors often face similar challenges and are deemed to be in the best position to provide peer support; and ii) having the MBT and the CCM as a reference encourages survivors to advocate together on these treaties.
- › In most countries, SOs are part of DPOs networks and federations. There are different ways in which SOs and DPOs describe themselves:
SOs:
 - * As organisations that provide services only for survivors, but also inform other people with disabilities of their rights.
 - * As organisations that are "survivor-led", but provide services for survivors and other people with disabilities on an equal basis.
 - * As survivor-led organisations that are actually registered nationally as a development NGO.DPOs:
 - * As organisations that target all people with disabilities equally, while likewise informing survivors of their specific rights and relevant frameworks, including the CRPD and disarmament treaties.
 - * As organisations that include all people with disabilities in their work, without differentiating on the basis of the cause of impairment (mine/ERW or other).
- › Countries committed to international cooperation support linkages between SOs and DPOs when it is requested by recipient organisations in countries where survivors live.

CHALLENGES

- › Many survivors still do not know their rights as survivors nor as people with disabilities. Lack of knowledge of rights, in addition to weak or absent joint advocacy work between SOs/DPOs is a challenge when demanding accountability from government and service providers.
- › In some cases, survivors do not identify themselves as "people with disabilities", often citing as a reason that they acquired the impairment over the course of their lives and as a result of an accident. Therefore, some survivors prefer to focus on their specific rights as described in the MBT and the CCM, possibly without fully understanding the added value of the CRPD.
- › SOs often tend to focus on the MBT and the CCM, and may be less familiar with the CRPD. In contrast, DPOs focus on the CRPD and may have little knowledge of the MBT and the CCM.
- › The fact that the language of the MBT and the CCM uses terms such as "victim" and "assistance" is often questioned by DPOs, which tend to be more focussed on notions such as right holders and human rights.
- › In some countries, service provision targeting **only** survivors still exists, excluding people with impairments from other causes. Specific benefits for survivors also exist in parallel to social protection systems. This has created, to varying degrees, resentment on the part of other people with disabilities and of DPOs.
- › In some cases, the DPOs movement itself faces difficulties in coordination at the national level, in which case some SOs may prefer to work separately.



EXAMPLES OF GOOD PRACTICES

- › **In Algeria**, HI facilitated a process to improve linkages between DPOs and SOs by: i) holding workshops to identify challenges and opportunities for collaboration: one only with DPOs, and one only with SOs; and, ii) organising a workshop where SOs and DPOs presented their respective objectives and then defined a common advocacy strategy and joint action plan to advance everyone's right to access services.
- › **In El Salvador**, the Landmine Survivors Network initially started as a network by, and for, mine/ERW survivors. After eight years, it decided to likewise include all people with disabilities, including mine/ERW survivors, armed violence survivors, and all other people with disabilities, as well as their families and mothers of children with disabilities. This organisation continued to ensure that peer support is provided by, and to, mine/ERW survivors, and continues to track how many mine/ERW survivors benefit from, and participate in, their activities. It has changed its name to *Network of Survivors and other People with Disabilities*.

RECOMMENDATIONS

DISABLED PEOPLE'S ORGANISATIONS, SURVIVOR ORGANISATIONS AND GOVERNMENTS OF MINE/ERW AFFECTED COUNTRIES

- › Inform survivors of their rights as victims of mine/ERW **and** as people with disabilities, as well as of other rights they may have in relation to gender, as victims of conflict, as refugees, etc., all while respecting the right of every person to define their own identity.
- › Provide logistical support for survivors and other people with disabilities as required so that they can participate in activities implemented by SOs and DPOs.
- › Continue and scale up individual and collective empowerment initiatives, and support ongoing training for DPOs and SOs on advocacy, fundraising, human rights monitoring, policymaking, networking, and other topics DPOs and SOs identify as priorities.
- › Encourage and support: i) SOs to participate in disability and human rights efforts; and ii) DPOs to participate in VA advocacy and related service delivery efforts.
- › Facilitate exchanges between SOs and DPOs to: i) identify common challenges, objectives, advocacy goals, and areas for collaboration, all the while being respectful of the sensibilities that may exist in different national contexts; and ii) explore opportunities provided by different frameworks (CRPD, MBT, and CCM) to reach common objectives at the national level through joint advocacy.
- › Ensure the effective participation of survivors and other people with disabilities in monitoring and evaluating the degree to which the system of services is inclusive and ensures improvements in people's quality of life.

COUNTRIES COMMITTED TO INTERNATIONAL COOPERATION

- › Support capacity building of SOs and DPOs so that they are equipped with the knowledge, skills, information, and resources necessary to actively and meaningfully advocate for their rights.
- › Request DPOs working in mine/ERW affected areas to explain what measures are taken to ensure survivors are included; request SOs to demonstrate how they link their work with DPOs and other disability, development, and human rights initiatives; and inform how many survivors and other persons with disabilities have benefited from their international cooperation efforts.
- › Request recipient organisations working in mine/ERW affected countries to identify local partners in the government and in civil society (particularly organisations led by survivors and other people with disabilities) to work jointly at all levels and in all settings (emergency, reconstruction, development) to ensure the rights of people with disabilities are respected.
- › Encourage organisations and countries involved in conflict management and resolution to include SOs and DPOs from the beginning, in all responses to emergency situations, including peace negotiations and planning of post-conflict reconstruction and throughout transition stages.

2

SUPPORTING SERVICE PROVIDERS TO BECOME ACCESSIBLE TO, AND INCLUSIVE OF, SURVIVORS AND OTHER PEOPLE WITH DISABILITIES

IDENTIFIED PRACTICES

- › All respondents affirmed they inform and refer survivors to both: i) mainstream services that are inclusive of people with disabilities; and, ii) services that target only people with disabilities and/or only survivors, particularly for peer support.
- › Health services are considered more easily accessible to survivors. Factors that contribute to facilitating access are: informing persons of their rights, bringing services close to rural areas, covering the cost of transport, and ensuring services are free or affordable.
- › While most service providers target survivors and other people with disabilities, some services (including public services) still target only survivors, in spite of international conventions and action plans underscoring the principle of non-discrimination on the basis of the cause of the impairment.

CHALLENGES

- › Respondents affirmed that services most needed by survivors, but with major gaps, are: rehabilitation, psychological support, and livelihoods. Barriers include: cost of services, lack of services in rural areas, lack of transport, lack of information that effectively renders services inaccessible, lack of communication, limited physical accessibility, prevailing poverty in rural—particularly mine/ERW affected—areas, and lack of knowledge on how to improve livelihoods, including through ensuring access to livelihood services.
- › Service providers report they include survivors as part of the larger group of people with disabilities “on a non-discriminatory basis”, yet for the most part, they are not able to report on how many survivors actually accessed their services.
- › There seems to be a gap in fully understanding what accessibility entails. Some respondents affirmed, “*there are no barriers to accessing services in our country*”, or “*there is no difference in access for women and men*”. But they could not provide examples to demonstrate this, nor provide evidence that an analysis of the respective roles of men and women was carried out, nor offer examples of universal design, existence of support services, or reasonable accommodations, etc.
- › Only two respondents take a gender approach, although this predominantly involved the hiring of female staff. A global gender approach appears far from systematic.
- › There are major gaps in continuity of services (e.g. no link between health and social services) due to lack of support services, referral systems, and personalised support.
- › Some international cooperation agencies still call for proposals targeting only survivors and not other people with disabilities.



EXAMPLES OF GOOD PRACTICES

- › **In Cambodia**, the NGO OEC has worked to support mine/ERW survivors since 1996, assessing their needs and priorities in different sectors. OEC targets survivors and other people with disabilities and their families on an equal basis. OEC adopted a gender and human rights-based approach, which was strengthened by working with various organisations, including HI.
- › **In Mozambique**, the Ministry of Women and Social Action and HI developed a service that identifies, informs, refers, and provides personalised social support to people with disabilities, including survivors. This involves: i) improving the capacity and accessibility of mainstream health, education, and social services; ii) setting-up and managing an information, counselling, and referral service run by social workers with the participation of DPOs; and iii) strengthening policy dialogue through forums involving local authorities, service providers, and DPOs and SOs.
- › **In Afghanistan**, “The [ICRC Orthopaedic] program started in Kabul in 1988 to provide physical rehabilitation to Afghan war victims. It soon became obvious that it was unfair to ignore the needs of other people with disabilities. Thus in 1995, the program opened its doors to anyone with mobility impairment. The work increased dramatically. In fact, at present, [for] over five patients assisted, only one is a war victim.” – Alberto Cairo, Director of the ICRC Rehabilitation Program in Afghanistan, at the Meeting of States Parties to the MBT in September 2006.

RECOMMENDATIONS

AFFECTED COUNTRIES

- › Advocate for rural areas, in particular those currently or formerly affected by mines/ERW, to be included in all development plans and programmes, particularly in those targeting people with disabilities.
- › Ensure that services being developed in rural areas, particularly those currently or formerly affected by mines/ERW, are designed to be accessible from the beginning.
- › Build linkages between mainstream, support, and specific services, including the establishment of a referral network with clear responsibilities among stakeholders.
- › Take specific measures to analyse the needs and priorities of women, men, children, adolescents, and older persons with disabilities, including survivors, and ensure that projects, programmes, and policies adequately respond to their needs and priorities.
- › Implement and report on measures taken to comply with national and international accessibility standards at all levels.
- › Train and coach services providers in different sectors on practical steps for including people with disabilities, particularly in rural areas, and on reporting on people with disabilities and specifically on survivors who accessed services. Training should include all aspects of accessibility: availability, accessibility, affordability, acceptability, accountability, and good quality, as well as a gender approach.
- › Where services targeting only survivors exist, ensure at a minimum that there are links to mainstream services, and that good practices developed in that context are shared at the national level. Take steps to include other people with disabilities.



G. Dubourthoumieu / Handicap International

COUNTRIES COMMITTED TO INTERNATIONAL COOPERATION

- › Request local partners to specify the number of people with disabilities, and specifically the number of survivors, who benefit from disability-inclusive projects and programmes supported by international cooperation; such data should be disaggregated, at least by age and sex, and reflect indicators of progress in access to services and in quality of life. This information can contribute to reporting on the results of international cooperation in the context of the MBT, CCM, and CRPD (See: Issue Brief III on Measuring Progress).
- › Do not put out calls for proposals that target only survivors, but rather, target people with disabilities, including survivors, demonstrate progress, and report on it.

3

STRENGTHENING THE ROLE OF POLICYMAKERS

IDENTIFIED PRACTICES

- › **Legislation:** Respondents from 11 countries reported having two different types of national legislation covering the rights of survivors: i) legislation related to victims of conflict, war veterans, or victims of banned weapons, which include mine/ERW survivors in varying degrees. In some cases, such legislation is implemented through specific services for mine/ERW survivors, which are not accessible to other people with disabilities, nor coordinated with mainstream services; and ii) legislation on the rights of people with disabilities (though not necessarily in accordance with the CRPD yet).
- › **National Action Plans and coordination:** Coordination is ensured, in particular, via the definition and implementation of National Action Plans, though little or ineffective coordination was reported by line Ministries. Concerning National Action Plans, the following four scenarios were reported: i) countries that have a National Action Plan on Disability, only one of which includes an explicit reference to survivors; ii) countries that have a National Action Plan on Victim Assistance, but which does not fully incorporate the needs and priorities of other people with disabilities; iii) countries that have both Plans, but which mostly lack functional links between them; and iv) countries that have neither, thus rendering service planning more complex.
- › **Regulatory role of the policymakers:** Responses indicated that when policymakers are mobilised on victim assistance in their countries, they are mostly focused on data collection or on improving coordination, but they seem to have limited links with the Ministries in charge of providing and regulating services in sectors such as health, education, social protection, and employment. No respondent mentioned the role of policymakers in establishing accessibility standards and ensuring these are respected; no mention was made either of how policymakers monitor progress at the field level to allow for the progressive realisation of the rights of survivors and other people with disabilities.

CHALLENGES

- › VA obligations under the MBT and the CCM and principles of implementation have not been well disseminated among all relevant Ministries at the national level. When different disability and VA coordination forums exist in a country, respondents mentioned there were no clear links among the forums. Some respondents affirmed, “the link is the Ministry of Health”, but with no practical results.
- › Often, services within one sector (such as health) and among different types of service providers (government, non-governmental, for profit, informal) do not work as an actual system, partly owing to a lack of leadership in establishing clear guidelines and of functioning coordination mechanisms and for demanding accountability.
- › There seems to be a gap in knowledge on methodologies for assessing needs, mapping services, etc., particularly at the local level.



EXAMPLES OF GOOD PRACTICES

- › **In Mozambique,** an Operational Working Group to develop a specific VA plan was set up by the Ministry of Women and Social Action. It is composed of HI, RAVIM, FAMOD, the Health Ministry and the National Council on Disability. This plan i) will address the priorities of survivors and reach them in those areas where they live; and ii) includes means and resources to provide access to direct social support, psychosocial support and livelihoods opportunities (survivors’ priorities were determined following a needs and capacities assessment). The process includes relevant stakeholders and the Plan will include activities, outcomes, and indicators to ensure progress is properly monitored and reported on.
- › **In Albania,** the Ministry of Health took the lead in improving access to rehabilitation through a comprehensive approach involving the development of a national rehabilitation policy, training of rehabilitation professionals, and development of rehabilitation services in the Kukes region, where a relatively high number of survivors live. A national plan on physical medicine and a rehabilitation strategy were defined. Stakeholders included national DPOs, who initiated the process, the Nursery Faculty of Tirana, the Albanian Mine Action Executive, two Belgian physiotherapy schools, and HI.



RECOMMENDATIONS

- › **Ensure survivors and other people with disabilities** know their rights under all relevant legislation and how to claim them, and that they actively participate in policymaking at all levels.
- › **Coordination:** Establish/improve a coordination mechanism on victim assistance and disability —within the government— that has a clear strategy and objectives, and enough resources to implement its work and the power to mobilise all relevant stakeholders.
- › **Links between National Action Plans on VA and disability:** In all cases, VA should be considered as part of larger disability and

development frameworks. 1) When only a National Action Plan on Disability exists or is being developed, it should ensure that: i) it includes the contributions of survivors and reflects their needs and priorities as well; ii) resources are included to reach rural and mine/ERW affected areas; and iii) it includes proper monitoring and reporting mechanisms. 2) When only a Plan on Victim Assistance exists or is being developed, it should (be reviewed to) include other people with disabilities, or at least, be linked with other plans and strategies aimed at realising the rights of people with disabilities. 3) When there are two Plans with no links, a process can be engaged to synthesize them both into one single plan. 4) Where no plan exists, a single Plan should be envisaged, covering all people with disabilities while ensuring that priorities of certain groups such as survivors, minorities, and those living in rural areas and in mine/ERW affected areas are taken into account.

- › **Regulatory role of services:** Policymakers should ensure that the needs and priorities of survivors, other people with disabilities, and other people in situations of vulnerability, are well understood, and ensure the adequate provision of services, particularly in areas where survivors live. Priorities should be determined on the basis of an understanding of needs and priorities, and clear monitoring, evaluation, and reporting mechanisms should be established. Policymakers should develop accessibility standards and develop training materials and tools to support service providers in different sectors (health, employment, etc.) in implementing the accessibility standards at all levels. Ministries need to strengthen efforts to increase the capacity of state institutions to ensure their services respond to the needs and rights of survivors and other people with disabilities, including via training of staff at all levels, mobilisation of resources, and coordination and regulation of private service providers.
- › **International cooperation:** Request partners in countries where survivors live to report on if and how the above elements apply in their countries; to demonstrate efforts to improve legislation, coordination, and regulation of services; and to report on the number of survivors and other people with disabilities reached in all projects, using SMART indicators.

Suggested citation: Handicap International, *Victim Assistance Issue briefs: Ensuring Survivors Benefit from and Participate in Disability-Inclusive Development*, HI: Brussels, 2014.

MEASURING PROGRESS ON THE IMPLEMENTATION OF VICTIM ASSISTANCE THROUGH DISABILITY-INCLUSIVE DEVELOPMENT: MONITORING AND EVALUATION

**HANDICAP
INTERNATIONAL**

How to ensure mine/ERW survivors participate in, and benefit from, disability-inclusive development?

This brief is part of a set of papers that looks at how to ensure that disability-inclusive development efforts actually benefit mine/ERW survivors. This paper examines how progress on the implementation of VA can be measured in the context of these efforts.



WHAT IS MONITORING AND EVALUATION?

Monitoring is an ongoing process by which stakeholders obtain regular feedback on the progress being made towards achieving set goals and objectives. **Evaluation** is a rigorous and independent assessment of either completed or ongoing activities, to determine the extent to which they are achieving stated objectives and contributing to decision-making (UNDP, 2011). Successful monitoring and evaluation is based on clearly-defined indicators, which provide a baseline to evaluate progress, help identify strengths and weaknesses, and make adjustments if necessary. Monitoring and evaluation can **measure progress** at various levels, including: i) **quality of life** - indicators on the well-being of individuals and their interaction with the environment; ii) **access to services** - indicators on whether services are available, accessible, acceptable, affordable, accountable, and of good technical quality; and iii) **legislation and policies** - indicators on whether national legislation and policies are in accordance with international standards, and on their implementation (see below: Possible Scenarios) HI VA *Factsheets, 2013*.



WHY IS MEASURING PROGRESS ON THE INTEGRATION OF VA INTO DISABILITY-INCLUSIVE DEVELOPMENT IMPORTANT?

The integration of victim assistance into disability-inclusive development efforts should be able to demonstrate results in order to measure its success. In other words, victim assistance efforts undertaken in frameworks other than the MBT and the CCM should ultimately be able to demonstrate progress in quality of life, so as to ensure that survivors are not left out when the VA label is taken away. Monitoring and evaluation can measure progress:

- ▶ To facilitate accountability to right holders: in this case, survivors and other people with disabilities, but also at the international level in the framework of various disarmament and human rights treaties, strategies, and plans of action;
- ▶ To provide a basis on which to demonstrate advances and gaps, propose relevant adjustments if necessary, and mobilize necessary resources accordingly;
- ▶ To have a shared and objective assessment of progress towards agreed objectives, and a shared sense of responsibility among stakeholders;
- ▶ To demonstrate that efforts to ensure survivors are participating and benefitting from larger disability-inclusive development are being effective.



POSSIBLE SCENARIOS FOR MONITORING AND EVALUATION OF VICTIM ASSISTANCE THROUGH NATIONAL ACTION PLANS

- ▶ **Where National Plans on VA exist**, monitoring should be given the same weight and resources as all other components of the Plan, and have its own objectives, activities, and resources. An evaluation should be conducted once the time period set to achieve its objectives has come to an end.
- ▶ **Where National Plans on Disability exist**, monitoring and evaluation should be given the same weight and resources as all other components of the Plan. Monitoring mechanisms should specifically examine the effectiveness of measures to ensure survivors participate in, and benefit from, the Plan. Such measures may include: ensuring their free and informed participation in policymaking at all levels; contributing to services being accessible in the geographical locations where most survivors live; facilitating peer support among survivors; and strengthening referral networks. Sectoral policies and plans related to health, education, social protection, poverty reduction, and employment should also be monitored and evaluated for their ability to reach survivors amongst the broader group of people with disabilities.



FROM THE FIELD...

"We are collecting data on victims of mine/ERW for the purpose of monitoring and reporting under the CRPD, MBT and CCM. We also try to advocate for our Statistics and Social Protection Ministry, in charge of disability, to collect a broader set of data, but this hasn't been easy [...]"

— A government representative on challenges faced.

"The problem that we face is that we do not know exactly who is collecting data for monitoring purposes, and how they are using it. The decision of centralising data in the Ministry of Women and Social Affairs and the Bureau of Statistics will hopefully make it easier to access information."

— Survivor Organisation.

"Measuring the impact of our work can be tricky because it calls on the ability to collect disaggregated data, but some people with disabilities do not like to disclose the cause of their impairment..."

— A DPO on challenges faced in monitoring progress specifically focused on survivors.



MAIN REFERENCES

- / VAP Actions VII and VIII | CAP Actions 28 and 29 | CRPD Art. 4, 33
- /
- / CRPD/CSP/2014/3 National Implementation and Monitoring
- /
- / Post 2015 MDG Open Working Group, 2013 Objectives 2, 4, 8
- /
- / Nairobi Declaration Inclusive Post 2015 Development Agenda for Persons with Disabilities
- /
- / INCHEON Strategy 2013-2022 Goals 8,9, 10
- /
- / WHO, World Disability Policy 2014-2021 Actions #23-31
- /
- / WHO, Model Disability Survey Providing evidence for accountability and decision-making, 2013
- /
- / UN Resolution 64/131, 65/186, 63/150

1

KEY FINDINGS AND COMMON CHALLENGES

AT THE PROJECT LEVEL

- › 3 out of 12 interviewed organisations that do not have a focus on survivors can report on the specific number of survivors who participated in their projects. Most indicators are more general and refer to “number of people with disabilities, including survivors.” But without specifically tracking the number of survivors, it is not possible to demonstrate to what extent they were beneficiaries, or to what extent they were included in community assessments to identify actual beneficiaries of a given project.
- › People with disabilities themselves, including survivors, have different perceptions of what it means to be a person with a disability, a victim, or a survivor. Therefore, the group of people with disabilities is far from homogeneous, and as such, collecting accurate data is challenging.

AT THE NATIONAL LEVEL

- › It was not possible to obtain examples of yearly reporting on victim assistance based on quantifiable indicators.
- › There are gaps in monitoring and evaluation procedures, which result in unclear division of tasks as to who is responsible for collecting, analysing, and compiling data for monitoring purposes.
- › Governments face difficulties in coordinating the data that is collected by public and private services for their own monitoring purposes, and to compiling it at the national level.
- › National statistics institutions often collect data for the purpose of evaluating disability prevalence or access to social benefits, but in general, institutions in charge of service provision have less experience in data collection procedures specifically for monitoring and evaluation of programmes and policies.

ON NATIONAL ACTION PLANS

- › National Action Plans on VA/Disability often lack comprehensive baseline information upon which to monitor progress.
- › Many National Action Plans on VA/Disability do not have SMART indicators. Where indicators exist, in some cases they were not established in a participatory manner and thus may not be apt to responding to the survivors’ needs and priorities. In other cases, the set objectives are not attainable with allocated resources.
- › Evaluations on the implementation of Plans of Action are far from systematic.



THE INCHEON STRATEGY TO MAKE THE RIGHT REAL FOR PEOPLE WITH DISABILITIES LIVING IN THE ASIA PACIFIC (2013-2022):

Examples of goals and indicators that could contribute to monitoring the implementation of VA if participation of survivors is demonstrated.

- › **Goal 1: Reduce poverty and enhance work and employment prospects. Indicators:** proportion of people with disabilities living below the US\$ 1.25 (PPP) international poverty line; proportion of people with disabilities who participate in government-funded vocational training and other employment-support programmes.
- › **Goal 3: Enhance access to the physical environment, public transportation, knowledge, information, and communication. Indicators:** availability of a government access audit programme that requires the participation of experts with disabilities; proportion of people with disabilities who need assistive devices and have them.
- › **Goal 4: Strengthen social protection. Indicators:** coverage of people with disabilities within social protection programmes, including social insurance and social assistance programmes; availability of government-funded services and programmes, including peer counselling (...).
- › **Goal 6: Ensure gender equality and women's empowerment. Indicators:** number of countries that include the promotion of the participation of women and girls with disabilities in their national action plans on gender equality and empowerment of women; proportion of girls and women with disabilities who access sexual and reproductive health services (...).
- › **Goal 8: Improve the reliability and comparability of disability data:** disability prevalence based on the International Classification of Function (ICF); number of governments in the Asia-Pacific region that will have established —by 2017— baseline data for tracking progress towards achievement of the Incheon goals; availability of disaggregated data on women and girls with disabilities in mainstream development programmes and government services, including health, and sexual and reproductive health, programmes.

2

RECOMMENDATIONS

NB. These recommendations are based on findings from this study, and include recommendations from SOs, DPOs and other practitioners, and from the literature review. They focus on a topic on which there is so far little literature and agreed recommendations, namely “How progress on survivors’ participation in, and benefitting from, larger disability-inclusive development efforts can be measured?” These recommendations should then be understood as providing a first basis that intends to foster discussion among all stakeholders involved in VA and in disability-inclusive development. These recommendations are made on the basis of Handicap International’s experience and reflections, and were not shared with the external reviewers.

ASSUMPTIONS ON WHICH THESE RECOMMENDATIONS ARE BASED

ONE: In alignment with the CRPD, the cause of impairment should be collected systematically only:

- a) in the context of interventions that aim to understand the prevalence of different causes of impairments as part of preventative efforts; and
- b) if necessary, to access certain benefits such as reparations or compensation.

In accordance with the CCM, the Vientiane and the Cartagena Action Plan, and the CRPD; initiatives that facilitate access to services and, more generally, all human rights and development initiatives, should be implemented in a non-discriminatory manner among all people with disabilities. There should be no differentiation on the basis of the cause of impairment (mine/ERW, road accidents, disabling diseases, etc.). Rather, a personalised approach should ensure that every person has the support that responds to his or her own personal needs, priorities, and capacities.

TWO: Nonetheless, **knowing if the person has experienced a mine/ERW accident is necessary in order to monitor if survivors are indeed accessing services and enjoying their rights on an equal basis with others.** This is all the more pertinent as some stakeholders affirm that there is no need to mobilise resources specifically for VA, since survivors are assumed to have access to larger disability and development efforts without specific measures to include them. To date, however, it has not been demonstrated that survivors do indeed participate in, and benefit, from such efforts.

In trying to track, for monitoring purposes, whether someone is a mine/ERW survivor, the following should be taken into consideration:

- a) A contextual analysis is necessary to define clear responsibilities as to what service should be responsible for collecting such information. In general terms, social services (provided by the State, NGOs, DPOs and SOs or any other organisation) are in a best position, as they work closely with survivors and on a regular basis.
- b) Efforts to ensure all relevant services in all sectors are accessible to survivors will probably be more effective and sustainable if the focus remains on advocating and training services to ensure and monitor the access of all people with disabilities.
- c) However, collecting data on how many survivors access all services in those areas where most survivors live could be implemented as a temporary measures until mechanisms are in place that demonstrate that all development interventions in mine/ERW affected countries are equally accessible to people with and without disabilities.
- d) Disclosing the cause of the impairment should be, in all instances, optional for all people with disabilities; those collecting such information should explain why the question is being asked and make it known that the response will not make a difference to accessing any services.

Taking the above into consideration, we propose that those in charge of collecting data on whether a person is a mine/ERW survivor (social services and/or others as defined in each national context) ask the following question of people with disabilities: “Have you experienced an accident with a mine/ERW?”

RECOMMENDATIONS FOR COUNTRIES WHERE SURVIVORS LIVE

SOs AND DPOs

- › As representatives of survivors and people with disabilities, they should: play a strong role in collecting information and reporting on **if**, and **to what extent**, their needs are met and their rights realised, as well as liaising with all relevant organisations to advocate for the full realisation of their rights; contribute to their countries’ Universal Period Review consultation process;⁽¹⁾ and those living in countries that have ratified the CRPD, should participate in civil society **shadow reporting** on the CRPD.
- › Continue and strengthen their work to inform survivors and other people with disabilities of their rights and how to claim them, and of existing services and how to access them.
- › Actively participate in national action plan discussions, coordination, and implementation. Work as a watchdog for the effective implementation of the national action plan.
- › Contribute to monitoring the Plan of Action on VA/Disability, in particular to assessing progress by tracking indicators.

SERVICE PROVIDERS IN ALL SECTORS, AND PARTICULARLY THOSE IN HEALTH, REHABILITATION, EDUCATION, SOCIAL PROTECTION, AND EMPLOYMENT

- › Report on measures taken to improve accessibility (training of staff, reasonable accommodations, accessible communication materials, etc.) and comply with national and international accessibility guidelines.
- › Report on the number of people with disabilities including survivors who accessed services over a period of time, disaggregating data by age and sex.

⁽¹⁾ For more information: UNOHCHR: www.ohchr.org/en/hrbodies/upr/pages/BasicFacts.aspx

Service providers active in the sector of social work and peer support

- * Since such services work with survivors and other people with disabilities regularly, their field workers are in the best position to collect data on the needs of survivors and other people with disabilities; on whether they are accessing needed services; and on what impact such services have on their level of participation and quality of life. Such services can be public (such as those provided by community-based organisations and NGOs), private and informal. An analysis should be carried out locally to identify those field workers best placed to collect this data, i.e. health workers, social workers, CBR workers, as well as others.
- * Adapt or add to their work the requirement to collect data needed to report on indicators established in the National Action Plan on VA/Disability, while gathering other indicators as necessary to monitor and evaluate their own projects.
- * To ensure this system functions, the government should mobilise resources and training in order for such field workers to play this key role in the implementation, monitoring, and evaluation of, and reporting on, the National Action Plan.

POLICYMAKERS

- › Develop a national action plan on disability that includes a section on monitoring and that is inclusive of the needs of survivors, in particular by including objectives related to development of services there where most survivors live.
- › Carry out a baseline survey in each sector that will be covered in the Plan of Action to ensure a sound foundation upon which to develop SMART indicators that can be properly monitored throughout its implementation.
- › Within the National Action Plan on VA/Disability, develop indicators in a participatory manner to monitor progress linked to specific rights and assign clear responsibilities on who should track progress.
- › Within the National Action Plan on VA/Disability, develop or improve, if necessary, a section with objectives, activities, and resources to carry out its monitoring and evaluation.
- › Identify functioning data collection and monitoring mechanisms that already exist in each sector, and select the most appropriate ones that can help specifically monitor whether survivors and people with disabilities are accessing services and improving their quality of life.
- › Relevant Ministries should create or update accessibility guidelines relevant to each sector (health, education, etc.) to ensure policies and services include survivors and other people with disabilities. Such guidelines should also include monitoring and evaluation mechanisms to hold relevant stakeholders, in particular service providers accountable for the implementation of such guidelines and related results in terms of inclusion of survivors and other people with disabilities.
- › Plan for a specific budget and timeframe to carry out an external evaluation of the Plan of Action on VA/Disability.
- › Improve methods to collect data that demonstrates the progressive realisation of the rights of people with disabilities by fully taking into account current efforts to collect data in full respect of CRPD principles, in particular by exploring the applicability of the Washington Group Short Set of Questions (See Brief I); and by taking steps to collect internationally-comparable data and statistics on people with disabilities, disaggregated by age and sex, in accordance with international standards. [Post MDG Open Working Group 2013, Incheon Strategy.]

RECOMMENDATIONS FOR COUNTRIES AND ORGANISATIONS COMMITTED TO INTERNATIONAL COOPERATION

FOR COUNTRIES AND ORGANISATIONS THAT SUPPORT VA THROUGH DEVELOPMENT AND HUMAN RIGHTS FUNDS OR INITIATIVES

- › Examine international, regional, and national frameworks in all sectors that monitor and evaluate the inclusion of people with disabilities in development processes, and ensure that survivors are identified. To avoid violating the privacy of people with disabilities, and to give them the choice to disclose or not the cause of their impairment, data collection and monitoring mechanisms could add a category to store data in response to the following question: *"For monitoring and evaluation purposes, could you let us know if you have experienced an accident with a mine or an ERW?"*
- › In their policies for countries where survivors live, mandate that all programmes/projects that receive support undertake specific efforts to ensure people with disabilities, and specifically, survivors are brought into a given development process. Such an approach should be adopted as a cross-cutting issue, in the same manner as gender in countries affected by mine/ERW, whether currently or in the past.



- In calls for proposal, request recipient organizations (government, NGO and civil society) working in countries where survivors live to:
 - * Provide specific information on how survivors, among other people with disabilities, will benefit from proposed initiatives, including on specific efforts that will be made in regards to ensuring a) this population is located and identified; and b) has access to proposed activities; c) measuring progress that indicates that survivors and other people with disabilities are effectively benefitting from planned intervention, including by collecting data on the number of survivors reached with SMART indicators of progress, disaggregating data by age and sex; and d) the gender approach taken throughout project cycle.
 - * To include SOs and DPOs in all projects/programmes/policymaking, in all sectors and at all stages, from planning to evaluation, and to report specifically on how such organisations benefitted and contributed to the initiatives receiving support through international cooperation.
- Encourage and support DPOs and SOs in: a) strengthening their own capacities and resources so that they are able to empower survivors and other people with disabilities; b) developing or reinforcing linkages among them and with other civil society groups; and c) building their capacity to take on a monitoring role vis-à-vis service providers and policymakers.
- To facilitate progress in access to services, international cooperation should also support those mainstream service providers (i.e. that target the general population), particularly those providers in geographical areas where most survivors live that take measures to include survivors and other people with disabilities among beneficiaries on an equal basis with others.
- Support the strengthening of social work and peer support networks – as disability specific services that are part of an inclusive system of services - in areas where most survivors live. They play a key role in providing referral and personalised support to survivors and other people with disabilities, and could play a stronger role in monitoring if appropriate resources were available. Rather than engaging social, health, CBR, -and other field workers on a volunteer or informal basis and with only limited training, employ them with a decent wage and ensure they are appropriately trained
- Support the exchange of good practices on how to ensure survivors can be included in development initiatives among various stakeholders in countries where survivors live.



FOR COUNTRIES AND ORGANISATIONS THAT SUPPORT VA THROUGH VA-EARMARKED FUNDS

› Where such funds are handled by the Ministry of Foreign Affairs, develop a strategy on how to hand over the work to the Department or Agency for International Development Cooperation, along with training for its staff on victim assistance related treaties, principles, and good practices.

› Mention, in all calls for proposals for countries with the responsibility for a significant number of survivors, that applicants should target survivors and families of those killed and injured, on an equal basis with other people with disabilities—and their families—with similar needs. Request applicants to provide specific information on how survivors, among other people with disabilities, will benefit from proposed initiatives, including on specific efforts that will be made in regards to ensuring a) this population is located and identified; and b) has access to proposed activities; c) measuring progress that indicates that survivors and other people with disabilities are effectively benefitting from planned intervention, including by collecting data on the number of survivors reached with SMART indicators of progress, disaggregating data by age and sex; and d) the gender approach taken throughout project cycle.

- › Ensure that services developed with VA-earmarked funds are equally accessible to survivors and other people with disabilities, and to other people with similar needs. Request applicants to describe how such services are linked to existing policies and the broader system of services.



THE INCHEON STRATEGY:

Example of goal and indicators that could be used or adapted to monitor international cooperation in the context of VA

Goal 10: Advance sub-regional, regional, and interregional cooperation.

Target 10.B Development cooperation agencies in the Asia-Pacific region strengthen the disability-inclusiveness of their policies and programmes.

Target 10.C UN regional commissions strengthen interregional exchange of experiences and good practices concerning disability issues (...)

Indicators: annual voluntary contributions by governments and other donors (...), number of UN entities that have cooperation programmes, including for South-South cooperation, that explicitly support the implementation of the Incheon Strategy; number of regional projects, including for South-South cooperation, in which organisations of and for persons with disabilities participate (...); number of development cooperation agencies that have mandates, policies, action plans, and dedicated and appropriately experienced focal points on disability-inclusive development.

Suggested citation: Handicap International, *Victim Assistance Issue briefs: Ensuring Survivors Benefit from and Participate in Disability-Inclusive Development*, HI: Brussels, 2014.