

Case Study
November 2018



An Integrated Approach to Victim Assistance in Cambodia

& the role of Australia as supporting state



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Acronyms & Symbols

| | |
|---------------|---|
| ACCESS | Australia-Cambodia Cooperation for Equitable Sustainable Services |
| APMBC | Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction |
| CCM | Convention on Cluster Munitions |
| CCW | Convention on Certain Conventional Weapons |
| CIDI | Cambodia Initiative for Disability |
| CDPO | Cambodian Disabled People's Organisation |
| CMAA | Cambodian Mine Action and Victim Assistance Authority |
| CMVIS | Cambodia Mine/ERW Victim Information System |

| | |
|---------------|---|
| DRIC | Disability Rights Initiative Cambodia |
| ERW | Explosive Remnants of War |
| HI | Humanity & Inclusion, formerly Handicap International |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |



Broad multi-sector support



Specific victim assistance efforts



Guidance for affected states



Guidance for donor states

Key facts and figures on casualties & victim assistance globally

A total of 53 states and other areas reported new casualties in 2017.¹ Countries are faced with the challenge of providing assistance to these victims throughout their lifetime. The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction (APMBC), the Convention on Certain Conventional Weapons (CCW) Protocol V and the Convention on Cluster Munitions (CCM), and their action plans set the standards for providing this assistance in a non-discriminatory manner.

From 2014-2015, the total number of mine/ERW casualties² increased by 75 percent from 2014 to 2015³ and by a further 23 percent from 2015 to 2016.⁴ High numbers of casualties continued to be recorded in 2017.⁵ Despite this, only two percent of total mine action funding was dedicated to victim assistance in 2017, representing a total of USD\$ 15.8 million, down from \$21 million in 2016.⁶

In this context, it is absolutely vital that both donor and affected states meet their victim assistance obligations in a sustainable manner by implementing an integrated approach.⁷ This approach articulates States' obligations "vis-a-vis" victims as outlined in the APMBC, CCW Protocol V and the CCM and implies that:

- i) States ensure that broader multi-sector efforts reach casualties, survivors and indirect victims; **and**
- ii) Government bodies in charge of coordinating victim assistance in affected states and those responsible for mine action in donor states, undertake specific victim assistance efforts to a) bridge gaps in data collection and service provision, and b) advocate for, facilitate and monitor a multi-sector response for casualties, survivors and indirect victims.⁸

1. "Landmine Monitor" 2018 (publication pending) – 2. Casualties are people injured and killed by mine/ERW – 3. <http://www.the-monitor.org/en-gb/reports/2016/landmine-monitor-2016/casualties-and-victim-assistance.aspx> – 4. <http://www.the-monitor.org/en-gb/reports/2017/landmine-monitor-2017/casualties.aspx> – 5. "Landmine Monitor" 2018 (publication pending) – 6. Id. – 7. See "Guidance on an Integrated Approach to Victim Assistance". This guidance was developed by the Convention on Cluster Munitions Coordinators on Victim Assistance (Australia, Chile and Italy) for 2016 and 2017 and the Coordinators on Cooperation and Assistance (Austria, Iraq and Australia) for 2016. Technical support was provided by HI and the project was funded by the Government of Australia: <http://www.clusterconvention.org/wp-content/uploads/2016/11/here.pdf> – 8. Here after indirect victims refer to the family members of people injured or killed by mines/ERW.



Phaly Heang is 4 years old. A road traffic accident left her hemiplegic, a form of paralysis that affects one side of the body. Three months after the accident, she started treatment at the rehabilitation centre in Kampong Cham. © Lucas Veuve/HI.

Introduction

The objective of this case study was to review how Cambodia, as an affected state, and Australia as a donor, promote the provision of victim assistance in sectors including health, rehabilitation, disability, socio-economic development and poverty reduction.

It documents promising practices and proposes next steps to ensure the sustainability of victim assistance provision in the near and long-term future. **This study aims to inspire the mine action community in both affected and donor states to increase its contribution to victim assistance.**

This case study focuses on both prongs of the integrated approach to victim assistance by describing:

- i) Broader multi-sector efforts⁹ that reach casualties, survivors and indirect victims; and

9. Broader multi-sector efforts of an affected state are those activities undertaken by the health, education or labour ministry, amongst others, and for donor states this is bilateral non-mine action financial and technical assistance provided through international cooperation and assistance to mine/ERW affected states.

- ii) Specific victim assistance efforts¹⁰ to improve victims' quality of life deployed by mine action stakeholders,¹¹ other actors in charge of coordinating victim assistance in Cambodia, and Australia as a donor state.

An analysis of these specific efforts revealed that they fall into one of two of the following categories:

- a) Bridging gaps in data collection and service provision, **or**
- b) Advocating for, and facilitating, a multi-sector response.

10. Specific victim assistance efforts of an affected state are, for example, casualty data collection, development of a national action plan on victim assistance, mobilizing resources to bridge gaps in service provision, and facilitating the participation of survivors and other persons with disabilities in decision – making processes. Specific efforts for a donor state are the provision of funding through mine action or other funding channels for victim assistance.

11. For more example of specific victim assistance efforts, see "Five key examples of the role of mine action in integrating victim assistance into broader frameworks" (ISU APMBC, 2014): https://www.apminebanconvention.org/fileadmin/GICHD-resources/rec-documents/Five_Key_Examples_of_the_Role_of_Mine_Action_in_Integrating_Victim_Assistance_into_Broader_Frameworks_2014-01-23.pdf

The study underlines the need to connect specific efforts that bridge gaps and broader efforts to ensure the use and sustainability of services and support in both the near and long term future.

For both broader and specific efforts, examples of promising practices are described for the following key components:

- 1) Data collection to understand the challenges faced
- 2) Plans, policies and legal frameworks
- 3) Access to services
- 4) Participation of survivors, other persons with disabilities and indirect victims in planning, implementation and monitoring; and
- 5) Monitoring and evaluation.

Each component includes guidance for government bodies in charge of victim assistance in affected and donor states on addressing two issues in parallel: bridging gaps in data collection and provision of services, **and** advocating for, and facilitating, a multi-sector response. The guidance is drawn from the case study in Cambodia; it should not be considered as an exhaustive list of solutions and may not be suitable for all affected and donor states.

Humanity & Inclusion (HI) and the Cambodian Mine Action and Victim Assistance Authority (CMAA) conducted the study in November 2017 in seven provinces. The methodology comprised three steps:

- a desk review of project documents, national plans and policies from a range of sectors with a focus on programmes funded by Australia;
- interviews with key personnel from the mine action and the disability sectors; and
- a field survey comprising 31 individual in-depth interviews with 19 survivors and 12 other persons with disabilities (23 male and 8 female), 12 focus group discussions as well as field visits to observe the initiatives described in this publication.

Disability inclusion across sectors contributes significantly to facilitating the equal participation of survivors with impairments¹² in a sustainable manner. Additional measures are, however, necessary to fully address states' victim assistance

The findings of this study should encourage states to continue working to meet their victim assistance obligations through broader efforts, but in the interim, to support specific victim assistance efforts, including mine action funds. The objectives of these specific efforts are two-fold: i) to bridge gaps in data collection, planning, policy, legislation and service provision, and ii) to advocate for, facilitate, and monitor a multi-sector response for victim assistance. This is to ensure victims' needs are met, until evidence is produced showing that casualties, survivors and indirect victims benefit on an equal basis with others from broader efforts. This approach aims at ensuring the long-term sustainability of victim assistance by mainstreaming it into broader sectors. Meanwhile, the specific victim assistance efforts that bridge gaps need to be linked to the work of the relevant ministries to ensure continuity after specific victim assistance efforts cease.

obligations; in particular, measures to ensure life-saving treatment for casualties, and limb and sanity-saving (psycho-social support) measures for survivors and indirect victims must be given the necessary attention. States must also establish reporting mechanisms as required by the APMBC, CCW and CCM.

Short summary of the achievements and positive outcomes of victim assistance in Cambodia:

Cambodia is severely affected by mines and explosive remnants of war (ERW). Mine/ERW have caused an unacceptable number of casualties and have hindered national development. From 1979 to December 2017, the Cambodia Mine/ERW Victim Information System (CMVIS) recorded 64,720 mine/ERW casualties of which 19,758 people were killed, 35,941 people injured, and 9,021 people required amputations. This tragedy has left thousands of survivors in need of ongoing medical care, rehabilitation, psychosocial support and facilitation to overcome the countless barriers to accessing necessary services, as well as school, work and community life. In addition, it has left thousands of family members in need of psychological support and social protection.

12. Impairment is any loss or abnormality of psychological, physiological or anatomical structure or function

The combined efforts of the Royal Government of Cambodia, the international community and local civil society have resulted in a more disability-inclusive society and the provision of services to mine/ERW casualties, survivors, as well as other persons with disabilities, in compliance with the human rights principle of non-discrimination underpinning the AMBPC, CCM and CCM victim assistance obligations.

These efforts include, but are not limited to:

- From the 1980's, 11 physical rehabilitation centres were established. Latest records available showed high demand for services, with 200 to 2,600 patients per centre in 2016;
- Legislation on the rights of persons with disabilities has gradually consolidated the governance system to promote disability inclusion in ministries and in the provinces;
- There has been a positive change in the attitudes and behaviours of the local population towards persons with disabilities. This has increased the participation of survivors and other persons with disabilities in society, representative bodies, and political processes;
- Improved access for survivors and other persons with disabilities to vocational training and livelihood development has facilitated the ability of persons with disabilities to generate sufficient income to support their families.

Although these achievements are highly commendable, there are still gaps relating to inclusion and equitable access to services for all persons with disabilities, particularly those with sensory impairments, multiple impairments and mental health issues. There is also a lack of evidence about whether needs of indirect victims are being addressed.

Cambodian Mine Action and Victim Assistance Authority (CMAA), a regulatory body:

The CMAA, established by a Royal decree in September 2000, is mandated to regulate, monitor and coordinate the mine action sector in Cambodia. The CMAA comes under the direct leadership of the Prime Minister. It leads the sector by formulating key policy and strategic frameworks. The sector is guided by the National Mine Action Strategy, which contributes to the objectives of the National Strategic Development Plan. The CMAA has been implementing specific initiatives i) to support casualties, survivors and other persons with disabilities in accessing



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Say Noy LAT, 6, victim of a car accident in 2014, playing football at the Kampong Cham rehabilitation centre.

services and resources; ii) to advocate for, facilitate and monitor broader multi-sector provision of services to casualties, survivors and other persons with disabilities.

Australia, the key donor state, spearheading an integrated approach to victim assistance:

Australia has made a long-term financial commitment to strengthening national capacities and ownership in the area of victim assistance and disability in Cambodia. Over the past decade, successive programmes have supported the transition from the provision of assistance to survivors of mines/ERW towards an approach which supports all people with disabilities. Australia supported the Landmine Survivor Assistance Programme, which was managed by the Australian Red Cross and commenced in 2007. In 2010, Australia established the Cambodia Initiative for Disability Inclusion (CIDI) (2010-2013) with disability-focussed programming, which included mine/ERW survivors. From 2014, the Disability Rights Initiative Cambodia (DRIC) (2014-2018) supported the Royal Government of Cambodia in implementing its National Disability Strategic Plan, strengthened the representation and diversity of organisations of persons with disabilities and supported the delivery of physical rehabilitation and inclusive community-based services. The aim of the current Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) programme (2018-2023) is to reinforce the achievements of previous programmes and to engage the private sector to improve access to employment and livelihood support. Australia's contribution has gradually shifted from specific support for survivors, to specific support for persons with disabilities, to finally involve mainstream sectors in furthering the inclusion of survivors and other persons with disabilities.

1.

Data collection: understanding the extent of the challenge



Meart Loeurt, 48, is a poultry farmer and market gardener. She is a beneficiary of an income generation project.
© Nicolas Axelrod/HI.

1.1 - Promising practices in broader multi-sector support for victim assistance

Pilot initiatives developed methods to collect data at a local level:

- **The Commune Database** was a tool to measure progress relating to the Millennium Development Goals. Information was collected about each village by commune or village chiefs based on a standard survey. The related **Community-Based Poverty Monitoring System** was designed to monitor poverty reduction over time. The databases included questions about persons with disabilities and whether the impairment resulted from mine/ERW. These databases are designed to generate accurate and comprehensive information to guide local planning, and thus influence the allocation of resources.

- **Need assessments** by local NGOs on persons with disabilities included mine/ERW survivors. They provided data on needs and issues relating to access to health, education and livelihood services across geographically defined areas for operational purposes. In 2010, a local NGO "Capacity Building of People with Disability in the Community Organization" conducted a survey of persons with disabilities including those affected by mine/ERW in the provinces of Kep, Siem Reap and Banteay Meanchey: a total of 4,662 mine/ERW survivors were assessed.

1.2 - Promising specific victim assistance practices

Bridging gaps in data collection:

- **The Cambodia Mine/ERW Victim Information System (CMVIS)** provides regular and accurate data on mine/ERW casualties to service providers and policy makers. The CMVIS collects data on the age and

gender of the casualty, the location, the type of device that caused the accident, the activity at time of accident, the casualty's occupation, the injury, awareness of the risks and details on emergency evacuation. Monthly casualty reports are posted on the CMAA's website.

The CMVIS was established in 1994 by the Cambodian Red Cross with technical and financial support from Handicap International Belgium and UNICEF. By the end of 2009, full management responsibility for the CMVIS was handed over to the CMAA. The CMVIS has 15 staff members. They have been trained in collecting data on new casualties and mapping relevant services for mine/ERW survivors and other persons with disabilities, as well in as risk education for people living in mine/ERW affected communities. Standard operating procedures ensure the quality data collection. Collected data is processed in such a way that it informs the Information Management System for Mine Action (IMSMA) and CMAA databases.

Facilitating and advocating for a multi-sector response for data collection:

- **The CMAA's Village and Commune¹³ Data Collection** initiative provides accurate information on the living conditions of survivors and other persons with disabilities to local authorities in contaminated and cleared areas. The CMAA trains and supports village chiefs and commune staff to produce a simple listing of survivors and other persons with disabilities that is retained by commune staff or the council member in charge of social affairs.

The commune provides basic data on survivors and other persons with disabilities to civil society organisations and government bodies. This initiative increases the visibility of people otherwise at risk of isolation and underserved due to extreme poverty, a low level of education, communication barriers and a poor understanding of their rights, and the services and resources available to them. By 2016, data collection was completed in three provinces - Preah Vihea, Pailin and Kep - with a total of 4,890 persons with disabilities including 2,289 survivors identified.

1.3 - Guidance on further promoting an integrated approach to victim assistance

- ★ Government bodies responsible for coordinating victim assistance in affected states may undertake the following specific efforts:

Bridging gaps in data collection by:

- Supporting and improving the accuracy of casualty information systems (such as the CMVIS and IMSMA) in liaison with broader statistics systems, until the capacity of these broader systems is sufficient to also handle data on casualties independently.
- Ensuring coherence across the data collection systems that capture various components of victim assistance by defining minimum data requirements, thus avoiding duplication of efforts.
- Building the capacities of data system operators and upgrading data collection technology with the introduction of tablets and an online

13. Communes are the third-level administrative division in Cambodia. They are the subdivision of a district. Communes can consist of as few as 3 or as many as 30 villages, depending on the size of the population.

database that makes it possible to update information and produce comparative analyses over time.

Facilitating and advocating for a multi-sector response for data collection by:

- Systematically communicating information collated by a casualty information system to the local authorities in charge of local planning.
- In liaison with casualty information systems and broader statistics systems, supporting simplified databases at local level (village/commune) for local authorities to identify victims and their needs amongst other vulnerable people.
- Promoting existing casualty information systems as a reliable source of information for all sectors.
- Ensuring the processing and analysis of casualty data and production of key facts for evidence-based advocacy to broader sectors.
- Promoting collaboration between mine action stakeholders working on a casualty information system and the national institutes of statistics to enhance the collection of information on mine/ERW casualties, survivors and other persons with disabilities. Integrating this data into the institutes of statistics over time to ensure that the institutional memory of a system such as the CMVIS is preserved and long-term access to data beyond the lifetime of mine action structures is guaranteed.
- Linking the casualty information system to national injury surveillance or national health information systems, to ensure that casualties are included in the statistics and comparative estimates, such as the Global Burden of Disease and other indices using the disability-adjusted-life-year. The full utilisation of national data improves the accuracy of national burden of injury estimates.¹⁴ This can, in turn, inform and benefit resource allocation and planning.

★ Government bodies responsible for mine action in donor states may undertake the following specific victim assistance efforts:

Bridging gaps in data collection by:

- Supporting specific victim assistance efforts through mine action funding and other funding channels to ensure there is an operational casualty information system managed by mine action stakeholders or included as part of a broader injury surveillance system and register of persons with disabilities. It may involve upgrading an existing casualty information system so it generates information for the purpose of facilitating access to services - and not only for prioritizing clearance and risk education.

Facilitating and advocating for a multi-sector response for data collection by:

- Collaborating with other colleagues with a responsibility for programming in mine/ERW affected countries to adjust the national census to capture data on survivors and other persons with disabilities. This could include using the Washington Group set of questions plus a category on the cause of impairment and a marker on mine/ERW survivors.

- Lobbying their government to collect data on the beneficiaries of their bilateral aid that can be disaggregated to identify survivors, other persons with disabilities and indirect victims.
- Requiring implementing partners to conduct a qualitative needs assessment which distinguishes beneficiaries in such a manner that survivors, other persons with disabilities, and indirect victims can be identified.
- Developing a beneficiary identification and assessment check-list or template for implementing partners that includes guidance on screening for inequalities and discrimination based on victim status and disability, as well as identifying the barriers and constraints they face.

Note: the above guidance should be considered with due regard to secure and conflict-sensitive data collection and information management and respect for privacy and anonymity, especially in areas of current conflict and protracted crises.

14. "The underreporting of landmine and explosive remnants of war injuries in Cambodia, the Lao People's Democratic Republic and Viet Nam", Jo Durham, Peter S Hill & Damian Hoy, University of Queensland, School of Population Health, November 2012, Bulletin of the World Health Organization: <http://www.who.int/bulletin/volumes/91/3/12-110411/en/>



Plans, policies and legal frameworks

2.

Mr. Mien Voeum, 70, in his small garden in Battambang province. © Gaëtan de Beaupuis/HI.

2.1 - Promising practices in broader multi-sector support for victim assistance

- The Royal Government of Cambodia's National Strategic Development Plan 2014-2018 recognizes the burden of the legacy of mines/ ERW and the need to ensure development processes are inclusive of victims. Accordingly, the government created an additional Sustainable Development Goal specific to mine action and victim assistance. Though it should not be read as a stand-alone goal, it reaffirms the priority to address mine/ERW issues to 'leave no one behind' and ensure sustainable development for all.
- In line with the national development plan, the 2014-2018 National Disability Strategic Plan focuses on disability-specific efforts and disability mainstreaming, and thus responds to the needs of survivors with impairments. Australia funded the Disability Rights Initiative in Cambodia (DRIC) to support the Royal Government of Cambodia to enforce the Law on Persons with Disabilities and to build the capacities of the Disability Action Council and the Ministry of Social Affairs, Veterans and Youth Rehabilitation in implementing the National Disability Strategic Plan.

Disability Action Council, a government body dedicated to disability inclusion

The Disability Action Council is responsible for promoting disability inclusion across all ministries and sectors. It coordinates the implementation of the National Disability Strategic Plan, under the leadership of the Ministry of Social Affairs, Veterans and Youth Rehabilitation. It supports the constitution of Disability Action Working groups in every ministry. The remit of these groups is to develop action plans for disability inclusion that are funded by each ministry. The Disability Action Council has offices in the capital and in the provinces to mobilize the authorities and other stakeholders at sub-national level to work towards disability inclusion. The council is responsible for coordinating and promoting the provision of services to survivors with impairments. The CMAA is a member of the Council and a circular from the Royal Government of Cambodia has instructed the ministry to closely cooperate with the CMAA to disaggregate data on support and services provided to mine/ERW survivors from the general data recorded for the disability sector.

- Australian aid is guided by its inspiring strategy for disability inclusion “Development for All – Towards a Disability Inclusive Aid Program” (2009-2014; 2015-2019) and its commitment to the APMBC, CCM and CCW Protocol V. As part of this strategy, a high-level technical advisory committee, the Disability Reference

Group, was instrumental in providing support to the Royal Government of Cambodia in laying the path to disability inclusion, while acknowledging the need to provide assistance to mine/ERW survivors as well as people injured due to other causes during the war.



2.2 - Promising specific victim assistance practices

Bridging gaps in planning, policies and legislation by:

- In 2008, victim assistance stakeholders initiated the first national action plan on disability and victim assistance, entitled the ‘National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors’ under the leadership of the CMAA and the Ministry of Social Affairs, Veterans and Youth Rehabilitation. Australia provided funds for a secretariat and consultant. The plan contained specific provisions relating to the APMBC and the Nairobi action plan, including measures on emergency medical care and evacuation, data collection and reporting. The plan was the first step towards providing support to the disability sector. However, the budget was insufficient to allow for its full implementation. It was partly replaced by the 2014-2018 National Disability Strategic Plan, this time without including life and limb saving measures or reporting procedures to the APMBC. These provisions were not included in any other plans.

Facilitating and advocating for a multi-sector response for data collection for planning, policies and legislation:

- In 2011, in an effort to raise awareness of Cambodia’s victim assistance obligations, the CMAA disseminated the victim assistance actions in the Cartagena Action Plan, through a conference with 210 participants from government institutions, ambassadors and NGOs working with mine survivors and other persons with disabilities. In 2014, the CMAA translated the Maputo Action Plan into Khmer and disseminated it to ministries.

2.3 - Guidance on further promoting an integrated approach to victim assistance

★ Government bodies responsible for coordinating victim assistance in affected states may undertake the following specific efforts:

Bridging gaps in planning, policies and legislation by:

- Developing, monitoring and evaluating a national action plan on victim assistance, as part of the national mine action strategy or as a stand-alone document to guide the implementation of an integrated approach to victim assistance. The plan should address gaps in services, while also raising the awareness of line ministries of those gaps that are not addressed by the disability policy/strategy, such as the provision of emergency and ongoing medical care, psychological support, data collection, support to indirect victims, and Article 7 APMBC and CCM reporting, as well as CCW Protocol V compliance.
- Health strategy includes life, limb and sanity-saving measures in mine/ERW affected areas through the provision of emergency and ongoing medical care, psychosocial support, and rehabilitation including prosthetics and orthotics.
- Education strategy is inclusive of child survivors and other children with disabilities, as well as other children living in remote areas affected by mine/ERW.
- Poverty reduction, rural development or social protection strategies reflect the issues faced by survivors and indirect victims.
- Provisions setting out the terms of collaboration between the given ministry and the government body responsible for victim assistance.
- Minimum reporting standards for mine/ERW casualties, survivors and indirect victims.

Facilitating and advocating for a multi-sector response for data collection for planning, policies and legislation by:

- Advocating relevant line ministries to include the following in national sectoral strategies, plans and programmes:
 - Explicit references to the APMBC/CCM/CCW Protocol V victim assistance obligations and mine/ERW casualties, survivors and indirect victims as potential vulnerable groups. For instance, ensuring that:

★ Government bodies responsible for mine action in donor states may undertake the following specific victim assistance efforts:

Bridging gaps in planning, policies and legislation by:

- Supporting specific victim assistance efforts through mine action funding and other funding channels to develop, monitor and evaluate a national action plan on victim assistance, as part of the national mine strategy or as a stand-alone document. This plan should promote and guide the implementation of an integrated approach to victim assistance, for both countries that have, and those that have

not yet, met their clearance obligations under the APMBC, CCW Protocol V and CCM

Facilitating and advocating for a multi-sector response for data collection for planning, policies and legislation by:

- Organizing forums for individuals working for non-mine action programming to discuss how to operationalize an integrated approach to victim assistance.

- Taking steps to ensure that their mine action strategy includes reference to the roles and responsibilities of other aid departments alongside mine action stakeholders with regards to victim assistance.
- Lobbying colleagues with responsibility for programming in mine/ERW affected countries to:
 - Allocate resources and technical support to build the capacities of governments to strengthen health policies and plans in terms of the provision of services in emergency medical care (including evacuation), rehabilitation (including prosthetic and orthotic services), psychosocial support and socio-economic inclusion; and include references to survivors and indirect victims in poverty reduction and social protection policies and plans.
 - Include a requirement in calls for proposals for implementing partners to explicitly state how the intervention will contribute to supporting survivors and indirect victims amongst the overall group of beneficiaries.

Mr. Omsong Pene, member of the CMAA's Survivor Network visiting Ms. Pok at her home in Battambang province. © CMAA.





Access to services and opportunities

3.

Sopheha Song, social worker, in front of the rehabilitation centre in Kampong Cham, Cambodia. © Lucas Veuve/HI.

3.1 - Emergency and ongoing medical care

The goal of emergency medical care is to provide acute trauma care: first aid, emergency medical transport, blood transfusions, trauma surgery, eye sight saving measures and other immediate measures that prevent death and permanent impairments after a mine/ERW accident. The goal of continuing medical care is to promote the person's full recovery with measures such as pain management.¹⁵

3.1.1 - Promising practices in broader multi-sector support for victim assistance

- When mine/ERW accidents occur, the police and local authorities are responsible for organising evacuation and emergency medical care in collaboration with the hospitals.
- With funding from Australia and support from the Australian Red Cross, the Cambodian Red Cross has trained its large network of volunteers in remote communities in first aid for trauma victims, including mine/ERW accidents.
- The Ministry of Social Affairs, Veterans and Youth Rehabilitation provides a package of emergency relief to vulnerable people and victims of disasters, including those who have had a mine/ERW accident and their family members.

15. For more information, see the "Victim Assistance Factsheets: How to implement victim assistance obligations?", Handicap International, 2013: http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf

- The implementation of the 2014-2018 National Disability Strategic Plan has led to the provision of free healthcare for persons with disabilities, including survivors. A letter of support from the village chief or commune is sufficient to entitle a person to free health care. Communes receive funds from the Ministry of Interior

for emergency cash and in-kind assistance. They sometimes raise funds locally to provide transport to health centres for vulnerable people, including mine/ERW casualties. Survivors and other persons with disabilities cite these provisions as greatly facilitating access to health services.



3.1.2 - Promising specific victim assistance practices

Facilitating and advocating for a multi-sector response for data collection for medical care:

- CMAA staff visit communes where accidents have occurred to ensure that stakeholders from health, rehabilitation and social sectors are informed of mine/ERW casualties. They facilitate

a coordinated response and ensure that the necessary support is provided to the family.

- Data on the travel distance and time required to reach a hospital is collected by CMVIS officers to identify gaps in services.



3.1.3 - Guidance on further promoting an integrated approach to victim assistance



Government bodies responsible for coordinating victim assistance in affected states may undertake the following specific efforts:

Bridging gaps in medical care by:

- Identifying locations where emergency case management should be reinforced based on data generated from the casualty information system in mine/ERW affected areas.
- Analysing beneficiary data from emergency and ongoing medical care services, including community-based health services, to assess whether casualties, survivors and indirect victims are accessing these services on an equal basis with other segments of the population.

Facilitating and advocating for a multi-sector response for data collection for medical care by:

- Using data on locations where emergency case management and the provision of ongoing medical care should be reinforced to advocate with the ministry of health and other organisations providing emergency and ongoing medical care.
- Providing regular training to police, civil protection, disaster response teams and Red Cross/Crescent Society volunteers on the evacuation of all victims of trauma, including mine/ERW casualties, in partnership with mine action operators.



Government bodies responsible for mine action in donor states may undertake the following specific victim assistance efforts:

Bridging gaps in medical care by:

- Supporting specific victim assistance efforts through mine action funding and other funding channels by strengthening the provision of emergency and ongoing medical care in mine/ERW affected areas.

Facilitating and advocating for a multi-sector response for data collection for medical care by:

- Lobbying colleagues responsible for non-mine action programming to allocate resources to improve emergency care units, blood supply and ambulance services in mine/ERW affected areas.

- Encouraging the identification and referral of mine/ERW casualties, survivors, indirect victims and others presenting with pressing medical needs to medical services by mine action implementing partners.

For specific recommendations on how to ensure emergency and ongoing medical care, see the HI 2013 publication "Fact Sheets: How to implement victim assistance obligations"¹⁶

3.2 - Rehabilitation

Rehabilitation is a process aimed at enabling survivors & other persons with disabilities to reach and maintain their optimal physical, sensorial, intellectual and social levels of functioning. Rehabilitation includes prosthetics and orthotics services, physiotherapy, occupational therapy, and speech therapy.¹⁷

3.2.1 - Promising practices in broader multi-sector support for victim assistance

Cambodia strives to ensure that survivors and other persons with disabilities have access to rehabilitation services by improving the availability and sustainability, as well as the accessibility of services:

■ Ensuring the availability of sustainable services

- › Eleven physical rehabilitation centres provide a range of age-specific and gender-sensitive services. Where funding is available, these centres embrace a comprehensive approach to the patient, incorporating physiotherapy, prosthetic and orthotic services, burn management, psychological support, adapted sport, social work and referral for socio-economic inclusion (education, livelihood support, vocational training). Comprehensive services have been shown to respond to the different needs and situations of many survivors. Cambodia has a well-reputed School of Prosthetics and Orthotics that provides the centres with competent staff. Services are perceived as being of good quality, which in turn creates demand for services. In 2016, 34% of all patients attending physical rehabilitation centres were mine/ERW survivors.
- › In order to sustain physical rehabilitation centres and bolster national ownership of rehabilitation services, the Royal Government of Cambodia has set up a funding mechanism by creating the Persons With Disabilities Foundation. For now, the foundation provides full funding for two centres while donors provide additional



Portrait of Kanha, 18, at the Kampong Cham centre. In 2005, Kanha was the victim of an accident with an explosive remnant of war (ERW) and she lost her leg. © Lucas Veuve/HI.

16. http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf

17. Id.

funding and technical support for the remaining nine. Funding from the foundation is gradually increasing (30% of centres' annual budget in 2016), as the government gradually increases its contribution.

- › Australia provided support through the World Health Organization (WHO) to strengthen the governance of rehabilitation services with the development of a National Rehabilitation Strategic Plan. This plan was informed by a study documenting the long transition process from donor funding to national management and highlighting the time and capacity required to address the remaining challenges.

■ Ensuring financial accessibility to rehabilitation services

- › Cambodia has a nationwide policy for physical rehabilitation centres to i) deliver services free of charge, ii) provide meals and accommodation for male and female patients as well as caregivers free of charge, iii) pay or reimburse patients' transportation costs.

- › Communes' emergency funds can allocate additional financial support to patients and caregivers for whom financial access poses a challenge.¹⁸

■ Ensuring referral pathways and physical accessibility to people in remote areas

- › Pilot projects contributed to integrating rehabilitation services into the health system: under the Australian-funded DRIC programme, the WHO supported HI and the Ministry of Health in implementing a referral project between health facilities and physical rehabilitation centres. The project covered four district hospitals and 20 health centres in Kampong Cham province. It resulted in a 29% increase in patients at the rehabilitation centre.
- › With additional funding from DRIC, physical rehabilitation centres operated outreach services and mobile clinics in the remote areas where survivors tend to live. In 2016, the work of the ICRC's mobile unit led to a 32% increase in patient in-take in Siem Reap alone.

3.2.2 - Promising specific victim assistance practices



Mr. Cham No, 51, now enjoys being able to access the district hall in Kampong Chhnang province.
© Gaëtan de Beaupuis/HI.

Facilitating and advocating for a multi-sector response for data collection for rehabilitation services:

- The CMAA lobbies its colleagues in other parts of the government and states in a position to provide international cooperation and assistance to increase resources for rehabilitation services.
- The CMAA requires physical rehabilitation centres to provide data on survivors benefiting from rehabilitation services. The CMAA has designed data collection forms and trained administrative staff at all 11 centres to use these forms. All centres send disaggregated data (per sex, age, and mine/ERW survivor status) through monthly and quarterly reports to the CMAA and the Ministry of Social Affairs, Veterans and Youth Rehabilitation.

18. Ensuring Sustainability of Physical Rehabilitation Services in Cambodia: Analysis of Transition Process, Sheree Bailey, September 2015.

3.2.3 - Guidance on further promoting an integrated approach to victim assistance

- ★ Government bodies responsible for coordinating victim assistance in affected states may undertake the following specific efforts:

Bridging gaps in rehabilitation services by:

- Contributing to the development, monitoring and evaluation of a long-term strategy to ensure rehabilitation services are properly resourced and can maintain a high level of quality. The strategy will be informed by the data available on survivors' needs for rehabilitation services.
- Channelling funds to rehabilitation service providers while a sustainable funding system is being built.

Facilitating and advocating for a multi-sector response for data collection for rehabilitation services by:

- Sharing data on mine/ERW casualties and survivors with rehabilitation service providers to facilitate the provision of services in identified areas. In turn, analyse beneficiary data from rehabilitation services to assess whether survivors are accessing rehabilitation services on an equal basis with other segments of the population with similar needs.
- Advocating for the provision of rehabilitation service in remote areas where survivors live through a) outreach such as mobile



Lyhour, 15, helping her older sister make and sell noodles after school in Kep province. © Gaëtan de Beaupuis/HI.

clinics and b) the gender-sensitive provision of transportation and accommodation.

- Advocating for the provision of a comprehensive range of gender and age-specific referral services in physical rehabilitation centres and for the development of a case management system that facilitates a person's access to other services, including: psychosocial support, social work, adapted sports, referrals to education and vocational training, etc.
- Advocating for health insurance coverage of rehabilitation services.

- ★ Government bodies responsible for mine action in donor states may undertake the following specific victim assistance efforts:

Bridging gaps in rehabilitation services by:

- Supporting specific victim assistance efforts through mine action funding and other funding channels to ensure the quality and financial accessibility of rehabilitation services. This may include the development of a robust plan for rehabilitation services and capacity building in the health or social sectors, in order to sustain these services.

Facilitating and advocating for a multi-sector response for data collection for rehabilitation services by:

- Lobbying colleagues responsible for non-mine action programming in mine/ERW affected states to provide long-term support to rehabilitation services in areas where survivors live.
- Lobbying governments in affected states to allocate sufficient resources to retain qualified staff.

For specific recommendations on ensuring the quality of rehabilitation services, see the HI 2013 publication "Fact Sheets: How to implement victim assistance obligations"¹⁹

19. http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf

3.3 - Socio-economic inclusion²⁰

The goal of social inclusion is to increase a person's self-reliance by gaining insight into him/herself and advising him/her on how to mobilize his/her own resources, both internal & external (e.g. family, neighbours, community). It values each person and promotes human development principles, where people play an active role in the process of planning their life.²¹

Economic inclusion means that every person, without discrimination, can benefit from, participate in, and contribute to, the economic development of their communities. Its goal is to guarantee everyone has enough income to ensure an adequate standard of living through employment and social protection. Most survivors and persons with disabilities cite economic inclusion as their first priority.

The people interviewed in November 2017 all observed major changes in perceptions, and an increased acceptance of persons with disabilities as members of social groups. These changes are the result of:

- Several years of awareness-raising campaigns conducted by the CMAA and civil society organisations through community change workers and volunteers;
- Empowerment of survivors and other persons with disabilities to engage in social interaction in their communities, understand their rights and be informed of opportunities;
- Increased visibility of persons with disabilities, including survivors, as active and successful in social and economic activities.

3.3.1 - Promising practices in broader multi-sector support for victim assistance

- **Community-based socio-economic inclusion:** 16 civil society organisations have established more than 2,000 self-help groups across the country. The self-help groups are non-discriminatory. Their members are survivors, other persons with disabilities, the caregivers of children with disabilities and poor villagers. Self-help groups are supported by broader sectors: they receive support from the local authorities which supplements the groups' capital and provides cash allowances for families when a family member dies. The representatives of local authorities pay regular visits to self-help groups to encourage group members and reassure them about local support. They also receive support from different NGOs and government agencies through livelihood training such as farming, animal rearing and financial management.



Mr. Sam Chan, 49, at his motorbike repair workshop in Kep province. © CMAA.

20. This publication does not include particular examples on education as the field survey did not have any opportunity to study practices in this area in Cambodia.

21. "Fact Sheets: How to implement victim assistance obligations?", Handicap International, 2013: http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf

CABDICO's self-help groups

Between 2009 and 2012, the local NGO CABDICO established 58 self-help groups with 1,352 members, around 44% of whom were women and 23% mine/ERW survivors.

Support for members varies from group to group. Members can choose the type and level of support they need. Support ranges from:

- Affordable financial services: Some self-help groups are similar to micro-finance organisations that provide loans to members. Loans are used to start, upscale or diversify livelihood activities.
- Stimulation and cooperation: members learn from each other and feel more confident in replicating the production and business practices successfully implemented by other members.
- Information sharing: members and facilitators share information on the availability of services and opportunities, such as rehabilitation, health care, housing, social protection schemes, skills development, vocational training, the establishment of a new local organisation, participation in elections, etc.
- Social safety nets: groups encourage members to save money that they can use in case of unforeseen financial difficulties and provide emergency cash grants in the event of the loss of a group member or close relative.
- Reducing the isolation of marginalised people: Members feel part of a community and are more confident about joining social groups.

■ Personalised approach to economic inclusion:

The project “Towards Sustainable Income-Generating Activities for mine/ERW Victims and other Persons with Disabilities in Battambang” (TIGA) was a socio-economic inclusion programme implemented by HI. It targeted persons with disabilities, including survivors and indirect victims among other vulnerable groups. Its personalised approach responded to individual needs:

- › In a non-discriminatory and gender sensitive manner; the initiative identified beneficiaries based on economic status and an assessment of their quality of life.
- › Took into account the person and the household's situation to tailor the support according to needs and aspirations. Personalised social support built self-confidence and ensured the acquisition of professional skills.
- › Mobilized broader sectors to provide comprehensive support: health, hygiene and sanitation, rehabilitation, vocational training and financial services.
- › Positively and directly impacted income generation: start-up capital was provided to launch or develop an existing income generating activity and increase profitability. The amount of the grant was adapted to each person's project and their capacity to handle the project and the capital.

The following section contains other promising practices, although no evidence was found to demonstrate that this broader support has established a clear marker on the inclusion of survivors and/or indirect victims.

- **Accessibility:** efforts to put in place reasonable accommodation, such as ramps at the entrance of the commune hall or the local health centre, demonstrate awareness of the need to reduce the barriers faced by survivors and other persons with disabilities. This has had a significant impact on attitudes towards survivors and other persons with disabilities who feel encouraged to take part in community events and to use existing facilities.
- **Community-based services** are easily accessible and locally designed to bridge gaps in services and respond to the priorities of survivors and other persons with disabilities: Under the DRIC programme, UNICEF implemented a small-grants scheme to support 15 civil society organisations in delivering community-based services in provinces where mine/ERW survivors live. Approximately 70,000 people benefited from support for parent groups, access to education, formation of self-help groups, livelihood grants, psychosocial support, counselling for women who have experienced violence, and facilitating participation in local governance meetings.

- **Political participation:** Local authorities supported the participation of persons with disabilities, including survivors, in local elections by providing transportation to reach polling stations. The Cambodia Disabled People's Organisation launched a communications campaign to raise awareness on the right to vote. Several survivors ran for office in the last local elections.
- **Social protection & safety nets:** The National Social Protection Strategy for the Vulnerable and the Poor (2011) enables local communes to provide emergency in-kind support (food) and cash grant to poor community members who face temporary difficulties. This emergency support can be activated when urgent health

care is required, or if there is a lack of food, harvest loss, damage caused by natural hazards or difficulties accessing schools.

- **Social protection schemes:** The DRIC funded by Australia, supported the Ministry of Social Affairs, Veterans and Youth Rehabilitation in introducing a new social protection scheme by allocating a disability allowance to impoverished persons with disabilities. It also supported disability stakeholders in lobbying the Ministry of Planning to review the selection process that provides the "ID poor card" in rural areas (ID poor card holders are entitled to basic social benefits). Disability was then included as a scoring weight. Some survivors have already registered with the programme.



3.3.2 - Promising specific victim assistance practices

Facilitating and advocating for a multi-sector response for data collection for socio-economic inclusion

- The CMAA's Survivor Network is based in mine/ERW affected provinces and is made up of 48 focal persons. Focal persons are recruited for their communication ability and engagement in socio-economic development at local level, sometimes with local NGOs. They have good knowledge of highly vulnerable survivors and other persons with disabilities who have communication problems and find it difficult to

formulate requests for support. The network ensures that victim assistance is integrated into local systems at local level. It facilitates this target population's access to up-to-date and accurate information, as well as available services and resources. When needed, it advocates for support or access to justice for underserved families. It plays an important role in maintaining communication with the local authorities, NGOs and service providers. In some cases, focal persons provide advice and coaching to self-help groups.



3.3.3 - Guidance on further promoting an integrated approach to victim assistance



Government bodies responsible for coordinating victim assistance in affected states may undertake the following specific efforts:

Bridging gaps in socio-economic inclusion by:

- Analysing beneficiary data to assess whether survivors and indirect victims are accessing social and economic support services on an equal basis with other segments of the population.
- Empowering survivors, other persons with disabilities and indirect victims to access education, livelihoods development support and social protection.
- Developing the capacities of local organisations to operate at community level and deploy methods to communicate with, and include, individuals with different types of impairment as beneficiaries of the services they provide.

Facilitating and advocating for a multi-sector response for data collection for socio-economic inclusion by:

- Ensuring links between priority-setting processes for clearance, post-clearance or land release operations **and** agriculture/rural development actors to provide comprehensive support for survivors and indirect victims among other vulnerable people. This is in order to ensure access to land rights and the development of sustainable farming and off-farm production.
- Generating and communicating information on survivors, other persons with disabilities and

indirect victims to stakeholders involved in rural economic development and to local authorities.

- Advocating for disability-inclusive social protection for survivors, other persons with disabilities and indirect victims among relevant line ministries and local authorities. Advocating to link social protection schemes with social work and psychological support to lift destitute mine/ERW victims out of poverty.
- Advocating for the availability and accessibility of affordable micro-finance services for survivors and persons with disabilities to build

livelihoods. This includes support for existing community-based organisations, such as self-help groups in order to improve performance and sustainability and integrate into federative structures and link to the micro-finance sector.

- Advocating for the relevant line ministries and other organisations to employ local social workers or organisations, similar to the CMAA's Survivor Network, to empower survivors and other persons with disabilities on their rights and facilitate their access to socio-economic support according to their needs and priorities.

★ Government bodies responsible for mine action in donor states may undertake the following specific victim assistance efforts:

Bridging gaps in socio-economic inclusion by:

- Supporting specific victim assistance efforts through mine action funding and other funding channels to promote livelihood support and social protection schemes that respond to the needs of survivors, other persons with disabilities and indirect victims.



Mr. Dan Oek, 78, was victim of a car accident that limited his capacity to walk. He greatly appreciates efforts to improve accessibility and the transport services that enabled him to get to the polling station during the last elections.

© Gaëtan de Beaupuis/HI.

Facilitating and advocating for a multi-sector response for data collection for socio-economic inclusion by:

- Sharing data on survivors, as well as indirect victims, and their needs for employment, livelihood building and social protection with colleagues and other actors responsible for securing people's livelihoods and social protection in mine/ERW affected countries.
- Lobbying colleagues responsible for non-mine action programming in resourcing organisations to continue raising awareness on disability and promoting diversity.
- Collaborating with colleagues and other actors that work on resilience and climate change adaptation to support organisations implementing social safety nets and affordable micro-finance services that are inclusive of survivors and other persons with disabilities.

For specific recommendations on ensuring social inclusion, inclusive education and economic inclusion, see the HI 2013 publication "Fact Sheets: How to implement victim assistance obligations"²²

22. http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf

4.

Survivor and indirect victim participation in planning, implementation and monitoring

Ms. Pok, 62, singing prayers at her home in Battambang province. © Gaëtan de Beaupuis/HI.

4.1 - Promising practices in broader multi-sector support for victim assistance

- Two Australia-funded programmes, the Cambodia Initiative for Disability Inclusion (2010-2013) and the Disability Rights Initiative Cambodia (2014-2108), empowered local people and organisations in mine/ERW affected provinces. These programmes built the capacities of local organisations to become

more inclusive of the diversity of persons with disabilities, including mine/ERW survivors. Specific attention was paid to increasing the representation of persons with sensory impairments and of the parents of children with disabilities.

The Disability Rights Initiative Cambodia funded the umbrella organisation Cambodian Disabled People's Organization (CDPO) to support the creation of five new organisations of persons with disabilities at provincial level and ten local women's organisations inclusive of women with disabilities. In 2014, the CDPO recorded 1,530 mine/ERW survivors in 23 provinces as members of organisations in its network. The CDPO consults its network and facilitates technical working groups to advance the rights of persons with disabilities. It then formulates recommendations to the government for enforcing the law on persons with disabilities and implementing disability inclusion plans in the ministries in charge of education, health care, women affairs, transport, rural development, employment and social protection. Through local organisations of persons with disabilities, the CDPO empowers survivors and other persons with disabilities to participate at local level. Awareness-raising among provincial and commune authorities created more opportunities for survivors and other persons with disabilities to participate and they very quickly started to make use of these to assert their rights.

- The Commune Investment Plan (CIP) is a process which encourages citizens to define and implement local development plans. Some NGOs, such as HI, provide support to communities to ensure the local planning process is inclusive of mine/ERW survivors and other persons with disabilities. They provide guidance on conducting local participatory

assessments to locate vulnerable people, and identify inequalities, discrimination and barriers to accessing local resources. They create forums where representatives of vulnerable people can discuss their views, needs and priorities. They then provide technical support to frame relevant priorities for the different groups in the commune's development plan.

4.2 - Promising specific victim assistance practices

Bridging gaps in the participation of survivors and indirect victims

- The CMAA's Disability Forum: the CMAA organises meetings for survivors and other persons with disabilities to voice their issues and problems to authorities and administrations at commune, district, provincial and national levels. Disability Forums have given hundreds of survivors, other persons with disabilities and their families the opportunity to call

on the local authorities to respond to the discrimination and lack of equitable access to essential services and resources. They facilitate the resolution of practical issues such as access to healthcare, employment, social protection, justice, land rights, etc. Information produced through the so-called Quality of Life Surveys (see section 5) is presented at the meetings and serves as evidence to raise the awareness of the local authorities about the constraints survivors and other persons with disabilities face.

4.3 - Guidance on further promoting an integrated approach to victim assistance

- ★ Government bodies responsible for coordinating victim assistance in affected states may undertake the following specific efforts:

Bridging gaps in the participation of survivors and indirect victims by:

- Providing spaces for survivors and other persons with disabilities (with all types of impairments) to share their concerns and priorities with local authorities and administrations.
- Developing the capacities of local networks to maintain this type of communication and continue organising local forums accessible to survivors and other persons with disabilities.
- Recording their concerns to inform victim assistance, disability and social protection planning as part of advocacy/planning to bridge gaps AND mobilize a multi-sector response.

Facilitating and advocating for a multi-sector response for data collection for the participation of survivors and indirect victims by:

- Disseminating information on survivors and other persons with disabilities to stakeholders involved in local governance and programming, as well as informing the development of disability-inclusive policies.
- Promoting community-based planning processes that allow for the meaningful participation of survivors and other persons with disabilities.

- ★ Government bodies responsible for mine action in donor states may undertake the following specific victim assistance efforts:

Bridging gaps in participation of survivors and indirect victims by:

- Supporting specific victim assistance efforts through mine action funding and other funding channels to support local initiatives that empower survivors and other persons with disabilities and indirect victims to participate in national and local planning processes; and to build capacities to ensure the representation of the diversity of persons with disabilities with different types of impairments, including survivors, in a gender-sensitive manner, among

organisations of persons with disabilities and consultative bodies.

Facilitating and advocating for a multi-sector response for data collection for the participation of survivors and indirect victims by:

- Collaborating with colleagues responsible for geographical desks and for non-mine action programming in mine/ERW affected countries to encourage collaboration between survivor organisations and organisations of persons with disabilities.



5.

Monitoring the provision of victim assistance through broader support

A technician fixes a prosthesis at Kampong Cham's rehabilitation centre. © Lucas Veuve/HI.

5.1 - Promising practices in broader multi-sector support for victim assistance

- The Cambodia Demographic and Health Survey (CDHS) is designed to provide data to monitor the population and health situation in the country. The Cambodia Socio-Economic Survey (CSES) provides a comprehensive set of indicators on living conditions in Cambodia, covering the main socio-economic areas such as health, education, housing conditions, economic activities, victims of domestic violence and vulnerability. The Royal Government of Cambodia uses these data to monitor the implementation of the National Strategic Development Plan and to develop effective policies for reducing poverty in the country. The data collection questionnaires for both the demographic and health survey and socio-economic survey include questions on disability and identify mine/ERW survivors.
- With funding from Australia (DRIC), a secondary analysis of the 2014 Cambodia Demographic Health Survey produced important evidence on inequalities in the utilization of health care for persons with disabilities and will serve as an advocacy tool to further strengthen health care provision. The report acknowledges that mine/ERW accidents are a major cause of impairment, however it does not provide disaggregated data by including a category on cause of impairment and a marker for survivors.
- In 2016, the United Nations Development Programme (UNDP) country office commissioned a “poverty thematic evaluation” of the Country Programme with the objective of testing and validating or revising its theory of change. The findings of the evaluation

are expected to assist UNDP in contributing to future programme design, portfolio decision-making, and strengthening strategic partnerships. The evaluation team visited five provinces and undertook four case studies of programmes identified by UNDP. As part of the evaluation method, it consulted the socioeconomic data collected by CMAA. The evaluation report²³ included a remark

about high poverty levels amongst mine/ ERW survivors and people from affected communities.

- Australia considered the funding of its major disability-focused programme DRIC as a contribution to meeting its victim assistance obligations and rightly reported this in its Article 7 reports.

5.2 - Promising specific victim assistance practices

Bridging gaps in monitoring the provision of victim assistance

- In 2012-2014, Jesuit Refugee Services and the Cambodia Campaign to Ban Landmines in collaboration with the CMAA used mine action funding from Australia/UNDP to conduct a pilot "Quality of Life Survey".²⁴ They interviewed thousands of women, men, girls and boys with disabilities, and included a marker on survivors. This survey collates variables on the social and economic situation of the person. It includes the person's perceptions about the fulfilment of their basic needs, access to services and social inclusion. It documents discrepancies in quality of life on the basis of gender and age. Since then, CMAA has adopted the methodology and by 2016 had conducted Quality of Life Surveys in 1,972 villages (17,057 persons with disabilities) through its Survivor Network.



Mr. Omsong Pene, member of the CMAA's Survivor Network, advising a family in Battambang province. © CMAA.

Facilitating and advocating for a multi-sector response for data collection for monitoring the provision of victim assistance

- In 2014, prior to the 3rd Review Conference of the APMBC, CMAA's Victim Assistance department commissioned local consultants to assess Cambodia's progress in implementing the 11 actions on Victim Assistance from the Cartagena Action Plan (2009 – 2014). The

process was based on interviews with key informants, focus group discussions with survivors and a consultative meeting to discuss the preliminary findings. The report²⁵ presented many relevant recommendations to encourage various sectors to contribute to the victim assistance obligations.

23. "Thematic Poverty Evaluation Final Report," David F Abbott & Sophal Chan, 2016: <https://erc.undp.org/evaluation/documents/download/9793>

24. "I'm happy I'm alive", Cambodia Survivor Network Project Report, no date of publication, consulted on October 31, 2018. See: http://www.jrscambodia.org/publication/SNPReport_English.pdf

25. "Assessment of Cambodia's progress in implementing the 11 actions on Victim Assistance in the Cartagena Action Plan Leading to the 3rd Review Conference of the APMBC", Rithy Yoeung & Weh Yeoh Research and Development, Phnom Penh, 2014: <http://dfat.gov.au/about-us/publications/Pages/cambodia-victim-assistance-authority-evaluation-report-2014.aspx>

5.3 - Guidance on further promoting an integrated approach to victim assistance

- ★ Government bodies responsible for coordinating victim assistance in affected states may undertake the following specific efforts:

Bridging gaps in monitoring the provision of victim assistance by:

- Providing resources to facilitate the processing of the large amounts of data collected through qualitative surveys such as Quality of Life Surveys. These data may be used as evidence for advocacy initiatives.
- Commissioning secondary analyses of national surveys and statistics to generate information on survivors and verify discrepancies in living conditions and inequalities in access to services and resources, while building the capacities of relevant ministries to undertake such analyses.

Facilitating and advocating for a multi-sector response for data collection for monitoring the provision of victim assistance by:

- Lobbying the ministries of health, social action, education and labour to include a category on

the cause of impairment and status of indirect victims in their beneficiary data collection and monitoring and evaluation frameworks. On the basis of these data, monitoring survivors' and indirect victims' access to mainstream services provided by government bodies, NGOs and other service providers. If access appears restricted, advocating for remediation.

- Lobbying programmes supporting the health, education, labour, social protection, and the disability sectors to refer to the APMBC and/or CCM and to design a monitoring plan that collects data disaggregated by cause of impairment.
- Implementing regular progress evaluations across sectors as regards to victim assistance initiatives and reporting, as set out by the APMBC, CCM, and CCW Protocol V.

- ★ Government bodies responsible for mine action in donor states may undertake the following specific victim assistance efforts:

Bridging gaps in monitoring the provision of victim assistance by:

- Supporting specific victim assistance efforts through mine action funding and other funding channels to facilitate i) qualitative surveys to monitor the quality of life of survivors amongst the broader group of persons with disabilities, and ii) secondary analyses of national surveys to monitor discrimination based on the status of victims and disability.

Facilitating and advocating for a multi-sector response for data collection for monitoring the provision of victim assistance by:

- Collaborating with colleagues responsible for non-mine action programming to advocate for disaggregated data collection in programme performance indicators to monitor whether survivors and indirect victims are accessing services on equal basis with others.

- Implementing regular progress evaluations of victim assistance initiatives and reporting, as set out by the APMBC, CCM, and CCW Protocol V.
- Requesting that colleagues responsible for humanitarian and development efforts which contribute to realizing victim assistance obligations in mine/ERW affected countries, report on these efforts.
- Encouraging colleagues responsible for non-mine action programming to use existing databases on survivors that are updated and can provide comparative information at the beginning and end of programmes as a source and means of performance indicator verification in project logical frameworks and monitoring & evaluation plans.²⁶

26. Suggestion provided in "Thematic Poverty Evaluation Final Report", David F Abbott & Sophal Chan, 2016: <https://erc.undp.org/evaluation/documents/download/9793>



Mr. Hab Chorn, 53, was injured by a mine in 1984 when serving as a nurse in the military. © Eric Martin/Figaro Magazine/HI.

Conclusion

Successes and challenges

This case study has seen successful and encouraging results emerge from years of victim assistance efforts, which have transformed the lives of survivors and other persons with disabilities in Cambodia. The impact was particularly significant when a combination of services and support was made available through specific victim assistance efforts and broader support: health care, physical rehabilitation, personalised social support and empowerment, livelihood development, social protection and advancing the rights of persons with disabilities.

Specific victim assistance efforts and broader support inclusive of survivors contributed to improving local governance by supporting the identification of vulnerable people and promoting community-based services for people with low incomes, facing multiple constraints. Still, there are large numbers of survivors and indirect victims who do not have access to the support and services they need to live a dignified life. This study confirms the need for comprehensive

strategies and partnerships to reinforce and expand service provision for destitute victims and persons with sensory impairments and mental health issues.

Specific victim assistance efforts have led to government engagement in disability inclusion. However, the shift of focus from victim assistance to promoting disability inclusion has hindered efforts to trace service provision for casualties, survivors and indirect victims and to comply with APMBC, CCM and CCW Protocol V reporting obligations.

Despite the positive step to increasingly collect disability disaggregated data, mine/ERW survivors remain invisible within the broader group of persons with disabilities. Practice has shown that it is feasible to introduce a cause category and a marker on survivors in statistics, surveys and monitoring systems. This is a necessary means of providing evidence of the extent to which casualties, survivors and indirect victims benefit from broader multi-sector support.

The integrated approach: A viable model for operationalizing victim assistance

Various examples described in this case study suggest that an integrated approach can be successfully implemented. It provides an effective model for affected and donor states to meet their victim assistance obligations in the short and longer term. It responds to the need to take immediate action to address the many remaining

challenges in data collection and service provision to all victims without discrimination, while linking these efforts with the broader work of relevant ministries and other actors to ensure the realization of the rights of victims; now and for generations to come.

The key role of the mine action community

The role of government bodies responsible for coordinating victim assistance in affected states, and those responsible for mine action in donor states, is decisive in ensuring that an integrated approach to victim assistance is implemented and generates valuable results. This study produced evidence for the fact that specific victim assistance efforts are still needed to bridge gaps in data collection and service provision, and to mobilise broader multi-sector efforts.

These actors are key players in advocating for, facilitating, and monitoring the contributions of broader sectors, and are best placed to initiate and foster partnerships with the non-mine action community. Without these specific efforts, the sustainability of victim assistance is in peril.

As such, government bodies responsible for coordinating victim assistance in affected states need to not only bridge gaps in data and service provision, but also systematically engage ministries and other service providers. Furthermore, donor states, in addition to providing earmarked funding, need to take steps to ensure their humanitarian, human rights and development interventions in mine/ERW affected countries also contribute to meeting victim assistance obligations.

Ultimately, victim assistance is not only an obligation for people with designated responsibility for this pillar of mine action, but is the responsibility of the entire state.

The mine action community's capacity to secure and channel funding is essential to support the implementation of an integrated approach. Earmarked funding for victim assistance provided by the donor community as a part of mine action funding first needs to be increased, and then maintained until there is evidence that all casualties, survivors and indirect victims are accessing opportunities on an equal basis with the rest of the population.

Mine-free is not victim-free; the needs of victims last throughout their lifetime. Data and services therefore need to be fully integrated into a government's broader provisions, so that when mine action ceases, these continue to be available. Given that the mine action community is currently the only voice to speak out on victim assistance, its engagement in this pillar of mine action is vital. This is to ensure that a sustainable approach to victim assistance is in place as soon as possible, long before a country has met its clearance obligations. The mine action community needs to make sure that the plight of casualties, survivors and indirect victims is not forgotten.

"As the upward trend in casualties shows, we cannot afford the luxury of complacency."²⁷

27. "Comprehensive Approach to Mine Action: Report of the Secretary General" - June 21 2018: <http://undocs.org/S/2018/623>

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