

**Meeting of the States Parties to the Convention  
on the Prohibition of the Use, Stockpiling,  
Production and Transfer of Anti-Personnel  
Mines and on Their Destruction**

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English only

**Twelfth Meeting**

**Geneva, 3-7 December 2012**

Item 10 (a) of the agenda

**Consideration of the general status and operation of the Convention**

**Assisting the victims**

**Mid-term review of implementation of the victim assistance  
provisions of the Cartagena Action Plan 2010-2014**

**Submitted by the Co-Chairs of the Standing Committee on Victim  
Assistance (Algeria and Croatia)\***

1. At the 2009 Second Review Conference– the Cartagena Summit on a Mine-Free World – the States Parties adopted the Cartagena Action Plan to guide implementation efforts over the period 2010 to 2014. In doing so, the States Parties reaffirmed their understandings on victim assistance taking into account the evolution in understandings that had occurred through years of implementing the Convention as well as reflecting upon new developments in areas such as disability, international humanitarian law, and human rights law. In addition, the States Parties expressed their resolve to provide assistance to victims, in accordance with applicable humanitarian and human rights law “with the aim of ensuring their full and effective participation and inclusion in the social, cultural, economic and political life of their communities.”
2. The Cartagena Action Plan contains eleven actions specific to victim assistance (actions #23 through to #33).<sup>1</sup> Through these actions, the States Parties committed themselves to address issues identified as being central to the provision of victim assistance: coordination, understanding the extent of the challenge, legislation and policies, planning, monitoring and evaluation, national responsibility, accessibility including to appropriate services, non-discrimination, awareness raising, inclusion, the involvement of relevant experts, resource mobilisation, inclusive development, and, regional and bilateral cooperation.
3. Coordination: In order to ensure a holistic, integrated, and sustainable approach to assisting mine survivors, their families and communities, it is essential that there be

\* Reproduced in the language of submission, without any editorial changes, as received by the Secretariat.

<sup>1</sup> A further three actions, contained in the section on cooperation and assistance of the *Cartagena Action Plan*, are also applicable to efforts to assist the survivors, their families and communities (action #39, action #41, and action #46).

cooperation between relevant government ministries, organisations of persons with disabilities, international agencies, and nongovernmental organizations. Through Action 24, States Parties agreed to “establish, if they have not yet done so, an inter-ministerial/inter-sectoral coordination mechanism for the development, implementation, monitoring and evaluation of relevant national policies, plans and legal frameworks, and ensure that this focal entity has the authority and resources to carry out its task.”

4. Understanding the extent of the challenge: Through Action 25, States Parties agreed to “collect all necessary data, disaggregated by sex and age, in order to develop, implement, monitor and evaluate adequate national policies, plans and legal frameworks including by assessing the needs and priorities of mine victims and the availability and quality of relevant services, make such data available to all relevant stakeholders and ensure that such efforts contribute to national injury surveillance and other relevant data collection systems for use in programme planning.”

5. Planning: Through Action 27, States Parties agreed to “develop and implement, if they have not yet done so, a comprehensive plan of action and budget that addresses the rights and needs of mine victims through objectives that are specific, measurable, achievable, relevant, and time bound, ensuring that such a plan is integrated into broader relevant national policies, plans, and legal frameworks.”

6. Legislation and policies: Legislative and policy frameworks should guarantee rights and help ensure accessibility, quality medical treatment, adequate healthcare, social protection and non-discrimination for all citizens with disability, including mine survivors. Through Action 26, States Parties agreed to “develop, or review and modify if necessary, implement, monitor and evaluate national policies, plans and legal frameworks with a view to meet the needs and human rights of mine victims.”

7. Monitoring and evaluation: When plans, policies and legal frameworks are established, it is essential to undertake regular monitoring and evaluation of these policies, plans and legal frameworks to ensure that activities are being implemented and that implementation is having a tangible impact on the quality of daily life of mine victims and other persons with disabilities. Through Action 28, States Parties agreed to “monitor and evaluate progress regarding victim assistance within broader national policies, plans and legal frameworks on an ongoing basis, encourage relevant States Parties to report on the progress made, including resources allocated to implementation and challenges in achieving their objectives, and encourage States Parties in a position to do so to also report on how they are responding to efforts to address the rights and needs of mine victims.”

8. Accessibility of services: Good coordination, planning and legislative and policy frameworks should eliminate barriers and ensure access to services and information for survivors and other persons with disabilities on a basis equal with others. Through Action 31, States Parties agreed to “increase availability of and accessibility to appropriate services for female and male mine victims, by removing physical, social, cultural, economic, political and other barriers, including by expanding quality services in rural and remote areas and paying particular attention to vulnerable groups.” The States Parties have understood that appropriate services include emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, education and socio-economic reintegration to ensure a comprehensive and holistic approach.

9. Awareness raising: Barrier-free access to services is necessary but not sufficient. It is also necessary that mine victims and other persons with disabilities are aware of their rights and efforts are made to counter stigma, discrimination and misunderstandings faced by mine victims and other persons with disabilities. Through Action 33, States Parties agreed to “raise awareness among mine victims about their rights and available services, as well as

within government authorities, service providers and the general public to foster respect for the rights and dignity of persons with disabilities including mine survivors.”

10. Non-discrimination and good practice: The States Parties for some time have understood that data collection and information management, coordination and planning, and access to services should be carried out in such a way that there is non-discrimination between mine survivors and others who have otherwise been injured and / or have acquired a disability. Through Action 32, States Parties agreed to “ensure that appropriate services are accessible through the development, dissemination and application of existing relevant standards, accessibility guidelines and of good practices to enhance victim assistance efforts.”

11. Responsibility: Action 30 emphasises national responsibility, with States Parties having agreed to “strengthen national ownership as well as develop and implement capacity building and training plans to promote and enhance the capacity of the women, men and associations of victims, other organisations and national institutions charged with delivering services and implementing relevant national policies, plans and legal frameworks.”

12. Inclusion: Through Action 23, States Parties agreed to “ensure the inclusion and full and active participation of mine victims and their representative organizations as well as other relevant stakeholders in victim assistance related activities, in particular as regards the national action plan, legal frameworks and policies, implementation mechanisms, monitoring and evaluation.”

13. Involvement of relevant actors: Significant progress has been made to improve understandings on victim assistance within State entities with responsibility for disability, health care and the provision of social services. Through Action 29, States Parties agreed to “ensure the continued involvement and effective contribution in all relevant convention related activities by health, rehabilitation, social services, education, employment, gender and disability rights experts, including mine survivors, inter alia by supporting the inclusion of such expertise in their delegations.”

14. The Twelfth Meeting of the States Parties (12MSP) provides an opportunity to take stock of progress in implementation of the victim assistance aspects of the Cartagena Action Plan as the States Parties find themselves approximately half-way between the 2009 Second Review Conference and the Convention’s Third Review Conference in 2014. In 2012, the Co-Chairs of the Standing Committee on Victim Assistance collaborated with victim assistance experts and focal points from affected States Parties to gather information regarding progress made in implementing the Cartagena Action Plan since its adoption in 2009, challenges that have been encountered along the way, and further action planned for the period leading to the Third Review Conference in 2014. What follows is a compilation of information provided by these States Parties.

## **Afghanistan**

15. Coordination: The Ministry of Labor, Social Affairs, Martyrs and Disabled (MoLSAMD) coordinates and is the focal point for matters that concern victim assistance. MoLSAMD collaborates with the Ministry of Public Health (MoPH), the Ministry of Education, and other disability stakeholders. An inter-Ministerial Working Committee on Disability was established by presidential decree in 2009. It is chaired by MoLSAMD and functions as the highest government body on disability/victim assistance issues. In addition, a Disability Stakeholders Coordination Group (DSCG) has been established to ensure coordination between relevant government bodies and national and international disability organisations. The DSCG meets monthly in Kabul and has four regional branches which meet quarterly and report to the DSCG head office in Kabul.

16. Challenges in ensuring a well-functioning coordination mechanism include that funding is limited and often provided on a short-term basis resulting in a lack of continuity with disability programmes and an inability to plan into the future. Other challenges include limited human capacity, the lack of system to monitor the implementation of existing programs, and the challenging security environment. By the Third Review Conference, Afghanistan plans to secure regular and predictable national and international funding for disability including victim assistance to ensure the functioning of the coordination mechanisms, the sustainability of programmes, and, thereby facilitating planning processes.

17. Understanding the extent of the challenge: No comprehensive tool to collect and manage disability data exists in Afghanistan. The Mine Action Coordination Centre of Afghanistan collects data on landmine and other Explosive Remnants of War (ERW) casualties and collaborates closely with MoLSAMD in information exchange. The lack of a comprehensive disability data system presents a challenge for Afghanistan to plan, implement, monitor, and evaluate plans and programmes. By the Third Review Conference, Afghanistan plans to develop a comprehensive mechanism for data collection and management which would enable the MoLSAMD to identify gaps in service provision and to understand needs and prioritise accordingly across various categories of disabled people, including landmine and other ERW survivors.

18. Planning: Afghanistan is in the process of renewing its national action plan on disability following the expiration of the Afghanistan National Disability Plan (ANDAP) in 2011. Before the Third Review Conference in 2014, Afghanistan expects to have finalised its review of the successes and shortcomings of the previous plan and to have ensured that the review's conclusions contribute to the new planning process. Also by 2014, Afghanistan plans to have adopted a new national plan complete with a monitoring mechanism to enable regular monitoring and evaluation of the plan's objectives from the outset.

19. Laws and Policies: Afghanistan ratified the Convention on the Rights of Persons with Disabilities (CRPD) on 18 September 2012. Afghanistan must submit a comprehensive report on measures taken to implement the CRPD within two years. In addition, Afghanistan, as a State Party to the Convention on Cluster Munitions, is in the process of implementing the victim assistance obligations contained in Article 5 and guided by the Vientiane Action Plan. Afghanistan is also a State Party to International Labour Organization Convention 159. At the national level, Afghanistan adopted a Law on the Rights and Benefits of Disabled Persons in 2010. By 2014, Afghanistan plans to have revised the national disability legislation through a consultative process to ensure coherence with the CRPD and other above mentioned international treaties.

20. The first national Disability and Physical Rehabilitation Strategy was approved by the MoPH in 2011. The strategy aims to raise the profile of disability issues at the national level, enhances the effectiveness of MoPH programmes for rehabilitation and social inclusion and increases the focus on preventive measures that target preventable causes of disability.

21. Monitoring: Monitoring the implementation of laws, plans, policies and programmes relating to disability/VA is challenging due to the lack of a well-functioning system, limited tools, and weak capacity. By the time of the Third Review Conference, Afghanistan plan to establish an improved mechanism for collecting and managing data. This will generate information required to enhance implementation of, and reporting on, relevant laws, plans, policies and programmes.

22. Access to Services: Progress in increasing the availability of and accessibility to services was made through: the implementation of an inclusive education program to raise awareness and train school teachers, children with disabilities and their parents on

principles of inclusive education and the right to quality education for all; the implementation of a peer-support pilot project reaching two thousand people with a disability, 40 per cent of which were female; the provision of vocational training targeted towards women with disabilities; the implementation of a job-matching scheme in which people with disabilities were matched up with available jobs in government institutions or non-governmental organizations; and, various awareness raising campaigns focusing on the physical accessibility of public buildings. Afghanistan reported challenges in ensuring quality services in rural and remote areas due to physical barriers, the security situation, and limited resources. Other challenges reported include the significant number of landmine survivors across the country, the lack of physical infrastructure to adequately address their needs, and the lack of clarity regarding the extent to which current services are not meeting their needs. By the Third Review Conference, with enhanced methods of monitoring and evaluating, Afghanistan plans to focus on enhancing access to services in areas which are lacking and raising awareness of the rights of persons with disabilities to access services.

23. Awareness Raising: Mass media campaigns have been undertaken across all thirty four provinces to raise awareness on the rights and capacities of persons with disabilities including landmine survivors. In addition, national events have been convened to mark International Women's Day and International Day for Persons with Disabilities.

24. Responsibility: Afghanistan reported capacity building of health providers in six provinces through training provided by the MoPH. The trainings addressed physical rehabilitation, disability awareness, the early detection and identification of disabilities, and improving access to healthcare for persons with disabilities. Further activities are required to build the capacity, knowledge, and skills of all relevant ministries, agencies, service providers and other partners. Challenges include limited resources, a lack of political support, and unsustainable funding for disability/VA programs. By the Third Review Conference, and with the aid of the new national plan, Afghanistan will advocate for a longer term budget for implementing disability/VA programs. After which, capacity building efforts can resume.

25. Inclusion: An inclusive approach was adopted in the development of the ANDAP and will continue to be an essential element in its review and redevelopment. Challenges are presented by the limited financial resources allocated to the sector. By the Third Review Conference, Afghanistan plans to work closely with survivors, other persons with disabilities, and other relevant actors to amend the national disability legislation and the national plan, bringing both in line with CRPD standards.

## **Albania**

26. Coordination: The Albanian Mine Action Committee (AMAC) plays a leading role with respect to victim assistance. AMAC is chaired by the Deputy Minister of Defence, and includes the participation of the Ministry of Interior, Ministry of Foreign Affairs, the Ministry of Health (MoH), Ministry of Labor, Social Affairs and Equal Opportunities (MoLSA) and the Ministry of Finance. International and national organizations have also contributed towards the aims of this national body. In undertaking steps to become a State Party to the CRPD Albania is considering ways to strengthen and improve its inter-ministerial/inter-sectorial coordination for disability in line with article 33 of the CRPD.

27. Understanding the extent of the challenges faced: The collection of data on new and previously unreported incidents involving unexploded ordnance is undertaken on an ongoing basis by the Red Cross National Society in conjunction with local NGO "Alb-AID". Collected data is passed to the Albanian Mines and Munitions Coordination Office (AMMCO) for inclusion into the Information Management System for Mine Action (IMSMA) database. Gathered data is shared amongst all relevant partners such as health

professionals and respective institutions and social service providers at the local and national level. All data collected is disaggregated by age and gender. By the time of the Second Review Conference in 2014, Albania plan to have a system in place to hand all finalized data and statistics over to MoLSA which will act as a centralized body for data on disability including victim assistance and will share and disseminate information amongst all relevant government agencies, national and international organisations and other actors.

28. Planning: Current disability efforts, including assistance to survivors, are based upon the National Strategy for Persons with Disabilities 2005 to 2014. The Strategy defines objectives to be undertaken during the period of implementation and outlines the respective responsibilities of the central and local government in achieving the objectives. A national planning workshop on Victim Assistance was convened in 2010 bringing together relevant ministries, regional and local authorities, donors, international and national organisations and survivors and other persons with disabilities, to examine the progress made and the challenges that remain and to begin the development of a four year action plan to guide victim assistance activities in accordance with the National Strategy for Persons with Disabilities.

29. Albania reported challenges in implementing the national plan of action including limited financial resources given the decrease in funding for victim assistance after Albania completed its Article 5 mine clearance obligations. Albania reported that, although national resources are allocated and increased annually, funding is not sufficient to fully meet the needs of landmine and other ERW survivors. For example, prosthetic/orthotic capacities exist at Kukes hospital but the unit lacks components and raw materials for major repairs and production of new prostheses. Further challenges reported by Albania include the fact that physical rehabilitation is given a low priority within the medical sector; that the migration of health professionals from rural hospitals to urban areas/the Capital hinders capacity building in local and regional health institutions; and that progress is slow with respect to improving physical accessibility in the rural areas (ie. buildings, transportation). By the Third Review Conference, Albania plan to achieve the following: enhance medical and socio-economic capacity in areas of the country that are affected by abandoned/unexploded ordnance (AXO/UXO); secure materials and components for prosthetic repairs and fittings in former mine affected areas; and, enhance implementation of the Law on Urban Planning relevant to all new public or private buildings and public transport. In order to realise these objectives by the Third Review Conference, AMMCO plans to intensify its resource mobilization efforts.

30. Legislation and policies: A comprehensive Anti-Discrimination Law was passed by Parliament in 2012. In addition, a full review of disability-related legal and policy frameworks was undertaken in advance between 2010 and 2011 by an Inter-ministerial Working Group established to assess the country's readiness to comply with the CRPD. Ratification of the CRPD took place in November 2012. Albania is obliged to submit a comprehensive report on measures taken to implement the CRPD within two years. By the Third Review Conference in 2014, Albania plans to have adopted new national legislation on disability. The new disability legislation will be comprehensive and will be developed through a consultative process involving relevant ministries, survivors, other persons with disabilities and their representative organisations.

31. Monitoring and Evaluation: Efforts to monitor and evaluate progress in assisting survivors are measured against the National Strategy for Persons with Disabilities. A national report on implementation of the National Strategy is prepared on an annual basis recording activities undertaken and analyzing progress made towards achievement of the Strategy's objectives. The latest report takes into account seven regions out of 12 and highlights key achievements. By the Third Review Conference in 2014, the MoLSA will

take full responsibility for monitoring the National Strategy and preparing the annual progress report covering all 12 regions in Albania.

32. Accessibility of services: Progress in developing national capacity and increasing access to services includes: the enhancement of the Physical Rehabilitation capacities at Kukes Hospital; the establishment of a Physiotherapy Unit at the Faculty of Nursing in Tirana; the development of a masters of physiotherapy programme; the provision of training on emergency and surgical capacities in the former mine affected region; the acquisition of new equipment for hospitals in the former mine affected region; the establishment of a fully functional and adequately staffed National Trauma Center at the university hospital in the capital of Tirana; the establishment by MoH of the “National Center of Continuing Education” for all health professionals countrywide; the development of Guidelines by the Health Insurance Institute creating the obligation to provide home visits and other relevant assistance for people with disabilities; the equalisation of services made available to women, girls, boys and men both at local and national level; progress in eliminating barriers to physical accessibility in major cities; and, the on-going efforts of the Ministry of Public Work, Transport and Telecommunication in coordination with local government/municipalities to eliminate physical barriers in other locations.

33. Inclusion: Survivors and other persons with disabilities have actively participated in the national planning process for victim assistance as well as in a variety of programme assessments, evaluations, and other victim assistance activities at local, national and international levels. Landmine and other ERW survivors, as well as persons with disabilities and their representative organizations, are included in all relevant national discussions where the donor community are present and have the opportunity to voice their needs in these forums for example at the International Symposium on “Cooperation and Assistance” that was held in Tirana in May 2011. Albania noted that the effective and ongoing participation and involvement of survivors in all processes and activities related to victim assistance has been an essential component for ensuring progress.

34. Involvement of Relevant Experts: Albania has ensured the participation of a relevant victim assistance focal point at meetings of the Anti-Personnel Mine Ban Convention consistently since and prior to the adoption of the Cartagena Action Plan. The focal person representing Albania is a medical doctor, employed by AMMCO, who play a strong coordination role within Albania for matters concerning victim assistance.

## **Bosnia and Herzegovina**

35. Coordination: The national Mine Action Centre (BHMAL) play a lead role as concerns victim assistance. The Landmine Victim Assistance Coordination Working Group (LMVAC) involves the participation of relevant ministries, service providers, international organisations and NGOs. BHMAL chairs the LMVAC and hosts regular national coordination meetings to bring together relevant government actors and NGOs. Bosnia and Herzegovina reported facing challenges in establishing the coordination group due to lack of interest and commitment from group members.

36. Understanding the extent of the challenge: A mine victim database has been developed in accordance with the requests and needs of government and non-government sectors in Bosnia and Herzegovina. The database is hosted and administered by BHMAL. The database aims to record and share information regarding the distribution of assistance. The database structure is divided into 11 chapters to process information on issues including victim identification, manner and type of injury, social status and assistance received. Information from the data base is shared with other relevant actors. The database enables the planning of priorities and analysis of the distribution of assistance to mine victims. The database requires further development. In addition, the databases of

Government institutions are not compatible with mine victims data base administered by BHMAL causing a gap in comprehensive knowledge of assistance distribution to “mine victims”. BHMAL has expanded its activities to encompass individual communication with mine victims, the maintenance of up-to-date listings and mine victim databases, the continuous collection of victim data for landmine survivors, and the commencement of data collection with respect to cluster munition survivors. By the Third Review Conference, Bosnia and Herzegovina aim to have completed a data collection initiative in which a questionnaire has been distributed to gather information on a person who is victim or a victim’s family. Listing mine victims during citizens’ listing in BH would create an opportunity to integrate information on all State levels.

37. Legislation and Policies: The Federation of Bosnia and Herzegovina has adopted a Disability Policy in Bosnia and Herzegovina contains directions and human rights based principles of action in all aspects of life for persons with disabilities in accordance with the social approach to disability. In order to ensure implementation of the disability Policy, Bosnia and Herzegovina developed a “Strategy and Action Plan for Equality of Possibilities for Disabled Persons in Federation of Bosnia and Herzegovina 2010-2014”. This strategy was adopted in September 2010. The strategy contains directions and human rights based principles of action in all important aspects of disabled persons’ lives. Cooperation of all the authorities was achieved in the development of this strategy as well as of organisations of persons with disabilities and NGOs. By the time of the Third Review Conference, Bosnia and Herzegovina aims to have adopted a Sub-Strategy for Mine Victims Assistance in Bosnia and Herzegovina. All activities foreseen in the Sub-Strategy will be implemented urgently, with cooperation between the state and NGOs.

38. Monitoring and Evaluation: Activities have been undertaken to analyze results of the Sub-Strategy for the period of 2009-2012. By the Third Review Conference, Bosnia and Herzegovina plans to revise its Sub-Strategy for mine victims’ assistance. Bosnia and Herzegovina reported that, due to state’s internal structure, it has not been possible to establish a body to conduct monitoring and evaluation of success for all assistance. BHMAL and the Coordination group lack the mandate to conduct such actions. Therefore, it is important to undertake analysis of the NGOs after the assistance has been provided. Assistance provided to victims from the State is integrated into individual systems of state organizations where it is not possible to access for monitoring or to conduct evaluations.

39. Access to services: Fifteen ‘victim assistance’ projects were realised in 2011 to benefit landmine and other ERW survivors.

40. Inclusion: National organisations, including organisations of survivors, have actively participated in the the development of legislation necessary for creating the Fund for professional rehabilitation and employment of disabled persons.

## **Burundi**

41. Coordination: An interdepartmental committee has been created and its rules of procedure developed. The interdepartmental committee faces the problem of limited resources in implementing its tasks. There is a problem of coordination as the interministerial committee is not yet functional in certain fields such as data collection, physical rehabilitation, accessibility and policies.

42. Planning: A National Action Plan for Assistance to victims of mines and ERW and other persons with disabilities was adopted in 2011. Implementation of activities listed in the plan has commenced.

43. Monitoring and Evaluation: No body has been established to undertake evaluation of progress regarding the national action plan. Burundi noted that its main challenge relates to



the slow pace of implementation due to the plan having been adopted recently. Awareness raising on the plan needs to be conducted. By 2014, Burundi plans to have established an evaluation committee, within the inter-ministerial committee, to undertake monitoring and evaluation of progress regarding victim assistance.

44. Access to services: Healthcare services that are required by survivors are available on a basis equal with others. However, progress is slow as concerns enhancing availability of and access to other victim assistance-relevant services such as social services, education and other public services which currently remain inaccessible. The national plan of action was adopted in 2011 to guide efforts but lacks financial resources to support its implementation. So far, only symbolic gestures have been made by donor countries including the distribution of tricycles and prosthetics for landmine survivors. By the Third Review Conference, Burundi plans to promote laws to enhance accessibility to priority services. In terms of physical accessibility, Burundi reported some progress in that several access ramps have been built and some public toilets made accessible for persons with disabilities. Burundi noted that transforming existing structures has proven challenging mostly as it involves a shift in mentality. By 2014, Burundi plans to ensure that it raises the profile of development practices that are inclusive and promote physical accessibility.

45. Awareness raising: Burundi reported on challenges in accessing landmine and other ERW survivors that are scattered across the country to provide information and training about their rights. By the Third Review Conference in 2014, Burundi plans to undertake identification of all victims and create an inventory of their physical and intellectual capacities in order to enhance inclusion.

46. Inclusion: Some landmine survivors associations have been established by survivors to promote the rights of survivors and other persons with disabilities. However, some survivors choose not to belong to these associations and do not recognize the value. Burundi reported challenges in supporting the mobilisation of survivors and their associations because landmine survivors are scattered across the country and often in locations that are difficult to access. The President has increased the budget for victims and that the budget notes the importance of survivor associations, however there is still much progress to be made in raising awareness of the advantages of survivor associations which can support training and independent living.

## **Cambodia**

47. Coordination: The Ministry of Social Affairs Veterans and Youth (MoSVY) is the focal point for disability including victim assistance in Cambodia. Within MoSVY, a national structure has been established to facilitate closer collaboration between the National Disability Coordination Committee (NDCC), the Disability Action Council (DAC), the Persons with Disability Foundation and the Disability Rights Administration to ensure the implementation, monitoring and evaluation of national law, policies, plans and legal frameworks related to victim assistance and disability. Cambodia recognised that despite enhanced coordination, the lack of resources and capacity within these institutions remains a challenge. By the time of the Third Review Conference in 2014, Cambodia still plans to enhance this coordination mechanism and promote the mainstreaming of disability issues within their respective ministries' development plans and development partners' development plans.

48. Understanding the extent of the challenge: The General Population Census collected baseline data on disability. The Cambodia Socio-Economic Survey (2010) was designed to capture further data on persons with disabilities. The Cambodian Mine Victim Information System (CMVIS) of the Cambodian Mine Action Authority (CMAA) have undertaken data collection with respect to landmine victims. This data is updated and disseminated monthly

to the public, development partners and other relevant stakeholders. A Patient Management System is being developed by the Ministry of the Social Affairs Veterans and Youth (MoSVY) to register people with disabilities including landmine survivors that receive services from Physical Rehabilitation Centres. To further enhance the collection and sharing of data, MoSVY has encouraged NGOs to report their activities and service provisions to persons with disabilities including landmine victims. Challenges remain with respect to limited resources and capacity for data collection as well as logistical challenges faced in reaching remote areas. In the period leading up to the Third Review Conference, Cambodia plans to increase dialogue with the Ministry of Planning to include a category for landmine survivors on the next General Population Census; to encourage increased data sharing with NGOs and other relevant stakeholders; and, to strengthen database entries on those receiving services at the physical rehabilitation centres.

49. Planning: During the period since adoption of the Cartagena Action Plan, Cambodia has been implementing the National Plan of Action for Persons with Disabilities including Landmine/ERW survivors (2009-2011). In advance of expiry of the plan in December 2011, Cambodia engaged in a review of its efforts to implement the Plan of Action and negotiated the approval of all relevant actors to develop a new National Plan of Action (to be entitled the National Disability Strategic Plan 2014-2018). This planning process is due to commence in 2013. Tools for monitoring and evaluation of the new plan will be developed in conjunction with the development of the plan.

50. Legislation and Policies: Efforts with respect to Action 26 of the Cartagena Action Plan have focused on implementation of the Law on the Protection and the Promotion of the Rights of Persons with Disabilities which was adopted in 2009. By the time of the Third Review Conference, Cambodia still intends to further develop the national policies and legal frameworks related to disability and landmine victims; to strengthen the mechanisms on monitoring and evaluation; and, to promote wide dissemination of the laws and policies across the nation and encourage their implementation.

51. Monitoring and evaluation: Cambodia conducted a review of progress in implementation of the national action plan in the lead up to expiry in 2011. The review was conducted jointly by MoSVY and DAC with the support of CMAA. Key findings and recommendations were used to feed into the development of the new plan (the National Disability Strategic Plan 2014-2018). During implementation of the Plan, a unit for monitoring, evaluation and reporting was formed within the DAC and mandated to undertake and coordinate monitoring and evaluation activities as concerns the implementation of laws, policies and plans on disabilities. By the time of the Third Review Conference, Cambodia plans to establish six sub-committees within the NDCC one of which will be a sub-committee responsible for managing the monitoring and evaluation and reporting on the new National Disability Strategic Plan 2014-2018.

52. Responsibility: Efforts to strengthen national ownership were made through enhancing the capacity, skills, and knowledge of civil servants in relevant ministries, agencies at the sub-national level and implementing partners, persons with disabilities including landmine survivors and their organisations. Memorandums of Understanding were adopted between MoSVY and five of the international NGOs operating in Cambodia to ensure a progressive handover of physical rehabilitation centres responsibility to the government. Furthermore, MoSVY has encouraged and supported the establishment of self-help groups, federations, organisations of persons with disabilities and various inclusive sports/arts movements. Challenges in building capacity relate to limited human, technical and financial support. The functioning of the coordination mechanism is limited as a result of this limited support. By the Third Review Conference, the Government of Cambodia will focus on increasing the capacity within the national coordination mechanism (Including DNCC, DAC, and Persons with Disabilities Foundation) as well as work towards being

able to take full responsibility over the management of physical rehabilitation centres, thus allowing the INGOs to phase out.

53. **Accessibility to services:** Cambodia reported having made progress in promoting access to livelihood support, health care and prevention, education, employment, vocational training and election participation in accordance with chapter 3, 4, 5, 6, 7, and 9 of the law on the protection and the promotion of the rights of persons with disabilities. The DAC is in the process of forming an Accessibility Committee to support the implementation of these chapters, however limited capacity and prioritisation has led to a delay in this process. Cambodia plans to ensure that this body is up and running in advance of the Third Review Conference. By the time of the Third Review Conference, Cambodia intends to develop national guidelines on accessibility for persons with disabilities. Cambodia recognises that it still faces a challenge with the provision of services in remote areas and that some of the services that are being delivered by various operators and not meeting national and international standards.

54. **Good Practice:** Cambodia has made use of existing standards, guidelines and good practices in the development of best practices. MoSVY has developed and adopted national guidelines on physical rehabilitation; national guidelines on community based rehabilitation; and disseminated a circular on improving the quality of vocational training for persons with disabilities. In addition, national policies on education for children with disabilities have been adopted.

55. **Awareness Raising:** Various means of communication have been employed to raise awareness including poster campaigns, education campaigns, radio talk shows, and TV. Campaigns have been conducted in collaboration with relevant partners and stakeholders. International days such as Mine Action Day, International Day for Persons with Disabilities, International Day for the Deaf, International Children's Day and International Women's Day have provided opportunities for more focused awareness raising campaigns. A lack of funding was reported as a challenge as well as the lack of coordination between the public institutions responsible for media. By the Third Review Conference, Cambodia intends to further enhance this communication and continue to promote awareness raising through the use of posters, education campaigns, radio talk shows, and TV.

56. **Inclusion:** The full and active participation of mine victims, representative organisations and relevant stakeholders in victim assistance activities is achieved through the active participation and employment of survivors and other persons with disabilities in national bodies such as the Disability Action Council (DAC), the National Disability Coordination Committee (NDCC), the Persons with Disability Foundation, and the Disability Rights Administration. These bodies were central actors in the process of developing the Law on the Protection and the Promotion of the Rights of Persons with Disabilities (2009) and the National Plan of Action for Persons with Disabilities including Landmine/ERW Survivors (2009-2011) as well as other relevant laws, plans and policies.

## **Colombia**

57. **Coordination:** The Programa Presidencial para la Acción Integral Contra Minas Antipersonal (PAICMA) is the national focal point for victim assistance in Colombia. An Inter-sectoral Commission for Comprehensive Action against Anti-Personnel Mines has been established and includes representatives from relevant ministries, public institutions and civil society organisations. The commission is the highest authority and meets regularly to review implementation of national policy concerning anti-personnel mines, including the issue of victim assistance. The Sistema Nacional de Atención y Reparación Integral a Víctimas (national system) has been established by law. Its functions include the implementation, coordination, monitoring and oversight of the National Plan. The national

system comprises of one main committee and 8 sub-committees, one for each key thematic area in Act 1448. In addition, departmental committees have been established to conduct the same functions at the regional level. Colombia noted challenges in coordination largely due to a lack of information sharing facilitating the monitoring and evaluation of activities.

58. Understanding the extent of the challenge: PAICMA is working to create a single national victim database in which all information collected from various information systems can be stored and accessed by public entities, local authorities, international organizations and civil society organizations. The information is disaggregated by age, gender, ethnicity and status (civil or military). Challenges include gaining access to victims in remote and rural areas in order to collect information and accessing suitable technology to consolidate information gathered. By the Third Review Conference, Colombia plan to have established an information system for victim data which will track the location of victims, details of the victim and accident, and record the status of the individual prior to and after the accident.

59. Legislation and policies: The Law of Victims and Land Restitution (Law 1448) was adopted in 2011 with the aim of enhancing access to care and reparation for victims. In addition, Law 1438 was adopted in 2011 to expand access to health care services through the unification of national health regimes. Colombia ratified the CRPD in 2011. Challenges are faced in implementing these laws due to limited financial resources and the lack of developed infrastructure in some parts of the country. By the Third Review Conference, Colombia plans to have advanced in the implementation of these laws and to have modified any regulations that hinder access to services.

60. Planning: The National Plan of Attention and Reparation for Victims was adopted in May 2012. The National Plan includes guidelines, goals, an implementation schedule, and a monitoring mechanism. Currently, Colombia is working to establish guidelines and mechanisms to support implementation of the plan at the local level and to enhance coordination across the 27 national entities involved in its implementation. By the Third Review Conference, Colombia plan to have adopted a plan of action for the local and municipal levels.

61. Monitoring and evaluation: The Unit for the Attention and Repair of Victims was established along with the plan to undertake monitoring of the Plan. A mechanism including indicators of success was also adopted to measure progress in implementation of the national plan. Colombia noted that limited coordination across the 27 national entities responsible for implementation of the national plan is a significant challenge in efforts to monitor and evaluate its implementation. By the Third Review Conference, Colombia will ensure that indicators that can be used to measure implementation of the national plan are included in the plans of action that will be developed for the local and municipal level.

62. Accessibility: International assistance has enabled the provision of training to rehabilitation professionals across the country. Focus has been placed upon enhancing access to services for children, youth and adolescents at the municipal and departmental level including through the development of methodologies and participatory workshops as well as the construction of roads. Inter-agency coordination remains a challenge to enhancing access to services. In addition, limited resources, a low level of engagement from regional authorities, and accessing conflict areas present on-going challenges. By the Third Review Conference, Colombia will enhance access to services for victims especially children, youth and adolescents through the development of "Care Pathways" in which access to quality services is facilitated.

63. Awareness raising: Guidelines have been adopted to provide personalised advice to victims on the steps and procedures to follow in the event of an incident. The aim of the guidelines is to enable the victim to navigate through the process by raising awareness of

rights and relevant procedures. Survivors receive individual guidance and support from PAICMA. By the Third Review Conference, PAICMA will begin implementing courses on the rights of and benefits for victims. Challenges faced include a general lack of awareness about rights and responsibilities as citizens of the country. By the Third Review Conference, Colombia plan to increase general awareness regarding the rights and responsibilities of survivors and their communities.

64. Inclusion: Legislation provides for the inclusion of victims in the implementation of the national action plan. A Protocol is under development to ensure the participation of victims in activities at the departmental and municipal levels. PAICMA has been providing technical support to survivor associations in the departments of Cauca and Antioquia through a programme which facilitates community participation and provides survivors themselves have an opportunity to contribute to strategy development for the associations. This programme is part of the “education for employment in the Andean region” initiative which aims to improve the socio-economic development of vulnerable young people, especially young women, in regions affected by the conflict. Challenges include: limited awareness about rights and responsibilities amongst those affected, include limited leadership and management capacities particularly in rural areas which is where most victims of landmines and other ERW are found, lack of ownership and sustainability of the associations, and the weak role of women in decision making processes. By the Third Review Conference, Colombia aim to enhance inclusion through providing capacity building as part of an upcoming EU project to be implemented in 2013-2014. In addition, Colombia plan to increase the number of survivor associations across the country and ensure these associations are regularly contributing to the development of relevant plans and policies.

## Croatia

65. Coordination: The Croatian Mine Action Centre (CROMAC) has a lead role for coordinating victim assistance. A national coordinating body was established in 2010 including the Ministry of Foreign and European Affairs; Ombudsman for Persons with Disabilities; Ministry of Health and Social Welfare; Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity; Ministry of the Economy, Labor and Entrepreneurship; Croatian National Institute of Public Health; Ministry of the Interior; National Protection and Rescue Directorate; Croatian Institute for Health Insurance; Croatian Pension Insurance Institute; Zagreb City Office for Health and War Veterans; Office for Human Rights; MineAid (NGO); Mine Victims Association of Karlovac County (NGO); Croatian Union of Civil Victims of the Homeland War Associations (NGO); Croatian Union of Physically Disabled Persons Associations (NGO); Association for Promotion of Equal Opportunities - APEO (NGO); and, the ITF-International Trust Fund for Demining and Mine Victims Assistance. Five NGOs are members of the National Coordinating Body which provides mine/UXO victims and people with disabilities as well as their families' direct involvement in the work of the Coordinating Body. Croatia reported that the Coordination Body does not have a mandate for developing, monitoring or evaluating services nor does it have resources for its work which presents a challenge.

66. Understanding the extent of the challenge: There is no centralised data collection mechanism for disability data. A number of government institutions and some NGOs are maintaining their own databases. These databases are inconsistent and often incomplete. By the Third Review Conference, Croatia will finalise a process of forming a unified database on mine and other ERW casualties. It is currently in the process of collating data from the various institutions and organizations and a working group, composed of members of the National Coordinating Body, will work to develop a Unified Database and Data Exchange mechanism in accordance with national protocol on methods of data collection as concerns

mine/UXO victims. The new database will contain the following categories of data: personal data; mine incident data; information on the status and degree of disability; information on the realized rights; information about education, occupation and employment; and information about victims' family members.

67. Planning: The Croatian Mine Action Plan aims to assist victims of mines and unexploded ordnance in accordance with the Cartagena Action Plan. The national plan aims to improve the quality of life of survivors, their families and communities. The coordinating body in Croatia will guide the overall coordination and systematic monitoring of goals in the Plan. Currently, each chapter contains baseline data as of 2010, along with objectives, and plans to achieve them. The Plan also notes expected sources of funding. Croatia reported challenges in including experts from relevant fields in state delegations to Convention related activities due to lack of funds and the lack of adequate experts available in specific areas.

68. Accessibility to services: All persons involved in mine incidents are entitled to health protection and to the acquisition of orthopedic aids to the amount covered by the Croatian Health Insurance Institute. Efforts to enhance psychosocial support are being provided by existing centres for psycho-social assistance, family centres and centres for social welfare which provide peer support. Economic empowerment and reintegration of mine and other ERW survivors is addressed through monitoring the needs and requirements of the market and, at the same time, taking into consideration the status of persons with disability within the labour market. Efforts to increase the availability of lifelong learning for survivors and awareness raising for potential employers on the capacities of persons with disabilities. Individual business plans have been made for the beneficiaries of the Mine Aid economic programme. In addition, funds for the acquisition of equipment and other assets necessary for starting a business have been secured for ten families. Croatia reported challenges with respect to transparency regarding the beneficiaries of these programmes. Centers for Psychosocial Assistance in 20 counties are often under-staffed and under-financed preventing them from taking a pro-active approach to assisting survivors. Lack of monitoring and disregard of quotas for the employment of persons with disabilities is still evident. Another challenge is that, due to the financial crisis, NGOs are now receiving reduced funding from the state budget preventing the expansion of their activities and affecting the implementation of existing programs.

69. Good practice: Croatia has published and disseminated brochures on: "Opportunities and Rights," data collection, the conclusion of "Agreement on Cooperation in the development and exchange of data collection on ERW victims on mined, mine suspected and shelled areas in Croatia," and the monitoring of "Croatian action plan to help people victims of mines and unexploded ordnance 2010-2014," as well as various "one-off" projects.

70. Inclusion: There is active association from survivors and NGOs in Croatia. One of the most active is the "Mine Aid" association. The association intends to include many beneficiaries, mine and UXO survivors and members of their families into their activities. In addition, the association provides psychosocial treatment through the work of the expert team for crisis situations at the local level. Its task is to visit the landmine survivor and his/her family immediately after the accident and, besides providing psychosocial assistance, inform them about future steps in realization of their rights.

## **Ethiopia**

71. Coordination: The Ministry of Labour and Social Affairs (MoLSA) is Ethiopia's focal point for disability issues. A National Committee, chaired by MoLSA, has been established for coordination, monitoring and evaluation of disability-related programmes.

The Committee comprises of representatives from relevant ministries. Despite the establishment of the national coordination committee, Ethiopia reported challenges including a lack of information sharing regarding disability related activities and achievements amongst different ministries and other bodies in their respective areas of competence.

72. Understanding the extent of the challenge: There is no comprehensive mechanism for the systematic collection of data regarding landmine survivors and other persons with disabilities. By the Third Review Conference, Ethiopia plans to make substantial progress in improving its methods of data collection and data management in line with CRPD requirements. In addition, Ethiopia plans to establish a web based portal system for the sharing of disaggregated data on all types of disabilities across relevant ministries.

73. Planning: The National Plan of Action for Persons with Disabilities (NPA) was adopted in 2012 to cover a period of ten years. The plan is based on a vision of a fully inclusive Ethiopian society, where children, youth and adults with disabilities, regardless of gender or type of disability, as well as their parents and families, enjoy the same rights to participate in the same civil, political, economic, social and cultural spheres and to access the same medical, educational, social services, training, work and leisure opportunities enjoyed by other citizens. The plan seeks to ensure that persons with disabilities are accepted, their abilities are valued, their diversity and independence are recognized, their human rights are protected, and that they are able to participate actively in the life and development of their communities and the nation. The NPA is in line with the CRPD and other national policy and legal frameworks relating to disabilities. In addition, the national Growth and transformation Plan (GTP) includes provisions to ensure persons with disabilities benefit from its implementation. The GTP provides that the number of persons with disabilities that receive physical rehabilitation services will increase from 41,154 (in 2010) to 95,642 by 2015.

74. Laws and Policies: Laws are in place to prohibit the marginalisation of landmine and other ERW survivors as well as other persons with disabilities in areas including healthcare, education, employment, public services, legal provisions and political rights. The Law provide for equal treatment in the social, economic and political lives of their communities. In addition, the Social Protection Policy has been adopted which aims to address the needs and challenges of the country's poor, vulnerable and marginalised population groups such as persons with disabilities including landmine and other ERW survivors. The policy provides for the provision of basic social services and includes an implementation strategy for supporting persons with disabilities. In addition, Article 10 of the National Proclamation to Provide for the Definition of Powers and Duties of the Executive Organs, expressly states that each ministry has the responsibility to create conditions whereby persons with disabilities and H.I.V. AIDS victims benefit from equal opportunities and participation. Further, the National Physical Rehabilitation Strategy ensures a systematic approach to facilitate and promote the expansion of physical rehabilitation services in both quantity and quality. Ethiopia faces challenges in implementing the existing legal and policy framework due to lack of human capacity and limited financial resources. By the Third Review Conference, Ethiopia plans to have implemented capacity building initiatives for implementation of the national plan, the Social Protection Policy and Strategy, and the legislation on employment of persons with disabilities.

75. Monitoring and evaluation: An assessment study on existing physical rehabilitation services in Ethiopia was conducted in 2011 in order to review the quality of services, the level of human resources, the geographic distribution of prosthetic and orthotic centres, the needs of the centres and the accessibility of these centres for the users. The purpose of the study was to enable recommendations on ways and means to strengthen efficient and effective physical rehabilitation services in the future. As a state party to the CRPD,

Ethiopia is preparing to submit its initial report on measures taken to implement the Convention in collaboration with key actors in the country. Ethiopia reported some coordination challenges when it comes to monitoring and reporting. For example, when attempting to gather information for monitoring, some national organisation/associations lack the capacity to provide such information. By the Third Review Conference, MoLSA plans to build the capacity of the national associations in areas such as leadership, entrepreneurship and partnership. In addition, Ethiopia will follow up the utilization of the governments annual budget to subsidize Disabled Persons Organisations in view of their overall plan and achievements. In addition, Ethiopia reported that the challenges encountered include weak human, technical and financial capacity in all sectors. By the Third Review Conference, Ethiopia intends to promote capacity building initiatives in all sectors by coordinating and facilitating the legislation of common powers and duties given to government ministries on the one hand, and building strong working relationship with relevant local and international organizations on the other.

76. Access to Services: During the period 2011-2012, 83% of persons with disabilities (47,697) received assistive devices including wheel chairs, prostheses orthotic appliances and physiotherapy services in accordance with the national plan. In 2011 a new private pension proclamation was introduced in addition to the former public proclamation (amended) where both proclamations granted special privilege to landmine survivors and other persons with disabilities. It is proclaimed that if an individual is a disabled, he or she will receive pension benefits for an additional number of years as compared to a person without disabilities. MoLSA has been working to create coordination necessary for expansion of inclusive education and special need education with the Ministry of Education. A committee drawn from the two ministries has been established to boost the program. Recently a memorandum of understanding (MoU) was prepared and is ready for signature. The MoU will accelerate the level of inclusion in education to encompass significant portion of people with disabilities and widen the area of coverage. The MOU has been signed between MoLSA and the Ministry of Construction and Urban Development to promote physical accessibility in public building, specially focusing on the Ethiopian building code. The two ministries have established a technical committee to bring the programme implementation on board. The committee has developed terms of reference (TORs) for future activities in the country. According to the TORs, the two ministries will jointly organize a awareness workshop on accessibility and the Ethiopian building code to ensure the effective implementation of the programme. By the Third Review Conference, Ethiopia plans to increase the number and level of social welfare workforce training and placement at federal and regional levels, and enhance the participation of development partners.

77. Awareness raising: Negative societal attitudes continue to create a barrier for persons with disabilities including mine survivors and other vulnerable sectors of society. Efforts have been made to raise awareness of relevant national policies and strategies regarding the rights and capacities of persons with disabilities. Such awareness campaigns are being implemented by persons with disabilities themselves. Information regarding the availability of relevant services has been disseminated and it is reported that a total of 5.3 million citizens benefited from awareness programme. In addition, an on-going CRPD awareness raising programme has been implement through electronic and press media as well as through workshops and symposiums. MoLSA has used the opportunity of preparing the initial CRPD report to raise awareness of the country's responsibilities across the various relevant ministries. Awareness raising programmes are not carried out on a regular basis and lack the use of full means of information technology. Awareness raising programmes are not easily accessible to the majority of the population particularly in remote and rural areas where services and infrastructures are not available. By the Third Review Conference, Ethiopia plan to enhance existing awareness raising programmes



through celebration of International Days of the White cane, week of the deaf, Disability day, Day of the Blind and Leprosy day and expand the coverage across the regional, local and district administrative levels.

78. Inclusion: Implementation of the NPA is underway and some efforts are being made to mainstream the principles of inclusion in the programme of relevant institutions. All eight national organisations for persons with disabilities are encouraged to participate in the implementation of the NPA through their representatives in the national and regional committees. The capacity building of survivor and disabled persons organisations is being promoted through the provision of a government budget and ILO financial support.

## **Jordan**

79. Coordination: Victim Assistance is coordinated by the Higher Council for Persons with Disabilities (HCD) which also leads the development and monitoring of policy and legal frameworks regarding disability. A steering committee on victim assistance was formed in March 2009, under the umbrella of the HCD, to mainstream issues relating to mine and other ERW survivors into national disability strategies. Membership of the steering committee includes the Ministry of Health (MoH), the Ministry of Social Development, the National Committee for Demining and Rehabilitation (NCDR), the Al Hussein Society, Lifeline for Consultancy and Rehabilitation, Royal Medical Services, and the Hashemite Committee for Disabled Soldiers.

80. Understanding the extent of the challenge: In terms of casualty data, the NCDR collects data on casualties across the country and disseminates it to a network of disability stakeholders. In April 2010, a victim surveillance survey and needs assessment was conducted in which almost every Jordanian survivor received a home visit. The survey results were disseminated amongst relevant VA partners. By the Third Review Conference, Jordan plan to have developed an online database to share data on victims amongst relevant VA partner organizations

81. Planning: The NCDR's victim assistance activities are implemented in accordance with the National Mine Action Plan 2010-2015. The National Mine Action Plan emphasises the integration of support for survivors and victims of accidents into broader national policies, plans and programmes. Jordan reported that, by 2014, it intends to ensure high-level support for its victim assistance activities through the Prime Ministry, Ministry of Finance, Ministry of Planning and International Cooperation, the Jordanian Armed Forces and the Higher Council for the Affairs of Persons with Disabilities.

82. Legislation and policies: No monitoring body currently exists to monitor its plans. By the Third Review Conference in 2014, Jordan plan to establish a monitoring body with the authority to conduct monitoring and to develop national standards for services relevant for survivors.

83. Access to Services: A new prosthetic/orthotic centre was established in April 2012 in the northern part of Jordan. The centre is furnished with all the necessary equipment and materials and has the capacity to serve over 450 patients including survivors and other persons with disabilities. In addition, other existing rehabilitation centres exist and ensure multi-disciplinary approach to rehabilitation by creating teams that include qualified orthotics and prosthesis technicians, physiotherapists and psychologists. Jordan reported that its disability sector has generated project proposals which contribute to enhancing services for persons with disabilities including mine and other ERW survivors. The projects focus on enhancing emergency medical capacities and building on current national efforts to support physical and economic rehabilitation. The main challenges reported include a

lack of funds. By the Third Review Conference in 2014, Jordan will aim to increase its outreach in terms of providing training to survivors.

84. Awareness raising: Efforts have been undertaken to increase awareness amongst survivors and the general population about the rights and capacities of persons with disabilities including survivors. In addition, training has been provided to landmine and other ERW survivors on topics such as how to establish peer support networks and the development of planning and leadership skills.

85. Non discrimination: National Victim Assistance Standards were drafted by NCDR in 2010 to clarify the roles and responsibilities of all VA partners in Jordan. By 2014, Jordan plans to develop guidelines on physiotherapy. It is currently in the process of collecting references and information on international standards for physiotherapy.

86. Responsibility: Jordan reported on efforts to strengthen national ownership through enhancing national capacity on disability issues. Training has been provided to health care and rehabilitation professionals at various levels and on topics such as orthopaedic/prosthesis care, physical rehabilitation, gender and disability, management skills, wheelchair fitting and cushioning, and socket design. The majority of this training has been enabled through partnerships and other external financial support. Jordan expressed that its main challenge is limited financial resources. Jordan noted that strengthening the capacity of victim assistance partners in the region is a priority. The NCDR has established an internship programme aimed to increase the capacity of VA partner institutions in the region. This programme will see Jordan hosting four young professionals each year to work with VA partner organizations in the country, including the MoH, Higher Council for Affairs of Persons with Disabilities, and the National Amputee Centre, and aims to develop expertise in the areas of Social work and community development, orthotic and prosthesis, physiotherapy and occupational therapy. The NCDR will continue to develop the institutional capacity of its staff and partners.

87. Inclusion: Jordan reported the inclusion of mine survivors and other persons with disabilities in relevant steering committees such as the victim assistance steering committee and the committee for the National Disability Strategy and Frameworks which was established by the HCD.

## **Peru**

88. Coordination: The National Disability Council (CONADIS) is the focal point for disability matters in Peru. CONADIS collaborate with the the Executive Council of the National Mine Action Centre (CONTRAMINAS) regarding efforts to assist persons with disabilities including landmine and other ERW survivors. Under the mine action umbrella CONTRAMINAS have established an inter-ministerial coordination mechanism to implement the National Plan for Comprehensive Action against Antipersonnel Mines in Peru. The coordination mechanism includes a Victim Assistance Committee which involves the Ministries of Foreign Affairs , Defense, Interior, Education, Health, Women and Social Development and the National Disability Council (CONADIS). CONTRAMINAS coordinates to ensure victim assistance efforts are included in the work of all relevant actors. It coordinates directly with the various medical institutions committed to the care and rehabilitation of mine victims, such as the National Rehabilitation Institute and the National Ophthalmology Institute among others. In response to an identified need, the current administration has enhanced its efforts to promote the issue of social inclusion including through the creation of a new Ministry of Development and Social inclusion which is taking the lead of most social programs for vulnerable groups. Also the Peruvian Congress now includes a commission on Social Inclusion and Persons with Disabilities

which reviews all policy proposals in favor of people with disabilities, congress members with disabilities form part of this commission.

89. Understanding the extent of the challenge: CONADIS is developing a broader response to data collection and management in collaboration with the National Institute of Statistics and Informatics (INEI). By the Third Review Conference in 2014, Peru will have conducted a national census that will determine the prevalence of disability across the country and will record the origin and type of disability. This information will be used as a baseline from which plans can be made to achieve the social inclusion of people with disabilities in general. Jointly, CONADIS and CONTRAMINAS are undertaking a pilot project called "Accessible Tumbes" which is a psychosocial biomedical study in the mine affected province of Tumbes which aims to locate and certify all people with disabilities in the region to enable the planning of actions in that region. This program consists of two phases: the first involves a census and the second involves home visits to persons with disabilities by multidisciplinary teams. In addition, CONTRAMINAS is recording and registering landmine survivors throughout the country, however data collection is slow, costly and challenging given the remoteness of certain mine affected areas.

90. Planning: Disability efforts are guided by the Equal Opportunity Plan 2009-2018 (IOP). The IOP sets policy and standards in support of people with disabilities across the country. The IOP is a technical legal instrument enabling social inclusion of people with disabilities. However, the plan has to be improved, so the CONADIS, within the Standing Committee for Multi-Sectoral Monitoring of the IOP, has proposed amendments of the IOP. In addition, the National Plan for Comprehensive Action against Antipersonnel Mines 2009-2017 highlights further objectives related to the assistance of landmine victims focusing on ensuring assistance in remote and rural areas. The main challenge reported by Peru is that although there are many laws in favor of people with disabilities often these laws are not abided by. One of the main challenge is the enforcement of the laws. Another challenge is that some government agencies allocate funding for specific disability issues and do not apply the funds in a manner that is of benefit to all people with disabilities. By the Third Review Conference in 2014, Peru will increase the level of awareness national disability issues. In addition it will redevelop the Equal Opportunity Plan in line with the CRPD. With support from the 2012 Public Sector Budget (which contains several provisions on disability and allocates a specific budget for disability issues) a Specialized National Survey on Disability will be conducted to understand the prevalence of disability in Peru which will enable the development and implementation of targeted and sustainable policies and programs that can be measured against a baseline.

91. Legislation and Policies: Laws that have been adopted to provide a framework for its support to persons with disabilities including survivors namely general Law No. 27,050 (and its amendment Law No. 28,164) on Persons with Disabilities which establishes a legal framework for the protection of persons with disabilities, including mine survivors, and the provision of benefits. These laws are complemented by other laws such as Law No. 27,920 establishing sanctions for noncompliance with building standards on urban adaptation and architecture for people with disabilities; Law No. 28084 regulating special parking vehicles occupied by people with disabilities, Law No. 28,164 amending several articles of Law No. 27,050 and Law No. 29,392 established offenses and penalties for breach of the General Law on Persons with Disabilities and Law No. 28,592 on Comprehensive Economic Reparations which also includes provisions for landmine victims. One of the challenges faced is the variety of laws and legal frameworks in place that together provide protection and ensure the development and social integration, economic and cultural development of landmine victims. However, a single Act to protect the rights and needs of persons with disabilities including landmine and other ERW survivors would be preferential. By the Third Review Conference in 2014, Peru will aim to pass a bill for a new comprehensive General Law on Persons with Disabilities.

92. Accessibility to services: At present the majority of health care services are centralised and provided in the capital of Lima. Therefore, it has proven costly for survivors to access these services as they face logistical and financial challenges as well as a disruption of their daily working activities. CONADIS is working to enhance access to services for persons with disabilities including landmine and other ERW survivors. Peru reported on efforts undertaken to enhance access to services for survivors including other persons with disabilities including: the renovation and provision of equipment to welding shops and food industries in order to enhance employment opportunities; the establishment of a Department for Physical Medicine and Rehabilitation and Biomechanics Workshop at the Daniel Alcides Carrión Hospital in the mine affect province of Huancayo which benefits mine survivors as well as the larger community of Huancayo. Through CONTRAMINAS, Peru has donated computer equipment to the Department of Support to Disabled Army Personnel to support disabled military personnel, most of which are victims of landmines. Peru reported that a lack of awareness amongst the inter-ministerial coordination body had originally presented a challenge to implementation of activities that would enhance access to services. As a result of the 2012 Public Sector Budget that allocated increased funding for disability in Peru, by the Third Review Conference in 2014, Peru will begin implementation of a Disability Programme in five regions of the country, including Lima, with a focus on enhancing work, special education, inclusive education, accessibility, health and rehabilitation.

93. Inclusion: The inclusion of mine survivors and other persons with disabilities has been ensured through the inclusion and on-going participation of the landmine victims association in the Advisory Committee of CONTRAMINAS. The landmine victims association includes representatives from national organisations such as the Association of Victims and Survivors of Minefields (AVISCAM), Institute for Security and Human Rights, Peruvian Humanist Centre, as well as international organisations such as the Polus Center, the Organization of American States, the International Committee of the Red Cross. CONTRAMINAS has adopted an inclusive approach to its work and coordinates with survivors and relatives on a regular basis to ensure the development and implementation of appropriate projects.

## **Senegal**

94. Coordination: Coordination at the national level is ensured by the National Commission in charge of the implementation of the Anti-Personnel Mine Ban Convention, composed of representatives from the Presidency of the Republic; the Prime Minister; Parliament (National Assembly and Senate); Fourteen departments involved in mine action including the Ministry of Health and Social Welfare, the Ministry of Women, Children and Women's Entrepreneurship, the Ministry of National Education, the Ministry of Armed Forces, and the National Agency for the Revival of socioeconomic activities in Casamance (ANRAC). The National Commission also functions at the local level, through the Regional Coordinating Committee (CRC). In addition, Senegal reported on the establishment of an Ad Hoc Committee to implement the National Action Plan for Victim Assistance 2010-2014 (PANAV). Senegal reported on challenges with respect to the open collaboration and sharing of information around the various coordinating bodies. By the Third Review Conference in 2014, and in accordance with a 2011 Inter-ministerial Council decision, the Minister of State, Minister of Foreign Affairs, with the Ministry of Social Action and National Solidarity and the Minister of Health and Prevention will arrange for the establishment of a framework for dialogue on assistance to victims, in order to pool the efforts of all the various services of the State and other operators involved (NGOs, UN agencies, cooperation agencies) to meet all needs and avoid duplication.

95. Understanding the extent of the challenge: The process of collecting casualty data is on-going. Senegal reported having undertaken a census of civilian survivors with physical and/or psychological injuries in order to assess their needs. Challenges reported in monitoring survivors needs given that people move and change address.

96. Planning: Senegal reported that the PANAV highlights the status of victims and their needs and provides a basis for the planning of activities. The aim of the action plan is to ensure progress in the increase of access to necessary services for survivors and their families by 2014 including medical care, physical rehabilitation, psychological, and socio-economic services. Senegal will conduct a mid-term assessment of the plan to measure progress in achieving its objectives. The PANAV is accompanied by a detailed budget which allocates resources over time. The overall budget amounts to one hundred and ninety five million eight hundred eighty thousand seven hundred and twenty (195,880,720) francs. Senegal faces challenges in securing funds to meet this budget plan.

97. Legislation and policies: Senegal is a State Party to the CRPD. At the national level, Senegal has adopted legislation to enhance the participation of survivors and other persons with disabilities in the lives of their communities including the enactment of a Law on Social Orientation which promotes physical accessibility to public buildings, health services and education as well as public transport.

98. Monitoring and evaluation: Senegal reported the production of regular transparency reports documenting progress in the implementation of the victim assistance strategy at the national and international level.

99. Access to services: A “validation grid project” to assist victims has been developed and validated in a workshop with actors involved in victim assistance. This mechanism for monitoring and evaluation helps to ensure the good performance of all activities. In addition, the Minister of Higher Education, in collaboration with universities and Regional University Centers (CUR) and Scientific Research bodies, has been instructed to examine the possibility of allocating scholarships to students who are victims of mines or other ERW.

100. Awareness raising: Senegal reported undertaking advocacy awareness activities for the rights of persons with disabilities in collaboration with national NGOs and persons with disabilities emphasising the rights and capacities and promoting the empowerment of persons with disabilities.

101. Responsibility: Various groups have been established to provide training and capacity building for survivors. Senegal reported ensuring the involvement of families and communities through the adoption of a Community Based Rehabilitation approach (CBR). Partner structures also contribute to the capacity building of the victims. These include health facilities, fitting centers and institutions specialized in psychological support.

102. Inclusion: The Ad Hoc Committee to implement the National Action Plan for Victim Assistance (PANAV) benefits from the active and regular involvement of the Senegalese Association of Victims of Mines (ASVM). In addition, the national mine action centre (CNAMS) established a framework for permanent and on-going dialogue with the victims of mines and other ERW which aims to ensure their participation in all initiatives concerning assistance to victims. The ASVM is also a member of the Regional Coordinating Committee (CRC) of the Mine Action consultative body enabling the Association to engage in discussions and support decision making. Senegal reported that its goal is to empower, rather than assist, the Association.

## Serbia

103. Coordination: An inter-ministerial coordination exists at the national level but noted the need to formalise this coordination. Serbia reported challenges due to the political situation, the recent electoral process, and the time required for the forming of the new government. By the Third Review Conference, Serbia plans to have established its new coordination body with a membership that would involve all relevant disability/VA stakeholders.

104. Understanding the extent of the challenge: Serbia reported the lack of a centralised comprehensive system for the collection of data on disability and victim assistance within the country. Disability data is spread across different ministries and various health/social-care institutions. This presents a challenge to Serbia in its efforts to analyse data and assess the needs and priorities of victims. By the Third Review Conference, Serbia will collect data on the needs and priorities of mine victims and share this information with relevant stakeholders.

105. Planning: Serbia reported the development of a National Action Plan to support mine and other ERW survivors in the broader context of disability.

106. Monitoring and evaluation: Monitoring of the implementation of the strategic goals and objectives defined in the Disability Strategy is being undertaken across the relevant government ministries led by the Department for the Support of Persons with Disabilities however the current approach to monitoring lacks coordination and comprehensiveness. By the Third Review Conference, Serbia plans to form a coordination body that will take responsibility for comprehensive monitoring of the disability strategy and the national plan.

107. Laws and policies: Serbia has ratified the CRPD and its optional protocol. National legislation on prevention of discrimination of persons with disabilities was enacted in 2009 along with a law on professional rehabilitation and the employment of persons with disabilities enacted to ensure an inclusive and rights based approach to the employment of persons with disabilities. In addition, Serbia reported the enactment of a law on privileges for persons with disabilities in the public transportation system. Serbia reported the adoption of strategies to enhance coordination on disability and to avoid duplicating services including a strategy for improving the status of persons with disabilities; a strategy for fighting poverty; and a strategy for the developing the social care system. Serbia reported the adoption of regulation enabling free or low cost medical treatment and orthopaedic aids for low income families and its being extended to include people disabled by war and others.

108. Accessibility to services: Emergency and on-going medical care, physical therapy and rehabilitation, and the provision of prosthetic and orthotic devices are provided to survivors through national health care systems. Currently, orthopaedic aids are subsidised for individuals and their families if their income is lower than the minimum wage or if they require such a device due to injuries received during war or civil war. Serbia reported that it plans to equalise this privilege to persons with disabilities regardless of their military or civilian status. In addition, Serbia reported that its national Institute for Prosthetics and Orthopaedics coordinates rehabilitation, psychological, and social support. Multi-disciplinary teams include physio-therapists, prosthetists, orthopaedists, nurses, psychologists, psychiatrists, speech therapists and social workers. Psychological support and social support are important elements of post-rehabilitation treatment and aim to eliminate or reduce post-traumatic stress disorder. Patients and their families are continually supported and provided with comprehensive support by a team of experts. Serbia reported that the Ministry of Labour and Employment is responsible for job placement and vocational training of landmine victims. The National Employment Service runs vocational trainings and job placement programmes for persons with disabilities.

according to three categories: civilian victims of war; military personnel disabled in war; and military personnel disabled in peace-time. Employment programmes for persons with disabilities provide specialised vocational training. Serbia reported that a challenge to full implementation of these programmes is the lack of financial support. Serbia reported that by 2014, it will aim to improve accessibility and availability of all services by eliminating physical, social, cultural, economic, political and other barriers.

109. Responsibility: Serbia reported on efforts to strengthen national ownership and capacity building of women, men and associations of victims and other organizations and national institutions charged with delivering services and implementing relevant national policies, plans and legal frameworks.

110. Awareness raising: Awareness raising activities are being undertaken by relevant ministries such as the Ministry of Labour and Social Services and the Ministry of Information. Serbia reported unsatisfactory use of mass media to raise awareness. By 2014, Serbia plans to have enhanced its awareness raising efforts focusing on the use of mass media to share new information.

111. Inclusion: The inclusion of mine survivors and other persons with disabilities, including their representative organisations, in relevant victim assistance related activities is ensured through the convening of regular meetings. By the Third Review Conference, Serbia plans to ensure the participation of mine and other ERW survivors in the new coordination body that is to be established.

## **Sudan**

112. Coordination: The National Mine Action Centre (NMAC) is responsible for coordinating victim assistance activities. An inter-ministerial victim assistance working group has been established involving the participation of relevant government ministries and bodies, including the Ministry of Education, Ministry of Health, Ministry of Social Welfare, the Commission for Demobilization and Disarmament and Reintegration (DDR), the Unions for Persons with Disabilities, and the National Council for Disabilities (NCD), as well as international and national organisations and community based organisations. The Group meets monthly to coordinate, share information, reports and experiences. The Working Group enables effective coordination of victim assistance activities ensuring the best use of available resources and avoiding duplication of efforts. The NCD was established in Sudan to coordinate and support activities, to enforce the rights of persons with disabilities and to ensure that approaches taken demonstrate participation, good governance, transparency, and accountability. NMAC's victim assistance department plays and active role in the work of the Council. Sudan reported a variety of challenges as concerns coordination such as the heavy workload of the coordinating body due to the fact that Sudan is a large country with 19 States and coordination is needed at different levels e.g., federal, regional and local. In addition, Sudan reported challenges relating to the current political and security environment including the diversion of resources planned for disability and development programmes to respond into the national emergency response programme. By the Third Review Conference in 2014, Sudan plans to establish a partnership between the NGOs working on disability including victim assistance giving these groups greater access to relevant authorities and bodies.

113. Understanding the extent of the challenge: The NMAC is collecting casualty data. The VA department in the NMAC has established a national victim database using a unified registration format compatible with IMSMA. In the broader context, the Ministry of Health have established a national surveillance mechanism that collects and records data on persons with disabilities. The main challenges encountered in understanding the extent of the challenge include gaining access to mine and other ERW victims in remote and rural

areas and a lack of financial resources allocated to this task. By the Third Review Conference in 2014, Sudan plans to have registered all mine and other ERW victims into a national victim assistance database including having made contact with those in remote and rural areas.

114. Legislation and policies: Sudan is a State Party to the CRPD. A national Disability Law has recently been adopted in accordance with the CRPD. The new law incorporates the existing legal framework for victim assistance and clearly indicates mine and other ERW victims as a target group for support. In addition, victim assistance in Sudan is guided by strategic objectives and targets contained within the National VA Strategic Framework and Work Plan which was officially adopted by the Government of Unity and revised in 2009 during a national workshop.

115. Planning: Sudan has a National Action Plan on Disability which was developed through an inclusive and participatory process involving all disability stakeholders such as relevant government ministries, and international and national organisations. A lack of resources presents a challenge in implementing the actions contained within this plan. In addition, the NMAC has a National Mine Action Transition Plan which was recently revised and now incorporates actions on victim assistance in line with the Cartagena Action Plan.

116. Responsibility: Efforts have been made to strengthening national ownership and develop national capacity through the provision of training courses for personnel working to implement victim assistance related services. The trainings, organised by United Nations Mine Action Office (UNMAO), UNDP and specialized centers in VA, have covered general topics relating to victim assistance as well as a more in-depth focus on data collection and how to conduct needs assessments. Sudan reported that limited resources are a major challenge to further national capacity building. By the Third Review Conference in 2014, Sudan plan to continue providing on-the-job training and capacity building to those engaged in victim assistance related service delivery.

117. Accessibility to services: Projects to increase access to appropriate victim assistance related services have been implemented by the NMAC with the support of the UNMAO. As of September 2012, eleven projects have been implemented focusing on the enhancement of psychological support, social reintegration and economic empowerment for mine and other ERW victims as well as other persons with disabilities in a culturally and socially appropriate manner. These projects have been targeted at survivors and their families. The inclusion of survivors and their families, along with that of the national survivor associations, was an essential part of the planning, development, implementation and monitoring of each project. In addition, the Hope Medical City Hospital have started producing orthopaedic devices free of charge for mine and other ERW survivors. One of the main challenges it has faced in increasing access to services is overcoming physical and social barriers. Both challenges are enhanced in remote and rural areas where there is a lack of physical accessibility which hinders service delivery and limits the development of living conditions. The majority of services require increase levels of funding to access these remote areas where survivors are often found. Physical accessibility to health infrastructure has also been reported as a challenge. Many health, rehabilitation, and social centres are not physically accessible and neither are the means of information or technology that are made available within these facilities. By the Third Review Conference in 2014, Sudan indicated that it will develop plans to fill the gap in medical capabilities in highly affected areas, including remote and rural areas. It is anticipated that the plan will include the training in first aid services and employment of first aid workers in remote and rural area.

118. Awareness raising: Awareness raising activities on the rights and capacity of persons with disabilities and the CRPD have been conducted by NMAC in collaboration with the MOWSS and UNMAO. A series of workshops have been convened and advocacy elements



have been included in all victim assistance related projects being implemented. Sudan reports that lack of funds and lack of access to persons with disabilities in remote and rural areas are the main challenges faced in raising awareness. By the Third Review Conference in 2014, Sudan plans to conduct more awareness raising workshops in remote and rural areas in order to implement this action.

119. Inclusion: Sudan has supported the empowerment of the Landmine Victim Association in three affected areas (South Kordofan, Blue Nile and Khartoum) through the inclusion of these groups in implementation of victim assistance/disability projects. In addition, mine and other ERW victims and other persons with disabilities are involved in national victim assistance activities such as monthly coordination meetings, training courses on various aspect or victim assistance and that the involvement of ERW victims and other persons with disabilities is central to special events such as International Mine Awareness, Assistance to Mine Victims Day and awareness campaigns for International Disability Day. Sudan reported that, following the Cartagena Summit on a Mine Free World, the Ministry of Social Welfare issued a ministerial decree ensuring the involvement of all landmine victims associations in any victim assistance related activity, particularly regarding the development and implementation of plans, policies and legal frameworks.

## **Tajikistan**

120. Coordination: The Inter-Agency Victim Assistance Coordination Group meets on regular basis to promote coordination between relevant government ministries, agencies, survivors, and other disability stakeholders. These regular meetings ensure the integration of VA in the work of wider government and other agency programmes. Priorities and focus areas for the group were determined in line with the National Mine Action Strategic Plan and include the following: capacity building of national organisations, psychosocial support through summer camps, socio-economic support, establishment of a reliable mechanism to collect data on victims, and support progress towards CRPD and CCM ratification. In 2011, the Coordination Council on Social Protection of Persons with Disabilities was established by decree. The Council is an advisory body created to enhance coordination in implementation of the national policy on the social protection of persons with disabilities amongst the different relevant government ministries and organisations. The Council is chaired by the Deputy of the Prime Minister of Tajikistan with the Minister of Labor and Social Protection (MoLSP) serving as Deputy Chairperson. Council membership includes high level participation from relevant ministries and agencies. The Tajikistan Mine Action Center (TMAC) and the National Association of Persons with Disabilities are members of the Council and ensure that the rights and needs of mine and other ERW survivors are taken into account in the work of the Council. The Council has the authority and resources to carry out its tasks but faces challenges in its work due to limited capacity of Council members and the lack of disaggregated data on disability across Tajikistan.

121. Understanding the extent of the challenge: The TMAC maintains an up-to-date database on landmine and other ERW casualties across the country. In 2011 the MoLSP undertook a needs assessment survey of public organizations working with landmine and other ERW survivors and their families to identify the areas where assistance and support is required. The assessment highlighted the need for further capacity building of NGOs and the establishment of standards and guiding principles for NGOs working with mine and other ERW victims. TMAC is currently undertaking quality assurance of the needs assessment survey for evaluation and prioritization of victims' needs and to establish a functional Victim Information System (VIS). Tajikistan reported various challenges in collecting data due to factors including the migration of survivors and their families, the treatment of survivors in urban centers, and the limited capacity of the implementing agency. By the Third Review Conference, Tajikistan plan to complete quality assurance of

the Needs Assessment Survey, to collect more data disaggregated by sex and age, to assess the needs and priorities of mine and other ERW victims, as well as to assess the availability and quality of relevant services. Tajikistan plan to make this data available to all relevant stakeholders and ensure that such efforts contribute to national injury surveillance and other relevant data collection systems for use in programme planning.

122. Planning: There is no national plan disability at present however the Long-Term Action Plan for Landmine/ERW Victims and Other Persons with Disabilities (LTAP) for the period 2012-2015 is under development. By 2014, Tajikistan will have conducted a mid-term review of the National Mine Action Strategy (2010-2015) and it is anticipated that the LTAP will be adopted following the outcome of that review.

123. Legislation and policies: Article 25 of the national Law on Social Protection of Persons with Disabilities contains provisions on enhancing access to services. In addition, TMAC reported having undertaken advocacy to promote ratification of the CRPD including the translation of the CRPD text and a summary of its main principles into the local language and the delivery of this information to government representatives, civil society organisation, landmine and other ERW survivors and other persons with disability at various levels. By the Third Review Conference, Tajikistan plans to have ratified the CRPD.

124. Accessibility to services: Access to services remains a problem for many survivors as services are mainly available in the Capital of Dushanbe and less often available in remote and rural areas. The majority of mine and other ERW survivors and their families live in villages that are difficult to access because of the long distances and poor road conditions. Accessibility is a priority issue in Tajikistan and has been included in the agenda for the forthcoming meeting of the Disability Coordination Council in December 2012. Currently no standards or guidelines and no funds are allocated for enhancing accessibility. By the Third Review Conference in 2014, Tajikistan plans to develop Accessibility Guidelines to increase availability of and accessibility to appropriate services for female and male mine victims including in rural and remote areas. The Guidelines will be adopted, published and disseminated to all relevant actors countrywide. In addition, Tajikistan reported on its plans to strengthen the referral network between service users and service providers to ensure that appropriate services are available and accessible to all on an equal basis.

125. Good practice: Tajikistan has published a number of manuals and guidebooks on issues relevant to assisting survivors in order to disseminate good practices across the country. Examples include: the Guidelines on Referrals for Persons with Disability, the Source-book on Standard Legal Documents for Social Protection and Social Services, the Guidelines on Psycho-Social Support for Landmine Survivors, the Guide to Borderline Mental Disability and the Quality of Life of Landmine Survivors, the Guidelines on Medical and Social Diagnostics, as well as a 2012 Directory of organisations working in the field of disability. Tajikistan reported the bilateral sharing of good practices through two inter-country conferences on psycho-social rehabilitation of landmine survivors and other persons with disabilities. The conferences were sponsored by the Ministry of Public Health and the Mine Action Coordination Center of Afghanistan and were designed to exchange good practices between two neighboring countries – Afghanistan and Tajikistan.

126. Awareness raising: The MoLSP in cooperation with the TMAC have worked together to raise awareness among mine victims about their rights and available services including by translating the CRPD into the local language and disseminating information through round tables, workshops, trainings, and distribution of CRPD information guidelines for civil society, government representatives, landmine survivors and other persons with disability at various levels. In addition, TMAC has published a reference book on the “Rights and Privileges of Persons with Disabilities – answers for all questions”

which has been disseminated in the local language. Mass media events have been organised. The main challenges encountered were a low level of awareness on disability and the rights and capacities of persons with disabilities as well as services available. By the Third Review Conference in 2014 TMAP in cooperation with its partners will continue to raise awareness among mine victims about their rights and available services, as well as within government authorities, service providers and the general public to foster respect for the rights and dignity of persons with disabilities including mine survivors through the development and implementation of training programmes.

127. Responsibility: Tajikistan reported progress in strengthening national ownership through the transition of the victim assistance section of the Tajik Mine Action Programme(TMAP) to national ownership. In pursuit of this objective, the TMAP has been involved in the capacity building of national partners such as public organizations working with persons with disabilities including survivors, the National Research Institute for Rehabilitation of Persons with Disabilities, and the National Orthopedic Centre. Capacity building programmes were developed based upon the results of the Needs Assessment Survey and included a variety of trainings including on English language and IT. Tajikistan reported facing challenges in building capacity due to the lack of awareness on disability and on gender mainstreaming among the women, men and associations of victims, other organizations and national institutions charged with delivering services and implementing relevant national policies, plans and legal frameworks. Tajikistan reported that, by the Third Review Conference, it plans to have developed capacity within relevant institutions and at the level of local government to enable them to carry out trainings on disability issues and inclusive development and thereby to continue raising awareness at the local level.

128. Inclusion: Survivors participate in relevant VA activities such as the Inter-Agency Working Group on Victim Assistance coordination meetings, national workshops and conferences, international meetings such as meetings of the States Parties and Review Conferences. The Mine Action Programme adopts and promotes non-discriminatory employment practices which have led to the employment of both survivors and other persons with disabilities. TMAP have supporting local survivors to participate in campaigns and trainings across the globe and have supported the establishment of two national survivor organisations including by the provision of equipment, furniture, and training. Tajikistan has engaged a consultant to conduct training for public organisations working with landmine/ERW survivors. In addition, the the Tajikistan Center to Ban Landmine and Cluster Munitions has been active in national and global advocacy relating to the prohibition of cluster munitions. A Survivors Network Project commenced in 2012 with the aim of establishing a Disabilities Support Center in the affected district of Rasht. The Center will provide vocational training, psychological support, and legal advice for survivors in Rasht. Tajikistan reported challenges including low capacity of survivor organisations and a lack of training opportunities for staff of the organisations given that the majority of trainings are delivered in the capital. Survivor organisations have struggled with limited and short-term funding affecting their ability to plan and implement projects and activities. By the Third Review Conference, Tajikistan plans to strengthen the capacity of survivor organisations. Other objectives to be achieved by 2014 include supporting the establishment of an association of survivors to promote peer support, advocacy, capacity building of survivors, and income generating opportunities, strengthening regional cooperation to promote the inclusion of survivors in psycho-social support programmes and other income generating opportunities.

## Uganda

129. Coordination: The Ministry of Gender, Labour and Social Development (MoGLSD) is the designated focal entity for disability/VA in Uganda. An inter-ministerial coordination

mechanism has been established which includes the participation of relevant ministries, international and national organisations, and survivors representing civil society. Coordination meetings are convened quarterly to share experiences and harmonise the implementation strategies to avoid the duplication of efforts and maximise the utilisation of resources. Uganda has encountered challenges in ensuring the ongoing functioning and efficiency of the coordination mechanism due to a lack of resources. By 2014, Uganda plans to decentralize the coordination mechanism through reaching out and distributing responsibility to district and local governments.

130. Understanding the Extend of the Challenge: Casualty data on survivors is being collected and harmonised with the Information Management System for Mine Action (IMSMA). In terms of disability data, Uganda reported that the lack of a centralized information management system for disability data presents a challenge as the data on disability/VA is scattered across different agencies. Another challenge reported is the lack of adequate tools and trainings on collecting and analyzing data provided to responsible personnel. By 2014, Uganda plans to have a centralized data collection tool in place and have provided training to data collection operators. Also by 2014, Uganda will conduct the Population and Housing Census which is currently under development but will be designed in order to capture data on disability, including landmine and other ERW survivors.

131. Planning: The Comprehensive Plan on Victim Assistance 2010-2014 has been adopted and continues to be disseminated and promoted among various stakeholders to enhance its integration into broader frameworks. Uganda faces challenges in obtaining adequate funding to implement the Comprehensive Plan on Victim Assistance.

132. Legislation and policies: Uganda is a State Party to the CRPD and its optional protocol consequently an assessment of all national legal and policy frameworks relevant to disabilities is underway to determine if existing frameworks are in line with the CRPD and to ensure that they effectively address the rights and needs of persons with disabilities including landmine and other ERW survivors. By 2014, the Ugandan National Policy on Disability and the Ugandan Persons with Disabilities Act will have been reviewed and modified in order to guarantee the rights of persons with disabilities including mine survivors in accordance with the standards set by the CRPD.

133. Monitoring and evaluation: Efforts are being made to monitor implementation of national laws and policies and the Comprehensive Plan on Victim Assistance through the use of a results-based management framework.

134. Accessibility to services: Efforts are underway to enhance physical accessibility nationwide through the development and dissemination of accessibility standards. One of the challenges reported in achieving enhanced physical accessibility to buildings and other public places is the perception by relevant stakeholders that accessibility is an expensive endeavour. By the time of the Third Review Conference, Uganda will conduct a sensitisation campaign targeted at relevant stakeholders to promote the accessibility standards and address these perceptions. Uganda reported that in terms of enhancing access to services in rural and remote areas, a strong emphasis is being placed on development, implementation, and enhancement of CBR programs across the country. In addition, Uganda reported having enhanced its capacity to provide inclusive education, having developed a manual on psychosocial support, and having provided special grants to groups of persons with disabilities including survivor groups and those disabled due to old-age. The challenges reported in enhancing access to services relate mostly to inadequate funding. By the time of the Third Review Conference in 2014, Uganda plans to have conducted an interim review of the old-age and disability grants that have been provided, and also to gather information on the groups that have benefited from special grants, CBR, and other interventions.

135. Awareness raising: Efforts to raise awareness of the rights, needs and capacities of persons with disabilities amongst the general population include the use of cultural activities, radio talk shows, newspaper supplements, poster campaigns, and the production and dissemination of promotional materials such as t-shirts. Uganda reported having ensured the dissemination of the CRPD, its optional protocol, the national Comprehensive Plan of Action on Victim Assistance, the national guidelines on disability, and the manual on psychosocial support. Uganda reported that inadequate resources were a challenge to further awareness raising activities. By the Third Review Conference in 2014, Uganda plans to enhance its public awareness campaign and addressing the lack of understanding, stereotypes and misperceptions amongst the general population regarding disability. In order to achieve this by 2014, Uganda will work with civil society organizations at the district and local levels to raise awareness and ensure that disability issues are taken into consideration in plans and programmes designed to promote rural development

136. Responsibility: MoGLSD, in consultation with other stakeholders, have developed manuals to build the capacity of disability stakeholders at national, regional and local levels. Furthermore, efforts have been made to build capacity on victim assistance through the integration of its core principles into the national CBR programme which emphasises utilisation of local resources. As part of the CBR programme, survivors have been recruited for apprenticeships which aim to provide skills and livelihood opportunities to enhance economic inclusion. Uganda reported that inadequate resources present a challenge to its efforts to build national capacity. By the Third Review Conference in 2014, Uganda will intensify its resource mobilisation efforts in order to enhance support to programmes that benefit survivors.

137. Inclusion: The active, effective and ongoing participation of survivors is ensured through the inclusion of survivor associations, such as the Uganda Landmine Survivors Association (ULSA), in the inter-ministerial coordination mechanism for disability. This approach has led to the participation of survivors in the process of reviewing the national Comprehensive Plan on Victim Assistance 2010-2014, in the development of a tool to monitor implementation of the Plan, and also in the process of developing the Peace, Recovery and Development Plan (PRDR) for Northern Uganda. The Ugandan Landmine Survivors Association (ULSA) has taken a lead role in mobilizing survivors to participate in development initiatives. In addition, a large number of persons with disabilities, including landmine survivors, are participating in decision making and in political structures from the village to the national level. Uganda reported that it has faced a challenge in generating data from grassroots organisations. By the time of the Third Review Conference in 2014, it aims to have emphasised a “bottom-up” approach to enhance coordination and to facilitate the exchange of information between grassroots organisations and the national government.

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