

# TOWARDS INTEGRATED VICTIM ASSISTANCE ACROSS ASEAN



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# Message from the Executive Director of ARMAC

Welcome to the second issue of the annual ASEAN Regional Mine Action Center (ARMAC) Magazine.

In 2020, ARMAC issued its first Magazine which focused on disseminating information, innovation and good practices in Mine Risk Education (later also known as Explosive Ordnance Risk Education- EORE) which relates to the first of ARMAC's Mandates and Function: "Enhance Awareness Programmes on the Dangers of Explosive Remnants of War among Affected Communities." The Magazine also promoted integrated approaches to EORE.

The theme for this year's magazine is assistance for landmine/explosive remnants of war (ERW) victims, a field that encompasses a great deal of mine action projects. To offer a full view of the theme, this magazine is divided into the following six categories:

- laws and policies
- data collection
- emergency and ongoing medical care
- physical rehabilitation
- psychological and psychosocial support
- socio-economic inclusion

Each article gives an overview and/or details a specific case study that ties into these categories, either solely focused on one aspect of victim assistance or giving a more general perspective. This magazine aims to distribute information on ideas, good practices, and success stories in mine/ERW victim assistance across the ASEAN region, in the hope of fostering interest and communication between readers.

Those who have been kind enough to offer a contribution include the Cambodian Mine Action and Victim Assistance Authority (CMAA), the Myanmar Ministry of Social Welfare, Relief and Resettlement,

and the Thai Department of Empowerment of Persons with Disabilities (DEP) through Thailand Mine Action Center (TMAC), the Monitor, Viet Nam National Mine Action Center (VNMAC), Danish Church Aid (DCA) and Norwegian Church Aid (NCA), Halo Trust, the Sir Bobby Charlton Foundation, Humanity & Inclusion, the International Committee of the Red Cross (ICRC), World Education, the Jesuit Refugee Service (JRS) and the United Nations Development Programme (UNDP).

ARMAC would like to extend its great appreciation to those who have contributed to this magazine and those who are reading it, in the hope that mine/ERW victim assistance in the ASEAN region is enhanced by the information shared here.

*Prum Suonpraseth*

Executive Director of ARMAC



*Introduction:*

# *ARMAC's Victim Assistance Programme in ASEAN*

In three years, ARMAC has demonstrated its worth to the ASEAN region, through spearheading a variety of projects and measures that have fostered cooperation among the various practitioners of mine action in the region. More recently, despite the challenges posed by COVID-19, ARMAC has managed to end 2020 with the ability to showcase considerable achievements over the past year. These include successful projects in the fields of explosive ordnance risk education, with the “Enhance Awareness Programmes on the Dangers of Mine/ERW Among ASEAN Member States” project; regional workshops e.g. “Gender Equality and Empowerment in ASEAN Mine Action”; regional trainings such as the “Quality Management in Mine Action” project; and various online seminars, that allowed ARMAC to continue its role in enabling broad discussion on mine action issues.

With these successes, ARMAC turns to the future and its next milestone, the three-year “Enhance Victim Assistance Programmes in the ASEAN Member States”. This programme aims to strengthen the assistance provided to victims through the achievement of five objectives. The first objective of this project is to promote the establishment of a victim assistance network as a regional platform for vari-

ous stakeholders within ASEAN. This network will provide a platform for victim assistance stakeholders in the region to communicate and coordinate among each other.

Considering the importance of expertise, knowledge and experience exchange among victim assistance stakeholders, this programme further aims to assist the AMS on sharing knowledge and resources related to victim assistance. It is hoped that through this exchange all the victim assistance stakeholders in ASEAN are able to improve their assistance provision to the victims of mine/explosive remnants of war (ERW).

This programme will play an important role in assessing the needs of the victims of mines/ERW for the government and other victim assistance providers to consider the provision of adequate assistance to these victims. This will also help ARMAC in setting priorities for its victim assistance programme activities in the coming years.

Further, in collaboration with SingHealth, ARMAC and Cambodian Mine Action and Victim Assistance Authority will organise a ‘train-the-trainers’ programme, focused on psychosocial support of victims of mines/ERW in Cambodia, through targeting



*Assessment by ARMAC, CMAA and SingHealth on victim assistance in Battambang Province, Cambodia*

more than 150 trainees from various stakeholders including survivor networks, medical practitioners and relevant organisations and institutions in Cambodia.

The Executive Director (ED) of ARMAC, Prum Suonpraseth, explained that “the programme will be an essential attempt for ARMAC to not only establish a platform for ASEAN Member States and relevant stakeholders to exchange expertise, knowledge and experience, but to also collaborate in providing adequate assistance to ensure the welfare of the victims of mines/ERW.” Going further, ED Praseth highlighted that “victim assistance is the essence of ARMAC’s programme and we intend to continue facilitating assistance for a better life of these victims and their family.”

This programme will also touch upon conducting two research papers on “Mine Victim Assistance Inclusive Services in Cambodia,” and “Community Perspectives on Humanitarian Mine Action in Lao PDR and Viet Nam.” In the implementation, the research will emphasize community participation to ensure outreach and effectiveness of its results

once finalised.

Commencing in January 2021, the programme will be implemented until January 2024, benefiting communities-in-need in the ASEAN Member States, particularly those affected by mines/ERW. ARMAC also aims to engage more partners in implementing this programme.

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Dwi Prameswari

Senior Officer/Programme Coordinator

ARMAC – <https://aseanmineaction.org/>



1. Laws and policies:

## “No One Left Behind”: Policy on Socio-economic Inclusion in Myanmar

*Victim Assistance provided by fiscal budget year:*

Sr	State/Region	Apr 2017–	Apr 2018–	Oct 2018–	Oct 2019–Sep	Oct 2020 to pre-	Total
1	Kachin State	28	84	17	10	3	142
2	Kayah State	9	30	78	0	0	117
3	Kayin State	15	1	6	1	0	23
4	Shan State	77	8	22	44	5	156
5	Bago Region	0	62	6	0	0	68
6	Tanintharyi Region	0	86	0	0	0	86
7	Mandalay Region	0	0	1	0	0	1
8	Rakhine State	0	0	11	15	15	41
Total		129	271	141	70	23	634

**D**ue to the long history of conflict, nine out of fifteen regions/states in Myanmar are contaminated with landmines, explosive remnants of war (ERW) and other explosive devices. The communities in Kachin State, Kayah State, Kayin State, Shan State, Mon State, Rakhine State, Chin State, Tanintharyi Region and Bago Region are most affected by landmine and ERW. The number of persons with disabilities is increasing every year due to the incidents related to landmine and ERW. During the first 10 months of 2020, 217 casualties were recorded. 57

people lost their lives, and 160 people were severely injured. Rakhine State accounts for approximately 50% of the total number of casualties, where 108 casualties were recorded in 2020 in comparison to 45 casualties in 2019 (this represents a 240% increase). Shan and Kachin represent 26% and 10% of the total number of casualties recorded in 2020 respectively.

In 2016, the government laid down its social development policy with the aim to develop the social



*Photo credit: Ministry of Social Welfare, Relief and Resettlement*

and economic wellbeing of the people. A new department, the Department of Rehabilitation (DOR), under the Ministry of Social Welfare, Relief and Resettlement, was established to speed up the rehabilitation of the vulnerable groups including children, women, persons with disabilities, elderly people, former child soldiers, victims of human trafficking, people who have stopped taking drugs, migrants and Internally Displaced Persons (IDPs). In other words, the department is working to improve Myanmar's socio-economic development through the policy of 'no one left behind'.

Among the 5 Pillars of the Humanitarian Mine Action Programme, the DOR has been providing victim assistance to the survivors of landmine and ERW from the national budget. The DOR provides one-time cash assistance of MMK 200,000 per victim. As of 2020, 632 victims were provided cash assistance by the Ministry. The Department is also working and coordinating with other actors who are providing victim assistance support in the country to provide medical assistance, rehabilitation, socio economic reintegration, psychosocial support and other forms of support.

Together with UNICEF, the DOR is also working for Explosive Ordnance Risk Education (EORE) to miti-

gate the risks of landmines and ERW. Currently, resettlement of IDPs in Myanmar is underway, in line with the National Strategy on Resettlement of Internally Displaced Persons (IDPs) and closure of IDP camps. Humanitarian demining is expected to take place in Myanmar in the future. Then we will be able to close the camps according to international standards. Given that the internal armed conflict has been going on for many years, the development of the region can only accelerate if demining activities are carried out with international assistance, including ARMAC.

International technical assistance will also be needed to establish a Mine Action Authority and Mine Action Center to oversee overall mine action programme including policy development and ensure systematic demining like in other ASEAN countries. Only then can Myanmar's socio-economic development fulfil the government's no one left behind policy.

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Win Naing Tun, Director General  
 Ministry of Social Welfare, Relief and Resettlement,  
 Myanmar – <https://www.moswrr.gov.mm/>

## *1. Laws and policies:*

# *A Set of Legal Instruments and Policy Standards on Victim Assistance, and its Relevance to ASEAN*

**V**ictim assistance is an essential pillar of mine action that requires a long-term commitment to assist the short, medium and long-term needs of women, men, girls and boys who have been injured and/or affected by explosive ordnance (i.e. landmines, unexploded ordnance, improvised explosive device and other explosive remnants of war). The assistance, which covers medical care, rehabilitation, psychosocial support, access to education and economic inclusion and others, requires holistic and integrated multi-sector approach. Thus, victim assistance shall be provided from broader aspects of humanitarian, development and human rights.

International communities have been working together in including victim assistance in a set of legal instruments and policy standards to help countries, particularly those affected by explosive ordnance, to provide adequate assistance to the victims of explosive ordnance. Victim assistance was first included as part of a multilateral treaty in 1997 under the Anti-Personnel Mine Ban Convention (APMBC). Later on, victim assistance subsequently

was added in the Convention on Certain Conventional Weapons (CCW) protocols and Convention on Cluster Munitions (CCM). In 2008, the Convention on the Rights of Persons with Disabilities (CRPD) provides an overarching framework for implementing victim assistance. All the ASEAN Member States, including Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam, have acceded to CRPD and thus have the obligation to comply with the specific provisions, e.g. adoption all appropriate legislative/administrative/other measures for the implementation of the rights and protection and promotion of the human rights of persons with disabilities in all policies and programmes.<sup>1</sup>

### *International Mine Action Standards 13.10*

One of the essential policy standards is the International Mine Action Standards (IMAS), which was endorsed by the United Nations Inter-Agency Coordination Group on Mine Action in 2001. IMAS is a set of frameworks to practically implement the above-

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<sup>1</sup>UN General Assembly (2006) 'Convention on the Rights of Persons with Disabilities'. A/RES/61/106, Annex I, available from [undocs.org/en/A/RES/61/106](http://undocs.org/en/A/RES/61/106)



mentioned key mine action related conventions, and is used by the National Mine Action Authorities/Centres as the basis to develop their national standards/strategies/programmes.

With regard to victim assistance, the current developed one is IMAS 13.10 on victim assistance. This IMAS aims to provide a broad overview of victim assistance-related efforts as a pillar of mine action and to provide guidance on the specific role played by mine action stakeholders<sup>2</sup>. It is defined that the ultimate responsibility to provide services to the direct victims (people who suffered an incidents) and indirect victims (family members of direct victims) lies with the state, which operates through departments/ministries responsible for health, social affairs/protection, education, labour, etc. Supporting these victims shall consider an age, gender and disability-inclusive manner. Thus, in early stage the collection, analysis and use of accurate sex, age and disability disaggregated data are essential not only in prioritisation, but also in upholding risk education and other mine action activities.

#### *Victim Assistance in National Mine Action Standards/Strategies/Programme*

With a number of ASEAN Member States including Cambodia, Lao PDR, Myanmar, Philippines, Thailand and Viet Nam facing the threats of explosive ordnance, this IMAS can help the states shaping their National Strategies and Mine Action Standards as a framework to improve their works in providing assistance to the victims of explosive ordnance.

In Cambodia for instance, having ratified CCW and APMBC in addition to CRPD, the country ensures that victim assistance is provided, and therefore its

current National Mine Action Strategy 2018-2025 defines that Cambodian Mine Action and Victim Assistance Authority has an obligation to represent Cambodia to provide regular updates and progress reports on victim assistance<sup>3</sup>. Meanwhile in Lao PDR – the state that ratified CCM, the National Regulatory Authority for the UXO/Mine Action Sector is responsible for the regulation, coordination and facilitation of all operators in the country working on this sector.

In Myanmar, as compliance with CRPD, the country had enacted the *Rights of Persons with Disabilities Law*<sup>4</sup> on 5 June 2015. The Law and By-Laws were drafted in line with CRPD, and used as legal instrument to provide adequate assistance not only to persons with disabilities, but also victims of explosive ordnance who often face disabilities as results of the explosive ordnance incidents. Further in Viet Nam, the *Law on Persons with Disability*<sup>5</sup> that provides the rights and obligations of persons with disabilities: and responsibilities of the State, families and society towards persons with disabilities, has taken effect in January 2011. With upholding the Law, access to free healthcare programmes and inclusive education programmes are provided more by the government and relevant organisations, while quality and quantity of physical rehabilitation provision has also improved in the country.

Similarly, in Thailand efforts on victim assistance is in line with planning and implementation of CRPD. As stated by Thailand Representative during Maputo Review Conference in 2014, Thailand has adopted a holistic and integrated approach to Victim Assistance and supports to victims are integrated into the broader legal framework, national plans and programmes for persons with disabilities, and is

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<sup>2</sup> GICHD (2020) 'Victim Assistance', IMAS 13.10.

<sup>3</sup> CMAA (2017) 'Cambodia's National Mine Action Strategy 2018-2025' available at [http://www.cmaa.gov.kh/images/contents/NMAS/NMAS\\_in%20English.pdf](http://www.cmaa.gov.kh/images/contents/NMAS/NMAS_in%20English.pdf)

<sup>4</sup> Myanmar (2015) 'The Right of Persons with Disabilities Law' available at <https://www.mlis.gov.mm/mLsView.do;jsessionid=2ADFFB597E0040A3629E95928D9717DA?lawordSn=9667>

<sup>5</sup> Viet Nam (2011) 'Law on Persons with Disability' available at <http://vbpl.vn/TW/Pages/vbpqen-toanvan.aspx?ItemID=10493>

### *Case Study: Thailand's Victim Assistance Policies*

The Department of Empowerment of Persons with Disabilities (DEPD) is the foremost victim assistance organisation in Thailand. Through the DEPD, the Thai government connects its work on victim assistance - in line with the implementation of its obligations under the Convention on the Rights of Persons with Disabilities (CRPD) - as well as through its welfare and public facilities strategy. Victim assistance is integrated into the broader legal framework, national plans, and coordination between public sector and private sector for development of policy on persons with disabilities, fulfilling the right to freedom from discrimination.

Access to medical rights in collaboration with the Ministry of Public Health as follows:

- Establishment of One Stop Service - allowing persons with disabilities in hospitals to be issued with ID cards to gain access to services - and establishing as a general services centre for persons with disabilities.
- Review of Access to Rehabilitation for persons with disabilities.
- Review of the disability certification, the disability assessment and diagnosis manuals.
- Occupational rehabilitation services, self-employment promotion, vocational training, employment persons with disabilities and occupational therapy assistant loans.
- Financial support for improving residential environment of around THB 20,000.
- Increase the number of personal assistants for persons with disabilities including volunteers with experience in helping persons with disabilities in rural and border areas.
- Promote the establishment of disability service centres and to develop general service centres
- Assisting persons with disabilities during the COVID-19 pandemic through providing risk education in border areas. Assisting persons with disabilities through THB 1,000 and THB 3,000 grants, a year disability moratorium on term-loan and up to THB 1,000 grant for persons with disabilities who have a disabilities ID card.

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Case study provided by Ministry of Social Development and Human Security, Thailand

Chotiboon Anukulvanich (Flight Lieutenant/Special Affairs Coordinator) Thailand Mine Action Center

implemented under the umbrella of universal health coverage for all.<sup>6</sup> Thailand Mine Action Center (see case study above) is working with relevant ministries/agencies, and plays significant roles in ensuring that explosive ordnance victims receive necessary assistance.

Victim assistance is one area of potential collaboration in ASEAN where broader aspects of humanitarian, development and human rights involve. With resources/capacities provided by various stakeholders in the region and the networks in the region such as ASEAN Disability Forum and the upcoming victim assistance network, exchange of supports as well as knowledge and expertise are

the way to enhance the countries' disability and victim assistance programmes. Further with all the ASEAN Member States' ratification of CRPD and the countries' laws regarding persons with disabilities, it is also hoped that adequate services are provided to both persons with disabilities including victims of explosive ordnance and their family.

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<sup>6</sup> Boonsirikamchai, P. (2014) Intervention during 'Maputo Review Conference on a Mine-Free World' available at [http://www.maputoreviewconference.org/fileadmin/APMBC-RC3/tuesday/07d\\_ASSISTING\\_THE\\_VICTIMS\\_-\\_Thailand.pdf](http://www.maputoreviewconference.org/fileadmin/APMBC-RC3/tuesday/07d_ASSISTING_THE_VICTIMS_-_Thailand.pdf)



*2. Data Collection:*

## *The Impact of COVID-19 on the Mine/ERW Victims of Cambodia*



*Interview with landmine victim in Kampong Province, Cambodia*

**T**he corona virus disease 2019 (COVID-19) pandemic took the world by surprise, with little be-

ing left unaffected by the widespread disruption to daily life. Mine action in Cambodia has, like many

sectors, undergone delays and slowdowns as its practitioners adapt to the new circumstances. For example, the clearance of explosive ordnance including landmines (commonly referred to as mines) and other explosive remnants of war (ERW) has been suspended for a period, Explosive Ordnance Risk Education (EORE) has had to be adapted to avoid large meetings of people, and assistance to victims of mines and ERW has been severely affected. It is important that as mitigation and recovery strategies for the pandemic are developed, the needs and vulnerabilities of mine/ERW victims are considered.

In response to the unfolding crisis, ASEAN Regional Mine Action Center (ARMAC) and Cambodian Mine Action and Victim Assistance Authority (CMAA) joined efforts to investigate the health and socio-economic impacts of COVID-19 on victims of mine/ERW in Cambodia, in an attempt to identify measures that should be taken to mitigate the effects of the crisis. This process was facilitated by the Physical Rehabilitation Center (Kampong Chhnang Province) and Disability Development Service Program (Pursat Province).

To do this, the assessment involved a survey of 26 victims in Kampong Chhnang and Pursat Provinces, and asked about the nature of the respondents' disability, their employment status, income (before and during the pandemic), and their health insurance situation. This survey was conducted in compliance with the COVID-19 safety regulations in place at the time. The resulting report, entitled '*Rapid Assessment on Health and Social-Economic Impacts of COVID-19 to Victims of Mines/ERW in Cambodia*', interpreted the data received into findings divided into the following categories:

### *Health impact*

The results of the survey exposed two vulnerabilities among mine/ERW victims to COVID-19. Of those who did have insurance, coverage was provided by either the National Social Security Fund (NSSF) for former soldiers or Identification of Poor House-

holds (ID Poor): neither of these policies include outpatient coverage. The second vulnerability is the lack of access to PPE (personal protective equipment) and other basic medical supplies, which are necessary to treat the virus, as well as prevent its potential spread. What this shows is that mine/ERW victims are in a particularly precarious position in terms of medical defence against the virus.

### *Socio-economic impact*

Of the mine/ERW victims surveyed, it was a halfway split between those who worked (generally in the agricultural sector, owning a small and medium sized enterprise (SME), or as a carpenter) and those who were unemployed being supported by a state retirement fund or their children. Of the 26 people surveyed, a staggering 22 reported that they have been reduced to no income since the beginning of the pandemic: this has resulted into 45% of respondents dipping into their savings, while others have resorted to loans from banks or family and friends to make ends meet. There is limited feasibility for the respondents to switch into another sector: only 23% have received skills based or vocational training, and besides such an option is long term. The challenge these mine/ERW victims face is now.

### *Supports to victims of mines/ERW*

Support from the government in response to the crisis has been varied. An overwhelming majority reported they had received some form of risk education for COVID-19, likely through public messaging campaigns encouraging hygiene, social distancing and mask wearing. 14 respondents reported receiving food, while much smaller numbers reported medical supplies, psychosocial support, or financial incentives. How the specific needs of mine/ERW victims are being accommodated during the crisis, for example prosthetic maintenance, is a varied picture.

Based on these findings, ARMAC and CMAA make a

## *COVID-19: at a glance*

*December 2019* – first cases of severe acute respiratory syndrome coronavirus 2, the virus that causes what becomes known as COVID-19, are identified in Wuhan, China

*23 January 2020* – Thailand becomes the first ASEAN country to report a case of COVID-19

*1 February* – Philippines becomes first country outside of China to report a death from the virus

*13 March* – the WHO declares Europe to be the new active centre of the pandemic, as a result of rising cases in many countries, specifically Italy, which became the first country to initiate a full national lockdown

*24 March* – Lao PDR becomes the last Southeast Asian country to report a confirmed case of the virus

*26 March* – USA overtakes China and Italy to become the global hotspot for confirmed new cases of COVID-19, a position it has retained throughout the pandemic

*March and April* – many governments in Europe, then the world, ask citizens to stay at home. By April, half of the world's population is under some form of lockdown

*July and August* – Pfizer and Moderna establish themselves as leaders in the unprecedented global race for a vaccine, each publishing Phase I/II clinical trial data within weeks of one another

*24 September* – the world passes the grim milestone of 1 million deaths from COVID-19

*8 December* – UK becomes the first country in the world to begin a mass vaccination programme using the Pfizer-BioNTech vaccine

series of recommendations as to how victim assistance programmes can continue amidst the COVID-19 pandemic. Half of these recommendations were for the government to continue its current strategy, of providing PPE and medical supplies, disseminating information on COVID-19, training relevant personnel in health and safety, and providing financial assistance to the victims. In addition to this, ARMAC and CMAA recommend supporting access to education for the victims' children (to ensure they have the qualifications that open up options for their future), consider covering out-patient treatment for the victims (to offset the extra medical disadvantages they face), to interlink victims to the private sector (to open further opportunities for income) and to consider a response to COVID-19 that is inclusive to the victims of mine/ERW.

The challenges that the current pandemic poses to the victims of mine/ERW are considerable, but ARMAC and CMAA's recommendations go some way to address the key disadvantages faced by victims and allaying the negative impacts of the pandemic.

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ARMAC – <https://aseanmineaction.org/>

CMAA – <http://www.cmaa.gov.kh/en>

*2. Data Collection:*

## *Shared Indicators for Victim Assistance Data as an Integrated Approach in ASEAN Countries since the COVID-19 Pandemic*



*Mine survivor pictured in Myanmar, near Thai border. Photo credit: Toshi Shimizu, Japan Campaign to Ban Landmines (JCBL), November 2019.*

**T**he Landmine and Cluster Munition Monitor reporting provides opportunities to understand, acknowledge, and improve progress in assistance to victims of landmines, cluster munitions, and other explosive remnants of war—as well persons with disabilities with similar needs.

The Landmine and Cluster Munition Monitor is a civil society initiative providing research for the International Campaign to Ban Landmines (ICBL) and

for the Cluster Munition Coalition (CMC). Since 1999, the Monitor has tracked the provision of victim assistance. In 2020, the Monitor advanced a holistic approach to reporting including victim assistance, risk education, and land release .

In the context of emergency responses, our reporting until 2020 chiefly monitored efforts to address the impact of explosive ordnance occurring in situations of armed conflict or natural disasters. How-

ever, the COVID-19 pandemic introduced new dimensions. In response to a Monitor survey on COVID-19, several mine-affected countries noted increased challenges for survivors and other persons with disabilities. Landmine Monitor Report 2020 found that victim assistance activities and services were strongly impacted by COVID-19 restrictions, including in Cambodia, Lao PDR, Myanmar, Thailand, and Viet Nam.

All ASEAN Member States with responsibility for mine and unexploded ordnance (UXO) victims have ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD). This provides multiple sources of useful data that is regularly included in our monitoring of victim assistance. ASEAN states with responsibility for victims of mines, cluster munitions, and other unexploded ordnance (UXO) have also all committed to the Incheon Strategy on disability and equality (2012-2022), to “make the right real” for persons with disabilities in Asia and the Pacific region. It includes specific references to “victims of landmines” and “persons with disabilities in situations of risk.”

Objectives related to victim assistance are also reported through the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development and the ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities, adopted in 2018. Both Cambodia and Lao PDR have adopted an additional mine action goal, including a victim assistance target, to be achieved by 2030. In Lao PDR, the victim assistance target of SDG 18 is to “Meet the health and livelihoods needs of all identified UXO survivors,” and in Cambodia it is to “Promote the rights and improve the quality of life of persons who have disabilities due to landmine/ERW accidents.”

A recently adopted IMAS (2020) on victim assistance (VA) notes that “VA” should be implemented and coordinated according to an ‘integrated approach’ with the dual imperatives of “multi-sector engagement by non-mine action actors” and “specific VA efforts undertaken by the mine action sector.” In the ASEAN region we report extensively

on the existing coordination linkages between mine action and disability coordination, for example:

The Cambodian Mine Action and Victim Assistance Authority with the Ministry of Social Affairs, Veterans and Youth Rehabilitation, its Disability Action Council, and the Persons with Disabilities Foundation adopted a new National Disability Strategic Plan in 2019. In Lao PDR, the victim assistance strategy authorizes the National Regulatory Authority to cooperate with the National Committee for Disabled and Elderly People to develop a sector-wide strategy for persons with disabilities. In Myanmar, the Ministry of Social Welfare, Relief and Resettlement Department of Social Welfare and Persons with Disabilities is the focal point and leads a National Victim Assistance Technical Group. The Thailand Mine Action Center, the Ministry of Foreign Affairs and the Department of Empowerment of Persons with Disabilities work together on victim assistance. Viet Nam’s 2019 decree on mine and UXO action aligns with the victim assistance measures in the National Mine Action Program, whereby the Department Social Protection under the Ministry of Labor, Invalids and Social Affairs is responsible for coordination.

Reporting under the Mine Ban Treaty for Cambodia and Thailand is consistent with the CRPD. Similarly, Lao PDR provides such information in line with the Convention on Cluster Munitions. Other ASEAN states with victims could submit voluntary reporting under either or both conventions, as Lao PDR did under the Mine Ban Treaty in 2011.

Years of regional cooperation and knowledge sharing on victim assistance and disability rights have established a solid foundation for reporting on progress and enabling both sectors to adapt strategies and coordinate in response to the COVID-19 pandemic and its longer-term impact.

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Loren Persi Vicentic, the Impact Team Coordinator for the Landmine and Cluster Munition Monitor

The Monitor — <http://www.the-monitor.org/>

*2. Data Collection:*

## *Data Collection Ensures VNMAC's Preparedness for COVID-19*

Through a partnership with the Korea International Cooperation Agency (KOICA) and the United Nations Development Programme (UNDP), Viet Nam Mine Action Center (VNMAC) has managed to use large scale data collection to gather information on mine victims in two Vietnamese provinces, and go on to use this data in providing aid for these victims throughout the COVID-19 pandemic, demonstrating the potential use of large data sets in helping for victims of landmines and unexploded ordnance (UXO).

Operating in the provinces of Quang Binh and Binh Dinh, the Korea-Vietnam Mine Action Project has since 2018 gathered information on 74,600 persons with disabilities, and received more than 15,060 registration forms requesting some form of support. This information has been used to create a database that includes data on persons with disabilities (PWDs) and UXO survivors in the two provinces, providing authorities with an idea of what the nature of support that is needed in the area and informing decision making and resource allocation. The database also provides details about the respondents, including age and gender, that reveal trends among the PWDs and UXO survivors in these two particular provinces.

Of the persons with disabilities registered on the

database, 46% are women. In terms of age, 7% are children under the age of 15, 40% are aged 15 to 59 and another 40% are aged 60 or above. 80% of registered PWDs had conditions described as 'profound and severe disabilities', indicating a great deal of assistance is needed for the disabled in this region.

Of the 74,600 respondents, roughly 12% are survivors of UXO. Of these 9,100 people, the majority are aged between 60-79, having sustained their injuries during the years of conflict. There are twice as many male UXO survivors in the database than fe-



*Photo 1 - Project activities, including S & C, explosive ordnance risk education and victim assistance. Photo credit: VNMAC*





*Photo 2 - Joint Project Coordination Committee Meeting. Photo credit: VNMAC*

male. Statistical conclusions drawn from the data act as indicators for how best to target assistance, and can be used to predict future trends in the region, or estimate the amount and condition of PWDs and UXO survivors in other provinces. Targeted help for those in need includes surgery, rehabilitation, psychological counselling, physical therapy, employment creation, vocation training and entitlement to government social welfare policies. Many of these services require specialized facilities to deliver, so the conclusions drawn from this information is vital in ensuring that resources are allocated wisely.

Besides the database, the Korea-Vietnam Mine Action Project has managed to provide training for social workers in the two provinces, specifically to promote community-based rehabilitation for UXO victims. Other activities carried out by the project beyond victim assistance by the project include survey and clearance of UXO, an upgrade of VNMAC's website, an EORE event and capacity building assessments. The project's resources have been particularly useful during the COVID-19 pandemic, when PWDs and UXO victims faced a greater level of hardship. Through the framework of the Provincial Administrative Performance Index, and with support by the Australian Department of Foreign Affairs and Trade and the Korea-Vietnam Mine Action Project (KVMAP), the report "Rapid Assess-

ment of the Socio-economic impact of COVID-19 on persons with disabilities in Viet Nam" was able to be produced. The report paints a stark picture of the impact of COVID-19. Through surveying 1000 people 82% of respondents were concerned for their health, while 96% of PWDs expressed concern for their financial security. 70% of respondents found it challenging to access medical care, while 25% of respondents had difficulty accessing basic hygiene equipment like hand sanitizer or face masks, key supplies in combatting COVID-19. The report made a series of recommendations, which emphasised the importance of keeping PWDs and UXO survivors at the centre of any government recovery strategy.

This rapid report was made possible by the groundwork laid by KVMAP's database of PWDs and UXO survivors. It illustrates the importance of data collection in ensuring preparedness for any situation, be it aiding those in need during normal circumstances or ensuring help is applied where it is most needed during a pandemic.

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Viet Nam National Mine Action Center (VNMAC)  
<http://en.kvmap.vnmac.gov.vn/victim-ssistance/comprehensive-support-for-mine-uxo-survivors-in-the-kvmap-project-8774.html>

### *3. Emergency and Ongoing Medical Care:*

## *Delivering Integrated Support to Landmine Victims in Southeast and Northern Shan State of Myanmar from DCA-NCA*

**M**yanmar has witnessed several mine incidents involving civilians as a result of anti-personnel mines and improvised explosive devices deployed during various armed conflicts since the independence in 1948. People have also been killed and maimed by explosive remnants of war (ERW), which are left behind in residential areas even after a conflict. At the time of writing, though the structured data management system of casualty has not been set up at the national level yet, between 2015 – 2020 UNICEF recorded over 1,000 civilian casualties from landmines or UXO, a figure which is almost certainly an undercount.

As victim assistance is a crucial pillar of humanitarian mine action, Danish Church Aid (DCA) provides prosthetic legs, orthotic devices, emergency cash assistance and psychosocial support to mine victims and their families. and has also implemented some socio-economic reintegration activities for them in an integrated approach through local partner organisations in Southeast and Northern Shan State. Supporting available services through local partner organisations brings tremendous benefits, such as earning trust from mine victims and their families as well as timely support and greater access to them.

### *Emergency Cash Assistance*

In terms of emergency cash assistance, DCA provided emergency cash assistance to mine victims in targeted project townships through local partner organisations. The amount of emergency cash assistance for each mine victim was roughly between MMK 200,000 to MMK 500,000 but the amount received by mine victims varies: based on the wound severity and whether the victim needs a minor or major operation, and also the socio-economic status of the mine victim, additional support can be received from other organisations. DCA verified information of mine incidents not only with partner organisations but also with other mine action operators of state-level victim assistance groups and other information sources. The partner organisations of DCA were also trained on how to use the victim/incidents report form, which needs to be attached along with other supporting documents for emergency cash assistance, and also to collect detailed information about incidents for analysis. After a few months of giving cash support, with the purpose of being able to adjust the support better in the future, partner organisations also conducted post distribution monitoring to mine victims to find out on what additional medical care they require,



*Photo 1 - Mine victim receives service for prosthetic leg in the static clinic of CIKDP (DCA's partner organization) in Day Pu Noh, Kayin State. Photo credit: DCA-NCA*

what do they spend money on, satisfaction on methods of cash distribution, any security problems related to receiving the cash, etc.

### *Prosthetic legs*

With regard to the physical rehabilitation of mine victims, DCA provided prosthetic legs and orthotic devices to mine victims free of charge from the static prosthetics workshops and mobile clinics managed by local partner organisations with trained clinicians and bench workers (see photo 1 and photo 2, overleaf). Persons with disabilities and mine victims went to those static workshops to receive either prosthetics legs or repair services and

take physical therapy or regular physical exercises. In addition to this, mobile clinics run by field teams of partner organisations could also go closer to those who need those services in small cities with high casualty rates. Most rehabilitation and prosthetic workshops are located in major cities, and many mine victims, especially those living in remote areas, have difficulty in accessing those services.

### *Socio-economic and psychosocial support*

In 2016–2017 projects, as the socio-economic reintegration, DCA supported mine victims with small grants and stock for livestock generation for their economic rehabilitation. From the perspective of economic sustainability, mine victims were also trained in agricultural practices and animal husbandry through a local partner organisation and community networks in Kayin State. DCA also supported mine victims to receive vocational training on bamboo craft in a 2018–2019 project in Northern Shan State. A local partner organisation also established and empowered community networks to advocate the rights of persons with disabilities including mine victims. Furthermore, social events and group meetings were also conducted to facilitate the psychosocial peer-to-peer discussion or contact and identify opportunities for the persons with disabilities at village level. The staff who had been trained by DCA on psychosocial support also delivered psychosocial support as necessary to those who were distressed after mine incidents.

### *Challenges in the times of COVID-19*

Amidst the COVID-19 pandemic, the staff of local partner organisations could not meet with mine victims to deliver the cash assistance directly, or deliver psychosocial support to them and their family members, due to movement restrictions from one township to another. Therefore, alternatively the staff transferred money first to local monks or social support volunteer groups, which are based in places in the vicinity of villages where mine victims are living, through bank or wave money application. Then, those monks or volunteer groups handed money over to mine victims or their families in vil-



*Photo 2 - the female clinician of TLMM (DCA's partner organisation) taking measurements for a prosthetic leg in the static clinic in Taungoo, Bago Region. Photo credit: DCA-NCA*

lages. For delivering of psychosocial support, the staff found it a challenge to talk to mine victims, even on the phone, because nearly all of mine victims they supported live in very remote places where there is a weak or non-existent signal mobile connection.

On the whole, DCA will continue trying to consider the differing capacities, needs and vulnerabilities of mine victims and persons with disabilities in its all development/humanitarian strategies and programmes. Moreover, to ensure the needs and rights of mine victims that are met with available services/resources and promote the inclusion of their participation in the society effectively, DCA will work together with local partner organisations and coordinate with other mine action organisations and relevant stakeholders in the country.

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Aye Aye Zaw, Program Coordinator

DCA — <https://www.danchurchaid.org/>

NCA — <https://www.kirkensnodhjelp.no/en/>



### *3. Emergency and Ongoing Medical Care:*

## *Halo Trust: Emergency Responses in Myanmar*

The people of Myanmar have endured continuous conflict since 1948, with hundreds of thousands of people killed and displaced. They also have to contend with extensive landmine contamination, which both hinders the return of the displaced and presents a continued threat to life and livelihoods. The total number of casualties is unknown, but Landmine Monitor have recorded 4,981 casualties from landmines or other explosives remnants of war, of whom at least 705 lost their lives. There were 358 casualties in 2019, of whom 89 were killed and 269 injured.

The HALO Trust has been active in Myanmar since 2012, with a focus on two of its secondary activities: non-technical survey of suspected contaminated ground and delivery of mine risk education (MRE) to vulnerable communities. In both cases, HALO has recruited and trained over forty local men and women to deliver MRE in the states of Northern Shan and Kayin, where mine casualties are particularly high. Almost 50,000 women, men and children in this areas received guidance on staying safe around explosive remnants of war (ERW) from HALO in 2020, with a total of 200,000 since 2012.

In addition to their mine action skills, all HALO staff are trained in first aid and are capable of treating

victims of landmines and road traffic accidents as well as people who fall ill. Building on this capability in North Shan - where casualty numbers are particularly high - HALO began to expand the number of people with first aid skills by training people from within communities and providing them each with first aid kits. These people, known as community implementers, also receive MRE training and, although not on the HALO payroll, receive a small allowance to conduct MRE within their own communities as well as administer first aid when required. Community implementers are drawn from the two main ethnic group, the Shan and the Kachins, and in 2020 a total of 240 were trained and equipped with first aid kits.

The second strand of victim assistance was the award of an immediate cash grant to any reported casualty of a landmine or other ERW. Once again, the project was dependent on HALO's local network. 'Staff generally hear about accidents via social media or phone call,' says Geoff Moynan, who currently manages the Myanmar programme. 'They then visit the victim in hospital to ensure the victim is a civilian rather than combatant and isn't already receiving cash aid from another NGO.' Once the civilian status is confirmed, staff use a phone app

called Fulcrum to log the circumstances, victim's age and location and attach photographs. HALO management then determine the amount of money to allocate, which is usually in the region of \$250. Crucially, the cash is paid to the victim or their family within 24-48 hours. 'Usually the money is used for travel expenses for hospital, basic medical costs and subsistence,' he says. The final step of the process is to refer the victim to organisations who can assist with long term rehabilitation. Since introducing this scheme in 2016, a total of 99 landmine victims have benefited from cash grants with the majority being adult males (57) usually injured when foraging or hunting for food.

Moynan points out that HALO does not normally provide victim assistance and that its 9000-strong global workforce are mostly involved in survey, clearance, risk education and PSSM. But due to the unique circumstances in Myanmar, it is clear that the charity's local network can deliver some form of assistance; both through emergency cash grants and training first responders within communities.

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Louise Vaughan, Global Media Manager

Halo Trust – <https://www.halotrust.org/>



### *3: Emergency and Ongoing Medical Care*

## *Sir Bobby Charlton Foundation: Delivering a COVID-19 Response for Landmines/ERW Disabled and Vulnerable Families in Cambodia*

**A**cross the world, the COVID-19 pandemic has had varying effects on people. Unfortunately, for those with disabilities it has added an additional aspect to their ongoing struggles. In Cambodia, a necessity like access to health care is increasingly unavailable for persons with disabilities whose lives have been dramatically affected by the pandemic.

Cambodia's control over the spread of COVID-19 and prevention to date of community transmission has been a remarkable success. Given the ongoing risks, these efforts will need to be sustained over at least the short term. At the same time, despite its achievement, Cambodia is not immune to the ways that the virus has ravaged the global economy.

*Throughout the COVID-19 pandemic, the SBCF response programme has funded emergency/immediate needs and priorities in Cambodia.*

*These programmes include:*

- Food security, nutritious diet, and livelihood support for the poorest of the poor and vulnerable families who have lost their jobs or income due to COVID-19 outbreak.
- Prevention and Protection needs including facial masks, soap, hand sanitizers.
- Outreach to raise awareness of how to protect themselves from COVID-19 and prevent spreading the virus to others within the Landmines contaminated area and non-contaminated area.
- Provide training and livelihood service for poor disabled families.
- Research and Development for local development and manufacture of ventilators.

Persons with disabilities are among the most vulnerable in Cambodia and experience challenges accessing basic services and employment. They are at higher risk of contracting COVID-19 due to barriers to accessing preventative information and hygiene, and reliance on physical contact with the environment and caregivers. Disruptions to services, challenges to accessing assistance, higher poverty rates and vulnerability to economic shock, predisposes Cambodians with disabilities, to being further left behind.

In supporting the Royal Government Cambodia, the Sir Bobby Charlton Foundation (SBCF) joined Cambodia to fight against the COVID-19 with the Royal Government of Cambodia through support and partnership with existing and new partners such as Cambodia Mine Action and Victim Assistance Authority (CMAA), Disability Development Services Program (DDSP), Golden West Humanitarian Foundation (GWHF) and the HALO Trust, delivering various projects such as funding emergency packs for food security and COVID-19 response to disabled

families and vulnerable people in Cambodia who are struggling with the current economic situation. The SBCF hopes to ensure the current funded projects can continue to support the beneficiaries and their families.

Since April 2020, the SBCF delivered over 3,100 emergency food and hygiene kits to over 3,100 households including disabled families and internally displaced poor families across 6 target provinces, including Pursat, Svay Rieng, Kandal, Battambang and Pailin. Furthermore, the SBCF also distributed over 30,000 posters to partners and communities across the country.

The packs distribution is part of a collaboration between local governments and NGOs in the target areas for the Disabled and ID poor communities. The food and hygiene packs have been organised based on each project including food and health products such as sacks of rice, canned fish, soy sauce, fish sauce, instant noodle condiments, soap, bleach, hand sanitizer, facemasks, *korma*, face shields and COVID-19 prevention education posters.

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Rothna Buth, Country Director

Sir Bobby Charlton Foundation in Cambodia

<https://www.thesbcfoundation.org/>

4. *Physical Rehabilitation:*

# *Physical Rehabilitation and Beyond: Examples of Integrated Victim Assistance Approaches in Lao PDR & Cambodia*



*Photo 1 - Kanha, EO survivor (2002) during her rehabilitation activities at Kampong Cham PRC. Photo credit: @L.Veuve/HI*

**B**etween 1979 and 2019, 64,849 explosive ordnances (EO) casualties were recorded in Cambodia, out of whom 36,024 persons survived with injuries. 9,046 persons were amputated<sup>1</sup>. In Lao PDR, more than 50,754 casualties were recorded

between 1964 and 2017, out of whom 21,200 persons survived with injuries.

The ongoing clearance and risk education activities in both countries allowed a huge reduction in the

<sup>1</sup>CMAA (2019) 'Cambodian Mine/ERW Victim Information System (CMVIS) October 2019 report' available at <http://www.cmaa.gov.kh/en/report/cmvis-report-for-october-2019-en>





Photo 2 - credit: @L.Veuve/Hi

*"I was walking around a tree when it happened," says Nak. "I don't remember anything. Just darkness. My workmates took me to the hospital. I lost my leg the same day. Later, they told me I had stepped on a mine. Months later I visited Kampong Cham Rehabilitation Center and they immediately measured me for a prosthetic leg. My prostheses have changed my life—I can walk, play volleyball with my friends and work"*

yearly number of casualties and in Cambodia mine clearance activities are intended to be complete in 2025. However, one should not forget that the survivors are still there, and will be there for the coming decennia. Victim assistance should continue far beyond 2025.

A long-term solution to guarantee the rights and address the needs of survivors can only be ensured if a dual approach to victim assistance is implemented, with both specific and broader efforts contributing to the realisation of victim assistance obli-

gations. This is what we call an integrated approach to victim assistance. The dual imperatives of the integrated approach are to:

1. ensure that as long as specific victim assistance efforts are implemented, they act as a catalyst to improve the inclusion and wellbeing of survivors, other persons with disabilities, indirect victims and other vulnerable groups; and
2. ensure that broader efforts actually do reach the survivors and indirect victims amongst the beneficiaries.<sup>2</sup>

<sup>2</sup>Guidance on an Integrated Approach to Victim Assistance, the Convention on Cluster Munitions Coordinators for 2016 and 2017 on Victim Assistance (Australia, Chile and Italy) and Cooperation and Assistance (Austria, Iraq and Australia), with technical support from Handicap International



Photo 3 - credit: @N.Lozano/HI

*“My husband and I used to argue all of the time, sometimes he was violent. Life for a man is easy, he just has to go to the field to look after the cows and buffalo. I had to do everything in the house and go to the field. Since using the GALS things have changed. My husband now helps with the housework and we argue much less. We also made a 5-year plan, which has already helped us to get a motorbike.”*

*Lar, 23 years old, Kohing Village, Lao PDR (‘HI UXO Project’/Chaipasird Phunphouvanna/OXFAM)*

Handicap International, nowadays operating under the name of Humanity & Inclusion (HI), was created in 1982 in the refugee camps for Cambodians in Thailand to support the many landmine survivors reaching the camps. Official operations began in Cambodia in 1986, with mine action operations following in Lao PDR in 1996.

Our specific victim assistance efforts in Cambodia consist of allowing survivors and children and adults with disabilities and their family members to benefit from a holistic intervention, encompassing health, rehabilitation and socioeconomic inclusion

to support them in improving their social participation and quality of life. The support HI is providing consists of

1. Management of the Physical Rehabilitation Center (PRC) of Kampong Cham
2. Supporting the Persons with Disability Foundation (PWDF) to manage the physical rehabilitation sector and ensure quality rehabilitation services are provided in the 5 PRCs they are managing.
3. Support small business holders in defining their potential Income Generating Activity and train them on technical and business skills and pro-

vide professional kits or cash contributions

4. Improve the referral system for children detected with impairment

In Kampong Cham Province, HI supports the most vulnerable families of persons with disabilities in identifying their needs, improve their self-esteem and self-confidence through personalised social support. Physical rehabilitation services are provided and when needed referrals to health and social services are made, as a prerequisite for economic inclusion (see photos 1 and 2, previous pages). This project is supported by Luxembourg Aid & Development, by Department of Foreign Affairs and Trade (DFAT), through the ACCESS programme and by individual donors in Europe.

In Houaphan Province, Lao PDR, starting in 2018 and thanks to funding of the European Union, HI is working towards a reduction of the humanitarian and socioeconomic risks posed by EO on rural livelihoods through a comprehensive approach which includes Survey and Clearance, Risk Education and Support to EO victims based on the principle of non-discrimination (through the Gender Action Learning System, or GALS - see photo 3, opposite), improving security and reducing poverty for more than 18,365 persons. HI project sets a specific focus on victim assistance on improving rural livelihoods through clearance activities aimed at boosting local livelihoods enterprises including bamboo and non-timber forest products value chains. To respond to the needs of the most vulnerable persons (unexploded ordnance victims, persons with disabilities, extremely poor households, marginalized people), HI is working closely with rural development actors -such as GRET and OXFAM- to ensure their inclusion, to provide access to income generating activities in EO affected areas, and to build a more inclusive environment. HI also reported that people often lack access to healthcare, rehabilitation services and mental health & psychosocial support due to a lack of services at the community

level and the cost of transportation. Therefore in parallel, HI identifies the health and rehabilitation needs of victims and other persons with disabilities to refer them to appropriate services. HI also trained health professional on the provision of mental health care services.

Inclusion in broader effort is more challenging. HI had some great successes, like for example inclusion of the needs of persons with disabilities in the Commune Investment Plans in several communes, or work on the national accessibility guidelines with the Disability Action Council (DAC) in Cambodia. But overall it remains a challenge to convince broader development actors to understand that reaching survivors and other persons with disabilities needs much more efforts than just a general awareness session of their staff. To ensure broader efforts actually do reach the survivors and indirect victims a strong commitment from their organisation is needed. And this, at its turn, will need time and resources.

In the ASEAN region, HI is implementing similar efforts in Indonesia, Myanmar, the Philippines, Thailand (refugee camps near Mae Sot) and Viet Nam. HI is committed to calling on EO affected countries to adopt the appropriate legal and policy framework to address the needs and protect the rights of victims by promoting the integrated approach to victim assistance. In 2021, HI will support the drafting and adoption of national standards on victim assistance based on the newly released international mine action standard 13.10.<sup>4</sup>

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Edith van Wijngaarden, Country Manager Cambodia  
Julien Kempeneers, Regional AVR/HMA Specialist  
Humanity & Inclusion — <https://hi.org/en/index>

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<sup>4</sup> <https://www.mineactionstandards.org/>

*4. Physical Rehabilitation:*

# *Addressing Unmet Needs of UXO Victims in an Integrated Victims Assistance Approach through USAID Okard and WVMF*

**B**etween 1964 and 1973 more than two million tons of ordnance was dropped over Lao PDR. Up to a third of these bombs did not detonate and remain buried beneath the soil, continuing to maim and kill when disturbed<sup>1</sup>. Over the past five decades, over 50,750 people have fallen victim to unexploded ordnance (UXO) or landmine accidents across the country<sup>2</sup>. Survivors often suffer chronic chest, arm, and head and eye injuries that necessitate extensive medical care and cause long-term difficulties in functioning.

To assist and empower victims of UXO and landmines, World Education supports the integrated victim assistance strategy of the Government of Lao PDR. The Convention on Cluster Munitions has noted that, “A long-term solution to guarantee the rights and address the needs of victims can only be ensured if a dual approach to victim assistance is implemented.”<sup>3</sup> A two-pronged approach includes

both targeted and systemic interventions that address the needs of victims/survivors, and their families. Two of World Education’s projects in Lao PDR illustrate the dynamic collaborations and synergies that contribute to sustainable systems for victims’ assistance.

The War Victims Medical Fund (WVMF) project is an example of a specific effort to support war victims. The WVMF funds immediate medical care, transportation, and support for caregiver accommodation and food, when a UXO accident takes place, as well as longer-term medical care. Funded by the U.S. Department of State, Office of Weapons Removal and Abatement (PM/WRA) and administered by the National Regulatory Authority (NRA) of Lao PDR together with World Education, the WVMF is active in all provinces impacted by UXO.

USAID Okard (“opportunity”) is a five-year project that promotes the independent living and functional

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<sup>1</sup>“UXO Problem,” National Regulatory Authority for UXO/Mine Action Sector in Lao PDR, accessed 13 January 2021, <http://www.nra.gov.la/uxoProblem.php>

<sup>2</sup>“Lao PDR: Casualties,” Landmine & Cluster Muniton Monitor, accessed 13 Jan 2020, <http://www.the-monitor.org/en-gb/reports/2019/lao-pdr/casualties.aspx>

<sup>3</sup>“Guidance on an Integrated Approach to Victim Assistance: By States for States,” Convention on Cluster Munitions Coordinators for 2016 and 2017

ability of persons with disabilities through equal access to health, rehabilitation, and social services in the Lao PDR. The project is funded by United State Agency for International Development (USAID) together with PM/WRA and implemented jointly with the Ministries of Social Welfare and Health. The vision is a community based inclusive development model of assistance for persons with disabilities, regardless of cause, and inclusive of UXO victims or survivors and their families. This approach is illustrative of the integrated victim assistance model through its broader focus on building and developing systems - policy, advocacy, rehabilitation, medical support, and economic empowerment - that will address the specific needs of war victims, as part of a larger representation of the population including vulnerable populations, ethnic minorities, and persons with disabilities.



Photo 1 - credit: World Education

Through USAID Okard, community facilitators from local partner organisation Quality of Life Association (QLA) conducted screenings in Xieng Khouang province to identify persons with disabilities, where they met Sonphet, age 60, who had sustained a UXO injury while tending to his farm in October 1981. After the accident, Sonphet's right arm was amputated just above the wrist, which has since made it difficult for him to care for himself, maintain his farm, and perform household duties (see photos 1 and 2). In 2020, the facilitator referred Sonphet to the Provincial Rehabilitation Center for an assess-



Photo 2 - credit: World Education

ment and he was fitted for a prosthetic hand and received attachable accessories for different activities of daily living. After he became used to the prosthetic, Sonphet was able to once again engage in daily activities such as holding a phone, dressing himself, and tending his rice farm. Since then, through continued support from QLA, World Education, and local authorities, Sonphet has developed a plan for an income generation activity based on expanding his rice farm to include rearing chickens.

Sonphet has now achieved his optimal level of function by accessing rehabilitation services through the government system, and as a UXO survivor, he can use the WVMF for any medical care related to his UXO injuries. Through the support of this integrated model of victim assistance, Sonphet can envisage a future in which he may confidently provide for his own needs with increased resilience and access to services.

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World Education Laos — <https://laos.worlded.org/>  
(coordinated by Sarah Bruinooge, Country Director)



# ICRC

## 4. Physical Rehabilitation:

# ICRC Myanmar: a Case Study in Physical Rehabilitation

**2**020 brought many challenges for all of us, more so for Daw Lum Naw. It is the year she lost her

husband, the family's breadwinner and father of her 5 children. In an instant, she became the head of the household, having to provide for her family and her 86 year old mother in law. Without a regular job, Daw Lum Naw did her best taking on daily odd jobs to sustain her family. Then in July, on her way to collect vegetables, she stepped on a landmine, which left her with lower limb amputation.

***"It's not about the money, it's the fact that my family and I felt that we are not alone in the world" - Daw Lum Naw***

International Committee of the Red Cross (ICRC) teams first met Daw Lum Naw at the end of July 2020. We were able to discuss and assess the best form of support needed for her and her family. We were able to offer immediate financial support to help the family with medical expenses, basic necessities and discuss with her a treatment and rehabilitation plan. In January 2021, Daw Lum Naw consulted with our Physical Rehabilitation Team in Myitkyina and began pre-fitting rehabilitation to prepare her for a prosthetic limb (photo 1), that will



Photo 1 - Daw Lum Naw. Credit: ICRC Myanmar



*Photo 2 - Daw Lum Naw using the new access ramp, making moving to and from her home considerably easier. Credit: ICRC Myanmar*



*Photo 3 - Daw Lum Naw and her family outside the new latrine constructed for them. Credit: ICRC Myanmar*



*Photo 4 - Lum Naw and her children. Credit: ICRC Myanmar*

increase her mobility and independence.

The team also worked to adapt her home, constructing a latrine with a ramp and adding a ramp leading up to her house, making it easier for Daw Lum Naw to fulfil her daily activities and move around (see photos 2 and 3, previous page). To help Daw Lum Naw provide for her family (photo 4, above), ICRC is now looking at various sustainable livelihood options with her.

ICRC in Myanmar has supported more than 140 weapon contaminated affected victims in 2020 year alone. We adopt a holistic approach to help those affected by landmines and other unexploded ordnances. Victims are provided with medical care or financial support for medical treatment upon identification, ensuring that patient's physical and mental wellbeing are taken care off and that their family

continue to be provided for. As needed, victims will be supported with physical rehabilitation services, fitted with required prostheses and have their living space adapted for easier access and mobility. Physical rehabilitation will continue as the victim learns to live with the new prosthesis or other assistive device while ICRC teams help them with a sustainable income source, giving our patients back a sense of integrity, regaining dignity, self-sufficiency and independence.

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Bishnu Mahat, Weapon Contamination Coordinator

Michael Trant, Weapon Contamination Unit Delegate

ICRC Myanmar – <https://www.icrc.org/en/where-we-work/asia-pacific/myanmar>



*5. Psychological/ psychosocial support:*

## *“Heal the heart”: Rehabilitation for Landmine Victims with Jesuit Refugee Service*

**O**n the outskirts of Siem Reap, just a few minutes' drive from the ruins and towers of Angkor, is the Mindol Metta Karuna Reflection Centre, operated by the Jesuit Refugee Service (JRS). Arriving in the reflection centre, the dust and noise of the main road just around the corner disappears: the sound and chaos is shut out, and you emerge into a space of greenery, water, sculptures, and open buildings with open doors.

The reflection centre, which opened in 1991, began as a place to teach working skills – welding, electricals, sculpture, sewing, agriculture – to the disabled and victims of landmines and other explosive ordnance. The centre also tackled literacy. Over the years, the facilities expanded, providing repairs for bicycles and motorbikes and distributing food relief during times of hardship. Sister Denise Coghlan, who has been working here since the beginning, tells me of perhaps the most important function of the centre: as well as teaching a skill, the centre helps to “heal the heart”, through allowing those with life changing disabilities to live together and learn from one another, and move past the trauma and hardship of the past.

The key programmes of the centre focus on rural communities. Tun Channareth, known as Reth, is a

long-time volunteer at the centre: what I sense he takes most pride in is his role designing and building wheelchairs, tailored to the specific requirements of every individual in need. Reth himself uses a wheelchair, and has a keen insight into not just what a wheelchair allows a person to do, but what a lack of one means for those who do not have the kind of support for their disability they need. He tells of how some of the landmine victims they assist have suffered abuse and neglect, sometimes even being left tied up while their family go to work. The wheelchairs provided by JRS provide an escape from that.

The goal of the centre's projects is to cultivate a sustainable income for those in need: often this means helping people establish themselves in agriculture, through small grants to help a business or farm get started. Farmers require deeds of ownership to work the land, but often these rights are held in the possession of large private businesses with vast resources and little regard for those that live on the land. More recently, small-scale farmers have been successful in asserting their right to make a living. This slow change is one noted by Sister Denise, Reth, and workers at the centre, Soa Not and Sak Sopheak; local authorities, both from

the national government and traditional leaders, show a willingness to engage with the issues JRS tackles, with some acting as coordinators between the affected people in their jurisdictions and NGOs including JRS. Another big change that is noted since the beginning of the centre is the increased consciousness of disability rights: while literacy rates are still improving, the rights when written down and backed by the authority of the UN is generally held with respect, crucially by those in power. With encouragement, those in a position to improve the situation of the disabled are increasingly do so.

Peer support is another policy that JRS are keen to showcase: it involves the victims of landmines and those with disabilities who work with the reflection centre seeking out and meeting other people with similar conditions, who are struggling to accept or adapt. JRS often go out to meet these recent victims, who are often not receiving support for their disabilities, and act to encourage them that their lives can be better. Reth tells of even annoying and pestering victims until they become engaged with the assistance available from JRS. Peer support can offer a positive vision of the future for recent landmine victims, and helps with the mental health issues that can arise. Sister Denise is wary of simply importing models of mental health treatment from Australia, the UK or USA: she says the unique cultural features of Cambodia, where karma and bad spirits can be considered to be responsible for misfortune, means any assistance received for mental health issues has to be delivered with understanding and sympathy for these perspectives. Cambodian landmines victims or those with other disabilities are uniquely equipped to achieve this. Ultimately, material solutions that alleviate the conditions that encourage mental health issues is the most effective treatment, Sister Denise concludes.

JRS's work tackles disability and poverty, two issues that exacerbate one another: access to adequate toilet facilities is a problem at the nexus of the two. Using the toilet is a non-issue for most us,

but for those with disabilities using facilities that are unsanitary or not designed with their needs in mind is a challenge to their privacy and dignity that they must face every day. For those without resources, an adequate toilet is substituted with simple but unhygienic alternatives. JRS help construct rudimentary facilities for those who need it.

Like everywhere, COVID-19 is an issue for the centre. The volunteers and workers, usually roaming around the villages and countryside providing aid, have had to consider a dimension of danger not formerly present: as the entire world has experienced, increased contact risks yourself, those you meet, and any family and friends you see. Funding for the centre has taken a blow: volunteers from Australia, South Korea, and Japan are no longer able to travel, and overseas funds have declined in line with the global recession. The lessened impact of COVID-19 on Cambodia has sheltered the centre and its work from some of the devastation seen elsewhere, but it is not possible to escape the impact of the ongoing crisis.

Sister Denise sees three key elements of their work: to accompany those in need, achieved through the peer support efforts; to offer services, achieved through the many programmes of assistance and learning offered through the centre; and to advocate. The reflection centre has its origins in campaigning, and continues in its efforts to limit the proliferation of weaponry around the world. Sister Denise explains that their campaign, aiming for the prevention of disability through disarmament treaties, sets them apart from other NGOs, which mainly work to tackle the result of a problem rather than the cause.

Reth and Sister Denise met in the refugee camps, him as a recent victim of landmines and her as a member of the Jesuits, travelling from her home in Brisbane to volunteer in Cambodia. Eventually, they both came to be involved in the ICBL, a movement that grew through the 1990s and culminated in the Ottawa Treaty, signed by 164 states. Meeting global leaders like King Norodom Sihamoni, UN Secretary General Kofi Annan and Pope John Paul II, both Sis-



*The Mindol Metta Karuna Reflection Centre. Photo credit: JRS Cambodia*

ter Denise and Reth played key roles in the campaign. Founded by Jody Williams, the ICBL was awarded the 1997 Nobel Peace Prize: Reth accepted the prize on behalf of the campaign in Oslo.

A visualisation of the continuing work of the campaign hangs in the dining hall of the centre: on a large banner, which treaties are enforced in which countries are tracked with stickers, and additions made when new countries ratify (or leave) one of the international agreements. The Treaty on the Prohibition of Nuclear Weapons (TPNW), which came into force 22 January 2021 (just over a month after my visit to the centre), will have provided a considerable update to the banner. The scope of the treaties recorded on the banner is the result of the hard work of thousands of campaigners and considerable negotiation between governments. The ICBL represents the origin point that demonstrated how such activism has the potential to materialise a real change.

In this quiet garden by the dusty road out of town, it is hard to imagine that this place has fundamental ties to international campaigns and global leaders.

It is also difficult to reconcile the peace present here with the hazards that brought it into being, which violently and tragically leave scores of people with life-changing injuries every year. Cambodia commits to be landmine free by 2025, but landmine victims will still be around for many years, and the work of the centre will continue so long as it can meet the needs of those with disabilities.

As I leave, Sister Denise points out to me a pond where other workers at the reflection centre are learning how to cultivate fish. This is in order for the centre to be able to give better advice to aspiring fishermen, and provide another possible avenue for the centre to offer to persons with a disability who want to learn a skill for their livelihood. This one project, of the many going on at the moment, encapsulates the passion and diligence of the people who have dedicated the better part of their lives to assisting those in need.

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Teddy Ashworth, Programme Support/Researcher  
ARMAC – <https://aseanmineaction.org/>



# ICRC

*5. Psychological/ psychosocial support:*

## *Transforming Life through Wheelchair Basketball*



*Photo 1 - Credit: ICRC Cambodia + Benjamin Filarski*

**E**very Friday morning, Nimol can be seen racing her wheelchair alongside her 3 year-old daughter under the shade of gigantic rain trees at the Physical Rehabilitation Center (PRC) of Battambang Province in North West Cambodia. The little girl has fun running around as she watches her Mum warm up for her weekly session at the basketball court. But beyond the fun and the laughter lies an extraordinary tale of strength, courage, determination and sporting innovation.

Nimol - now 34 years old, an accomplished sports-woman and a mother of two - was seriously injured and left unable to walk as a result of a landmine incident back in 2002. In a story that is all too familiar in this heavily mine-contaminated region, the incident happened one afternoon when Nimol was collecting firewood with her relatives. An unexpected explosion occurred, and Nimol awoke hours later in a hospital emergency room, shocked to realise that her right leg could not be saved. At just 19

### *ICRC's Physical Rehabilitation Programme in Cambodia:*

The ICRC supports two PRCs (Battambang and Kampong Speu). Together with their outreach programmes, they provide physical rehabilitation services to over 10,000 people a year. Around 50% of service recipients are victims of landmines and other explosive remnants of war. The PRCs provide prostheses (artificial limbs), orthoses (braces), wheelchairs and walking aids (crutches and walking frames).

Physiotherapy is provided to help people regain their strength and balance to walk with their new device. The ICRC also offers opportunities for service recipients to learn new skills through vocational training, find new employment and/or start a business through its Micro-Economic initiative (with grants) scheme. Children with disabilities are also supported to access mainstream education.

Elsewhere, the ICRC offers support for physical rehabilitation programmes in Viet Nam, Lao PDR and the Philippines.

years of age, she had her whole life ahead of her, but now with this reduced mobility, she knew that life would be full of additional challenges.

Indeed, Nimol went through many difficult episodes in her life. She describes the mental struggles, and the times when she thought she was worthless. Sometimes, she says, she felt so bad that she just wanted to end it. But those thoughts didn't win and Nimol was able to find the strength to carry on.

Now, every week, she finds the motivation to make an arduous 25-km journey on the back of her father's motorbike, to train with her teammates;

Cambodia's first female wheelchair basketball team. That team was initially set up 9 years ago by the International Committee of the Red Cross (ICRC). With its broad experience in physical rehabilitation programmes across the world, the ICRC saw that there was a need to branch out into a range of activities which go beyond the purely physical aspects of rehabilitation, addressing issues linked to stigma, psycho-social support and social inclusion. Wheelchair basketball is one of them.

Nimol initially learned of wheelchair basketball through a friend, who connected her to Sieng Sokchan, a passionate advocate of disability rights and gender issues - the captain and coach of the team. When asked about the importance of sports for women such as Nimol, Denver Graham, the Physical Rehabilitation Programmes Manager at the ICRC in Cambodia explains: 'We know that women with disabilities are a particularly vulnerable group,



*Photo 2 - Credit: ICRC Cambodia + Benjamin Filarski*



*Photo 3 - Credit: ICRC Cambodia + Benjamin Filarski*

often discriminated against in their society, and occasionally becoming targets of mental and physical abuse in their home life. Being part of a team provides a sense of community, improves physical and mental health and gives players an opportunity to be connected - to get to know their peers more. Over the course of my 2 years in Cambodia, I have seen dramatic changes in the lifestyles and well-being of these inspirational players'.

Nimol echoes those words: 'I have met a new group of friends I have never had before. Every basketball training session feels like a gathering. This group proves that we can learn to fit into society as well.'

*Persistence is key*

Like others on the team, Nimol has to demonstrate strong determination even to reach the basketball court: 'It is difficult to travel here. Safety on the road is the main concern as we travel far. I also have a young daughter to take care of as well. But what else can I do? Without traveling here, I cannot practice with others.'

Becoming skillful at sport is not an easy task, let alone playing in a wheelchair. Nimol recalls how



*Photo 4 - Credit: ICRC Cambodia + Benjamin Filarski*



Photo 5 and 6 - Credit: ICRC Cambodia + Benjamin Filarski

she struggled in the beginning: 'I remember I did not know how to wheel the wheelchair and bounce the ball. It was very difficult. But seeing how the others could do it very well pushed me to observe and learn from our coaches.'

*Sieng Sokchan believes that the impact of sport on women's lives can be huge: 'when I first started this team, I wanted to show that persons with disabilities can still manage a lot and that women, in particular, can achieve many things, despite being in a wheelchair.'*

Over the years, with regular practice and time with her new friends, Nimol's confidence and her performance on the court have improved. She was in the team which showcased wheelchair basketball at the ASEAN Disability Forum in Kuala Lumpur in 2015 and she is now aiming to play in a national Cambodian team. Off the court, Nimol hopes to contribute more to her family's financial stability by starting a quail business, the success of which may allow her to commit more time to the sport.

Nimol's story shows the value in having a holistic approach to addressing the physical, mental and socio-economic damage caused by landmines and other explosive remnants of war. Unfortunately, there are over 60 new casualties of landmines each year in Cambodia and it is the sad reality that the need for these services will remain for many years to come.

*What lies in the future for wheelchair basketball in Cambodia?*

Since the initial team was set up, the ICRC has helped establish several more wheelchair basketball teams: one in Kampong Speu and more recently two in Siem Reap. There is also now a men's team in Battambang. In total, there are currently 76 players who meet and train regularly across Cambodia.

The ICRC is also helping to set up the Cambodian Wheelchair Basketball Federation (CWBF) which is currently seeking official recognition from the Cambodian Ministry of Education, Youth, and Sport. Having a national federation will give the players opportunities to play in more tournaments at regional and international levels. The Federation will also be responsible for expanding the sport into other towns and provinces. Additionally, the CWBF plans to include more men and encourage children to participate in the sport.

Despite all these positive developments, sustainable funding will be key to ensuring the player's future. As the number of players grows, so does the financial needs in terms of equipment, appropriate venues to practice and attendance costs for overseas competitions.

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Singhuo Hor, Communications Officer

ICRC Cambodia — <https://www.icrc.org/en/where-we-work/asia-pacific/cambodia>

*6. Socio-economic inclusion:*

## *Sir Bobby Charlton Foundation Inclusive Training Center*

**T**he Sir Bobby Charlton Foundation (SBCF) is a conflict recovery NGO that believes everyone has the right to live, work and play freely, fairly and safely no matter where they are in the world. To achieve this, we focus our support on addressing the direct long-term impact of conflict on civilian populations in developing countries where the legacy of war continues to fuel disadvantage and discrimination. We contribute in very practical ways to safeguarding conflict affected civilian populations and rebuilding war torn countries through economic, social, environmental and cultural interventions. By taking this approach we make communities safer and empower local people to take back control of their lives and shape their own futures. We do this by supporting, inspiring and empowering women, children, families and communities affected by past and present conflicts.

The charity was founded in 2011 by football legend Sir Bobby Charlton following a visit to Cambodia where he witnessed first-hand the devastating impact that landmines and the explosive legacy of war was still having on innocent civilian communities more than 20 years after the conflict had ended. On returning to the UK, he established The SBCF as a not-for-profit conflict recovery NGO.

The SBCF's response, track record and program-

ming in relation to conflict affected communities is driving new ways of working in international development. In the last three years alone the SBCF has worked with over 10 different local partners to reach the most vulnerable conflict affected people, most of whom are children, from seven different countries. Results achieved include traumatised children formally returning to school, people with a disability gaining qualifications & employment, the trailing of ground breaking landmine detection technology, pioneering research into human bone regeneration and research into prevention of Post-Traumatic Stress Disorder (PTSD).

In Cambodia, the SBCF works with four local partners in different projects supporting persons with disabilities. Currently there are many people of all ages and conditions with disabilities, living in every part of the country. Some have been disabled since they were born, and some were disabled due to certain circumstances such as polio, stroke, meningitis, road accidents, landmine/explosive remnants of war (ERW) incidents and other conflict-related causes of permanent disability. Most of them live under poverty and in rural areas with limited access to assistance. As a result, more often they beg for money to feed themselves and their families.

Further, rehabilitation services are still limited in both the city and countryside, especially services that address the needs of children and women with disabilities. Lack of access to education has become the main problem faced by persons with disabilities, and it thus needs an immediate solution. The limited capacity and resources in the general education system, especially in rural areas, has resulted in a majority of learners with disabilities being excluded from educational opportunities altogether. Special schools and schooling facilities for persons with disabilities are still in great need.

Persons with disabilities are often some of the most vulnerable people in society. They regularly face physical, social, and economic barriers that prevent them from receiving quality and affordable health care, rehabilitation, education, and other services. It is very important that persons with dis-





Photo credit: Sir Bobby Charlton Foundation/DDSP

*Key activities of the centre:*

*1: Vocational training, job placement and employment with business and other private sectors organisations.*

*2: Income generation activities and self help group support.*

*3: Capacity building of community based disability service providers in Western Cambodia.*

abilities are able to overcome those challenges, fully participate in their communities and sustain themselves and their families.

In responding to the current challenges the SBCF has partnered with the Disability Development Services Program (DDSP) to build the “SBCF Inclusive Training Centre” located in Pursat Province. The SBCF Inclusive Training Centre for conflict recovery targets conflict-affected communities in Cambodia and addresses the dreadful physical, economic and social impact of landmine incidents that are faced by victims and their families. The Training Centre will be ready for use in February 2021. The centre will act as a hub for organisations which may wish to conduct training and events, either as part of their formal programme to support or to provide opportunities for the targeted beneficiaries. The centre will also act as a focal point for community events/meetings, providing overnight accommodation to those travelling into Pursat Province. The project is designed to include capacity building activities which will not only maintain and improve the quality-of-service provision but also strengthen and sustain the targeted community-based organisations.

The SBCF and the DDSP will try to support as much as possible in providing training facilities. We also recognise part of the issues faced by victims/ children with disabilities, including but not limited

to lack of financial resources to purchase study materials, school uniforms and wheelchairs, long distance travel, poor road conditions and limited access to facilities that make it difficult for victims/ persons with disabilities to go to school.

Hence, through this work we aim to increase the number of persons with a disability accessing vocational training and support in relation to income generation and business start-ups. Such opportunities will help transform their lives and the lives of those around them. By understanding their rights and becoming economically active, beneficiaries will not only be able to receive/increase the family income, but most importantly also become more empowered and independent.

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Rothna Buth, Country Director

Sir Bobby Charlton Foundation in Cambodia —

<https://www.thesbcfoundation.org/>



## 6. Socio-economic inclusion:

# *Victim Assistance in Cambodia: Development for Dignity and Equality in Society*

The protracted sequence of internal and regional conflicts between the mid-1960s and 1998 in Cambodia have resulted in a legacy as one of the most contaminated countries in terms of landmines and explosive remnants of war (ERW) in the world. Despite the Royal Government of Cambodia's (RGC) efforts and an ongoing commitment from the international community, Cambodia's north-west provinces, bordering Thailand, have some of the highest anti-personnel mine concentrations on the planet. Over 75 percent of Cambodia's known landmines remain situated within the three provinces of Battambang, Banteay Meanchey, and Pailin, all within the north-west region.

Throughout Cambodia, landmines and ERW have claimed thousands of human lives and caused unprecedented suffering, with over 64,800 casualties attributed to anti-personnel mines and ERW since 1979.

Saroeun Pich (see figure 1 overleaf) was a former soldier, whose life forever changed when he stepped on a landmine while in Banteay Meanchey Province in 1989, losing both legs and his left arm. Saroeun spent an isolated and challenging four years undergoing repeated surgery and treatment in a specialized facility located far from his family

*“I decided to establish a self-help group of 238 persons with disabilities in my community in order to support each other and advocate for our rights and participation.”*

Saroeun Pich, Executive Director of the Battambang Disabled People Organisation (DPO)

and friends, before being able to return to his provincial home in Battambang in 1993. Here, his treatment continued.

Saroeun attended the Battambang Physical Rehabilitation Centre (PRC) for physical therapy and rehabilitation where he also received two prosthetic legs, one hand prosthesis, and a wheelchair. Under the PRC's care, Saroeun was soon able to walk for short distances and mobilize his wheelchair.

In 2006, determined to support persons with disabilities, Saroeun established a self-help group of persons with disabilities, mainly formed of



*Saroeun Pich gave a speech at the Disability Awareness Campaign in Battambang Province. Photo credit: @BDPO*

landmine survivors, in his community.

In recognition of his commitment to the inclusion of persons with disabilities, in 2008, Saroeun was elected as the Executive Director of the Battambang Disabled People Organisation (DPO).

As a husband, father and grandfather of his family, Saroeun continues to pursue his dream to see all persons with disabilities fully participate in their community, access services, and live with equality in an inclusive society.

Saroeun Pich is not alone in his struggle to overcome the devastating impact of landmines and ERWs in Cambodia. The RGC has estimated that approximately 524,000<sup>1</sup> people live with disabilities in Cambodia, of which 11.4 percent were caused by landmines<sup>2</sup>, equaling almost 60,000 people. Victim assistance provided during and after mine/ERW accidents is crucial to reducing fatalities, alleviating vulnerability and helping survivors access physical

rehabilitation, psychosocial support and livelihood programmes to ensure they are integrated back into their community.

Reflecting the national priority of demining Cambodia's territory, the RGC adopted a localised Sustainable Development Goal (SDG) 18, which pledges to end the negative impact of mine/ERW and promote victim assistance. As the global SDG integrator, the United Nations Development Programme (UNDP) in Cambodia collaborates with the RGC to support national progress towards the SDGs and help Cambodia recover after COVID-19.

The UN joint programmes "Access to Justice without Barriers for Persons with Disabilities"<sup>3</sup> and "Programme to Promote Disability Inclusion"<sup>4</sup> have worked to enhance the protection of the rights of persons with disabilities in Cambodia and expanded the disability rights network. The disability rights projects have had significant impacts on the lives of

<sup>1</sup>RGC National Disability Strategic Plan 2019-2023

<sup>2</sup>RGC 2009 Law on the Protection and the Promotion of the Rights of Person with Disabilities

<sup>3</sup>UN joint programme (UNDP, UNWOMEN, UNFPA) Programme to Promote Disability Inclusion and improve Quality Service for GBV Survivor (2020-2021)

<sup>4</sup>UN joint programme (UNDP, UNWOMEN, UNFPA) Programme to Promote Disability Inclusion and improve Quality Service for GBV Survivor (2020-2021)

***“My dream is not yet finished as I wish to see all persons with disabilities have the right to participate and receive various services, with the freedom to do business and be independent in living with full dignity and equality in society.”***

**Saroeun Pich Executive Director of the Battambang Disabled People Organisation (DPO)**

persons with disabilities in Cambodia, including inclusiveness within the National Disability Strategic Plan (NDSP) and the revision of the Law on the Protection and the Promotion of the Rights of Person with Disabilities (2009) - to advance the rights of persons with disabilities.

The UNDP Clearing for Results (CfR) IV: Mine Action for Human Development (2020-2025) project is the transition phase of the CfR project which has been the flagship project of support from UNDP to the RGC in the mine action sector since 2006. Cambodia's National Mine Action Strategy (NMAS) 2018-2025 sets the RGC's target of achieving a mine-free Cambodia by 2025, with UNDP's CfRIV project providing strategic and technical advisory support to the Cambodian Mine Action and Victim Assistance Authority (CMAA), the national authority responsible for the regulation, coordination, and monitoring of mine action activities throughout Cambodia.

In 2021 and beyond, the CfRIV project, in line with the fourth goal of NMAS 2018-2025 - to minimize mine, cluster munitions and other ERW casualties, and improve livelihood of survivors and mine/ERW affected communities - is planning to increase victim assistance to Battambang, Banteay Meanchey, and Pailin provinces. Being supported by the international community, developed in consultation with

national counterparts, and informed by local communities, the CfRIV's Victim Assistance Workplan incorporates a holistic response across the four pillars of 1) immediate emergency response and medical treatment, 2) physical rehabilitation and therapy, 3) socio-economic inclusion, and 4) mine risk education, to develop a modern, demand-based, sustainable design to provide victim assistance in the areas of greatest need in Cambodia.

While much has been accomplished since Cambodia's humanitarian mine action began in 1992, enormous efforts remain to meet the ambitious and forward-looking vision of the NMAS 2018-2025. Shared platforms, such as the ASEAN Regional Mine Action Center (ARMAC) Magazine, are fundamental to ensuring a focus remains on the people at the core of the work in mine action, fostering improved programmes of support to persons with disabilities as a result of landmines, and building solidarity across ASEAN. UNDP, and the United Nations globally, remain a strong and committed partner to the RGC's goal of a mine-free Cambodia by 2025, where individuals and communities live in a safe environment conducive to sustainable peace and development, where no one is left behind, where the human rights and the needs of victims are met, and where they are fully integrated as equal members of their societies.

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