

VICTIM ASSISTANCE AMERICAS

STATES PARTIES WITH SIGNIFICANT NUMBERS OF SURVIVORS AND NEEDS

Victim assistance process indicators

State Party	Mine Ban Treaty	All known survivors	Coordination	Plan	Needs assessment
Colombia	1 March 2001	At least 8,065	Mine Action Center (PAICMA) and National Victims' Unit	National Plan for the Comprehensive Reparation and Assistance for Victims, August 2012	Ongoing collection of data, especially on the needs of new victims
El Salvador	1 July 1999	Estimated 4,000	Protection of War Disabled Fund Consultative Group	Protection Fund's Five Year Strategic Plan 2010–2014	Ongoing data collection on the needs of all survivors
Nicaragua	1 May 1999	At least 1,204	None	None	None
Peru	1 March 1999	At least 382	Mine Action Center, CONTRAMINAS	Plan for Equal Opportunities for Persons with Disabilities 2009–2018	2009/2010: All civilian survivors needs assessed

Notes: "State Party" refers to those states that have ratified or acceded to the Mine Ban Treaty. "Mine Ban Treaty" is the date the Mine Ban Treaty entered into force for that state. "All known survivors" is the total number of survivors recorded in Monitor country profiles from when survivors began to be reported in a given country through the end of 2012. "Coordination" is the government coordination mechanism that includes efforts to address the needs of survivors. "Plan" is a national plan that aims to address the needs of survivors, sometimes along with the needs of other vulnerable groups. "Needs assessment" is a process by which states or other actors have determined what assistance survivors and/or a broader group of victims require.

Victim assistance in the Americas since 1999¹

All four States Parties to the Mine Ban Treaty in Latin America with a significant number of mines and explosive remnants of war (ERW) victims (Colombia, El Salvador, Nicaragua, and Peru) were early supporters of the treaty and all had ratified by early 2001. Since entry into force, there has been progress in implementing victim assistance provisions of the treaty and fulfilling states' commitments to mine victims in all four. These countries have also all joined the Convention on the Rights of Persons with Disabilities and taken other steps to promote the rights of persons with disabilities that have also benefited mine survivors.

In El Salvador, Nicaragua, and Peru, nearly all registered survivors have received assistance of some kind and many survivors in Colombia have been reached as well. However, these accomplishments have not been consistent over time and have often been dependent on international assistance, especially in the first five years of treaty implementation. A lessened dependence on international assistance in these countries has occurred as the national economies in all four countries have grown along with national spending on healthcare and other basic services. In all four countries, those survivors who are based in rural areas, the majority of survivors in all of these countries, have struggled to access services and programs centralized in capitals and other major cities.

Dedicated national victim assistance coordination mechanisms functioned sporadically throughout the region with all countries lacking regular national victim assistance planning. In El Salvador and Nicaragua, mine survivors have been involved in disability advocacy efforts, and in El Salvador they have also been involved in governmental bodies coordinating disability issues. Peru's strong disability movement has ensured the involvement of persons with disabilities in national decision-making, but this did not explicitly include mine survivors until 2013. In Colombia, since 2011, assistance to mine/ERW victims has been addressed in a larger framework of reparations and assistance for all armed conflict victims, with mine survivors taking part in this coordination and implementation rather than in the coordination of disability issues.

Through 2013, most survivors in Nicaragua and Peru had received assistance in accessing physical rehabilitation and support in establishing income-generating projects or securing employment. Much of this progress was made with international assistance, particularly through the Organization of American States (OAS), at times with little involvement by national governments. Just since 2009-2010, some shifts have been seen in this area in both countries, with greater investments by the national government in decentralizing services and increasing regional capacity to assist survivors and others with similar needs.

El Salvador has consistently had a national program to assist mine survivors as part of a larger population of war victims and this government program has gradually become sustainable entirely with national funding. Greater national investments and decentralization of programs have increased access to services in rural areas in recent years.

Throughout the reporting period, Colombia has seen some of the greatest disparities in availability and accessibility to services with excellent facilities in major cities but very limited means for survivors in rural areas to reach these services. Programs run mainly by NGOs and international organizations have attempted to bridge the gaps while government efforts to develop sustainable means to refer survivors to services have been limited and slow to take effect.

Gender and age

Efforts to provide gender- and age-sensitive victim assistance have been limited in Latin America since 1999. Compared to victim assistance overall, less awareness has been raised to address specific needs of female survivors and female relatives of people killed and injured by mines/ERW as identified in reporting by states and service providers. However, in both El Salvador and Colombia, laws for veterans and victims of violence and armed conflict have included provisions for assistance to family members of victims, often women who are single heads of households. In 2013, Colombia led an international effort and a parallel effort nationally to develop guidance on age-appropriate services for child and adolescent landmine victims, as it responded to an increase in child victims and saw a growing need for action.

¹ Unless otherwise indicated all information is based on country profiles by the Landmine and Cluster Munition Monitor, www.the-monitor.org.

Availability and access to services

Colombia

Since monitoring began in 1999, mine/ERW survivors in Colombia have faced serious obstacles in accessing emergency medical attention, ongoing medical care, and physical rehabilitation because these services have been available only in major cities while most mine incidents occur in rural and remote areas- as well as in conflict zones. In 1999, social and economic inclusion and psychological support for survivors was virtually nonexistent, even in most major cities, with the exception of two facilities in Bogota which have consistently provided comprehensive rehabilitation services that include psychological support. During the period, another comprehensive rehabilitation center opened in the department of Caqueta while rehabilitation centers in Antioquia and Valle del Cauca improved to include psychological support and vocational rehabilitation.

Throughout the period, a series of laws have outlined the rights of survivors of mines and explosive remnants of war as victims of terrorism or conflict through a process termed the “Route of Attention,” which is the legal framework through which victims can access their rights to compensation, rehabilitation, and other components of assistance by registering as victims and having the cost of assistance paid for or reimbursed through special government funds. However, complicated procedures to register as a mine victim and delayed reimbursements have meant that many survivors could not access the care they needed or had to depend on support from the ICRC and NGOs to facilitate access or pay for services. The National Victims’ Law of 2011 promises comprehensive assistance to all mine survivors as reparations for violations of their rights resulting from ongoing armed conflict. However, as of 2013, most survivors had not felt the impact of this law.

Through the work of national and international NGOs, more than 60 local disabled persons’ organizations (DPOs) and survivor associations have been formed since 1999, gradually increasing opportunities for peer-to-peer support as well as socio-economic inclusion. However, most associations and DPOs have had limited impact due to a lack of capacity and financial support.

Highlighted challenges and recommendations:

- Access to physical rehabilitation and socio-economic inclusion programs for many survivors remains dependent on projects that refer survivors or facilitate their access through transportation or other means or even pay for the services themselves. **Such efforts should be sustained with national resources.**
- Bureaucratic obstacles to and delays in accessing services and other benefits mandated through Colombia’s Victims’ Law (2011) remained a significant problem. **Building on improvements seen in 2013, Colombia should continue to remove these obstacles to access.**
- Many survivors as well as local and regional authorities lack information about survivors’ rights, also preventing survivors from accessing services. **Government and NGO efforts to raise awareness about these rights should be continued and strengthened.**

El Salvador

Since 1999, El Salvador’s Protection Fund for the Injured and Disabled as a Result of the Armed Conflict (Protection Fund) has enabled military and civilian survivors to access a range of services and benefits including medical and rehabilitation services, pensions, subsidies and economic benefits, vocational training and economic inclusion programs. However, services were initially only available in El Salvador’s capital and most, except for medical care, were provided via international organizations. By 2009, nearly all services for survivors and others disabled by armed conflict were conducted through national capacity with national funds, thus ensuring their sustainability following the withdrawal of international donors.

In 2001, Landmine Survivor Network (LSN, later re-named Survivor Corps) initiated the only peer-to-peer support program and one of the only psychological support programs available to mine/ERW survivors. The program was nationalized in 2009 as the Network of Survivors and Persons with Disabilities (Network of Survivors) and has continued to be pivotal in assisting survivors and other persons with disabilities to access services and promote their rights.

Throughout the period, efforts have been made to develop the physical rehabilitation capacity by opening new prosthetics workshops and through the University of Don Bosco School of Prosthetics and Orthotics’ training program. However, progress was slow with survivors only noting modest improvements since 2009.

Starting in 2009, an enhanced political focus on the rights of El Salvador’s war-wounded increased availability of all services provided through the Protection Fund. The availability of programs offering microcredit, peer-to-peer support, and group therapy increased as the Protection Fund expanded coverage throughout the country. This has resulted in more services available to a growing number of mine/ERW survivors and others disabled by armed conflict. All other service providers, including both NGOs and some government-supported providers, have reported static or decreasing budgets to respond to the needs of mine/ERW survivors and other persons with disabilities.

Highlighted challenges and recommendations:

- Psychosocial support is still insufficient to meet demand and peer-to-peer support continues to rely on funding from international donors. **El Salvador should sustain and expand peer-to-peer support programs for survivors and others with similar needs with national funding sources.**
- Only those war victims registered through the Protection Fund are able to access all of the services and benefits provided by the fund. **In order to fulfill commitments to non-discrimination, the availability of services and social welfare programs should be guaranteed for all survivors and other persons with disabilities, including those living in rural areas.**

Nicaragua

Between 2002 and 2013, all registered mine survivors in Nicaragua had received support from the OAS, with international funding, to access physical rehabilitation and/or economic inclusion assistance. In contrast, throughout this period, most other persons with disabilities were unable to access basic medical and rehabilitation services and fewer than half of adults with disabilities earned any income, including a pension.

In 2009, increased government funding to the Ministry of Health expanded the availability of some services for survivors, most especially medical and physical rehabilitation services. Also in 2009, with support from the ICRC Special Fund for the Disabled (SFD), the Ministry of Health established a new rehabilitation center in northern Nicaragua, close to where many survivors are located. In 2012, the ICRC SFD launched an economic inclusion program for persons with disabilities.

Highlighted challenges and recommendations:

- There are insufficient programs offering psychological support and income-generating projects to survivors and others with similar needs since the end of the OAS support for these activities in 2012. **These programs should be sustained with national resources.**
- The cost and scarcity of transportation continue to prevent some survivors from being able to reach the services they need. **Decentralization of some services have improved access for survivors, but these efforts must be expanded and free or affordable transportation to existing facilities must be made available for areas where services are not in place.**

Peru

Since 1999, Peru's medical facilities and the country's main rehabilitation center have been centralized in the capital, while most survivors are based in rural communities. The time and expense of traveling to these services have prevented most survivors and other persons with disabilities from accessing them.

In 2009, the national mine action center, CONTRAMINAS, with international support, launched a program to identify and assist all civilian mine survivors. Through this program, by the end of 2012, a third of all registered survivors had received individualized support to promote their economic inclusion. In 2012, the national rehabilitation institute began a program to decentralize physical rehabilitation services to benefit all persons with disabilities.

Highlighted challenges and recommendations:

- The centralization of programs and services remains the greatest challenge. **Sustainable solutions should be developed that overcome access challenges for survivors and others living in rural areas.**

Survivor inclusion and participation

Colombia

With the start of government coordination of victim assistance in 2002, there has been *ad hoc* participation of survivors in periodic coordination meetings. However, a lack of a consistent and regular coordination mechanism and the limited capacity of the numerous local survivor groups have both been factors in preventing an effective participation of survivors in national decision-making that affects their lives.

Mine/ERW survivor participation in the planning and monitoring of the implementation of the national Victims' Law is required as part of the law itself, alongside the participation of victims of displacement and other categories of conflict victims.

Colombia's National Disability Council, established in 2007, includes the participation of persons with disabilities, although there is little collaboration between associations of survivors and other organizations of persons with disabilities.

El Salvador

In recent years, mine/ERW survivors and their representative organizations have been included in the planning and coordination of the activities of the Protection Fund and were represented on the board of directors of the Protection Fund. El Salvador's Network of Survivors and Persons with Disabilities (Network of Survivors) has been active since 2001 and has effectively mobilized many survivors in local organizations of persons with disabilities.

In 2012–2013, the Network of Survivors participated in a coalition of organizations of persons with disabilities and the National Office in Defense of Human Rights, which prepared the alternative report reviewing El Salvador's implementation of the CRPD between 2008 and 2013. The network's director served as a member of the NGO delegation during the presentation of the report before the Committee on the Rights of Persons with Disabilities in September 2013.

Survivors implement services for survivors and other persons with disabilities in such roles as administrators, prosthetists, and peer-to-peer counselors, as well as in running economic inclusion programs. Survivors and other persons with disabilities are included in and/or have leadership roles in a range of associations of war victims or organizations of persons with disabilities.

Nicaragua

There has been no active victim assistance coordination or coordination around disability issues in Nicaragua in recent years in which survivors could have participated. There are survivors as members of and in leadership roles in associations of war victims and in disabled persons' organizations, including national and regional representation of women with disabilities.

Peru

Survivors have participated sporadically in victim assistance coordination meetings but a lack of regularity of such coordination and a lack of consistent organization among survivors have prevented effective participation. At times the Association of Victims and Survivors of Minefields (AVISCAM) has advocated for increased attention to the needs of victims, but it has been inactive since 2010.

Peru's national disability council includes persons with disabilities and has convened meetings to gather input on disability planning that have included survivors and other persons with disabilities.

Peru's Victim Assistance Focal Point, the Director of the National Disability Council, also a person with a disability, has regularly attended international meetings of States Parties to the Mine Ban Treaty. CONTRAMINAS' Victim Assistance Officer is a mine survivor.

Survivor participation challenges and recommendations in the region:

- While there have been important improvements in the participation of survivors in the region, especially in El Salvador and Colombia, this participation is still not widespread or regular enough. **All four countries of the region should ensure that survivors participate in all forums where decisions are made that affect their lives, including disability councils and national development programs.**
- Many survivor networks or associations lack the capacity to participate effectively in decision-making groups and to speak effectively as representatives of all or many mine/ERW survivors. **This capacity should be strengthened among individual survivor leaders and throughout representative organizations.**

International cooperation and national support

International cooperation, both financial and technical, has contributed to the provision of assistance to mine/ERW survivors in all four countries. In Nicaragua, international funding channeled through the OAS has supported the provision of medical care, physical rehabilitation, vocational training, and support for income-generating projects to more than 1,000 survivors since it was established in 1997. This long-term support, which continued through 2013 (though at reduced levels) enabled the OAS to assist the majority of survivors registered in the country. The OAS also played a key role in Peru until 2011. While OAS support directly improved the lives of thousands of survivors in the two countries, it was not generally accompanied by investments in national infrastructure that could have a lasting impact on the lives of survivors and others with similar needs beyond the closure of these programs.

In 1999, international funding was very important in El Salvador, particularly in improving the quality of physical rehabilitation and expanding its availability. In contrast, by 2013, nearly all victim assistance-related programs were funded entirely through El Salvador's national budget. In Colombia, international support through the OAS and international and national NGOs has been particularly important in filling gaps in and facilitating access to existing government-financed services.

Development and disability indicators

Development indicators have been presented in victim assistance reporting since 2006, when it was found from Landmine Monitor reporting on 24 States Parties, that:

There appears to be a relationship between a country's Human Development Index (HDI) ranking and the provision of emergency and continuing medical care. States Parties with higher HDI rankings tend to have better emergency and continuing medical care, while countries that are underdeveloped continue to struggle to meet the basic needs of the population as a whole, including people with disabilities and, among them, landmine survivors.

ICBL, *Landmine Victim Assistance in 2006: Overview of the Situation in 24 States Parties*, published by Standing Tall on behalf of the ICBL Working Group on Victim Assistance, 3rd Edition, April 2007, p. 12, victimassistance.files.wordpress.com/2014/06/landminevic2006.pdf.

Relevant development indicators for the period of the Mine Ban Treaty Nairobi Action Plan (2005-2009) can be found in country chapters examining progress in victim assistance in 26 States Parties in *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance*, Handicap International (Brussels -September 2009), reliefweb.int/sites/reliefweb.int/files/resources/778DB75940854604492576450012486A-Full_Report.pdf.

State Party	Disability rights		Health expenditure Total % of GDP				Physicians per 1,000 people		
	CRPD	Regional mechanism: Inter-American Convention on The Elimination of All Forms of Discrimination Against Persons With Disabilities	<u>1999 Baseline</u>	2009	2010	2011	2012	2007– 2012	
Colombia	10 May 2011	December 2003	<u>8.7</u>	7	6.8	6.5	6.8	1.5	
El Salvador	14 December 2007	January 2002	<u>8.3</u>	6.8	6.9	6.8	6.7	1.6	
Nicaragua	7 December 2007	July 2002	<u>5.3</u>	7.7	7.6	7.6	8.2	N/A	
Peru	30 January 2008	July 2001	<u>4.9</u>	5.3	4.9	4.7	5.1	1.1	
State Party	ILO 159	Human Development Index Rank 2012	IDHI Value 2012	Health expenditure Per capita (US Dollars) <u>1999, 2009–2012</u>				Out-of- pocket payments as a % of health spending	
Colombia	7 December 1989	91/187	0.519	<u>\$191</u>	\$358	\$418	\$466	\$530	14.8
El Salvador	19 December 1986	107/187	0.499	<u>\$175</u>	\$228	\$238	\$252	\$254	32.4
Nicaragua	No	129/187	0.434	<u>\$51</u>	\$109	\$112	\$124	\$144	39.1
Peru	16 June 1986	77/187	0.561	<u>\$98</u>	\$234	\$257	\$283	\$337	35.7

Notes: "State Party" refers to those states that have ratified or acceded to the Mine Ban Treaty. "CRPD" is the Convention on the Rights of Persons with Disabilities. Statistics on health expenditure as a total percent of the gross domestic product are compiled by the World Bank and are available at: <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>. Physicians per 1,000 people: <http://wdi.worldbank.org/table/2.15>. "ILO 159" is the International Labor Organization's Convention on Vocational Rehabilitation and Employment of Persons with Disabilities (1983) http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:312304. The "IDHI" Inequality-adjusted Human Development Index is a measure of the level of human development of people in a society that accounts for inequality. Lower index numbers and rankings (out of 187) indicate a lower level of human development. It is published by the United Nations Development Programme at: data.undp.org/dataset/Table-3-Inequality-adjusted-Human-Development-Inde/9jnv-7hyp. Health Expenditure per capita in current US\$: <http://data.worldbank.org/indicator/SH.XPD.PCAP/countries>. Out-of-pocket payments as a percentage of health spending: <http://wdi.worldbank.org/table/2.15>.