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Victim assistance in mine action

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Foreword

International standards for humanitarian demining programmes were first proposed by working groups at an international technical conference in Denmark, in July 1996. Criteria were prescribed for all aspects of demining, standards were recommended and a new universal definition of “clearance” was agreed. In late 1996, the principles proposed in Denmark were developed by a UN-led working group and the International Standards for Humanitarian Mine Clearance Operations were developed. A first edition was issued by the UN Mine Action Service (UNMAS) in March 1997.

The scope of these original standards has since been expanded to include the other components of mine action and to reflect changes to operational procedures, practices and norms. The standards were re-developed and renamed as International Mine Action Standards (IMAS) with the first edition produced in October 2001.

The United Nations has a general responsibility for enabling and encouraging the effective management of mine action programmes, including the development and maintenance of standards. UNMAS, therefore, is the office within the United Nations responsible for the development and maintenance of IMAS. IMAS are produced with the assistance of the Geneva International Centre for Humanitarian Demining.

The work of preparing, reviewing and revising IMAS is conducted by technical committees, with the support of international, governmental and non-governmental organizations. The latest version of each standard, together with information on the work of the technical committees, can be found at www.mineactionstandards.org. Individual IMAS are reviewed at least every three years to reflect developing mine action norms and practices and to incorporate changes to international regulations and requirements.

Introduction

Assisting the victims[1] of a particular weapon system, or victim assistance (VA), was first included in the 1997 Anti-Personnel Mine Ban Convention (APMBC)[2]. Subsequently, VA provisions were included in the Convention on Certain Conventional Weapons (CCW)[3] and the Convention on Cluster Munitions (CCM)[4]. Additionally, the 2006 Convention on the Rights of Persons with Disabilities (CRPD) provides an overarching framework for implementing VA in regard to survivors[5]. States that have ratified or acceded to these treaties have the obligation to comply with their specific provisions. VA is regarded as one of the five "complementary groups of activities" or "pillars" of mine action[6].

Meeting the short-, medium- and long-term needs of persons who have been injured by explosive ordnance (EO) and have suffered physical, mental and/or sensory trauma as a result, whilst also addressing affected families and communities, requires a rights based holistic and integrated multi-sector approach. The vast majority of VA, including emergency and ongoing medical care, rehabilitation, psychological and social support, facilitation of access to education social and economic inclusion, and related laws and policies, is managed outside of the mine action sector, although the sector provides important linkages. This support should be delivered according to norms and standards that exist within the health, rehabilitation, disability, education, employment, social protection and development sectors[7]. Because of the multifaceted and complex needs of victims, much of the mine action sector's role includes identification and referral to the appropriate authorities and institutions. VA is a national responsibility towards all people who have been injured, and to those living with a disability or who are especially vulnerable for other relevant reasons.

VA requires a long-term commitment. As such, the ultimate responsibility to provide services for direct and indirect victims (see Clause 3 for definitions) rests with State entities such as ministries responsible for health, social affairs, education, labour, human rights and social protection.

States which are affected by EO contamination are at different stages in developing the various institutions that feed into the multi-sector approach to VA. As such, the mine action sector plays a supportive role through specific VA efforts in assisting the entities responsible as they develop the relevant, long-term national systems, procedures and processes required to support victims in an age, gender and disability-inclusive manner[8].

National mine action authorities (NMAAs), national mine action centres (NMACs) and those who work under their governance need to remain aware of the needs and rights of victims, and the role of their representative organizations. In many cases, efforts made in VA can contribute to other mine action activities and requirements. For example, the collection, analysis and use of accurate sex, age and disability disaggregated data (SADDD) on casualties can help to inform prioritization of non-technical survey (NTS), technical survey (TS), and clearance, as well as coordination and targeting of EO risk education.[9,10]

[1] See definition 3.8.

[2] APMBC, article 6.3.

[3] CCW, Protocol V, article 8.2.

[4] CCM, article 5.

[5] See definition 3.10

[6] IMAS 01.10.

[7] Additional information can be found in CRPD Article 25 (Health), CRPD Article 26 (Rehabilitation), CRPD Article 24 (Education), CRPD Article 27 (Employment), CRPD Article 28 (Social protection), and CRPD Article 32 (Inclusive development).

[8] For examples see CRPD Article 4 (General obligations), Article 6 (Children with disabilities), and Article 7 (Women with disabilities).

[9] 2019 UN IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.

[10] Understanding who was already living with a disability prior to the EO accident facilitates the targeting of EORE, for example.

As more land is released under the mine action programme, it is relevant for the sector's VA response to focus on strengthening the sustainability of national efforts to provide support to victims Yet, a steady and noticeable reduction in the number of new victims remains its primary objective and an important indicator of its success.

Through its direct links with EO-affected communities, the mine action sector, under the governance of the NMAA, is well placed to:

- gather information about victims and their needs and challenges;
- provide information on relevant services; and
- refer them to the government body and/or service provider that is charged with providing the type of support that they require.

Through the lifecycle of a mine action programme, the NMAA and/or NMAC can play a role in understanding, promoting and, where possible, facilitating the ongoing multi-sector efforts, including intersectoral coordination, to address the needs of survivors and indirect victims. In this way, the NMAA can proactively play its part in helping to ensure that survivors' legal right to active inclusion in the development of relevant national legislation and policy decisions is upheld.

This standard aims to provide a broad overview of VA specific efforts as a pillar of mine action and to provide guidance on the specific roles played by mine action actors.

Victim assistance in mine action

1 Scope

Although victim assistance (VA) is the overall responsibility of the government of an EO-affected state, this standard describes the particular roles and responsibilities of the mine action sector in supporting VA.

Specifically, it describes the roles and responsibilities of national mine action authorities (NMAAs) and national mine action centres (NMACs) working in support of relevant government entities charged with coordinating and providing VA to meet the needs and address the rights of victims. It also identifies the roles of mine action operators, as well as the United Nations (UN) and survivor organizations, in support of these efforts.

2 References

A list of normative references is given in Annex A. Normative references are important documents to which reference is made in this standard and which form part of the provisions of this standard. Informative references are given in Annex B and Annex C. Informative references do not form part of the provisions of this standard but do provide information on the broader scope of VA efforts.

3 Terms and definitions

A complete glossary of all the terms, definitions and abbreviations used in the International Mine Action Standards (IMAS) series is given in IMAS 04.10.

In the IMAS series, the words “shall”, “should” and “may” are used to indicate the intended degree of compliance:

- “shall” is used to indicate requirements, methods or specifications that are to be applied in order to conform to the standard;
- “should” is used to indicate the preferred requirements, methods or specifications; and
- “may” is used to indicate a possible method or course of action.

3.1
national mine action authority
NMAA
government entity, often an inter-ministerial committee, in an EO-affected country charged with the responsibility for broad strategic, policy and regulatory decisions related to mine action.

Note 1 to entry: In the absence of an NMAA, it may be necessary and appropriate for the UN, or some other body, to assume some or all of the responsibilities of an NMAA.

3.2
national mine action centre (NMAC)
mine action centre (MAC)
mine action coordination centre (MACC)
organization that, on behalf of the national mine action authority, typically is responsible for planning, coordination, overseeing and, in some cases, implementation of mine action projects

Note 1 to entry: The MAC/MACC acts as the operational arm of the NMAA.

Note 2 to entry: In the absence of a NMAC, it may be necessary and appropriate for the UN, or some other body, to assume some or all of the responsibilities of the NMAC.

3.3
explosive ordnance
EO
EO is interpreted as encompassing mine action's response to the following munitions:

- mines;
- cluster munitions;
- unexploded ordnance;
- abandoned ordnance;
- booby traps;
- other devices (as defined by CCW APII);
- improvised explosive devices

3.4
victim assistance
VA
<mine action> broader and specific efforts to address the needs and rights of victims

3.5
VA specific efforts
<mine action> efforts undertaken by the mine action sector to contribute to facilitating access to VA services

Note 1 to entry: See Clauses 4 and 5.

3.6
VA broader efforts
<mine action> efforts undertaken by sectors other than the mine action sector, including delivery of VA services, data collection, coordination, laws and policies

Note 1 to entry: See Annex B.

3.7
VA services
<mine action> services including:

- emergency and continuing medical care;
- rehabilitation;
- psychological and psycho-social support;
- socio-economic inclusion

Note 1 to entry: See Annex B.

3.8
Victim
<mine action> persons, either collectively or individually, who, as a result of an explosive ordnance accident or the confirmed or suspected presence of explosive ordnance:

- have experienced physical, emotional and/or psychological injury, or economic loss;
- have had their recognition, enjoyment or exercise of human rights on an equal basis with others hindered; or
- have had their full and effective participation in society restricted.

Note 1 to entry: Victims include people killed, injured and/or impaired, their families, and communities affected by EO[11].

3.9
direct victim
casualty
person killed, injured and/or impaired as a result of an accident with EO

Note 1 to entry: "Direct victim" is a subgroup of "victim".

3.10
survivor
direct victim who has been injured and/or impaired, but not killed as a result of an accident with EO

Note 1 to entry: "Survivor" is a subgroup of "direct victim".

Note 2 to entry: The term "survivor" should be used for persons who survived. The term "victim" should be used when referring to the broader groups of victims, in line with applicable legal obligations regarding gross violation of international human rights law, and serious violations of international humanitarian law. However, some people identify more as victims, others as survivors. There is no single term that captures everyone. For further context, refer to Annex C.

3.11
indirect victim
family members of direct victims, as well as individuals and communities affected by EO

Note 1 to entry: "Indirect victim" is a subgroup of "victim".

3.12
EO survivor organization
survivor organization
organization representing and working in the interest of survivors, other persons with disabilities and indirect victims, which includes survivors and/or indirect victims in its structure.

Note 1 to entry: EO survivor organizations are created by and for the benefit of victims and persons with disabilities and often contribute unique experience-based peer-to-peer support and referrals. They may provide other services by which the victims' different needs can be addressed. They generally also provide survivor-led advocacy, awareness raising and community mobilization, and contribute to coordinating VA. It is also possible for survivors to be engaged with organizations of persons with disabilities (OPDs, formerly known as DPOs or disabled person's organizations). These are non-governmental organizations led, directed and governed by persons with disabilities, who should compose a clear majority of their membership. EO survivor organizations and OPDs play a critical role by serving as representative organizations and intermediary bodies between policymakers and persons with disabilities.

3.13
referral
<mine action> delivery of information on available services to victims

3.14
referral mechanism
<mine action> a system for identifying, protecting and assisting people injured by EO, survivors, other persons with disabilities and indirect victims and connecting them to needed victim assistance services (or providing them with "information on available services")

Example: For instance, making a referral to medical care or psychosocial support for an indirect victim expressing need for care.

4 Integrated approach to victim assistance

VA should be implemented and coordinated according to an integrated approach. The dual imperatives of an integrated approach are:

[11] The term "victim" carries legal significance with respect to the APMBC, CCW and CCM.

1) broader efforts through multi-sector and multi-stakeholder engagement by non–mine action actors that reach people who are injured, survivors and people otherwise impacted by EO accidents;

2) specific VA efforts undertaken by the mine action sector:

   - information management[12], including data collection on EO victims and VA services, analysis of disaggregated data and dissemination of aggregated data[13];
   - referral of victims to relevant service providers through the appropriate government body, using existing referral mechanisms, if available;
   - promotion of multi-sector and multi-stakeholder engagement and raising awareness and sharing of information on specific issues related to victims with relevant actors, in an effort to mobilize a multi-sector response; and
   - support of the development of relevant national action plans and related coordination mechanisms including mobilization of resources required to support VA.

The mine action sector has an important role to play through the efforts listed above, most notably by supporting the efforts of governments of affected states to ensure services are available and accessible[14]. As such, the sector's engagement with other non–mine-action actors is necessary to promote the progressive mainstreaming of VA in the health, disability, education, employment, development, human rights, social protection and poverty reduction sectors. This is required until VA is fully integrated into other sectors and as long as the mine action sector is active in a country.

5 Roles and responsibilities

5.1 Affected states

5.1.1 National mine action authority

The NMAA or the organization acting on its behalf should:

1) ensure the availability of existing data on victims and their needs; as required, collect standardized SADDD on victims that takes into consideration national data protection regulations; analyse this data; share it with and transfer it to appropriate state entities and other actors, including service providers, national injury surveillance[15] and disability information systems, for immediate and long-term access to it;

2) communicate government policies, guidelines and systems concerning support to victims;

3) assist non–mine-action governmental entities responsible for various elements of VA, as requested and as possible, in the development of their policies and programmes;

4) compile a directory or a guide of services available to victims in local languages, and ensure it is made available to stakeholders that interact with affected communities;

5) develop national standards that explain the roles and responsibilities of the mine action sector within a state's multi-sector approach to VA;

6) ensure that organizations working within the mine action sector use established referral mechanisms when engaging in VA;

[12] See IMAS 05.10.
[13] Data and analysis should be forwarded to the relevant national body.
[14] Refer to Annex B.
[15] See Technical Note for Mine Action TNMA 12.10/01.

7) participate in existing disability coordination mechanisms and advocate for the active participation of survivors and other persons with disabilities. In the absence of such coordination mechanisms, promote and support the development and implementation of an inter-ministerial multi-stakeholder coordination committee on VA and/or disability to ensure the rights of, and equal opportunities for, victims and persons with disabilities;

8) collaborate with relevant ministries to conduct a needs assessment of survivors and other persons with disabilities to enhance planning and programming, with a particular focus on communities affected by EO;

9) support appropriate national authorities responsible for the implementation of a national action plan that is synchronized with, and forms part of, national legislation, policies and programs related to health and disability;

10) promote community-based planning processes that facilitate the meaningful participation of survivors. Facilitate links between priority-setting processes for land release operations and development actors to provide comprehensive support for survivors and indirect victims among other vulnerable people;

11) monitor the design and delivery of risk education sessions by mine action actors or their implementing partners to ensure they are accessible to survivors and other persons with disabilities;

12) monitor messages on disability inclusion to ensure they are included in risk education, in accessible formats, to promote positive knowledge, attitudes and practices towards persons with disabilities amongst community members;

13) promote inclusive and non-discriminatory hiring practices that provide reasonable accommodation by the mine action sector, including the hiring of survivors, persons with disabilities and indirect victims;

14) support the adoption and implementation of laws addressing the needs and rights of survivors; and

15) where appropriate, refer victims of EO-related gross violations of international human rights, or of serious violations of international humanitarian law, to authorities that can support them to pursue effective remedies against those responsible, including in respect to reparation and accountability.

5.1.2 National mine action centre

The NMAC or the organization action on its behalf should:

1) Identify and refer survivors and indirect victims to services through the provision of accessible information on available services, in coordination with the relevant ministry or authority;

2) communicate information in accessible formats and in line with relevant data protection regulations on survivors, other persons with disabilities and indirect victims to stakeholders involved in rural economic development, and to local authorities, while ensuring that data ethics and protection principles (including confidentiality, provision of information, informed consent and security) are respected, in an effort to facilitate access to services;

3) communicate to the NMAA the locations where emergency medical care should be reinforced based on data generated from the national information management system in EO-affected areas, and communicate the needs of people injured, survivors and indirect victims on the basis of available data to donors, NMAA and actors in the sectors of which VA is part, in order to engage in a broader multi-sector support; and

4) develop and implement community awareness activities on the rights of victims and the rights of persons with disabilities and develop a programme to ensure that victims know their rights and available services.

5.2 Mine action operators

Mine action operators or their implementing partners shall:

1) inform the NMAA of all their VA-specific efforts;

2) collect disaggregated data on the age, sex and disability of victims, in line with relevant data protection regulations. They shall also ensure that relevant data is shared with the appropriate national entity, and that data ethics and protection principles are respected (including confidentiality, provision of information, informed consent and security);

3) collect data on relevant existing services in the area of operations to help develop a directory of services compiled by the relevant government entity;

4) support the dissemination of any directory of services and identify and refer survivors and indirect victims to services through the provision of accessible information on available services, in coordination with the relevant ministry or authority;

5) in coordination with the Ministry of Health or other relevant health authorities, identify and facilitate access to emergency medical transport of people critically injured by EO and other persons with life-threatening injuries to a nearby healthcare facility in the areas where they are operating. If unavailable, mine action operators shall provide such transport; and

6) communicate the locations where emergency medical care should be reinforced based on data generated from the national information management system in EO-affected areas to the NMAA, where it exists. They shall also communicate the needs of people critically injured, survivors and indirect victims based on available data, to donors, NMAA and actors in the sectors of which VA is part in order to engage in a broader multi-sector support;

In addition, mine action operators who receive VA earmarked funding to deliver VA services[16], either themselves or through implementing partners, shall:

7) inform the NMAA and affected communities of all their VA services and available support;

8) ensure that any VA service they undertake comply with relevant national and/or international standards, conventions and relevant health, education or socio-economic policies;

9) ensure that implementing partners are registered with the relevant ministry and/or other governing bodies in charge of verifying that they are competent, and suitably trained, qualified and equipped; and

10) ensure that survivors and their representative entities are consulted, participate and are included in VA services they undertake.

5.3 Survivor organizations and their representative entities

Survivors and other persons with disabilities, and their representative organizations of survivors and other persons with disabilities (including associations and networks), are important actors in VA, particularly through their efforts to:

- guarantee and advocate for participatory principles;
- extend institutional memory of local best practices; and
- ensure that VA is well understood at all levels of mine action.

Organizations of survivors and other persons with disabilities have a unique perspective on their own situation and needs relating to VA.

Survivor organizations should be consulted, through the appropriate national mechanisms, in all aspects of planning, coordination, implementation, monitoring, evaluation and reporting, in particular of activities that affect

[16] See 3.7 for the definition of “VA services”.

their lives. Additionally, survivor organizations engaged in the VA pillar of mine action should conduct coordinated activities cohesive with national strategic mine action developments, as appropriate.

The responsibilities of survivor organizations may include:

1) assessing the needs of network members, disaggregated by sex, age and disability, in order to inform the development of victim assistance or disability national action plan and other policies relevant to the sectors of which VA is part;

2) contributing to the development of relevant national strategic plans in other sectors;

3) enable survivors and other persons with disabilities at the community level to facilitate efforts for their rehabilitation and socio-economic inclusion, on the basis of full participation and agency;

4) conducting peer support and serve as role model for other organizations and institutions;

5) linking and referring victims to VA services;

6) supporting participation of survivors during initial data collection to identify victims, including survival outcomes, type of injuries, age, gender, pre-existing impairment, civilian or military personnel status and specific needs;

7) developing partnerships and networking;

8) collaborating with relevant government sectors, including the mine action offices and actors;

9) representing victims at national and international meetings, conferences and other events relevant to victims;

10) sharing experiences and good practices with other organizations;

11) mapping and compiling detailed profiles of service providers and disseminate to relevant sectors, in coordination with NMAA/NMAC;

12) facilitating EO risk education sessions while raising awareness of the rights of victims at the local community level; and

13) conducting advocacy to promote victims' rights at local and national levels, with the possibility to feed into relevant international advocacy efforts.

5.4 United Nations

Actions taken forward by any entity that is part of the UN system should design its strategies based on the dynamics of each country and within the framework of policies established by states, usually through the NMAA.

The roles and responsibilities of the UN in general, including specific UN agencies, in VA are set out in IMAS 02.10 and the relevant UN Policy on Victim Assistance and UN Mine Action Strategy.

Annex A
(normative)
References

[1] IMAS 01.10, Guide for the application of IMAS

[2] IMAS 02.10, Guide for the establishment of a mine action programme

[3] IMAS 04.10, Glossary of mine action terms, definitions and abbreviations

[4] IMAS 05.10, Information Management for Mine Action

[5] IMAS 10.40, Safety & occupational health - Medical support to demining operations

[6] United Nations Policy on Victim Assistance

[7] Sustainable Development Goals

[8] Convention on the Rights of Persons with Disabilities (CRPD), and its optional Protocol

[9] Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti- Personnel Mines and on their Destruction (APMBC)

[10] Protocol V of the Convention on Certain Conventional Weapons (CCW)

[11] Convention on Cluster Munitions (CCM)

[12] UN Committee on Economic, Social and Cultural Rights, General Comment No. 20, Non- discrimination in economic, social and cultural right

[13] CRPD Committee General Comment on Article 9, Accessibility

[14] Charter on Inclusion of Persons with Disabilities in Humanitarian Action

[15] United Nations Mine Action Strategy

[16] Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

[17] Assistance to Victims of Landmines and Explosive Remnants of War: UNICEF Guidance on Child-focused Victim Assistance

[18] WHO Community-based Rehabilitation Guidelines

[19] ISU APMBC publication (2011) “Assisting Landmine And Other ERW Survivors In The Context Of Disarmament, Disability And Development”

[20] Priority Assistive Products List - The Initiative Improving access to assistive technology for everyone, everywhere – World Health Organization

[21] IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Annex B
(informative)
References

A.1 Elements of victim assistance (detailed)

While VA is part of mine action, it is not a finite endeavour like EO risk education, survey, clearance, and stockpile destruction. It is also part of, and dependent on, broader national policies, plans and legal frameworks related to health, human rights, education, disability, labour, poverty reduction and social protection. As such, implementation of its various elements can only be achieved via a multi-sector approach.

A.2 Data collection

Data collection comprises gathering, analysing and sharing of information to understand, report on and disseminate information through the collection of:

- SADDD on victims, using a variety of tools tested in humanitarian contexts. Among them are the Washington Group Short Set of Questions and the UNICEF–Washington Group Module on Child Functioning, complemented with an additional question that identifies survivors amongst the broader group of persons with disabilities; and

- data on available services to support referral.

While identification and referral are not mentioned in the APMBC, CCM or CCW, related services are important if victims are to access available services. Victims tend to live in rural and remote areas, far from capitals where most services are provided. Many barriers exist, including time and cost to reach services that tend to be based in urban areas, absence of childcare and accommodation, lack of information or physical access, and discriminatory attitudes. Identifying victims where they live and supporting them to access services is a vital step in ensuring increased participation and improved quality of life.

A.3 Emergency and continuing medical care

Emergency and continuing medical care are part of the health sector. It covers first aid, emergency evacuation and medical care, including surgery, blood transfusions, pain management and other health services.

A.4 Rehabilitation

Rehabilitation is part of the health sector, where it comprises:

- the fitting, supply and maintenance of prosthetics and orthotics, and other assistive devices;

- physiotherapy, including training in the use of assistive devices such as prostheses, orthoses, walking aids and wheelchairs; and

- occupational and speech therapy;

A.5 Psychological and psycho-social support

Psychological and psycho-social support is part of the mental health and psycho-social sector. It comprises:

- **psychological support**: Counselling by psychology and psychiatry professionals;
- **psycho-social support**: Activities such as cultural, sport and leisure, whose main aim is to improve psychological well-being; and
- **peer-to-peer support**: Provision of social and emotional support by persons facing similar situations and challenges through one-on-one interactions, or family and social support group.

A.6 Socio-economic inclusion

A.6.1 General

Socio-economic inclusion relates to the education, employment, and social protection sector. This broad term refers encompasses social inclusion, inclusive education and economic inclusion. Economic inclusion comprises paid employment, self-employment and social protection.

A.6.2 Social inclusion

The main components of social inclusion are:

- personalized social support;[17]
- support for healthy relationships and family life: Ensuring persons have positive relationships by changing negative family and community attitudes. It also aims to prevent and address violence against survivors and other persons with disabilities;
- cultural, sports and leisure activities; and
- the dismantlement of stereotyping and attitudinal barriers.

A.6.3 Inclusive education

Inclusive education is part of the education sector. It is a process that increases participation in education and effectively responds to the individual needs of all learners, in a gender sensitive and age-appropriate manner. It also responds to the needs of persons in situations of vulnerability (such as boy and girl survivors and other children with disabilities, as well as those with special education needs). Inclusive education is a right in and of itself, and a way to facilitate the realization of other rights (such as access to health, employment and political participation) with a particular focus on reasonable accommodation and accessibility

Components of education are:

- early childhood care and education;
- primary education;
- secondary and higher education;
- vocational training and apprenticeships;
- non-formal education; and
- lifelong learning.

[17] Personalized social support is the provision of support in an individualized manner to ensure empowerment for increased social participation in community life.

A.6.4 Economic inclusion including social protection

Economic inclusion includes activities that improve the economic status of victims through capacity building, vocational training, access to micro-credit, income generation and employment opportunities, the dismantlement of barriers to inclusive economic participation, social protection and the economic development of the community infrastructure.

A.7 Laws and policies

Legal and policy frameworks integrate a response to the needs of victims to guarantee their rights in line with international human rights law. They aim to ensure the same opportunities in society as those of other people including in health, education, labour, social protection and disability-inclusion.

Principles of victim assistance

Like all other aspects of mine action, VA shall be carried out in accordance with the core humanitarian principles of humanity, neutrality, impartiality, and independence. In addition, the mine action sector has a close connection to vulnerable populations, as well as many inter-linkages with other humanitarian, human rights and development sectors. VA shall be guided by the following additional principles[18].

- **non-discrimination:** VA should not discriminate against or among victims, or between victims and those who have suffered injuries or impairments from other causes. Differences in treatment should only be based on medical, rehabilitative, psychological or socio-economic needs of the victims, including to provide reasonable accommodation. VA should also not discriminate on the basis of other diversity factors such as, disability, gender, identity, age, ethnicity, race, religion, language, socio-economic status, or other aspects of identity.

- **participation and inclusion:** Victims and their representative organizations should be consulted and participate in relevant decision-making processes and their implementation, including in policies and programmes which concern them.

- **accessibility:** Survivors, other persons with disabilities and indirect victims, including persons with disabilities, should have access to the services they require. Where any barriers to access to those services exist, these should be systematically addressed[19]. These barriers can relate to physical, financial, digital, or remote accessibility of services, location, language, legal considerations, as well as age, gender, disability and cultural norms, amongst other factors, which can restrict participation in victim assistance services. Reasonable accommodations should also be provided for those who require them.

- **vulnerability:** The wider environmental and social conditions and risks for survivors, other persons with disabilities and indirect victims,, can exacerbate the negative impacts of EO contamination. In particular, various barriers such as environmental and attitudinal, can put victims and persons with disabilities in situations of financial, social, physical and safety vulnerability, which can create barriers to their full and equal participation. As such, factors that put persons in situations of vulnerability shall be taken into account in relevant policies and programmes.

- **age, gender, disability, and other diversity considerations:** Age, gender, disability and other diverse needs and experiences of victims should be taken into account in the design, planning and implementation of VA-specific efforts. VA services should be adapted to the needs and realities of different groups. In order to support effective programme planning, casualty data (commonly known as victim data) and beneficiary data, should be disaggregated by sex, age and disability.

[18] Some of the principles listed are core human rights principles already imbedded in international human rights system.

[19] Relevant guidance can be found in the CRPD Article 9 and General Comment No. 2 on Accessibility.

- **sustainability and national ownership:** VA is a long-term endeavour. The provision of VA services, the development of related policies and action plans, and the allocation of budgets should be sustained, nationally owned and nationally driven initiatives aimed to support those that have been negatively impacted by EO.

- **rights-based approach:** Assistance to victims is about realizing the human rights of people injured, survivors and indirect victims in accordance with international humanitarian law and international human rights law. They should be entitled to:

  - the highest attainable standard of health, rehabilitation, inclusive education, work and employment;

  - full participation and inclusion in society;

  - adequate standard of living and social protection;

  - where appropriate pursue effective remedies against those responsible for any EO-related gross violations of international human rights, or of [serious] violations of international humanitarian law, they suffered; and

  - non-discrimination.

- **coherence with international humanitarian and human rights law:** When developing their approach to VA, states should consider their obligations under relevant provisions of applicable international law, including obligations of international instruments such as the CRPD, to which they are party. National programmes should implement international obligations, as appropriate.

Annex C
(informative)
Use of the terms “survivor” and “victim”

The terms “survivor” and “victim” are often used interchangeably to describe someone who has experienced some form of violence, abuse or another form of misconduct.

However, in conventions related to mine action, “victim” is defined and is not synonymous with “survivor”. In processes related to mine action conventions and within international or national law, “victim” is used to describe a person who has been subjected to a violation related to EO.

The term “victim” is broad. Victims of EO are individuals who have directly experienced an EO accident, as well as those who were indirectly affected (for example, children who lost a parent or caregiver).

The term “direct victim” refers to a person who has experienced an EO accident, whether or not that person survived.

The term “survivor” is often used to describe a direct victim who has been injured and/or impaired, but who has not been killed as a result of the accident with EO. It may be used as an empowering term. However, some persons identify more as victims, others as survivors. The choice for one or the other term primarily depends on the preference or self-identification of the concerned person. The mine action sector and staff should be respectful of these choices.

The term “survivor” is more commonly used in connection with the healing process of a person who was injured by an EO as it implies agency and resiliency. There is no broad agreement on the use of one term or the other.

A survivor centred-approach and a victim centred-approach are terms used interchangeably to describe approaches in which the survivor’s or victims’ needs, wishes, rights, experiences, strengths, insights and dignity are prioritized in both prevention and response efforts. It is also a language that stresses the humanitarian nature of mine action efforts. This approach applies throughout the process, from initial programme design and implementation, to possible follow up, and EO accident response and investigations.

Most survivors also identify as persons with disabilities, reflecting the definition provided in the Convention on the Rights of Persons with Disabilities. This definition states that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”.

Within a mine action programme, regarding the management of data, it is essential to ensure a consistent approach in order to avoid double-counting or omission. Terms and definitions developed in IMAS should serve as a reference.

Amendment record

Management of IMAS amendments

The IMAS series of standards are subject to formal review on a three-yearly basis. However, this does not preclude amendments being made within these three-year periods for reasons of operational safety and efficiency or for editorial purposes.

As amendments are made to this IMAS they are given a number. The date and general details of the amendment shown in the table below. The amendment is also shown on the cover page of the IMAS by the inclusion under the edition date of the phrase "*incorporating amendment #*."

As the formal reviews of each IMAS are completed, new editions may be issued. In this case, amendments up to the date of the new edition are incorporated into the new edition and the amendment record table cleared. Recording of amendments then starts again until a further review is carried out.

The most recently amended IMAS are posted on the IMAS website at www.mineactionstandards.org.

Number	Date	Amendment details
Am.1	17 Jan 23	– Replaced women, girls, boys, and men with 'persons' throughout the chapter – New definitions: VA specific efforts, VA services, referral, referral mechanism – Modified definitions: victim assistance, victim, direct victim, survivor, indirect victim, EO survivor organisation – Changed header of section 4 to 'Integrated Approach to Victim Assistance' – Added point 15 to section 5.1.1 national mine action authority – Added the optional protocol to the Convention on the Rights of Persons with Disabilities (CRPD) to Annex A (Normative) references – Edits to section A.7: – a) Modified definitions: non-discrimination, accessibility, vulnerability, age, gender, and other diversity considerations, and right based approach. – b) Replaced gender and diversity consideration with age, gender, and other diversity considerations – 10. Added Annex C (Informative) references