Victim Assistance

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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 (UN) 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 UN 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 organisations. The latest version of each standard, together with information on the work of the technical committees, can be found at http://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 a part of a multilateral treaty in the 1997 Anti-Personnel Mine Ban Convention\(^2\). Subsequently, VA provisions were included in the Convention on Certain Conventional Weapons\(^3\) and the Convention on Cluster Munitions\(^4\). Additionally, the 2008 Convention on the Rights of Persons with Disabilities (CRPD) provides an overarching framework for implementing VA in regards to survivors. Those states that have 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\(^5\).

Meeting the short, medium and long-term needs of women, girls, boys and men who have been injured by Explosive Ordnance (EO) and addressing affected families and communities requires an holistic and integrated multi-sector approach. The vast majority of VA, including emergency and on-going medical care, rehabilitation, psychological and social support, facilitation of access to education and economic inclusion, is managed outside of the mine action sector, although the sector has important roles. VA thus needs to be provided in the broader context of humanitarian, development and human rights, including disability-inclusive efforts. This type of support is a national responsibility towards all people injured, and to those living with a disability or who are especially vulnerable for various reasons. This support should be delivered according to norms and standards that exist within, for example, the health, rehabilitation, disability, education, employment, social protection and rural development sectors.

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

Those states which are affected by EO contamination are at different stages in the process of developing the various institutions that feed into the multi-sector approach to VA. As such, the mine action sector can play a supportive role in assisting states as they develop the relevant, long-term national systems, procedures and processes required to support EO victims in an age, gender and disability-inclusive manner.

National Mine Action Authorities (NMAAs) and/or National Mine Action Centres (NMACs) and those who work under their governance need to remain cognisant of the needs and rights of EO victims as they deliver support to other pillars of mine action. In many cases efforts made in VA can contribute to other mine action activities and requirements. The collection, analysis and use of accurate sex, age and disability,\(^6\)\(^7\) disaggregated data (SADDD) on casualties helps inform prioritisation, as well as coordination and targeting of EO Risk Education, Non-Technical Survey (NTS) / Technical Survey (TS) / and Clearance is a good example of this.

While the main focus of the sector’s VA response should be directed towards strengthening the sustainability of national efforts to provide support to existing victims, as more land is released under the mine action programme, a steady and noticeable reduction in the number of EO victims must remain a primary objective of the mine action sector and an important indicator of its success.

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1. See definition in section 3.
2. APMBC, article 6.3.
3. CCW, Protocol V, article 8.2
4. CCM, article 5
5. IMAS 01.10
7. By understanding who was already living with a disability prior to the EO accident, better targeting of EORE is, for example, facilitated.
The mine action sector, under the governance of the NMAA, is well placed, through its direct links with EO-affected communities, to gather information about victims and their needs, to provide information on relevant services and to refer them to the government body that is charged with providing the type of support that they require. The NMAA and/or the NMAC, through the lifecycle of a mine action programme, can play a role in monitoring and facilitating the ongoing, multi-sector efforts to address the needs of victims, and helping ensure the inclusion of EO survivors and indirect victims, and their views in the development of relevant national legislation and policy decisions.

This standard aims to provide a broad overview of VA-related efforts as a pillar of mine action and to provide guidance on the specific role played by mine action stakeholders.
Victim Assistance

1. Scope

Victim Assistance (VA) is the responsibility of the affected state and notwithstanding the overall responsibility of a government to provide assistance to victims, 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 EO victims. It also identifies the roles of mine action operators and donors, as well as the United Nations (UN) and survivor organisations, 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.

3. Terms, definitions and abbreviations

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. This use is consistent with the language used in ISO standards and guidelines:

a) 'Shall' is used to indicate requirements, methods or specifications that are to be applied in order to conform to the standard;
b) 'Should' is used to indicate the preferred requirements, methods or specifications; and
c) 'May' is used to indicate a possible method or course of action.

The term 'National Mine Action Authority (NMAA)' refers to the government entity, often an inter-ministerial committee, in a mine-affected country charged with the responsibility for the regulation, management and coordination of mine action.

Note: In the absence of a NMAA, it may be necessary and appropriate for the UN, or some other recognised international body, to assume some or all of the responsibilities, and fulfil some or all the functions, of a MAC or, less frequently, an NMAA.

The term 'National Mine Action Centre (NMAC)' refers to an organisation that, on behalf of the National Mine Action Authority where it exists, typically is responsible for planning, coordination, overseeing and in some cases implementation of mine action projects. For national mine action programmes, the NMAC usually acts as the operational office of the NMAA.

The term ‘Explosive Ordnance’ (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

The term 'Victim Assistance (VA)' refers to a set of activities addressing the needs and rights of EO victims and comprises data collection, emergency and ongoing medical care, rehabilitation, psycho-social support, socio-economic inclusion and laws and policies.

The term ‘Victim’ refers to persons either individually or collectively who have suffered physical, emotional and psychological injury, economic loss or substantial impairment of their fundamental rights through acts or omissions related to the use of EO. Victims include people injured and killed, their families, and communities affected by EO.

The term ‘Direct Victim’ refers to those people who suffered an accident with EO, also denoted as ‘Casualties.’

The term ‘Indirect Victim’ refers to family members of people injured and killed, as well as people living in areas affected by EO.

The term ‘Survivor’ refers to a woman, girl, boy or man who has suffered injury as a result of an accident caused by EO and survived.

The term ‘Survivor’ should be used in relation to those individual women, girls, boys and men who have been injured and possibly impaired as a result of an accident with EO. However, the term ‘Victim’ continues to be used when referring to the broader groups of victims and to avoid ambiguity with applicable legal obligations given that the term appears in legal instruments.

The term ‘Survivor Organisation’ refers to an organisation representing and working in the interest of survivors, as well as other persons with disabilities and indirect victims, that includes survivors and/or indirect victims in its operational structure. Survivor organisations are created by, and for, the benefit of victims and often contribute unique experience-based peer-to-peer support and referrals, and provide other services, including rehabilitation by which the victims’ different needs can be addressed. They typically also provide survivor-led advocacy, awareness-raising, and community mobilisation, and contribute to coordinating VA.

4. 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, because of its close connection to vulnerable populations and its many inter-linkages with other humanitarian, human rights and development sectors, VA activities shall be guided by the following additional principles:

● non-discrimination: VA efforts should not discriminate against or among EO victims, or between EO survivors 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;
● participation and inclusion: Victims and representative organisations should participate in relevant decision-making processes, including in policies and programmes which concern them;
● accessibility: Victims should have access to the services they require. Where any barriers to the access to those services exist, these should be systematically addressed;\(^\text{8}\)
● vulnerability: The wider environmental and social conditions that may limit the ability of victims and survivors, as well as persons with disabilities, to cope with the impact of EO contamination should be understood. Environmental and attitudinal barriers can put victims and other persons with disabilities in situations of financial, social, physical and safety vulnerability which can create barriers to their full and equal participation. As such,

\(^8\) Relevant guidance on accessibility can be found in the Convention on the Rights of Persons with Disabilities.
factors that put persons in situations of vulnerability must be taken into account in VA programming;

- **gender and diversity consideration**: Age, gender, disability and other diverse needs and experiences of victims should be taken into account in the design and planning of VA efforts. 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, should be disaggregated by sex, age and disability, so as to ensure data on whether a casualty had any type of impairment prior to their accident with an explosive ordnance;

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

- **rights-based approach**: Assistance to victims is about realising 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 standards of health, rehabilitation, inclusive education, work and employment, full participation and inclusion in society and adequate standard of living and social protection; and

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

5. **Elements of victim assistance**

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

Elements of VA include:

- data collection: Understanding the challenges faced;
- emergency and ongoing medical care;
- rehabilitation;
- psychological and psycho-social support;
- socio-economic inclusion (education & skill development, social inclusion, employment and social protection); and
- laws and policies.

Further detailed explanation regarding these elements is provided in Annex B.

6. **The role of the mine action sector in victim assistance**

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

- multi-sector engagement by non-mine action actors that reach people that are injured, survivors and people otherwise impacted by EO accidents;
- specific VA efforts undertaken by the mine action sector:
information management\(^9\), including data collection, analysis of disaggregated data and dissemination of aggregated data\(^{10}\);

- referral of EO victims to relevant service providers through the appropriate government body, using existing referral mechanisms if available;

- promotion and monitoring of multi-sector engagement and sharing of information on specific issues related to victims with relevant actors in an effort to mobilise a multi-sector response; and

- support of the development of relevant national action plans and related coordination mechanisms including mobilisation of resources required to support VA.

The mine action sector has an important role to play through the above-listed efforts, most notably by supporting the efforts of governments of affected states to ensure services are available and accessible. As such, the sector’s engagement with other domains is necessary to promote the progressive mainstreaming of VA in the health, disability, education, employment, development 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 the country.

7. Roles and Responsibilities

7.1 Affected states

Respecting national structures with mandates for mine action in each country, NMAAs and all the NMACs as appropriate may undertake the following.

7.1.1 National Mine Action Authority

The NMAA should:

- ensure availability of existing data on victims and their needs, collect standardised SADDD on EO victims as required that takes into consideration national data protection regulations, analyse this data and share it with appropriate state entities and other actors, including service providers, national injury surveillance\(^{11}\) and disability information systems, for the purpose of long-term access to data;

- communicate government policies, guidelines and systems concerning support to EO victims;

- sensitise non-mine action government entities that are responsible for various elements of VA to victims’ needs and rights, and proactively collaborate with them to integrate VA in their policies and programmes\(^{12}\);

- understand and provide necessary approval for any VA activities undertaken through international support;

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

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

- ensure that organisations working within the mine action sector use established referral mechanisms when engaging in VA;

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\(^9\) See IMAS 05.10.

\(^{10}\) Data and analysis should be forwarded to the relevant national body.

\(^{11}\) See Technical Note 12.10/01

\(^{12}\) For example, on the basis of analysis of the mortality rate of casualties, it can be identified that the provision of emergency medical care needs to be strengthened in certain areas.
h) participate in existing disability coordination mechanisms and advocate for the active participation of EO 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 stemming from EO;

i) 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;

j) lead the development, and support the implementation of a national action plan that is synchronised with and that forms part of health and disability related national legislation, policies and programmes;

k) to the greatest extent possible promote the active, free, informed and ongoing participation of survivors and/or indirect victims in the planning, implementation, monitoring and evaluation of plans, policies and services affecting VA, and support the development and implementation of a programme to strengthen the technical and financial capacity of associations of EO survivors at all levels;

l) promote community-based planning processes that facilitate the meaningful participation of EO 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;

m) 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 people with disabilities;

n) monitor disability-inclusion messages to ensure they are included in risk education to promote positive knowledge, attitudes and practices towards women, girls, boys and men with disabilities amongst community members;

o) promote inclusive hiring practices by the mine action sector, including the hiring of survivors, persons with disabilities and indirect victims;

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

q) monitor or follow up as appropriate the use of disaggregated victim data within relevant ministries, departments and other entities in an effort to mobilise a multi-sector response and resources required to support VA.

7.1.2 National Mine Action Centre

The NMAC should:

a) in coordination with the Ministry of Health or other relevant health authorities, facilitate access to, or provide emergency medical transport of, people injured by EO and other persons with life-threatening injuries to a nearby health care provider, if and when operating in the area;

b) identify survivors and indirect victims for whom lack of information is the main barrier to accessing needed services and provide information on available services on the basis of a directory of services, and in coordination with the relevant ministry or authority;

c) communicate information on survivors, other persons with disabilities and indirect victims to stakeholders involved in rural economic development and to local authorities in an effort to facilitate access to services;

d) communicate locations where emergency case management should be reinforced based on data generated from the casualty information system in explosive ordnance affected areas to the NMAM, where it exists; and
7.2 Mine Action Operators

Mine action operators or their implementing partner undertaking VA on their behalf shall:

a) inform the NMAC and affected communities of all their VA activities and available support;

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

c) ensure that partner VA organisations are registered with the relevant ministry and/or other governing bodies responsible for ensuring that operators are competent, and suitably trained, qualified and equipped;

d) collect age, sex and disability disaggregated data on people killed, critically injured and survivors in line with relevant data protection regulations, and ensure relevant data is shared with the appropriate national entity, while ensuring that data ethics and protection principles (including confidentiality, provision of information, informed consent and security) are respected;

e) support the dissemination of any directory of services to survivors, indirect victims and others with non-life-threatening needs for whom a lack of information is the main barrier to accessing available services;

f) identify and facilitate access to, or if unavailable provide emergency medical transport of, people critically injured by EO and other persons with life-threatening injuries to a nearby health care facility in the areas where they are operating; and

g) communicate needs of people critically injured, survivors and indirect victims on the basis of available data to donors and actors in the sectors of which VA is part in order to engage in a broader multi-sector support.

7.3 Survivor organisations and their representative entities

Survivors and other persons with disabilities and their representative organisations (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. Organisations of survivors and other persons with disabilities are recognised to have a unique perspective on their own situation and needs relating to VA.

Survivor organisations should be consulted, through the appropriate national mechanisms, in all aspects of planning, coordination, implementation, monitoring, evaluation and reporting of activities that affect their lives. Additionally, survivor organisations engaged in the VA pillar of mine action should conduct activities cohesive with national strategic mine action developments as appropriate.

7.4 Donors

Donor states may wish to consider developing their own policies that relate to any support they provide for VA activities.

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13 A person that has not yet been medically stabilized and may still die from their injuries without access to life savings emergency medical services.
7.5 The United Nations

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

For roles and responsibilities of the UN in general and including specific UN agencies in VA, please consult IMAS 02.10 and the relevant UN Policy on Victim Assistance and UN Mine Action Strategy.
Annex A
(Normative)
References

The following normative documents contain provisions, which, through reference in this text, constitute provisions of this part of the standard. For dated references, subsequent amendments to, or revisions of, any of these publications do not apply. However, parties to agreements based on this part of the standard are encouraged to investigate the possibility of applying the most recent editions of the normative documents indicated below. For undated references, the latest edition of the normative document referred to applies. Members of ISO and IEC maintain registers of currently valid ISO or EN.

a) IMAS 01.10 Guide for the application of IMAS
b) IMAS 04.10 Glossary of mine action terms, definitions and abbreviations
c) IMAS 05.10 Information Management for Mine Action
d) IMAS 10.40 Safety & occupational health - Medical support to demining operations
e) United Nations Policy on Victim Assistance
f) Sustainable Development Goals
g) Convention on the Rights of Persons with Disabilities (CRPD)
h) Anti-personnel Mine Ban Convention (APMBC)
j) Convention on Cluster Munitions (CCM)
k) WHO Committee on Economic, Social and Cultural Rights, General Comment No. 20, Non-discrimination in economic, social and cultural right.
l) United Nations Mine Action Strategy
m) Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action
n) Assistance to Victims of Landmines and Explosive Remnants of War: UNICEF Guidance on Child-focused Victim Assistance
o) WHO Community-based Rehabilitation Guidelines
p) ISU APMBC publication (2011) “Assisting Landmine And Other ERW Survivors In The Context Of Disarmament, Disability And Development”
Annex B
(Informative)
Elements of victim assistance (detailed)

B.1 Data collection: Understanding the challenges faced
Gathering, analysing and sharing of information to understand, report on and disseminate information through the collection of:

- SADDD on EO victims using a variety of tools tested in humanitarian contexts, among them, the Washington Group Short Set of Questions and the UNICEF-Washington Group Module on Child Functioning, complemented with an additional question that identifies EO 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 child care 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.

B.2 Emergency and continuing medical care
Emergency and continuing medical care are part of the health sector and include first-aid, emergency evacuation, and medical care including surgery, blood transfusions, pain management and other health services.

B.3 Rehabilitation
Rehabilitation is increasingly part of the health sector and comprises of the fitting, supply and maintenance of prosthetics and orthotics services; physiotherapy including training in the use of assistive devices such as prostheses, orthoses, walking aids and wheelchairs; and occupational and speech therapy.

B.4 Psychological and psycho-social support
Psychological and psycho-social support is part of the mental health and psycho-social sector and comprises of:

- 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 visits or social support groups.

B.5 Socio-economic inclusion
Socio-economic inclusion is part of the education, employment, and social protection sector. This broad term refers to social inclusion, inclusive education and economic inclusion, the latter of which is comprised of waged and self-employment, as well as social protection.
**Social inclusion**
The main components of social inclusion are:
- personalised social support;
- 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; and
- cultural, sports and leisure activities.

**Inclusive education**
Inclusive education is part of the health sector. It is a process that increases participation in education that effectively responds to the individual needs of all learners, including girls, boys and persons in situations of vulnerability (such as boy and girl survivors and other children with disabilities). Inclusive education is a right in and of itself, and a way to facilitate the realisation of other rights (such as access to health, employment and political participation).

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.

**Economic inclusion including social protection**
Economic inclusion includes activities that improve the economic status of victims through vocational training, access to micro-credit, income generation and employment opportunities, social protection and the economic development of the community infrastructure.

**B.6 Laws and policies**
Integration of a response to the needs of victims in the development of legal and policy frameworks to guarantee their rights, with a view to ensuring opportunities in society on an equal basis with others, including those on health, education, labour, social protection and disability-inclusion.