

**The Australian government supported the development of guidance on an integrated approach to victim assistance. Why did the government of Australia consider the development of guidance on this approach important and what lessons has it learned in the process of analyzing its own practices in this regard?**

There are two key factors behind Australia's support for the development of the guidance on an integrated approach to victim assistance.

The first is that we have an enduring commitment to victim assistance as part of our aid program. Australia has for many years placed a high priority on providing assistance to victims of landmines, cluster munitions and other explosive remnants of war, and to supporting the efforts of other states to improve their delivery of victim assistance.

Our commitment to victim assistance has been demonstrated

- through bilateral programs, such as support for victim assistance efforts in Cambodia over the last twenty years, which I will discuss in more detail a little later
- through consistent support for the work of organisations with global programs addressing the needs of persons with disabilities, including victims, such as the ICRC's MoveAbility Foundation and Special Appeal for Disability and Mine Action and Handicap International
- and through our service as Victim Assistance Coordinator for the Convention on Cluster Munitions in 2015 and 2016.

The second factor behind our support for the development of guidance on an integrated approach is that Australia has a disability-inclusive development strategy. *Development for All 2015-2020* is our second disability-inclusive development strategy which aims to strengthen disability inclusion across our aid program, in order to improve the quality of life for *all* people with disabilities in a non-discriminatory manner.

Under this strategy, all significant aid investments must consider the extent to which they have identified and addressed barriers to inclusion and opportunities for participation for people with disabilities, including landmine, cluster munition and ERW survivors, and the extent to which they have actively involved disabled peoples' organisations in planning, implementing and monitoring program development.

Australia views disability-inclusive development as good practice development. It contributes to poverty alleviation and improved economic outcomes, stability and prosperity. To be effective in reducing poverty, international development assistance must actively include and benefit people with disabilities, including landmine, cluster munition and ERW survivors.

In short, putting these two factors together, Australia understands that, in order to meet the needs of landmine, cluster munition and ERW survivors and indirect victims effectively and sustainably, our development assistance needs to support

- specific programs for survivors, which are also accessible to other people with disabilities and
- broader development, human rights, and humanitarian efforts, which address the needs of all persons with disabilities, including survivors.

This dual approach to victim assistance, involving both specific and broader efforts, is referred to as an integrated approach to victim assistance. It is codified in the CCM and reflected in States' commitments in the CCW Protocol V Plan of Action on Victim Assistance, the APMBC Maputo Action Plan, and the CCM Dubrovnik Action Plan.

The two prongs of the integrated approach each carry an imperative rooted in the principle of non-discrimination, which underpins all human rights instruments and is promoted by the CCM and in the frameworks of the APMBC and CCW Protocol V.

- For specific victim assistance efforts, the imperative is to ensure that as long as specific victim assistance efforts are implemented, they act as a catalyst to improve the inclusion and well-being of survivors, other persons with disabilities, indirect victims and other vulnerable groups
- For broader efforts, the imperative is to ensure that these broader human rights, development and humanitarian efforts in landmine, cluster munition and ERW affected countries actually do reach the survivors and indirect victims amongst the beneficiaries, and that they benefit on an equal basis with others.

Australia, together with our fellow CCM Coordinators on Victim Assistance and Cooperation and Assistance in 2015 and 2016 (Chile, Austria and Iraq) identified that a specific challenge has emerged in the implementation of these two prongs of the integrated approach. While there is evidence from state practice that specific victim assistance efforts benefit survivors, indirect victims and other persons with disabilities alike, there is little evidence as to whether survivors and indirect victims are being reached through relevant efforts undertaken within broader frameworks.

This means States should keep working to realize victim assistance obligations through broader efforts, but in the interim, victim assistance-specific efforts, including earmarked funding, should be maintained to ensure victims' needs are met, until evidence is produced to show that survivors and indirect victims benefit on an equal basis with others from broader efforts.

We realised that while both affected and donor states understand the need for an integrated approach in principle, this challenges make its implementation complex and guidance was required.

To this end, with funding provided by the Australian Government and the invaluable assistance of Handicap International (Elke) we conducted a project to collect good practices and national examples that demonstrate that an integrated approach is feasible and how it is being implemented in practice by affected and donor States. The product is the Guidance on an Integrated Approach to Victim Assistance by States for States, which we are proud to have launched at the Mine Ban Convention Meeting of States Parties in Santiago in November last year.

A specific example which demonstrates both Australia's efforts to implement the integrated approach to victim assistance, and where we face difficulties of the sort the Guidance is intended to address, is Australia's support for survivor and broader disability assistance in Cambodia.

Australia began supporting disability-specific initiatives in Cambodia in 1995 and is now the primary donor to the disability sector in Cambodia. Prior to 2007, Australia's support to people with disability was through the Landmine Victim Assistance Fund, established as part of our commitment to assist landmine victims under the Anti-Personnel Mine Ban Convention. Commencing in 2007 we supported a range of specific landmine survivor assistance projects through the Landmine Survivor Assistance Program, administered by the Australian Red Cross.

The Program provided funding to NGOs delivering survivor assistance and helped strengthen the Cambodian Government's capacity to develop and implement a National Action Plan for Persons with Disabilities, including Landmine/ERW Survivors. This plan is an excellent example of a broader effort which integrates the specific victim assistance obligations and thereby provides a response to the particular situation of survivors amongst the broader group of persons with disabilities as well.

In 2009, Australia adopted Development for All 2009-14, our first disability-inclusive development strategy. Consistent with this strategy, we moved to supporting the integration of survivor assistance within a broader humanitarian framework, the Cambodia Initiative for Disability Inclusion (CIDI).

In 2014, this initiative was replaced with a new program, the Disability Rights Initiative Cambodia (DRIC). This program has been administered by the UNDP, WHO, and UNICEF, and have aimed to assist Cambodia to implement its National Plan on disability, enabling it to meet its victim assistance obligations under the Mine Ban Convention, and improving the quality of life for all people with disabilities in Cambodia.

The CIDI and the DRIC demonstrate the implementation of the integrated approach.

On the one hand, they have supported the Government of Cambodia to enhance its capacity to integrate survivor assistance within broader efforts to implement the Convention on the Rights of Persons with Disabilities, support Disabled People's Organisations, strengthen rehabilitation systems and foster inclusive governance and inclusive community development.

In this respect, they are an example of a broader development effort in the context of disability undertaken by Australia in a landmine/ERW affected country being developed, implemented and monitored in such a manner that Mine Ban Convention obligations towards survivors are also being realized.

On the other hand, the CIDI and the DRIC have supported the Government of Cambodia to continue to provide specific survivor assistance support which, consistent with the principle of non-discrimination, is accessible to all persons with disabilities, in the area of physical rehabilitation. The DRIC facilitates ongoing support through Cambodia's Persons with Disabilities Foundation to 11 physical rehabilitation centres, which are primarily (but not exclusively) used by landmine survivors. Disaggregated data on beneficiaries collected through these centres provides a means of ensuring that the rehabilitation services they provide are continuing to reach survivors.

In this respect, the physical rehabilitation centres are an example of a broader development effort in the context of disability undertaken by Australia in a landmine/ERW affected country supporting continued victim assistance specific programs which are also accessible to others with disabilities.

Furthermore, we have effective quantitative data collection mechanisms in place under the DRIC which enable us to determine the numbers of survivors who are receiving support from the Disability People's Organisations, physical rehabilitation centres and community based rehabilitation services supported through the DRIC. So we are able to determine the extent to which support for rights, physical rehabilitation and social inclusion is reaching survivors.

However, there is scope to improve the delivery of this and other program to fully meet the objectives of the integrated approach.

First, although we have good quantitative data which confirms the support provided under the DRIC is reaching survivors, we have limited data by which to measure the actual qualitative impact of the programs on survivors or other groups of people.

Second, we have limited data to determine the quantitative and qualitative impact of our support on indirect victims – survivors' families and communities.

Ensuring effective data collection to measure qualitative impacts and impacts on indirect victims remains a challenge to the integrated approach we, and other donors, continue to grapple with in all our programs.