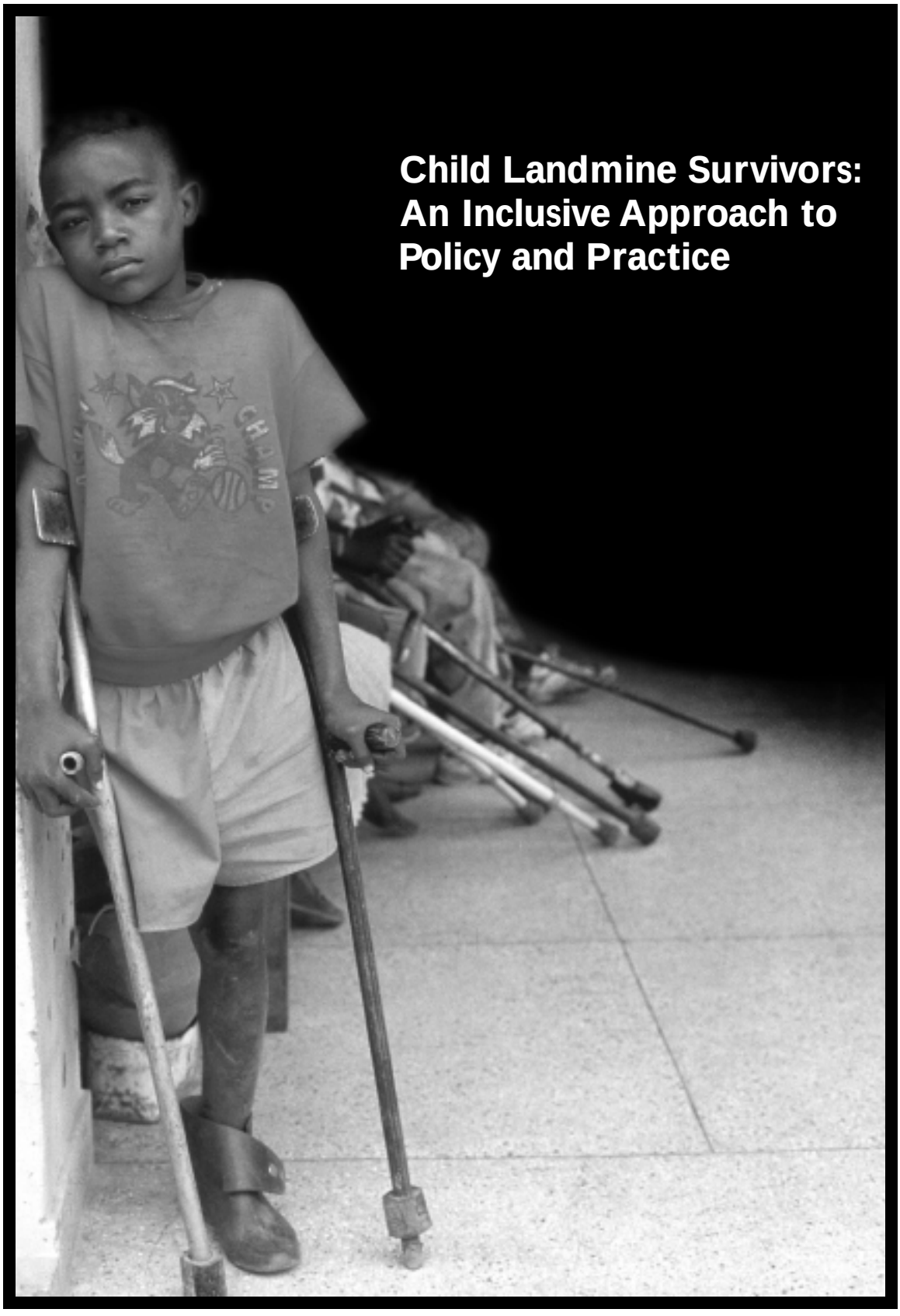

Child Landmine Survivors: An Inclusive Approach to Policy and Practice

Save the Children

Save the Children works for

- a world which respects and values each child;
- a world which listens to children and learns;
- a world where all children have hope and opportunity.

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PREFACE

Save the Children was first established in the United Kingdom in 1917 as a response to the humanitarian catastrophe in the aftermath of the First World War, to insist on the right of all children to receive impartial assistance. Today the International Save the Children Alliance is made up of 26 autonomous Save the Children organizations world-wide. The Alliance aims to promote the rights and address the needs of children, within the framework of the Convention on the Rights of the Child. Members of the Alliance are committed to assisting the most economically and socially vulnerable children and their families.

The Alliance works with local NGO partners, national governments and UN agencies to promote the core principles of the Convention: survival, protection, development and participation, in both policy and program practice.

We hope that this report will be found relevant and helpful by those who fund and develop policies for children injured by landmines.

1 INTRODUCTION

1.1 OVERVIEW OF THE PROBLEM

There is no entirely reliable data available on anti-personnel landmines, either on the extent of their use or on the injuries and deaths they have caused; however, it is estimated that landmines kill or injure 24,000 people a year, or one person every 20 minutes (ICRC, 1999). It is estimated that there are 300,000 land-mine survivors: for example, one in every 415 Angolans has a landmine injury (ICRC, 1999).

Over the last four decades landmines have been laid, randomly but in vast numbers, to terrorize local communities. Most affected have been countries and regions that are predominantly poor and where the political situation is unstable. With 60 to 70 million landmines lying unexploded in the ground (*Hidden Killers*, 1998) and an estimated 250 million stockpiled by more than a hundred nations (Landmines Monitor Report, 1999), the devastation will continue unless there is the political will and the long-term funding to change the situation.

The international community is now addressing the tasks of:

- clearing existing mines quickly to protect communities;
- minimizing the impact on people's daily lives;
- supporting landmine survivors; and
- campaigning to stop new mines being manufactured or laid.

The needs of survivors

The support given to landmine survivors must be delivered through the normal health and social care system of the country concerned. Any assistance from the international community must therefore focus on building sustainable capacity at local levels to enable survivors to achieve genuine socio-economic reintegration.

As we have seen, there is a serious lack of information about landmine survivors. As ICRC stated in 1997, "Accurate collection of data is the first step in addressing an epidemic. This epidemic is no different."

We must first of all recognize that the needs of each survivor are different. Our response will vary according to factors such as the age, disability and nationality of the individual concerned. Hence there are no 'quick fixes' for building an information database: the differences between types of terrain and between urban and rural areas must be taken into account, as must the security factor.

The Ottawa Treaty

The international campaign to ban the production and use of landmines culminated in the Ottawa Treaty of December 1997. One hundred and twenty-two nations signed the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction. National governments acted quickly to ratify the Treaty, and on 1 March 1999 it came into force.

To date, 71 nations have ratified the Ottawa Treaty, which is now binding upon those nations and a part of international law. Parties to the Treaty are required to produce reports to the UN Secretary General on how they are implementing its provisions.

Unfortunately, three out of the five permanent members of the UN Security Council have neither signed nor ratified the Treaty: China, Russia and the USA. They join another 50 or so countries that have failed to do so. However, this does not mean that these countries will not come on board eventually: for example, China has expressed support for "the ultimate objective of a comprehensive prohibition" and the USA has said that it will sign the Treaty in 2006.

Ironically, the very success of the campaign against landmines presents agencies working with child survivors with difficult challenges as well as exceptional opportunities. One of those challenges, which we shall explore in this report, is to avoid the earlier mistake of setting up a vertical, single-issue program focusing on landmine survivors alone. We must harness the concern and the resources generated by the landmines campaign to transform government policies and public attitudes that exclude children with disabilities of any kind from equitable access to social, educational and economic opportunities.

The effects of landmines

There are many ways in which armed conflict can inflict lifelong disability on children:

- They can be injured by small arms fire, shells, machetes and arson.
- The disruption of immunization programs can cause the impairment of sight, hearing or intellectual capacity as a result of preventable childhood illnesses.
- In countries affected by landmines, mine injuries add to the number of children who will require — but are unlikely to receive — specialist or community-based services.

Typical landmine injuries in children include loss of limbs, injuries to the genital area, loss of sight and hearing, as well as psychological shock and emotional distress. Children continually risk encountering landmines as they go about their daily lives, working in fields, herding animals, fetching water, playing or going to school. For example, in Cambodia in 1994 three girls were severely injured by mines when playing volleyball on a playing field. The natural curiosity of children leads them to stray off clear paths and explore their surroundings, often with deadly results.

Most at risk are refugee or displaced children returning home, as they lack knowledge of dangerous local areas and often do not understand that the ordnance or mines left behind by retreating armies can maim or kill. For example, there are currently 37,000 Cambodian refugees in Thailand waiting to return home to the heavily-mined areas of Samlot, Samroung and Anglong Veng.

In children, the loss of a limb causes special problems. The rapid growth of their bones means that prostheses have to be regularly refitted and new amputations may be necessary. Injuries to the genital area and urinary tract often require specialized surgery that may not be available locally.

However, many of the problems facing mine-injured children are similar to those facing all children with disabilities, particularly in countries where health services are damaged, inadequate and under-funded. All these children face the challenge of social reintegration, as well as the psychological problems that can arise from humiliation, rejection, and depression about the loss of life opportunities.

The response to landmines

The menace of landmines will end only when the ban is adhered to by all countries and non-state groups. Urging non-signatories to sign and ratify the treaty, together with demining, minefield marking and raising mine awareness in affected populations, are all essential parts of the solution.

However, in addition to carrying out these long-term preventative measures, we need to meet the immediate needs of those directly affected by landmines. These needs include not only immediate life-saving responses, but also assistance towards long-term medical care and social reintegration. The focus of rehabilitation has traditionally been on the physical aspects of disability, although there is now an increasing emphasis on psychological assistance (Coupland, 1997).

Field experience in countries such as Mozambique underlines the importance of community-based programs with a broad, flexible agenda, where the most important aim is to integrate children into the normal social, cultural and educational life of their peer group. This view is supported by survivors themselves: they want to be considered as productive members of their communities.

In many countries it is essential for agencies to actively combat cultural prejudice against disability; in Cambodia, for example, losing a limb or your life is considered to be your *karma*, the result of wrong behavior in a previous life. The Mines Advisory Group, a British mine clearance charity, is employing survivors to clear landmines. This has proved a very successful way of reintegrating survivors so that they not only have equality with their non-disabled colleagues but also have the economic resources to make independent decisions about their future.

Jerry White, co-founder of Landmine Survivors Network, wrote: "One of the biggest problems in war-ravaged countries is that most mine survivors wish they had died in the minefield. If we are going to save lives, what can we do to make these lives worth living? "

1.2 THIS REPORT

How it was compiled

This report is based on desk research and contributions from experts within the Save the Children Alliance who have extensive experience programming in countries affected by armed conflict and working with children with disabilities.

Information about children killed and injured by landmines is limited, as is material on social reintegration and long-term development. Although we make numerous generalizations, we are well aware that the situation of each survivor is unique. The fate of children who survive landmine accidents will depend upon the country where they live, their location within that country, and whether the incident took place during war or peace. Of crucial importance will be the support, both economic and emotional, that the child's family is able to provide. Other factors, such as gender, age and the child's own perspective on what happened, also have a significant effect on rehabilitation.

Its purpose

This report is written primarily for a non-specialist audience of donors and policy makers. Its intention is to offer guidance on the principles and approaches of work with children and adolescents who survive landmine injuries. Examples are given of programs that put these principles into practice. The need for community-based approaches that build on existing good practice in community-based rehabilitation (CBR) and inclusive education is stressed throughout.

The report also explains why programs to promote the rights and well-being of children affected by landmine injuries must also address the wider problems of discrimination, negative attitudes and poor access to services that afflict all people with disabilities.

Its focus

This report focuses on the importance of supporting the child's overall development — physical, psychological and social — within the family and the community, and of taking both a short-term and a longer-term perspective.

Investing in the reintegration of survivors is essential if children and their families are to remain productive members of society. The report discusses the types of response — ranging from changes of attitude to specific actions — required from the children, their families and communities if full integration is to be achieved.

The first part of the report looks at international legislation affecting child landmine survivors. This is followed by an overview of the key issues that arise when working towards the social reintegration of child landmine survivors. The final section gives recommendations and key elements for further research.

The report has two appendices. The first is a list of organizations involved in landmine survivor assistance; the second is a bibliography of material addressing the psychological, social and economic needs of child landmine survivors.

Afghanistan UNICEF/HQ96-0185/Jeremy Hartley

2 CONTEXT: LEGISLATION AND CURRENT RESPONSE

2.1 INTERNATIONAL LEGISLATION

The most powerful piece of international legislation concerning landmines is the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, signed in December 1997 and otherwise known as the Ottawa Treaty.

Ridda Barmen
Peer education and landmine awareness, Yemen.

The Treaty builds on the provisions of international humanitarian law, as set out in the Convention on Conventional Weapons and Mines Protocol, 1980 (CCW).

At a more general level, the Convention on the Rights of the Child (CRC) provides a set of guiding principles for all work with children and communities affected by landmines. These include the principles of non-discrimination and participation, while considering the best interests of the child.

2.2 THE 1997 LANDMINES CONVENTION

One hundred and twenty-two states signed the Landmines Convention in December 1997. The Treaty, which came into force on 1 May 1999, had been ratified by seventy one states by the end of 1999. This has been a significant victory for the international campaign, which harnessed public outrage at the suffering caused to civilians by the use of anti-personnel landmines; it also successfully challenged the prevailing military orthodoxy concerning the strategic value of landmines.

In addition to prohibiting the production, use, stockpiling and sale or transfer of anti-personnel landmines, the Treaty provides for the destruction of existing weapons. Signatories agreed to support mine clearance, to assess progress in the implementation of the treaty, and to support landmine survivors, including their physical, social and psychological rehabilitation. The preamble of the Ottawa Treaty calls on state parties "to do their utmost in providing assistance for the care and rehabilitation, including the social and economic reintegration, of mine victims."

The Convention therefore provides a powerful framework in international law for the activities discussed in this report. But despite this important breakthrough, significant challenges remain with respect to:

- monitoring compliance with the ban;
- achieving universal compliance; and
- minimizing the harm done to affected populations.

This report is concerned with the last of these three, specifically in minimizing the harm done to children.

To meet this objective, broad and consistent approaches will be needed, shared by agencies working at many different levels and on many different aspects of the problem. To achieve the overall goal of community regeneration and reconstruction, complementary programming — backed by an appropriate level of funding — is needed in these three areas:

- *Demining:* making landmine-affected areas safe for resettlement and cultivation.
- *Landmine awareness and education:* making children and adults aware of the dangers in their immediate environments and of how to respond to landmine incidents.
- *Programs of assistance* for children, families and communities directly affected by landmine injuries.

Implementing the Convention

The first meeting of state parties to the Ottawa Treaty took place in May 1999 and was attended by 108 countries. They agreed to set up five standing committees of experts to focus on: mine clearance; survivor assistance, socio-economic integration and mine awareness; stockpiling and destruction; mine action technologies; and the general status and operation of the treaty.

Many local and international agencies are involved in supporting individuals and communities affected by anti-personnel mines. This work is frequently uncoordinated; indeed, there is sometimes even competition between sectors for the limited funds. A recent UN policy paper, *Mine action and effective co-ordination,* shows that there is at least an awareness of this problem. The policy objectives outlined in the UN paper are:

1. To foster the ability of the UN to respond in a coordinated, timely and effective manner to the needs of mine-affected populations.
2. To foster the ability of the UN to support and build upon the collective efforts of the international community at large.
3. To strengthen the credibility of the UN in terms of transparency, accountability and effectiveness.

At present, however, this is no more than a statement of intent. Implementation will require a concerted effort by parties to the Convention, bilateral and multilateral donors, and other international agencies. Experience in countries that have been heavily mined has shown the need for an integrated approach, based on an assessment of local needs, to create the conditions for social and economic rehabilitation.

2.3 WORKING IN LANDMINE-AFFECTED AREAS

Programs aimed at children who have landmine injuries cannot be fully effective unless they are part of a broader program of demining and economic rehabilitation that takes into account the following concerns.

Demining

Demining must remain a priority for funding agencies. The main challenge is to ensure that the land targeted for clearance is identified according to agreed criteria, on a transparent and equitable basis. The criteria used must be flexible enough to take into account the needs of each affected community. These issues should be of central concern to major donors, such as the World Bank, that are now becoming involved in mine clearance. It is also essential that funding for demining is maintained at current levels at least, and that the funding is long term, sustainable and transparent.

- The Geneva International Center for Humanitarian Demining has been created to fund an institution to support the UN in encouraging international co-operation over humanitarian demining. Seventeen governments involved in mine action are members of its council.
- Between 1992 and 1998 the European Union (EU) spent almost 183 million euros on demining, mine awareness, advocacy, information management, survivor assistance, surveys, detection, training and the destruction of landmines.
- In its report *One Year Later: Is the Ottawa treaty making a difference?,* the Canadian government stated that ten donor countries have started 98 new mine action programs in 25 countries during the last year. However, no details are given on how these programs are being implemented: for example, the USA was to spend about $125 million on mine action in 1999 — $30 million of it on military-to-military support to deminers — but it is unclear how much of this money goes toward clearing mines for the most vulnerable communities.

In all cases, donors should target their funding equitably, not just at the latest "disaster area". The UK's Department for International Development (DfID), for example, has made an extra £5 million available for dealing with the mine problem in Kosovo — a figure that should be compared with the Department's annual global spending of £6.5 million on mines. Although we applaud the DfID's speedy response to the crisis in Kosovo, the sufferings of the population in countries such as Angola or Iraq should not be seen as any less important.

The International Campaign to Ban Landmines (ICBL) has expressed concern over the imbalance between spending on high-technology research and development and spending on the implementation of well-tried, low-technology procedures in the field. It draws attention to the success achieved in clearing heavily-mined areas in countries such as Afghanistan, and argues that, across the globe, most of the worst-affected

areas can be made safe in the foreseeable future. ICBL deplores the negative messages put across by the media, which not only exaggerate the cost of demining (around $250 per mine in Afghanistan, not the widely-quoted $1000) but also the amount of time needed to complete demining programs.

The logic of this argument is that donors should put their money into low-technology approaches that can be implemented by trained local staff, rather than into high-technology solutions promoted by the defense industry. This point is also made in a Newsweek report (March 1999), which shows, for example, that in 1998 the US spent $90 million on research and development, against $25 million on demining; Canada spent $17 million on research and development, against $22 million on demining; while Germany spent $25 million each on demining and research and development.

Landmine awareness and education

Landmine awareness and education cannot stand alone. To be effective, they must be integrated into development and rehabilitation activities across a range of sectors, including education, health care and food security. All mine awareness activities must be adapted to local needs, culture and traditions. Awareness programs should specifically target refugees and displaced persons who are planning to return to a mined country or community.

Although innovative approaches to mine awareness are being developed — for example, using child-to-child techniques, or working with groups of children to produce culturally specific materials — mine awareness should never be viewed as a substitute for mine clearance.

Programs of assistance for children, families and communities

The international campaign to ban landmines has created high levels of public awareness and, as a consequence, significant donor funds. Using these resources effectively, to support the long-term integration of survivors and their families, presents agencies with exceptional challenges. The most fundamental of these is how to transform the policies and attitudes that exclude people with disabilities of any kind from access to social, educational and economic opportunities. Failure to tackle this issue in the past has meant that sympathy for people disabled by war has quickly evaporated, to be replaced by apathy and neglect — as survivors of warfare in Europe, the USA, Cambodia, and Laos can confirm.

Experience in countries such as Mozambique shows that, rather than focusing narrowly on either physical disability or psychological distress, there is an overriding need to integrate children and adults in the normal social, economic, educational and cultural life of their peers.

- In May 1998 the World Health Organization (WHO) endorsed a plan of action for a concerted health response to anti-personnel mines that includes surveillance and information, pre-hospital and hospital care and management, and physical and psychological rehabilitation.
- The ICBL Victim Assistance Working Group is pressing for donor commitment of up to $3 billion over the next ten years to support the social and economic reintegration of mine survivors.
- The Mine Action Bilateral Donor Support report (16 November 1998) shows bilateral support to 35 countries from 16 donor countries and the EU of about $410 million, only around $23 million of which was earmarked for survivor assistance. This was only a snapshot, but it shows that the international community needs to do much more to support programs of survivor assistance.
- The Diana, Princess of Wales Memorial Fund has spent £1 million on programs to support the survivors of landmines.

The international community should:

- promote policy and practice that addresses the rights and needs of all children with disabilities;
- incorporate work with landmine survivors into this broader objective;
- resist 'vertical' programs for landmine survivors; and
- prioritize areas for clearance on the basis of an objective assessment.

Major bilateral and multilateral funders of development — including the World Bank — should be encouraged to invest in demining and the social and economic rehabilitation of landmine-affected areas.

A SCF project in Mozambique, supported by the Diana, Princess of Wales Fund, aims to address these underlying problems. Working with adults and children who are themselves disabled, initial surveys:

- document and analyze the lives of disabled people;
- document their views about how they can contribute to society;
- identify how government policies can contribute more effectively to improving their lives;
- increase public awareness of disability;
- provide training for a group of disabled activists in participatory research methods, strengthening the capacity of key organizations of disabled people; and
- provide a model of planning with disabled people that can be replicated.

The results of this work will be used to plan and implement programs to maximize access to social, cultural and economic life for people with disabilities.

3 STARTING POINTS FOR PLANNING

3.1 THE KEY ISSUES

Two key factors will be the starting points for planning any program for child landmine survivors:

1. *The availability of reliable data.* The data currently accessible to agencies is sparse, unreliable, not always relevant, varies enormously according the country and context, and certainly does not on its own provide the comprehensive picture needed for effective planning (See Rädda Barnen, *Inventory of Documentation about Children with Disability in Armed Conflict and Displacement,* 1997).
2. *The need for an assessment of the overall situation.* The situation of child landmine survivors cannot be considered in isolation from the overall situation of children in a conflict or post-conflict situation, including that of disabled children in general.

The topic of landmines is currently 'fashionable', while disability is not. Yet the impact of landmines on children raises issues that are central to the broader experience of disability. For these reasons, this chapter sets the overall context for developing policy and practice regarding such children. The approach will be holistic, rather than focusing simply on the medical needs of the child.

The chapter will focus on three different themes. An understanding of all three is essential for planning an appropriate response.

- Child survivors of landmines and traumatic injuries in a conflict situation
- Disabled children and young people as a whole in conflict situations
- The overall impact of landmines and disability on children in a conflict situation

3.2 CHILD SURVIVORS OF LANDMINES AND TRAUMATIC INJURY IN CONFLICT SITUATIONS

Who survives?

The vast majority of children do not survive their encounter with a landmine or unexploded ordnance (UXO); one estimate is that 85 per cent of them die before reaching medical assistance (Landmine Survivors Network, 1998). There are several reasons for this:

- children's small bodies cannot withstand the impact;
- the accident often happens far from home and it may be days before the child is found, if at all; and
- the injuries caused are complex, and the appropriate acute care is rarely available (Cambodia Mine Incidents Report, 1998).

Of those who survive the immediate impact, many succumb in the long term, as rehabilitation is frequently unavailable or inadequate. A child's need for long-term medical rehabilitation is often greater than an adult's. Children's bones grow more quickly than their soft tissue, meaning that several re-amputations may be required. Also, children's bodies are more vulnerable to disease, to the effects of a breakdown in public health, and to food insecurity.

In general, children and young people are the section of the population most vulnerable to landmine injury, because they are the most likely to stray, either unwittingly or knowingly, into 'forbidden' areas to play or to return to the family land. Many landmines even look like toys, and attract children with their intriguing shapes. In northern Iraq, Kurdish children were found to be using landmines to construct go-carts (UNICEF, 1994). In many countries, mines have become a normal part of children's lives and do not cause fear.

The proportion of child survivors varies greatly according to the context. In Angola, for example, most of those injured by landmines are women and children. In addition to the fact that children make up more than half the total population, this trend can be explained by cultural factors: women and children are more likely to be carrying out activities, such as herding animals, that increase their risk. In Bosnia-Herzegovina, children represent a smaller percentage of the overall population and hence child survivors make up only 15 to 20 per cent of the total (*Hidden Killers*, 1998); moreover, a larger proportion of them survive because there is better access to acute and long-term care.

Between July 1996 and August 1997, in Sri Lanka Save the Children Fund (UK) reported that:

- 43 children suffered traumatic injury, out of a total of 277 injured;
- 12 of these injuries were due to landmines; the rest were UXO, gunfire, shelling and grenades;
- 20 children were killed — five as a result of landmines — out of a total of 173 deaths;
- 41 per cent of the children injured by landmines died, compared with 31 per cent of the adults.

In Afghanistan in 1997:

- 71 per cent of UXO victims were males under 18;
- 53 per cent of mine victims were males under 18;
- 10 per cent of UXO victims were females under 18;
- 5 per cent of mine victims were females under 18. (see Sellick, 1997)

These statistics show the difference in mobility between boys and girls in the Afghan culture, thus indicating how cultural norms can affect the likelihood of being injured by landmines and UXO.

Survivors, not just victims

The scale of the humanitarian crime against children who die as a result of landmine injuries must never be forgotten. However, the focus of this report is on those who do survive but are still forgotten. Frequently, both the children who die and those who survive are classed together as landmine 'victims', making no distinction between the dead and the living. But despite the enormous obstacles, it is possible for child survivors to lead a full life, and therefore it is unhelpful to label them simply as 'victims'.

Anita: a survivor in Mozambique

Anita, aged ten, and her sister Sandra, aged nine, climbed over a fence into a mined area and Sandra stepped on a mine. A nun working nearby heard the blast and ran to their assistance. She drove them to the central hospital in Maputo. Anita had lost both legs and her injuries initially seemed more serious than Sandra's. However, Sandra died while waiting for a prosthesis to be fitted, probably because she was younger and less strong. The CBS (community-based support) worker helped Anita to learn to walk with her prosthesis, and the aim was for her to return to school. (Miles and Medi, 1994)

- The above is a typical example of how the scope of children's activities is restricted by the presence of mines, and how difficult it can be for the children to adapt to the presence of unseen threats or to assess the risks they are taking. Thus, what is child's play in a peacetime situation may become a matter of life and death in a conflict situation. Survivors frequently feel enormous guilt and shame at having ignored warnings by their parents or knowingly gone into mined areas.
- Without immediate assistance from someone nearby, both children would probably have died. Children are often injured in isolated places where they may not be found for days.

- Rehabilitation is not just about providing a prosthesis and acute care, but also about longer-term training and support, and help with access to education. The Save the Children Alliance-funded Community Based Support Program helped Anita to move towards a full life.

Nicaragua: UNICEF/C-112-4/Jeremy Horner

What challenges do child survivors face?

If survivors are offered assistance, this tends to focus entirely on physical rehabilitation (Coupland, 1997). This is not only a seriously inadequate response, it also diverts attention away from the range of other, equally important support needs that child survivors have. Some of these needs are less technically difficult or costly to address and can do much to improve the child's life.

In general, the challenges faced by child landmine survivors include:

- The need for substantial and often painful medical treatment.
- Adapting to a different body image and identity. The child may have lost limbs, hearing or sight, or may have acquired scars and permanent changes in their physical, mental and emotional functioning. This can be particularly difficult for adolescents.
- Lack of access to the necessary aids for mobility, vision or hearing.
- Access to inappropriate aids, e.g., prosthetics that are painful to use, wheelchairs that suit neither the person nor the terrain, hearing aids that do not fit or that use batteries, which cannot be obtained locally.
- Feelings of guilt and shame for the 'accident' they believe they caused by transgressing boundaries and stepping on the landmine.
- Worries about being a burden on their family.
- Feelings of guilt and grief if other relatives or friends did not survive the same incident.
- Post-traumatic reactions and other signs of psychological disturbance.
- The negative or over-protective behavior of family, friends and community members.
- Dealing with the depression, guilt or grief that other family members may feel about their accident.
- Discriminatory policies and practices — whether intentional or based on sheer ignorance of the problem — that exclude them from education, social activities, vocational training, employment, transport, and even basic access to food, health and welfare.
- Isolation and loneliness if they are not socially included by friends and family.
- Fears about their future prospects for marriage, family, employment and a full life.

Each survivor is unique

In addition, there will be challenges that arise from each survivor's personal characteristics and the particular circumstances in which they find themselves. The following are only some examples that have been noted.

- *Gender.* Girls and women face considerable stigma as landmine survivors. Their rights to education, marriage and a family are frequently denied (Human Rights Watch and World Rehabilitation reports). Boys may feel they cannot perform the essential male roles of providing for a family, marrying and producing children (Handicap International, 1997).
- *Age.* Children, particularly younger ones, are rarely given the opportunity to discuss what is happening to them, or to express their views and their anxieties. Adolescents can have major difficulty in adapting to a new body image and preserving self esteem.
- *Socio-economic status.* Evidence suggests that not only are the poorest sections of society the most vulnerable to landmine injury, but that the impact of landmine injury is also greater on poorer families (Monan, 1996).
- *Type of injury.* Attitudes toward injured children will depend upon the culture they belong to and the type of impairment they have, e.g., hearing or sight loss, changes in learning ability, loss of limb, facial scars, etc.

Other types of conflict-related injury

Our focus on landmine and UXO injury should not be taken to imply that children in conflict situations do not experience a range of other types of injury, including being shot or mutilated. Child soldiers are also particularly vulnerable to injury.

> Savage mutilation was characteristic of Renamo attacks. The cutting off of hands, noses, lips or ears, even of children, was not uncommon. (Miles and Medi, 1994)

> Mahmad, aged 17
> Kandahar province, Afghanistan
>
> I volunteered to fight for Islam and went to Kabul with the Taliban. I was only there for 20 days, my older brother would not let me stay longer. He has already been injured and his hand is now paralysed. (Sellick, 1998)

These kinds of experience have an impact similar to landmine or UXO injury. No matter how a child has become disabled — whether through landmines, conflict-related injury or some other cause — the long-term consequences are similar. The next section considers the situation of these children in general.

3.3 THE SITUATION OF DISABLED CHILDREN AS A WHOLE IN CONFLICT SITUATIONS

During a conflict, the likelihood of children becoming disabled increases dramatically. This is due not only to the risk of traumatic injury, such as landmine explosions, but also to the breakdown of health and education services and to increased poverty and displacement.

A large proportion of these children will die as a result of becoming disabled, after a period ranging from a few hours to a few years. This means that the overall incidence of disabled children in a community at any given time does not necessarily increase. Conventional surveys that focus on the number of disabled children are very misleading (see Miles and Saunders, *The Uses and Abuses of Surveys,* Save the Children Fund). We know that, in any given society, at least 4 per cent of the population will have a moderate to severe impairment. This can rise to over 20 percent in some situations (Helander, 1993). We know enough to start programs; more detailed data should be acquired once some assistance is available.

Increased vulnerability

Conflict increases the vulnerability of those who are already vulnerable. These include children, and particularly the children of poor families. Even more vulnerable are children who are already disabled. They include those with learning disabilities (such as Down's syndrome), cerebral palsy, post-polio paralysis and other mobility impairments, hearing or visual impairments, communication difficulties, epilepsy, and multiple and/or profound impairments. The range and type of impairments will vary locally, but children like this exist in every society. Turning the spotlight on landmine survivors may further marginalize children who are already disabled and those who become so because of displacement, infrastructure breakdown and other consequences of conflict.

While not denying the necessity for orthotics, many agencies focus exclusively on this aspect in conflict zones. This may have the effect of even further marginalizing children with Down's syndrome or cerebral palsy, who find that all physiotherapy and assistive aid production is targeted to those who have lost limbs. It would be very easy for some of these clinics to also become involved in making braces and other types of equipment for children with other types of impairment, but this is rarely the case (Carey, 1998).

The following examples show how children are affected by other conflict-related causes of disability:

> Disability caused by food shortage: Tomas
>
> War and drought in Mozambique had severe consequences for food production and security, and therefore the nutritional status of children. Many people died or became paralyzed through eating, out of desperation, the poisonous, bitter cassava. Tomas's father had died after consuming poisonous mushrooms when starving, and Tomas and his mother became paralyzed after eating cassava. The CBS worker visits and has built parallel bars to enable Tomas to practice walking outside his house. Neighbors help with the tasks of daily living. The CBR worker also intervened to get Tomas back into his local school. Initially his friends had to carry him there, but then a small cart was built. (Miles and Medi, 1994)

Disability caused by lack of health services and displacement: Pedro

Pedro and his family were forced to flee from their province of Zambesia. Pedro, who was then nine, developed tuberculosis, which ultimately led to paralysis. His father left, and his mother, unused to city life, was killed in a traffic accident. One of his sisters had epilepsy and had been sent to live with a relative far away. Pedro went to live with his uncle in Mocuba, where the first CBR training module was taking place. The boy was identified by a CBS worker, who made him a pair of crutches and a walking frame. Pedro was now 14 and, as the eldest of six children, he felt a great sense of responsibility. The CBS worker made plans for his reunification with his family. (Miles and Medi, 1994)

Key issues raised by these examples are:

- In war situations, more than one member of a family may become disabled. This dramatically increases the vulnerability of that family.
- Displacement in particular increases the vulnerability of poor families, who lose their local support networks and familiar coping mechanisms. Families are often forced to split up, which can be particularly disastrous for any disabled members.
- Although Pedro had a severe impairment, he saw his main problem as being his separation from his family and his inability to take on his responsibility as head of the household.
- Without costly specialist medical intervention, the local Community Based Support workers were able to address some of the most urgent needs of these disabled children: access to education, mobility, and family reunification.
- One cornerstone of effective intervention is to be able to build on existing support networks, and to mobilize family, friends and community members to offer support (e.g., by getting other children to improvise transport to take Tomas to school).

3.4 THE IMPACT OF LANDMINES AND DISABILITY ON ALL CHILDREN IN CONFLICT SITUATIONS

The way in which landmines and disability impact on whole families and communities means that many children who are not themselves disabled are still severely affected. The effect of conflict on children in general is substantial, and is well documented in reports such as Graça Machel's *The Impact of Armed Conflict on Children.* At country level, there are reports such as *The Impact of Conflict on Children in Afghanistan* (Sellick, 1997). Here are examples of where this impact relates more directly to disability and landmines:

- Households headed by disabled men or women, and those that contain landmine survivors, are more vulnerable and have greater difficulty in obtaining food (Sellick, 1997; Andersson, Palha da Sousa and Paredes, 1995).
- Children whose parents or elder siblings are disabled may be required to drop out of school and help contribute to the family income.
- Disability sometimes has a more severe impact than death; in Afghanistan, for example, a child's inheritance rights are diminished if, rather than dying, the father becomes disabled (Sellick, 1997).
- If a parent has died or is missing, children — including those who are disabled — may have to shoulder a huge burden of economic responsibility.

The husband and son of an Afghan mother of eight children have been missing for a year. Her only other son, who is 13 years old, has lost his left leg and badly injured the other in a mine accident. The family lives in a wrecked, abandoned house. The woman's landmine survivor son is the only one working, as her daughters are unable to find employment under the Taliban. He weaves carpets and makes 40,000 afs (US$2) a month. (Sellick, 1997)

Said Khan, aged 16
Kandahar Province, Afghanistan

When I was younger, I looked after sheep. For the last three years I have been able to look after my family's 18 camels. I take them to graze in the bushy areas and lead them to water. In the evening I bring them back and hobble them near the tents overnight. In three years I have only lost one camel. My older brother had an accident with a UXO and injured his abdomen. He now is only strong enough to look after sheep. My cousin lost his eye in a mine explosion.

The following issues are raised by these examples:

- In the first example, the fact that this woman's son is a disabled landmine survivor is not the significant issue. Conflict-induced poverty, loss of home, the loss of husband and elder son, and extreme discrimination against women and girls are the factors that cause most distress to this family.
- The child survivor is able to find work in order to support his family, but in the process he is himself exploited.
- In the second example, a child has taken on additional work because of his brother's UXO injury. He is proud of his achievement, yet, while this could not be termed 'exploitation', the child has lost any chance of schooling and is supporting several disabled relatives.

Landmines as vulnerability multipliers
The anti-personnel mine is both a physical and a psychological weapon. Its effects on a community continue well beyond the stage of acute conflict and into peacetime. Landmines decrease a community's ability to absorb and respond to stress, and therefore act as "vulnerability multipliers" (Handicap International, 1997). In mined areas, communities are discouraged from rebuilding important infrastructure and from returning to family property and land. The impact is particularly severe in rural subsistence communities. It is the poorest families who have to take the most risks in order to scratch a living from scarce land; within those families, it is often the children who risk their lives most.

In south-east Asia, families have resorted to the strategy of walking single file and always having the smallest child go first and the breadwinner go last. The reason for that strategy is that the most expendable member of the family gets blown up first. Now how is that for a strategy for coping with landmines? (Holtz, 1999)

The continual threat posed by the presence of landmines undermines a community's ability to cope and to reconstruct their world. Disabled people already face innumerable barriers in society; the existence of landmines is a dangerous but invisible barrier that prevents whole communities, and particularly their most vulnerable members, from living their lives.

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4 PROGRAM APPROACHES BASED ON CHILD RIGHTS AND CHILD DEVELOPMENT

4.1 BASIC PRINCIPLES

The planning and implementation of any community-based program focusing on the needs of children should aim to cover the following issues:

- the fulfillment of children's rights;
- consideration of the child as a developing person, with different needs at different ages, in the cultural and social context.

Consideration of both these issues should evolve from the community's involvement in, and ownership of, the program in all its stages.

In the experience of the Alliance and other agencies, it is possible to develop programs that combine these approaches. Ironically, conflict sometimes provides new opportunities for disabled people as a whole, for the following reasons:

- Disability becomes more visible, because of the number of families affected.
- Disabled war veterans often have more political power than disabled civilians.
- The breakdown of the old exclusive infrastructure opens the way for a new and inclusive infrastructure (see Hastie, 1997, chapter 6, "War as an opportunity for change").
- The severity of need can force governments and other agencies to provide services.

The previous chapter showed how assisting child landmine survivors involves far more than just acute medical relief, and has much in common with assisting any disabled child. Much can be learned from tried and tested approaches to work with disabled children in situations where resources are scarce. Three important and interrelated strategies are:

- Community-based support/rehabilitation
- The promotion of inclusive education
- Support to self-help groups of disabled people, parents and disabled children and young people

4.2 COMMUNITY-BASED SUPPORT

The starting point of any program for child landmine survivors and other disabled children should always be to build the children's own capacity and the capacity of their family and community to support them. In approximately 100 countries, Community-Based Rehabilitation (CBR) is used in work with disabled people in the community. The approach has been promoted by the World Health Organization for almost two decades, and offers a flexible strategy rather than a precise blueprint.

> Community-Based Rehabilitation is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities.
>
> CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, educational, vocational and social services. (ILO, WHO and UNESCO Joint Statement)

The fundamental principle of CBR is to build on existing approaches, structures and resources. The precise nature of the intervention will vary according to circumstances, but the following provides some general principles.

- The whole family needs support, not just the child in isolation. This support should respond to priorities defined by the family (including the child), provided they are also in the best interests of the child.
- Every effort should be made to unlock the resources and support structures that already exist in the community before importing new ones. For example, in a situation where neighbors are already visiting and offering support, introducing a 'professional worker' may make the neighbors feel redundant and cause them to stop providing their much more sustainable kind of support.
- Research in Mozambique found that the most important support for all types of particularly vulnerable children — including disabled children — was their family and the community. The impact of government services was found to be extremely limited.

> A total of 40 different social support mechanisms were identified at family and community level…these included both short and long-term support, material, spiritual and moral support, economic mechanisms and traditional ceremonies…the team found evidence of several cases in which these mechanisms had been weakened or damaged by outside intervention. (Walker, 1999)

- The child and family should be given the opportunity to meet positive role models, i.e., other disabled children, adults and parents, and should be allowed time to talk about their experiences through self-help groups, social clubs, etc. This approach is diametrically opposed to the practice of segregating disabled children for education or other purposes.
- Assistance programs should base support on long-term and short-term goals that address the health, education and social aspects of the child's development.
- Community-based workers should be encouraged to listen to the children and work with them: their personal experience of injury and disability can contribute much to effective rehabilitation and integration (Werner, 1998).
- Time and resources should also focus on "rehabilitating the community" by raising awareness, fighting discrimination and removing environmental and organizational barriers.
- It is also essential to work at the family, community, district and national levels. Community ownership and participation are essential, but so are referral systems and good policies at district and national levels. Communities are all different and different strategies are needed.

In Guyana, the involvement of unpaid volunteers is very successful, as there is a strong sense of social responsibility. In many other projects, however, this approach does not work.

Home visiting is common in many CBR programs, but in Morocco a small neighborhood center, where mothers could meet for mutual support, was felt to be more appropriate. (In Our Own Words, Save the Children Fund, 1995)

During conflicts, there may be several different types of disabled people's organizations (DPOs) in existence, some responding to the needs of war-disabled veterans, others to those of civilians who were already disabled before the war. DPOs frequently focus on adult concerns, rather than the needs and rights of disabled children, but they can be very effective in lobbying to change discriminatory policies and to remove barriers to employment, grants, welfare and rehabilitation. Disabled children will grow up to be disabled adults, and one important role for Alliance agencies is to make links between the agendas of DPOs and the needs of disabled children.

Development of monitoring and evaluation systems is critical to long-term success. This can be a useful capacity-building exercise when developing programs with communities, as it encourages the community to take responsibility for problems and their solution.

Appropriate and inappropriate support

Maria had been shot in the back and was unable to walk. She was 12 when she came with her family to live in Maputo, having fled the atrocities and starvation in Gaza Province. The family lived in a makeshift bairro or squatter settlement on the outskirts of the city. To begin with, the family took Maria to the physiotherapy department of the local hospital, but soon she became too heavy for her mother to carry. Transport was too expensive, so her mother stopped taking her. She had been given an old wheelchair, but it was too heavy to push and too wide to fit through their door. The CBS team began to visit Maria and her mother, and helped with bathing and finding comfortable sitting positions. Plans were made to send her to a local school. Then the peace accord was signed, and Maria and her family returned to Gaza Province, their family home. Maria died soon after of a kidney infection. (Miles and Medi, 1994)

This example offers the following lessons about support:

- The family did not abandon Maria when she became disabled, but brought her with them and did everything they could to help her.
- Institution-based rehabilitation existed, but was not available to Maria and her family because of their poverty.
- The equipment they had been given was useless because it was inappropriate.
- The Community Based Support program was able to offer support to Maria and her family that would meet her physical, social and educational needs.
- The lack of such a program in her home province eventually led to her illness and death.

Poverty and increased vulnerability

As stated earlier, poor families become even more vulnerable if they have a disabled member and live in a landmine-affected area. Programs of reconstruction after conflict must take an inclusive approach to the alleviation of poverty, including female literacy. Disability is too often seen as separate issue from poverty — but poverty exacerbates disability and disability increases poverty.

> Out of five babies born with cerebral palsy at the same time in Mocuba, Mozambique, only one was alive four years later. The mother was literate and the father was a health worker. (Miles and Medi, 1994)

Assisting with the formation of self-help groups for mothers of disabled children — groups which can then focus on income generation — can be an important strategy in responding to the needs of child landmine survivors. Older children, and children whose parents are themselves unable to work, need support with vocational training, further education and finding employment.

In situations where finding work is difficult for everyone, this can be particularly challenging. However, agencies can help by lobbying to ensure that disabled young people are not excluded from training and employment initiatives. Where there is a system for providing grants to single or female-headed households, these should be extended to include disability-vulnerable households.

Psychological support: avoiding Western bias

The question of emotional or psychological support is riddled with potential problems. There is, unfortunately, a voyeuristic appeal about studying psychological trauma in other people that results in many pieces of research which "prove" that children are traumatized by conflict. Too often, this has led to western-style "trauma programs" that have no connection with local cultural norms and hence are inappropriate for the child and community.

Acute distress is completely natural after traumatic injury, and whatever their cultural background, children need comfort and emotional support from those near them. It is also natural for a child or adult who has become disabled to have difficulty adapting to a new identity; this is equally true of losing one's partner or one's home. In every culture, disabled people are an oppressed and marginalized minority. This means that the feelings of frustration, depression and loneliness that are part of the human condition are made worse by the daily experience of oppression and discrimination.

Afghanistan: UNICEF95-0225/Jeremy Hartley

There are two major factors to consider in relation to psychological support:

1. Each culture and community will already have a tradition of coping strategies, sometimes manifested through creative cultural activities, religious rituals, and other traditions. It is important to encourage the maintenance of these coping strategies and the inclusion of disabled children and adults within them. It is often assumed that a disabled child can no longer take part in games, music and religious services, and that their feelings of isolation and depression are a result of their "disability." In fact it is the exclusion that causes the depression. Healing can be encouraged by making sure that disabled children are included, by persuading other children to continue friendships and adapt games, and by building up the self-esteem of the child.
2. It is important to learn from the experience of DPOs and disabled individuals who have empowered themselves. Too often, agencies and the media reinforce the "tragic victim" mentality that many disabled people adopt. But rather than being reminded of what they cannot do, child landmine survivors and other disabled children in conflict situations need support to develop self-esteem and an appreciation of what they *can* do. We must pin the blame for exclusion where it belongs: on society. Children need to be convinced that they can learn, they can go to school and they can get a job. If their local school is not accessible, or will not allow them to attend, the child must be encouraged to join the fight to remove the barriers to their getting an education.

A landmine or other war-related injury certainly has a major psychological impact, but it is wrong to assume that the findings of research into adult survivors in one culture will be true of children in another culture. In Mozambique, traditional healers were found to be very effective in dealing with the psychological effects of war on children. Programs can, however, help families to establish secure routines for the child, and work with the local community to find culturally appropriate approaches, which could include drama, music or art, forms of counselling or ceremonies.

4.3 INCLUSIVE EDUCATION AND VOCATIONAL TRAINING

In addition to the community-based support that will enable them to stay with their family and undergo holistic rehabilitation, the child landmine survivor or disabled child in a war situation needs access to education. Unfortunately, educational systems often break down in wartime, and whole generations of children lose their right to schooling. The important issue for landmine survivors and disabled children is to ensure that they are included in whatever provision exists, and especially in the reconstruction of the education system. The collapse of old systems sometimes offers new opportunities, and it may be easier to promote inclusion when rebuilding a system than to try to change an old, exclusive system. Whenever landmine survivors and their parents have been directly consulted, education emerges as a priority.

> When Save the Children Federation asked the father of a landmine survivor what type of program would benefit his son, he responded, "English lessons, programs with education, computer classes, and classes which train for a job of some kind." (Sellick, 1997)

Again, there is a wealth of available experience of inclusive education in situations where resources are short (the Enabling Education Network has a Web site and newsletter, and specializes in providing such information). Some guiding principles are:

- Work from a rights perspective: the child has a right to education and to attend school with his or her peers.
- The commitment of the whole school, not just an individual teacher, needs to be secured.
- The awareness of other children should be raised (perhaps through child-to-child activities) and the school must not tolerate discriminatory behavior such as verbal abuse or bullying.
- Parents should be involved from the start.
- Teachers need advice and information that will help them to support a child landmine survivor or other disabled child.
- Use creative ideas and local resources to support the child's inclusion.
- Lobby for disabled children's right to continuing education. The media and public opinion continue to reinforce the myth that once children have become disabled, they 'cannot go to school'. Arguably, disabled children need education more than non-disabled children if they are to have access to even the most basic opportunities in life.

Education will only be worthwhile if it is relevant to the child's life and prepares him or her for employment. For older children, vocational training will be more appropriate, but this too should have a clear potential for making them employable — too often disabled people are made to do useless and irrelevant activities that 'keep them occupied' but have no real economic potential (*Towards Inclusion*, Save the Children, 1995, gives comprehensive guidelines on planning and implementing inclusive education programs).

Self-help by survivors and their families

Agencies must be constantly reminded that the survivors and disabled people themselves, as well as their families, are the best resources. When education is a priority, obstacles can be overcome.

> Son Song Hak from Cambodia was injured by a landmine in 1980. "We should help ourselves before we ask others to help us." After his injury, he went back to school and received training in making prosthetic limbs. At the time he was injured, there were no prosthetics available, so he invented and manufactured a knee joint for himself. This, later called the Hak knee prosthetic, was adopted by a French organization for use at the border. (Parker, 1999)

Shalika from Afghanistan lost her hearing at the age of two in a rocket explosion. When her family moved from Kabul to Jalalabad in 1997, she heard of the SERVE hearing impairment project. However, the Taliban had forbidden female teachers or female children to come to the centre. Her father enrolled himself in the course and learned sign language, then taught his daughter at home. This lessened her isolation and helped her to express herself more fluently. (Sellick, 1997)

4.4 HEALTH AND MEDICAL SUPPORT

Acute and specialist care

Acute medical care is undoubtedly a priority, but in practice it is rarely available to children who have been injured by landmines or UXOs. As stated earlier, many of these incidents occur in remote rural areas, and the children are not found until it is too late; even if they do receive medical care, their small bodies are often too damaged to survive for very long.

There is no 'quick fix' for providing acute care in poor countries. The long-term solution is build capacity in the health infrastructure as a whole, training personnel within the country and developing the facilities to produce aids and equipment from local resources. Several aid agencies have imported prosthetics or wheelchairs, but as the case studies above demonstrate, this does not resolve the problem.

Primary health care and rehabilitation

Several of the case studies already presented do demonstrate how more basic primary health care and community-based rehabilitation can actually save a child's life in the long term. It is important to invest in these community support systems, which can provide long-term help for children who have overcome the initial hurdle of survival.

Community-based rehabilitation should ideally be integrated into the health system, and in some countries this has been a successful strategy. At the simplest level, all that is needed is a group of trained volunteers and parents who can carry out basic but essential physiotherapy with the child, and produce basic but effective equipment. David Werner gives numerous examples of how to make prostheses from locally available materials, in consultation with the child or adult themselves (Werner, 1998). Also, Handicap International and Motivation are agencies that specialize in aids and equipment for disabled people, and in training and establishing local workshops.

4.5 INSTITUTIONS AND SEGREGATION

The Convention on the Rights of the Child states that children have the right to live with their parents (article 9), and that parents have a joint responsibility to bring up their children (article 18). Furthermore, children should not be deprived of their liberty (article 37), and all provision should be in the best interests of the child (article 3).

The fact that a child has become disabled is no justification for putting him or her into an institution. Particularly in poor countries, where institutions are under-resourced and staff are inadequate and untrained, children in institutions often suffer the grossest abuse of all their rights. This can range from starvation and sexual abuse to being deprived of choice, privacy or independence. The child's development is curtailed, and future reintegration into society is made extremely difficult. The Alliance should focus its efforts on supporting families and the child's community to care for the child. There are examples, however, where a child really does lose all potential caregivers.

Juma Khan, aged 15
Balkh Province, Afghanistan:

My mother died when I was six months old. My father left for Iran because of the fighting, and from the age of six my grandfather took me in. I lost my leg when a mine exploded, and soon after my father was killed in Iran by an electrical accident. My grandfather continued to look after me until his death, when, as he said, none of my other relatives wanted me. Through the help of the international agency SERVE, I was found a place in the marastoon (institution for orphans). (Sellick, 1997)

Foster care should be explored as an alternative. However, if a disabled child is genuinely without family and the only option is hand him or her over to the care of the state or an NGO, then the child should be placed in a home or orphanage which is integrated, that is, containing both disabled and non-disabled children. There is no need for separate children's homes for disabled children.

Within institutions, there is also a continuum of types of provision, ranging from the totally unacceptable and abusive to care that is wholly appropriate. Examples of the latter might include:

- integrated boarding facilities for children who live too far from the school.
- respite care (temporary care for a few weeks per year, or occasional short periods) in situations where the child in question needs a lot of support. The aim is to give the caregivers a break, but the best interests of the child must also be protected.
- for orphans, small, integrated group homes with strong links into the community can be appropriate.
- older disabled children may choose to live together — they may need some support, but they should be able to manage this support and make key decisions.

All types of residential care should involve disabled children and adults in decision-making, and older children and adults should also be involved in the management.

A clear distinction should be made between approaches that segregate disabled children or landmine survivors, and those that enable them to mix with their peers for mutual support and self-help. The characteristics of an inclusive approach would be:

- children themselves want to meet others who have had similar experiences.
- children need access to positive adult and child role models who are overcoming the social barriers that exclude them.
- the overall aim of such an approach would be to develop a positive self image and to promote inclusion.

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5 GUIDING PRINCIPLES AND RECOMMENDATIONS FOR FUTURE ACTION

The short and long term interests of disabled people are inseparable from the interests of all people…without a disability analysis, [any program in a conflict or post-conflict situation] should perhaps consider whether it can legitimately claim to work in a rights-based, consultative, participatory manner, because its programs may not only exclude disabled women, men and children, but may actively reinforce their disadvantage and marginalization in society (Hastie, 1997).

5.1 GUIDING PRINCIPLES

- Programs should be comprehensive: they should aim to respond to the needs not only of landmine survivors, but also of other disabled children, and of children indirectly affected by landmines and disability. These children are all extremely vulnerable, and their needs — and the solutions to them — are all very similar. An exclusive focus on one type of child will further marginalize other vulnerable children.
- Programs should focus on the totality of the child's needs: basic survival, social, educational, psychological and vocational, as well as medical and rehabilitation needs. The needs of a child landmine survivor and a disabled child are first and foremost the same as any other child's: food, shelter, family, security.
- Programs should be integrated and promote inclusion. Parallel services for disabled children, or segregated care or provision, should not be established; rather, programs that seek to include disabled children should link into existing health, education and welfare infrastructures.
- Programs should give children access to positive role models, including other disabled children or disabled adults.
- The formation of self-help groups and peer groups should be encouraged and supported.
- Community-based support and rehabilitation should be introduced, involving the children themselves, their parents and disabled people's organizations.

- Inclusive education and vocational training should be given priority.
- Programs should work with specialist agencies to build capacity in the health system and to promote the training of local personnel and the local production of aids and equipment.
- Support should continue to be given to programs that educate children about the danger of landmines.
- Agencies should aim to influence the media and raise public awareness regarding the rights and abilities of child landmine survivors. Negative attitudes and stereotyping should be opposed.
- At district and national levels, the policy and institutional barriers that exclude disabled children and landmine survivors, and deny them their rights, should be challenged.
- Agencies should also aim to influence international policy and practice on landmine use. Objectives should include preventing the production and laying of landmines, and increasing international efforts to clear mined areas.
- Programs should be monitored by the community and properly evaluated, with active participation by all involved, particularly disabled children and adults and their families.

5.2 FUTURE RECOMMENDATIONS

Research linked to programs

All research should be integral to programs, should directly involve disabled children and adults, and should aim to improve the impact and quality of programs, leading to direct benefits for disabled children and landmine survivors.

In particular, the following situations need to be researched and documented so that agencies can provide appropriate support:

- child landmine survivors and disabled children in refugee and displaced situations;
- effective approaches to community-based rehabilitation in conflict, post-conflict and refugee situations; and
- effective practices in relation to landmine survivors and disabled children in a range of contexts.

The personal testimonies of disabled children, child landmine survivors and their relatives from a range of cultures and contexts need to be heard. Too often, if they are asked for their opinions at all, the focus is on the landmine injury, not on their needs and priorities for their lives. However, this must be done in a manner that considers the survivors own well-being.

> Data collection that involves interviews with survivors must be handled sensitively so as not to heighten trauma, raise expectations or exhaust communities repeatedly interviewed by any number of organizations. The collection of information must translate quickly into humanitarian action and serve the purpose of improving services for mine victims to integrate socially and economically in their communities. (Landmine Survivors Network, 1998)

Innovative programs and strategies to support disabled children during conflicts

The main justification for this report is that child landmine survivors and disabled children in conflict situations are grossly neglected by most interventions offering support to communities in conflict. Disabled people, whether they have been disabled since birth or have become disabled as a direct result of the conflict, are full citizens and have the same rights and needs as others. Children, disabled children, and particularly disabled girl children, are the most powerless and excluded in such situations. They need advocates, their families need support and encouragement, and the Alliance has a clear mandate to promote their rights and address their needs.

Some effective interventions already exist, a few examples of which have been given in this report. But many more pioneering approaches need to be developed on the ground. Not 'vertical' programs, which will single out these children and prove to be ultimately unsustainable, but approaches that seek to include them in humanitarian programs and ensure that they have access to food, basic health care, education, social integration and the support they need to lead active lives.

CONCLUSION

This report has shown the need to incorporate a child rights and child development perspective into all programming for children affected by landmines. It has demonstrated the importance of promoting the protection of children in their own communities during conflict, and the possibilities that exist for improving the social and economic integration of all children with disabilities. Inclusive education, family and community-based alternatives to institutional care, and poverty alleviation programs are all essential elements in the development of programs that respond to the needs of landmine survivors and the wider group of disabled children and children affected by disability and landmines.

Advocacy and dissemination of program experience

Although there are examples of innovative and successful programming in this area, little of it has been well documented. Similarly, evaluation and research are rarely given priority. This means that opportunities for analysis, advocacy and the sharing of experience are limited. By providing a clear rationale and conceptual basis for the integrated approach proposed in this report, we hope that, in the future, lessons learned directly from children, their families and their communities will be given more serious attention. There is a pressing need to provide documentation that can inform the policy and programming of governments, donors and NGOs.

The ultimate goal of this action-based research, programming and advocacy is to prevent the current gross abuse of children's rights in conflict situations, and promote their survival, development, protection and participation in the reconstruction of their societies.

Pristina: UNICEF/HQ99-0717/Roger Lemoyne

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Helander, E., *Prejudice and Dignity*, New York: United Nations Development Programme, 1993.

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APPENDIX I:
ORGANIZATIONS INVOLVED WITH CHILD LANDMINE SURVIVORS

This list is a sampling of organizations working with child landmine survivors. It is not intended to be comprehensive and is provided here as a resource for people and organizations interested in the kind of programs outlined in this paper.

Adventist Development and Relief Agency International (ADRA)
12501 Old Columbia Pike
Silver Spring, MD 20904
USA
Phone: 301-680-6380
Fax: 301-680-6370
E-mail:
74617.1365@compuserve.com
Web site: http://www.interaction.org/mb/adra.html

American Friends Service Committee (AFSC)
Dave Elder
1501 Cherry Street
Philadelphia, Pennsylvania 19102
USA
Tel: 215-241-7000
Fax: 215-241-7275
E-mail: afscinfo@afsc.org
Web site: http://www.afsc.org

American Red Cross
2025 East Street, NW
Washington, DC 20006
USA
Tel: 202-728-6633
Fax: 202-728-6404

Cambodia Trust
The Rookery
Adderbury, Banbury
Oxfordshire OX17 3NA
UK
Tel: (44) 1295 810993
Fax: (44) 1993 813244
E-mail: camtrust@atlas.co.uk

Cambodian School for Prosthetics and Orthotics
Calmette Hospital
Monivong Boulevard, PO Box 122
Phnom Penh, Cambodia
Tel/fax: 855 23 368241
E-mail: campos@forum.org.kh

CARE
151 Ellis Street, Northeast
Atlanta, Georgia 30303-2439
USA
Tel: 800-521-CARE
Fax: 404-577-6271
E-mail: infor@care.org
Web site: http://www.care.org

Catholic Relief Services
209 West Fayette Street
Baltimore, MD 21201-3443
USA
Tel: 410-625-2220
Fax: 410-685-1635
E-mail: crs@catholicrelief.org
Web site: http://www.catholicrelief-crs.org

Centers for Disease Control and Prevention
National Center for Environmental Health
4770 Buford Highway NE (MS F48)
Atlanta, Georgia 30341-3717
USA
Tel: 770-488-3522
Fax: 770-488-7829
E-mail: muql@cdc.gov

Christian Children's Fund
2821 Emerywood Parkway
PO Box 26484
Richmond, VA 23261-6484
USA
Tel: 804-756-2700
Fax: 804-756-2718
E-mail: sheph@ccfusa.org

Washington Liaison
1717 Massachusetts Avenue, NW
Suite 601
Washington, DC 20036
USA
Tel: 202-462-2161
Fax: 202-462-0601
E-mail: ccfwash@ccfusa.org

CCF Europe
PO Box 2100
150 route de Ferney
CH 1211 Geneva 2
Switzerland
Tel: (41-22) 788-9077
Fax: (41-22) 788-9083
E-mail: ccf@cortex.ch
Web site:
http://www.interaction.org/mb/ccf.html

Committee for Women, Children and Marginalized Groups
55 Herbert Chitepo Ave.,
Belvedere
P.O. Box 3951, Harare
Zimbabwe
Tel: 263-4-738609
Fax: 263-4-755828
E-mail: vinghamthorpe@healthnet.zw

Concern
248-250 Lavender Hill
London SW11 1LJ
UK
Tel: 171-738-1033
Fax: 171-738-1032
E-mail: concernl.london@btinternet.com

The Consortium
RR #2, Box 758
Putney, VT 05346
USA
Tel/fax: 802-254-8611

Department of Rehabilitation
Institute of Medical Technology
Bab Al-Muathem
PO Box 603, Baghdad
Iraq

Department of Peacekeeping Operations
United Nations, Room DC1-1550
New York, NY 10017
USA
Tel: 212-963-2780
Fax: 212-963-1040

Department of Rehabilitation
Ministry of Health and Child Welfare
PO Box 8204
Causeway, Harare
Zimbabwe
Tel: 263-4-730011/9 (ext. 334)
Fax: 263-4-792-154/793 634

Disabled Peoples' International
101 7 Evergreen Place
Winnipeg, Manitoba
Canada R3L 2T3
Tel: 204-287-8010
Tax: 204-284-2598
E-mail: dpi@dpi.org
Web site:
http://www.escape.ca/~dpi

Emergency
Via Bagutta, 12
20121 Milano
Italy
Tel: 39 02 76 001 104
Tel: 39 02 76 001 093
Fax: 39 02 76 003 719
E-mail: alias@emergency.it

Emergency Response Division
United Nations Development Program
One United Nations Plaza
New York, NY 10017
USA
Tel: 212-326-7068
Fax: 212-906-5379

Finnish Red Cross Orthopedic Service
Pihlajistonkuja 3, FIN-00710
Helsinki
Finland
Tel: 358 9 3508 8390
Fax: 358 9 372 514
E-mail: pekka.ala.jaakkola@sprproteesipalvelu.fi

Hamd International
Top Floor
23 Pembridge Street
London W2 4DR
UK
Tel: 171-229-7447

Handicap International
ERAC
14 avenue Berthelot
69361 Lyon Cedex 07
France
Tel (33) 4 78.69.79.79
Fax: (33) 4 78.69.79.94
E-mail:
101511.625@compuserve.com
Web site: http://www.handicap-international.org

Health Volunteers Overseas
c/o Washington Station
PO Box 65157
Washington, DC 20035-5157
USA
Tel: 202-296-0928
Fax: 202-296-8018

Heather Mills Trust
6E Gloucester Avenue
London NW1 8JD
UK
Tel: 171-483-3803
Fax: 171-483-3521

HOPE
c/o Japanese Academy of Prosthetists and Orthotists
National Rehabilitation Center for Disabled
4-1 Namiki Tokorozawa-shi
Saitama-ken,
Japan 359
Tel: 81 429 95 3100 ext.: 2658
Fax: 81 429 92 6260

Institute of Orthopedic and Rehabilitation Sciences
Ministry of Labour, Invalids and Social Affairs
2 Dinh Le St
Hanoi
Vietnam
Tel: 844 8 26 9554/24 6669

Institute of Prosthetic and Orthotic Sciences (PETCOT)
PO Box 751
Peshawar
NWFP
Pakistan
Tel: 92 521 817 178
Fax: 92 521 817 179

Interbor
International Association of Orthotics and Prosthetics
Oerdijk 71a
7433 AM Schlakhaar
Netherlands
Tel: 31 570 630 234
Fax: 31 570 620 405

International Committee of the Red Cross (ICRC)
19 avenue de la Paix
1202 Geneva
Switzerland
Tel: (41) 22 734 60 01
Fax: (41) 22 730 28 99
Web site: http://www.icrc.org

International Medical Corps
12233 West Olympic Boulevard, Suite 280
Los Angeles, CA 90064-1052
USA
Tel: 310-826-7800
Fax: 310-442-6622
E-mail: imc@imc-la.com
Web site: http://www.imc-la.com

International Rescue Committee
122 East 42nd Street
12th Floor
New York, NY 10168-1289
USA
Tel: 212-551-3000
Fax: 212-551-3184
E-mail: irc@intrescom.org
Web site: http://www.intrescom.org

ISRI (Instituto Salvadoreno Rehabilitacion de Invalides/ Salvadoran Institute for the Rehabilitation of Disabled Persons)
Colonia Costa Rica
Avenida Irazu, Apto P 1611
San Salvador
El Salvador
Tel: 503-270-1177
Tel/fax: 503 70 79 22

Jaipur Limb Campaign
7th Floor, Windsor House
83 Kingsway
London WC2B 6SD
UK
Tel: 171 404 27 55
Fax: 171 242 0503

Jesuit Refugee Services
1616 P Street NW, Suite 400
Washington, DC 20036-1405
USA
Tel: 202-462-0400, 202-462-5200
Fax: 202-328-9212
E-mail: jesuitusa@igc.apc.org
Web site: http://www.jesuit.org/jrs

Landmine Survivors Network
700 13th Street, Northwest, Suite 950
Washington, DC 20005
USA
Tel: 202-661-3537
Fax: 202-661-3529
E-mail: lsn@landminesurvivors.org
Web site:
http://www.landminesurvivors.org

Limb Fitting Centre
Ministry of Health
PO Box M44
Accra
Ghana

Lutheran World Relief
390 Park Avenue South
New York, NY 10016
USA
Tel: 212-532-6350
Fax: 212-213-6081

The Marshall Legacy Institute
1000 North Payne Street, Suite 200
Alexandria, Virginia 22202
USA
Tel: 703-836-4747
Fax: 703-548-9658
E-mail: THEMLI@aol.com

Maryknoll Fathers and Brothers
PO Box 29132
Washington, DC 20017
USA
Tel: 202-832-1780
Fax: 202-832-5195

Maryknoll Cambodia
PO Box 632
Phnom Penh
Cambodia
Tel: 855-23-211-732
Fax: 855-23-211-731

Medécins du Monde
375 West Broadway, 4th floor
New York, NY 10012
USA
Tel: 212-226-9890
Fax: 212-226-7026
E-mail: dow@igc.apc.org
Web site:
http://www.interaction.org/mb/dow.html

Medécins sans Frontiares
11 East 26th Street, Suite 1904
New York, NY 10010
USA
Tel: 212-679-6800
Fax: 212-679-7016
E-mail: dwb@newyork.msf.org
Web site: http://www.dwb.org

Medical and Scientific Aid for Vietnam, Laos and Cambodia
49 Baginton Road
Coventry CV3 6JX
UK
Tel/fax: 1203 414 512

Medico International
Obermainanlage 7
60314 Frankfurt am Main
Germany
Tel: (49) 69 944380
Fax: (49) 69 436002
E-mail: medico_international@tonline.de
Web site: http://home.tonline.de/home/medico.de

Mercy Corps International
3030 SW First Ave
Portland, OR 97301
USA
Tel: 503-796-6800
Fax: 503-796-6844
E-mail: programs@mercycorps.org

Mercy Ships
PO Box 2020
Lindale, Texas 75771
USA
Tel: 903-882-0887
Fax: 903-882-0343
E-mail: sevierd@mercyships.org

Mine Victims Fund (USA)
977 Seminole Trail, Suite 226
Charlottesville, VA 22901
USA
Tel: 804-979-1634
Fax: 804-979-1780

Mines Action Canada
208 145 Spruce Street
Ottawa, Ontario
Canada K1R6P1
Tel: 613-233-1982
Fax: 613-233-9028
E-mail:
info@minesactioncanada.com
Web site:
http://www.minesactioncanada.com

Motivation
Brockley Academy
Brockley Lane
Backwell, Bristol BS19 3AQ
UK
Tel: 1275-464-012
Fax: 1275-464-019
E-mail:
motivation@motivation.org.uk

MTB Management Ltd
Chris Moon
PO Box 381
Richmond, Surrey TW9 1XZ
UK
Tel: (44) (0) 181-286-7380
Fax: (44) (0) 181-286-7381

Operation USA
8320 Melrose Avenue
Suite 200
Los Angeles, California 90069
USA
Tel: 323-658-8876
Fax: 323-653-7846
Donors and Volunteers:
1-800-678-7255
Email: opusa@opusa.org

National Centre for Training and Education in Prosthetics and Orthotics
University of Strathclyde
Curran Building,
131 St James Road
Glasgow G4 0LS
Scotland
Tel: (44) (0) 141-522-4049
Fax: (44) (0) 141-522-1283

National Institute for Rehabilitation Training and Research (NIRTAR)
Olatpur, Bairoi 754 010
Cuttack, Orissa
India

Norwegian People's Aid (NPA)
PB 8844, Youngstorget 1 0028
Oslo 1
Norway
Tel: (47) 2 233 1590
Fax: (47) 2 233 3353
E-mail: npaid@npaid.no
Web site: http://www.npaid.no

Organization for Mine Clearance and Afghan Rehabilitation
Fazel Karim Fazel
Executive Director OMAR
Tel. (0521) 814599/812084
Fax: (0521) 812085

Orthopedic Technology Training School
Kenya Medical Training College
PO Box 30195
Nairobi
Kenya
Tel: 254-72-5711

Physicians Against Landmines
The Merchandise Mart, Suite 493
200 World Trade Center
Chicago, Illinois 60654
USA
Tel: 312-832-1133
Fax: 312-832-1134

POWER
14 Western Road
Henley on Thames
Oxon RG9 1JL
UK
Tel: 01491-579-065
Fax: 01491-578-088
E-mail: power@patrol.i-way.co.uk

Prosthetic Outreach Foundation
Ms. Shirley M. Forsgren
720 Broadway
Seattle, WA 98122
USA
Phone: 206-726-1636
Fax: 206-726-1637

Sandy Gall's Afghanistan Appeal
PO Box 145
Tonbridge, Kent TN11 8SA
UK
Tel: 171-404-2755
Fax: 1892-870977

SDM Hospital
Vivekanand Marg
Jaipur, 302001
India
Tel: 91 141 374 682
Fax: 91 141 565 565

Sirindhgorn National Medical Rehabilitation Centre
Soi Bumrajnaradool, Tiwanon Rd
Amphur Musng
Nonthaburi, 11000
Bangkok
Thailand
Tel: 66 2 591 54 55
Fax: 66 2 591 42 42

Southwestern Medical School
5323 Harry Hines Boulevard
Dallas, Texas 75235-8883
USA
Tel: 214-648-3874
Fax: 214-648-3455

Stiftung Menschen Gegen Minen (MGM)
Diessemer Bruch 150
D-47805 Krefeld
Germany
Tel: 49 (0) 2151-555755
Fax: 49 (0) 2151-511448
Germany@mgm.org
Web site: http://www.mgm.org
Web site: http://www.landmine.org

Stiftung Sankt Barbara
(Prevention of Landmine Casualties, Aid for Landmine Victims)
Barbarahof, Kreutzen 17,
D-29633 Munster
Germany
Tel: (49) 50 55 8900
Fax: (49) 50 55 5053

Swiss Foundation for Landmine Victim Assistance
c/o Swiss Campaign Against Anti-Personnel Landmines
4 place de la Mairie
1256 Troinex
Geneva
Switzerland
Tel/fax: (41) 22 328 0173

TATCOT
c/o KCMC
PO Box 8690
Moshi
Tanzania
Tel: 255 55 520 38

UNICEF
Three United Nations Plaza
New York, New York 10017
USA
Tel: 212-326-7068
Fax: 212-326-7037
E-mail: tdastoor@unicef.org

Viet-Nam Assistance to the Handicapped
Mr Ca Van Tran
1307 Dolley Madison Blvd, Suite 4c
McLean, VA 22101
USA
Phone: 703-847-9582
Fax: 703-448-8207

Vietnam Veterans of America Foundation
2001 S Street NW
Washington, DC 20009
USA
Tel: 202-483-9222
Fax: 202-483-9312
Web site: http://www.vvaf.org

War Victims Fund
G/PHN/HN/EH
Room 3.07-010/RRB
US Agency for International Development
1300 Pennsylvania, NW
Washington, DC 20523
USA
Tel: 202-712-5725

World Rehabilitation Fund
386 Park Avenue South
New York, NY 10016
USA
Phone: 212-725-7875
Fax: 212-725-8402

World Vision Relief and Development
220 I Street, Suite 270
Washington, DC 20002
USA
Tel 202-547-3743
Fax: 202-547-4834

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