



## LMAS 13.10

# VICTIM ASSISTANCE

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**Note:**

This document is current at the date shown on this page. The Local Mine Action Standards (LMAS) are subject to regular revision, so users should ensure that they are using the latest version of each document in the standards. The most recent versions of LMAS are available with Saharawi Mine Action Office in Rabouni.

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## Contents

Foreword	Page 3
Introduction	Page 4
General Principle	Page 4
Actors in Victim Assistance	Page 4
Medical terminology	Page 5
Victim Assistance – Groups of Activities	Page 6
Compliance with Humanitarian Principles	Page 7
Design and Development of Victim Assistance Projects	Page 7
Endorsement of VA Projects	Page 8
Accreditation of VA Organisations	Page 8
Monitoring of VA Projects	Page 8
Evaluation of VA Projects	Page 9
Prothesis	Page 9
Training and Qualifications	Page 9
General References	Page 10
Annex One – Glossary of terms	Page 11

## Foreword

Critical safety, control and quality elements of the International Mine Action Standards (IMAS) have been retained in the Local Mine Action Standards (LMAS) to ensure they maintain the principles agreed in IMAS guidelines.

The work of preparing, reviewing and revising LMAS is conducted by a technical committee with the support of international, governmental and non-governmental organisations in Western Sahara, East of Berm (EoB).

In the LMAS, the following words are used to indicate the intended degree of compliance and are to be reflected in Mine Action Organisation Standard Operating Procedures (SOPs):

In the LMAS series of standards, the words 'shall', 'should' and 'may' are used to indicate the intended degree of compliance. This use is consistent with the language used in ISO standards and guidelines:

1. a) 'shall' is used to indicate requirements, methods or specifications that are to be applied in order to conform to the standard;
2. b) 'should' is used to indicate the preferred requirements, methods or specifications;  
and
3. c) 'may' is used to indicate a possible method or course of action.

In LMAS:

The term “Mine Action Organisation” refers to any organisation (government, military, commercial or NGO/civil society) responsible for implementing mine action projects or tasks. The mine action organisation may be a prime contractor, subcontractor, consultant or agent, contributing to any of the five Pillars of Mine Action.

## 1. Introduction

- 1.1** ‘Victim Assistance’ (VA) or ‘Survivor’ Assistance, refers to all support provided to victims, survivors and their families, to reduce the immediate and long-term medical and psychological implications of their trauma.
- 1.2** A ‘Survivor’ is a man, woman or a female or male child who has suffered harm as a result of a mine or ERW or IED accident.
- 1.3** ‘Victims’ are persons who have suffered physical, emotional and psychological injury, economic loss or substantial impairment of their fundamental rights through acts or omissions related to the use of mines or the presence of ERW or IED, either individually or collectively. Victims include directly impacted individuals, their families, and communities affected by landmines, ERW and IED.
- 1.4** In the context of Victim Assistance, the term Victim may include dependants or other persons in the immediate environment of a mine/ERW/IED casualty, hence having a broader meaning than survivor.
- 1.5** For the purpose of this standard, the terms ‘Victims’ or ‘Survivors’ are interchangeable and used to describe the same people, and ‘Victim Assistance’ or ‘Survivor Assistance’ used to describe the same activity.

## 2. General Principle

- 2.1** The provision of assistance to victims of mines, ERW and IED is one of the five fundamental pillars of mine action (Advocacy, Risk Education, Victim Assistance, anti-personnel mines stockpiles Destruction and Clearance). Responsibility for people with disabilities, including mines, ERW and IED survivors, lies with Saharawi Ministries of Defence, of Health and Social Affairs.
- 2.2** Victim Assistance (VA) covers more than just the medical care to treat the results of mine, ERW or IED accidents. VA must also cover the rehabilitation of victims and their full reintegration into society. Additionally, VA does not just involve direct victims; VA also includes families and communities that have suffered as a result of mine/ERW/IED accidents.
- 2.3** This LMAS provides standards and guidelines for the provision of Victim Assistance in Western Sahara (EoB) or Saharawi refugees’ camps and applies to all organisations providing or intending to provide activities related to Victim Assistance in Western Sahara (EoB) and Saharawi refugees’ camps.

## 3. Actors in Victim Assistance

- 3.1** According to Geneva International Centre for Humanitarian Demining’s Guide to Mine Action, “All actors should take great care to avoid developing responses to the victims of mine and other Explosive Remnants of War (ERW) or any Improvised Explosive Devices (IED) that run parallel to or are in isolation from broader efforts to meet the needs and guarantee the rights of those whom have been injured and/or who live with disabilities. Rather, assistance to victims and survivors should be viewed as a part of a country’s overall public health and social services systems. It is within these systems that efforts to fulfil the promise to survivors should be undertaken<sup>1</sup>

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<sup>11</sup> “A Guide to Mine Action,” GICHD, Fifth Edition, March 2014, Ch 8 “Victim Assistance”, p. 191.

- 3.2 The Saharawi Ministry of Defence** is the Local Mine Action Authority for all mine action activities including victim assistance. It is financing and managing Chahid Cherif Landmines/ERW/IED and War Victims Centre (located on the road Rabouni-Boujdour), which includes both military and civilian victims. As well as it runs the Military hospital, that provides medical treatment for all victims without any discrimination. Additionally, the Army evacuates victims in areas east of the berm wit. As a proactive actor, the Saharawi Ministry of Defence provides nutritional support and time to time formal visits to Survivors.
- 3.3 The Saharawi Ministry of Health** runs a physical rehabilitation centre – “*le Centre National de Réadaptation Physique*” (CNRP) - located in the hospital at Rabouni, with technical and financial support from the International Committee of the Red Cross (ICRC). Services provided for free are provision of prostheses, orthotics, mobility aids as well as physiotherapy sessions for people with disabilities, including victims of mines ERW and IED accidents.
- 3.4 The Saharawi Ministry of Social Affairs** organises social inclusion activities in the refugee camps for people with disabilities, including victims of mines ERW and IED accidents. The ICRC provides financial and technical support for sports activities.<sup>2</sup>
- 3.5 The International Committee of the Red Cross (ICRC)**, partnering with the Sahrawi Ministry of Health, conducts physical rehabilitation through a centre located in the hospital at Rabouni. The services are provided by trained orthopaedists and physiotherapists. ICRC does not operate East of the Berm; however, it may provide transport to their centre for people in need of services.
- 3.6 The Saharawi Mine Action Coordination Office (SMACO)** shall support Victim Assistance through Coordination, Administrative Accreditation, data collection and dissemination, advocacy and coordination. SMACO may not directly implement Victim Assistance (VA) projects; it shall support by identifying who the survivors are and by advocating for their assistance. SMACO may support survivors’ organisations, such as La Asociacion Saharawi de Victimas de Minas (ASAVIM) to ensure that the survivors are included, in line with the principle, “nothing for us without us”.
- 3.7 La Asociacion Saharawi de Victimas de Minas (ASAVIM)** shall rehabilitate and reintegrate the landmine victims into society, raise awareness about the situation of the victims and the extent of contamination in Western Sahara by mines and explosive remnants of war, count all victims and include them into the database, recognise the needs and suffering of the victims and attract projects for the benefit of the victims.<sup>3</sup>

## 4. Medical Terminology

- 4.1** The following VA medical terminology is used in this standard:
- Orthotic.** An orthopedic device supports a deficient limb or part of the body.
  - Prosthesis.** A prosthesis is an orthopedic device which fully replaces a limb which has been amputated.
  - Mobility Aids.** Wheelchairs, crutches, or any other device which helps to support a person with a disability to increase their mobility
  - Physiotherapy:** is a health care profession concerned with human function and movement and maximising physical potential. It is concerned with identifying and

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<sup>2</sup> Ministry of Social Affairs is involved in Psychological Support and Employment and Economic Integration.

<sup>3</sup> From ASAVIM information document.

maximising quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation.

## **5. Victim Assistance – Groups of Activities**

**5.1** Victim Assistance is made up of seven complementary groups of activities that cover assistance to a victim from the time of a mine/ERW/IED accident through to the full reintegration of the victim as a fully functioning member of society.

**5.2** Also included in the groups of activities are advocacy for the rights of mine/ERW/IED victims and data collection to provide the basis for the prioritisation and planning of effective and sustainable VA programmes.

**5.3** The VA groups of activities are described below:

### **5.3.1 Emergency Medical Care**

Emergency medical care covers the activities that will support mine/ERW/IED victims from the moment that an accident occurs through to the provision of definitive surgical care resulting in the victim's condition being stabilised. Emergency medical care includes emergency assistance at the scene of the accident, transfer to hospital(s), surgery and recuperation from surgery.

### **5.3.2 Continuing Medical Care**

Continuing medical care is the ongoing medical care provided from the time a victim's condition is stabilised after surgery through to the point a victim is able to live in reasonable comfort with the injuries sustained. In some cases such medical care may be necessary throughout the life of the victim.

### **5.3.3 Physical Rehabilitation**

Physical rehabilitation is a process of reducing the impact of peoples' disability onto their daily life by enabling them to reach and maintain their highest level of physical functionality. This can be achieved by the use of various devices and techniques including, but not limited to: orthotic equipment, physiotherapy, occupational therapy and mobility aids.

### **5.3.4 Psychological and Social Support**

Psychological and social support includes the counselling and advisory support provided to mine/ERW/IED victims and their families in order to assist them to adjust to their new status and to cope with their new circumstances.

**Note:** Such support may also be provided to families of victims in mine/ERW/IED accident.

### **5.3.5 Employment and Economic Integration**

Employment and economic integration involve activities such as vocational training and job placement to provide economic independence to victims and their families. In some cases, specific industries or businesses may be established to provide employment to mine/ERW/IED victims or support may be provided to start up small businesses.

### **5.3.6 Advocacy for the Rights of Mine/ERW Victims**

Disabled people, who are often marginalised, must have legal protection against discrimination and assurance of an acceptable level of care and access to services. In order for this to be realized, advocacy for the rights of mine/ERW/IED victims must be actively carried out.

### **5.3.7 Data Collection**

Data collection is required to provide the basis of the prioritisation and planning of effective and sustainable VA projects and their reporting. VA must incorporate and use systems and procedures for the gathering of and managing information on mine/ERW/IED accidents and

mine/ERW/IED victims<sup>4</sup> from the accident to the quality assurance of mine victim assistance.

## 6. Compliance with Humanitarian Principles

6.1 All VA is to be carried out in accordance with the humanitarian principles of:

- a. Protection, care and respect for human beings, which includes:
  - Protecting life and health.
  - Preventing and reducing suffering.
  - Respect for human beings.
- b. Neutrality. Not taking sides in any hostilities or in controversies based on political, racial, religious or ideological identity. Transparency and openness are important in remaining neutral.
- c. Impartiality. Assistance is provided to all those who are suffering without discrimination. However, important to this principle is that those who need it the most are to be assisted first.

## 7. Design and Development of Victim Assistance Projects

7.1 The design and development of VA projects has to conform to the following criteria:

- a. There is a documented project plan in place
- b. The project must address one or more of the groups of activities covered in sections 5.3.1 to 5.3.5.
- c. The project has to be based on a clearly identified need as a result of a comprehensive needs assessment or any other formal study.
- d. The project has to conform to the priorities of the National Mine Action Plan.
- e. The project has to be designed and developed in order to achieve measurable outcomes. The means to measure the outcomes have to be incorporated into the project plan.
- f. The project has to describe monitoring and evaluation activities. More on monitoring and evaluation of VA is described in section 11 below.
- g. The project involves relevant stakeholders at the international, national and local levels.
- h. The project includes an appropriate level of co-ordination and interaction between the applicant, the SMACO and relevant local governmental authorities, as the Ministry of Health and the Ministry of Social Affairs.

7.2 In addition, the design and development of VA projects should ensure that the project plan:

- a. Is culturally appropriate.
- b. Involves the intended beneficiaries in implementation, monitoring and evaluation.
- c. Draws on lessons learned from previous VA activities.
- d. Reflects the ongoing and long-term nature of VA.
- e. Does not discriminate certain groups or individuals due to age, gender, race, ethnicity, religion, disability or social status.
- f. Is flexible and adaptable.

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<sup>4</sup> See LMAS 13.20 Data Collection in Victim Assistance.

## **8. Endorsement of VA Projects**

- 8.1** The endorsement of VA project plans has to be obtained from the Saharawi Ministries of Health and Social Affairs prior to the commencement VA activities, in addition to any other required, formal agreement with relevant and appropriate other Authorities (example: Organisational Accreditation by SMACO).
- 8.2** The requirement for endorsement applies to each separate VA project and will primarily be based on the project complying with the requirements of the LMAS.

## **9. Accreditation of VA Organisations**

In Humanitarian Mine Action as well as in Western Sahara, the accreditation process has two phases: Organisational Accreditation (Desk Assessment) and Operational Accreditation (visit on site).

### **9.1 Organisational Accreditation**

SMACO is in charge to provide Organisational Accreditation to all Humanitarian Mine Action actors, operating in Western Sahara and Saharawi refugee's camps. The process to follow and the documentation to provide are described in LMAS 07.30 Accreditation Paragraph 6, "Desk assessment of the application".

### **9.2 Operational Accreditation**

The Ministry of Health or the Ministry of Social Affair will visit the facilities and field operations of the organisation to conduct an assessment of the implementation of the endorsed project plans. Only for projects funded by SMACO or UNMAS, such an assessment will be carried out to ensure that the plan conforms to the design and development criteria included in section 7 above. For each field visit, reports and Victim Assistance Quality Assurance IMSMA forms, shall be documented by SMACO and UNMAS.

## **10. Monitoring of VA Projects**

### **10.1 Internal Monitoring**

- a.** Organisations carrying out VA projects, funded by SMACO or UNMAS, have to include internal monitoring of the VA in their project plan. The monitoring shall cover the progress in the implementation of the project, compliance with the requirements of the project plan and any changes in the environment in which the project outputs are delivered. Internal monitoring shall be conducted on a regular basis.
- b.** If internal monitoring identifies significant changes in the environment in which a project's outputs are delivered, the VA organisation shall review, and if necessary, amend their project plan to ensure that the VA activities remain relevant. Significant changes to a project plan should be notified to UNMAS or SMACO.

### **10.2 External Monitoring**

VA activities may be subject to external monitoring by the Ministry of Health and/or Ministry of Social Affairs, UNMAS or SMACO if they fund the project. The aim of this monitoring is to ensure that activities are being carried out effectively and in accordance with the plan endorsed by the Ministry of Health and/or Ministry of Social Affairs. The results of any external monitoring by the Ministry of Health and/or Ministry of Social Affairs will be formally notified in writing to the VA organisation concerned and to SMACO as the accrediting authority.

### **10.3 Corrective Action**

If the monitoring identifies any deficiencies with the management or implementation of a project, the organisation concerned is to take corrective action. If such deficiencies were identified by external monitoring, further external monitoring may be scheduled to ensure the action taken is appropriate.



## 11. Evaluation of VA Projects

- 11.1** VA organisations, funded by SMACO or UNMAS, have to include external evaluation as part of any VA project design, development, planning and implementation. Evaluation of VA should cover:
- a. Effectiveness. The extent to which the project achieves its medium-term objectives and goals (outcomes).
  - b. Impact. The long-term benefits of the project to the beneficiaries and other stakeholders, whether directly or indirectly, intended or unintended.
  - c. Relevance and/or appropriateness. The extent to which the project meets the particular needs, expectations and priorities of the target beneficiaries, SMACO or UNMAS, the implementing organisation and, where applicable, the donor.
  - d. Efficiency. The extent the project has achieved its 'outputs' efficiently in relation to the 'inputs'.
  - e. Sustainability. The probability of the benefits achieved by the project continuing after ceasing inputs such as external funding and personnel assistance.
- 11.2** During internal evaluations, VA organisations should ensure that:
- a. All stages of a project cycle are covered.
  - b. All stakeholders are involved in the evaluation and the evaluation of the benefits
  - c. The approach of the evaluation is systematic and objective
  - d. Written terms of reference for the evaluation are prepared and agreed by all relevant stakeholders.
  - e. Evaluators, including external consultants, are properly briefed and supported and behave in a professional and impartial way.
  - f. The results of evaluation are disseminated as widely as possible to stakeholders including donors, the SMACO, National Authorities, other VA organisations and beneficiaries of the project.
  - g. The learnings of the evaluations are applied to future VA projects carried out by the same organisation in Western Sahara (EoB).

## 12. Prothesis

No other entity or actor apart from the "Centre National de Réadaptation Physique" (CNRP)<sup>5</sup>, under the Direction of the Department of Physical Rehabilitation located in the National Hospital in Rabouni, is accredited or authorized to manufacture prosthetic devices or orthopaedic devices. In the event that any other humanitarian actor wishes to intervene in this domain, they will have to go through an official technical accreditation process led by the Ministry of Health.

## 13. Training and Qualifications

- 13.1** All personnel carrying out VA must be trained have the appropriate qualification and experience in order to perform VA activities.
- 13.2** Records of training and qualifications of VA staff must be maintained by VA

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<sup>5</sup> Since 1<sup>st</sup> August 2018, the management of the CMC rehabilitation centre was handed over by the ICRC to the Sahrawi Ministry of Health (Ministerial decree n°16/2018) and it became the Centre National de Réadaptation Physique (CNRP).

organisations and must be made available for any external monitoring teams if required.

#### **14. General References**

- a. The United Nations Policy on Victim Assistance in Mine Action (2016)  
[https://www.mineaction.org/sites/default/files/un\\_policy\\_on\\_victim\\_assistance\\_in\\_mine\\_action\\_2016\\_update\\_0.pdf](https://www.mineaction.org/sites/default/files/un_policy_on_victim_assistance_in_mine_action_2016_update_0.pdf)
- b. Understanding-and-Addressing-Needs-of-Victims-and-Survivors-of-ERW-in-Western-Sahara-September-2012
- c. "A Guide to Mine Action," GICHD, Fifth Edition, March 2014, Ch 8 "Victim Assistance"

## ANNEX ONE

### Glossary of Terms

**Accident**

An undesired event, which results in harm.

**Advocacy**

In the context of mine action, the term refers to public support, recommendation or positive publicity with the aim of removing, or at least reducing the risk from, and the impact of, mines and ERW.

**Anti-personnel mines (APM)**

A mine designed to be exploded by the presence, proximity or contact of a person and that will incapacitate, injure or kill one or more persons.

**The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction** (referred to as Anti-Personnel Mine Ban Convention, **APMBC**, Ottawa Convention, Mine Ban Treaty) Provides for complete ban on the use, stockpiling, production and transfer of anti-personnel mines (APMs) and on their destruction.

**The Convention on Cluster Munitions (CCM)**

The CCM prohibits all use, stockpiling, production and transfer of Cluster Munitions. Separate articles in the Convention concern assistance to victims, clearance of contaminated areas and destruction of stockpiles.

**Cluster munition**

A conventional munition that is designed to disperse or release explosive submunitions each weighing less than 20 kilograms and includes those explosive submunitions. It does not mean the following:

- (a) A munition or submunition designed to disperse flares, smoke, pyrotechnics or chaff; or a munition designed exclusively for an air defense role;
- (b) A munition or submunition designed to produce electrical or electronic effects;
- (c) A munition that, in order to avoid indiscriminate area effects and the risks posed by unexploded submunitions, has all of the following characteristics;
  - (i) Each munition contains fewer than ten explosive submunitions;
  - (ii) Each explosive submunition weighs more than four kilograms;
  - (iii) Each explosive submunition is designed to detect and engage a single target object;
  - (iv) Each explosive submunition is equipped with an electronic self-destruction mechanism;
  - (v) Each explosive submunition is equipped with an electronic self-deactivating feature (Convention on Cluster Munitions).

**The Convention on Certain Conventional Weapons (CCW)**

The CCW is the "Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May Be Deemed to Be Excessively Injurious or to Have Indiscriminate Effects". The CCW has five parts, or "protocols". Only two of them are related to mine action. **Amended Protocol II** deals with landmines, booby-traps and other devices, and **Protocol V** deals with the problem of explosive remnants of war (ERW).

**Explosive Remnants of War (ERW)**

ERW are Unexploded Ordnance (UXO) and Abandoned Explosive Ordnance (AXO):

- *Unexploded Ordnance (UXO)* is an explosive ordnance that has been primed, fused, armed or otherwise prepared for use or used. It may have been fired, dropped, launched or projected yet remains unexploded either through malfunction or design or for any other reason.

- *Explosive ordnance (EO)* are all munitions containing explosives, nuclear fission or fusion materials and biological and chemical agents. This includes bombs and warheads; guided and ballistic missiles; artillery, mortar, rocket and small arms ammunition; all mines, torpedoes and depth charges; pyrotechnics; clusters and dispensers; cartridge and propellant actuated devices; electro-explosive devices; clandestine and improvised explosive devices; and all similar or related items or components explosive in nature.

- *Abandoned Explosive Ordnance (AXO)* is an explosive ordnance that has not been used during an armed conflict, that has been left behind or dumped by a party to an armed conflict, and which is no longer under the control of the party that left them behind or dumped then. Abandoned explosive ordnance may or may not have been primed, fused, armed or otherwise prepared for use.

**Improvised Explosive Device (IED)**

A device placed or fabricated in an improvised manner incorporating explosive material, destructive, lethal, noxious, incendiary, pyrotechnic materials or chemicals designed to destroy, disfigure, distract or harass.

**Mine/ERW risk education (MRE)**

Activities which seek to reduce the risk of injury from mines and ERW by raising awareness of men, women, and children in accordance with their different vulnerabilities, roles and needs, and promoting behavioral change including public information disseminations, education and training, and mine action community liaison.

**Mine clearance**

The clearance of mines and UXO from a specified area to a predefined standard.

**Persons with disabilities**

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

**Protocol V of the CCW on Explosive Remnants of War**

Under Protocol V, States Parties and parties to armed conflict are required to take action to clear, remove or destroy ERW (Article 3), and record, retain and transmit information related to the use or abandonment of explosive ordnances (Article 4). They are also obligated to take all feasible precautions for the protection of civilians (Article 5) and humanitarian missions and organizations (Article 6). States Parties in a position to do so should provide cooperation and assistance for marking, clearance, removal, destruction, and victim assistance, among other things (Articles 7 and 8). Protocol V entered into force on 12 November 2006.