

# Afghanistan Mine Action Standards - AMAS 09.02

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## **Victim Assistance (VA)**

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## Victim Assistance

### 1. Introduction

The aim of Victim Assistance (VA) is to bring about lasting improvements in the daily lives of people accidentally injured by a landmine, explosive remnant of war (ERW) or improvised explosive device (IED) and other persons with disabilities. Effective VA is characterized by systematic programming that improves physical accessibility, enhances individual empowerment, and raises community awareness. Accessibility eliminates obstacles and barriers to schools, housing, medical facilities, workplaces, government buildings, and places of worship. Empowerment includes the provision of physical rehabilitation, peer support, social inclusion and economic reintegration. Community awareness ensures the rights and capacities of landmine/ERW survivors are known and respected by society as a whole.

To ensure success, VA programming shall be well designed, effectively implemented, and efficiently managed. General objectives need to be developed in ways that are specific, measurable, achievable, relevant, and time-bound. By defining valid performance expectations and tracking measurable outcomes, VA implementers shall provide services that meaningfully benefit survivors, dependents and their communities.

### 2. Scope

This AMAS provides standard guidelines and requirements for the provision of VA in Afghanistan and specifically refers to services designed for landmine/ERW victims. However it is also acknowledged that VA activities are provided within the larger context of disability found in Afghanistan.

### 3. Applicability

This AMAS applies to all organizations that implement VA in Afghanistan. The provision of VA is one of the five fundamental components of integrated mine action (IMA). As such all IMA programming in Afghanistan shall ensure that assistance for victims is included in all aspects of mine action including planning, development, and implementation.

The DMAC is working as a coordination body for victim assistance and support to disability with the government related ministries (Ministries of Public Health, Social Affairs, Martyrs and Disabled and Ministry of Education).

### 4. Definitions

The following definitions relate to VA:

- a) The term *Landmine/ERW* refers to landmines and ERW by name, and UXO and IEDs by inference.
- b) The term *VA Implementer* refers to any organization that provides oversight of or direct support to landmine/ERW victims within the contexts of empowerment, physical accessibility and disability awareness.
- c) The term *Landmine Survivor* refers to any individual directly injured by a landmine or ERW explosion that survives the accident. The term *Landmine Victim* refers more generally to those who have been injured or killed by such an explosion as well as dependents of such casualties.
- d) The term *Victim Assistance (VA)* refers to all aid, relief, comfort and support provided to victims with the purpose of reducing the immediate and long-term medical, economic, social and psychological impacts of their trauma or stress. Where possible,

such forms of assistance should be organized in ways that intentionally link empowerment, physical accessibility and disability awareness together.

## 5. Medical Terminology

The following medical terminology is used in this AMAS:

- a) Orthotics. Specialized mechanical devices used to support or to supplement weakened or abnormal joints or limbs.
- b) Prosthetics. Artificial devices or body parts that replace missing body parts. Prosthetics may also be described as biomechanics.
- c) Mobility Devices. Walking aids including canes, crutches and walkers, or wheelchairs that substitute for walking by means of a wheeled device upon which the user sits.
- d) Physical Rehabilitation. The therapeutic and clinical services that support people with injuries and impairments so that they may achieve maximum functional capacity. Physical Rehabilitation may include Physical Therapy (physiotherapy), Occupational Therapy, gait training, teaching for adaptation to mobility devices, and education about functionality, recovery, or adjustment to an impairment.

## 6. Psychological Terminology

The following psychological terminology is used in this AMAS:

- a) Trauma. An emotional reaction or response to being physically injured. Survivors may suffer immediate psychological trauma from an injury or experience symptoms later once physical injuries have healed or the survivor begins the process of adjustment, adaptation and reintegration.
- b) Post Traumatic Stress Disorder (PTSD). A clinically defined condition that describes a delayed reaction or response to a stressful situation (including danger, psychological harm, or physical injury). Landmine/ERW survivors may exhibit a range of PTSD symptoms that can inhibit adjustment, adaptation, or reintegration.

## 7. Victim Assistance Activities

Victim Assistance consists of eight complementary activities as below:

### 7.1. Emergency & Continuing Medical Care

Emergency medical care covers activities that support a landmine/ERW survivor's medical state from the moment an accident occurs to the provision of definitive care needed to stabilize his or her condition. Emergency medical care includes emergency assistance provided at the scene of the accident, transfer to hospital(s), surgery, and recuperation.

Continuing medical care is the ongoing medical care provided after a survivor's condition stabilizes and he or she is able to live in reasonable comfort given the injuries sustained. In some cases such medical care may be necessary throughout the survivor's lifetime.

### 7.2. Physical Rehabilitation

Physical rehabilitation includes physical therapy and patient education, the provision of prosthetic and orthotic devices, mobility devices including canes, crutches, walkers and wheelchairs, as well as the training in their use. Survivors may require transitioning between different devices and aids at different stages of their recovery and adjustment; each transition may require specialist support and rehabilitation.

Not all surviving landmine/ERW victims require physical rehabilitation.

### **7.3. Psychological Counseling and Peer Support**

Psychological counseling and peer support includes the counseling and advisory support provided to landmine/ERW victims and their families in order to assist them in adjusting to their new status and coping with their new circumstances. Counseling or peer support may be provided on an individual basis or in groups and may be of short, medium, or long-term durations.

Not all survivors require psychological counseling or peer support. However, such support may be provided to families of victims that do not survive a landmine/ERW accident.

### **7.4. Social Inclusion**

Within the context of Afghanistan, disability and dependence resulting from landmine/ERW injuries often result in social exclusion and survivor isolation. The stigma or negative feelings directed toward those with disability shall be overcome from both the survivor's perspective as well as that of their family and the community in which they live. Social inclusion for landmine/ERW survivors promotes cultural or social participation within the family and within the community where the survivor lives. Assistance with social inclusion may also be provided to families of victims that did not survive a landmine/ERW accident.

### **7.5. Economic Reintegration**

Economic reintegration involves activities such as vocational training, support for livelihoods development, and job placement all designed to provide economic independence for victims and their families. In many cases adaptations may be required for landmine/ERW survivors to participate in mainstream training programs or benefit from livelihoods development. In some cases specific industries or businesses may be established to provide employment to landmine/ERW victims or support for small business start-ups or home-based enterprises.

### **7.6. Advocacy for the Rights of Mine/ERW Victims and Dependents**

People with disability are very often marginalized within Afghan society and shall therefore be legally protected from discrimination and provided assurance of an acceptable level of care and access to services. In order for this to be realized, advocacy for the rights of landmine/ERW victims shall be actively carried out.

Afghanistan has a National Disability Law but new landmine/ERW survivors may not be familiar with its protections or comfortable in advocating for their own legal rights. Advocacy for enforcement of the National Disability Law ensures both Persons with Disability (PWD) and landmine/ERW survivors are protected from discrimination.

### **7.7. Data Collection**

Data collection is essential in providing a basis for the prioritization and planning of effective and sustainable VA projects. VA implementers shall therefore include systems and procedures for gathering and managing information on both accidents and victims.

### **7.8. Physical Accessibility**

The vast majority of infrastructure in Afghanistan remains inaccessible to people with physical disabilities. Resolving physical impediments to buildings and key public sites is therefore critical to ensuring both landmine/ERW survivors and other PWD

are able to fully participate in community life. Schools, parks, hospitals, clinics, training sites, government buildings and places of religious worship shall be made accessible and physical barriers either removed or corrected according to internationally recognized Best Practice design and implementation standards.

## **8. Approach to VA in Afghanistan**

Landmine/ERW survivors across Afghanistan require different kinds of assistance based upon differences in local conditions and the degree of access to basic supports and services available to them within the community. The needs of victims shall take into account their gender, age, family resources, local security, and available community support. The scope of VA is therefore not fixed nor limited to a place or time. Rather, it shall reflect flexibility, creativity, and a dedication to protecting the most vulnerable survivors while addressing the common needs in any given population.

## **9. Compliance with Humanitarian Principles**

All VA activities shall be carried out in accordance with recognized principles of humanity, neutrality, and impartiality.

- a) Humanity. Human suffering shall be addressed wherever it is found, with particular attention to the most vulnerable in the population, such as children, women and the elderly. The dignity and rights of all victims shall be respected and protected.
- b) Neutrality. Humanitarian assistance shall be provided without engaging in hostilities or taking sides in controversies of a political, religious or ideological nature.
- c) Impartiality. Humanitarian assistance shall be provided without discriminating as to ethnic origin, gender, nationality, political opinions, race or religion. Relief of suffering shall be guided solely by needs and priority given to the most urgent cases of distress.

## **10. General Responsibilities of VA Service Providers**

VA implementers and government authorities have certain general responsibilities in relation to the promotion and support of VA in Afghanistan. These responsibilities are outlined below.

### **10.1. Information Gathering**

All VA implementers have a responsibility for gathering and reporting accurate and timely information on landmine/ERW accidents and landmine/ERW victims to DMAC. DMAC maintains the Information Management System for Mine Action (IMSMA) database and issues an 'IMSMA Accident Report' and 'IMSMA Victim Report' on a quarterly basis to all mine action organizations and other interested parties.

### **10.2. Strategic Planning**

Strategic planning of mine action activities required to meet Afghanistan's treaty obligations is carried out by the Afghanistan National Disaster Management Authority Directorate of Mine Action Coordination (ANDMA-DMAC), in consultation of other relevant government ministries.

### **10.3. Design and Development of VA Projects**

Design and development of VA projects or long-term programming shall conform to the following criteria:

- a) Specific. All projects require written plans and shall be responsive to local VA needs as identified through formal study or assessment. Project objectives shall reflect specific VA accomplishments rather than merely describe the activity the

implementer intends to pursue. Objectives should be detailed enough that all program staff assigned to the project clearly understand the requirements cited and the critical path necessary to achieve them. Where possible, intended beneficiaries should be directly involved in the design, implementation, and monitoring and evaluation of project objectives.

- b) Measurable. Each project objective shall be measurable so that achievements can be readily identified and reported.
- c) Attainable. As standards of achievement, project objectives should be ambitious but should not be impossible. Project objectives shall also be consistent with the actual resources available to the implementer.
- d) Results-Oriented. Project objectives should be specified in terms of results. In most cases, this means recording a positive change in the life of the beneficiary, his or her family, and/or the community in which he or she resides (see Sections 12 & 13 below).
- e) Time-Bound. Proposal objectives should be completed in a specified timeframe. Attention shall be given to project timing to assure that the stated objectives can be achieved within the period of performance proposed.

## 11. Accreditation of VA Organizations

All organizations intending to carry out VA services in Afghanistan under the coordination of DMAC shall be accredited as victim assistance implementers by the DMAC in accordance with the requirements of this AMAS and prior to initiating any VA project or program activities.

## 12. Monitoring

Organizations implementing VA projects shall use internationally recognized tools (Knowledge, Attitude and Behavior Surveys, Quality of Life Surveys, Activities of Daily Living Surveys) to appropriately monitor the services provided. Such monitoring shall track progress in project implementation, compliance with project standards and any changes in the environment under which project outputs are delivered. Monitoring shall be carried out on a regular basis and thoroughly documented.

When monitoring identifies significant changes in the environment under which a project's outputs are delivered, the implementer should review and, if necessary, amend their project plan in consultation with DMAC to ensure that the VA activities originally offered remain relevant.

The DMAC in coordination with the government of Afghanistan and VA stakeholders shall conduct external monitoring of the Victim Assistance activities covered under VTF and also bilateral funded projects implemented through national and International NGOs and Civil Society Organizations in Afghanistan.

## 13. Evaluation of VA Projects and Programs

The DMAC may engage qualified third-party evaluators to review and assess VA projects and programs conducted under the DMAC sponsorship and coordination. Such evaluations should assess:

- a) Effectiveness. The extent to which the project or program achieves its medium-term objectives and goals (project outcomes);
- b) Impact. The long-term benefits enjoyed by beneficiaries and other stakeholders, whether directly or indirectly, intended or unintended;

- c) Relevance. The extent to which the project meets particular needs, expectations and priorities of the beneficiaries, local authorities, the implementing organization and, where applicable, the funding agency;
- d) Efficiency. The extent to which the project has achieved its 'outputs' (deliverables) in relation to its 'inputs' (resources invested); and
- e) Sustainability. The probability project benefits will continue once initial inputs such as external funding or assistance cease.

#### **14. Corrective Action**

When monitoring and or evaluation identify a deficiency associated with the management or implementation of a project, the implementing organization shall be immediately notified to take immediate actions to address the issues. Further re-audit visits should be conducted by the DMAC to ensure appropriate and effective remedial actions are taken.

#### **15. Reporting VA Activities**

VA implementers shall submit quarterly progress reports on their activities to the DMAC. Reporting organizations shall use standardized formats issued by the DMAC. Reports shall cover the VA activities carried out over the period of a calendar quarter and should be submitted to the DMAC by the 30th calendar day of the month following the close of the quarter.

The DMAC shall compile records of VA activities collected as part of its role in managing mine action data through IMSMA.

#### **16. Information Management**

The DMAC manages IMSMA database containing data relevant to VA generally and specific landmine/ERW accident and victim information in particular.

Information from this database is made available to all mine action organizations including organizations providing VA assistance to landmine/ERW victims as part of wider programs of assistance to PWD.

Requests for information from the IMSMA database should be submitted in writing to the DMAC Information Management System.

DMAC should endeavor to meet all information requirements of mine action stakeholders, however in some cases there may be external restrictions imposed on the DMAC concerning the release of information to third parties. When such restrictions apply the requesting agency shall be notified by the DMAC.