



Landmine and Explosive Remnants of War Victims Survey in Kachin State and Kayah State, Myanmar

***A Survey commissioned by
Danish Refugee Council /
Danish Demining Group***

**Survey conducted by
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Final Survey Report

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PROTECTION OF VICTIMS AND SOURCES

In the context of this project, the author has tried to ensure the highest protection of information related to landmines survivors and has avoided to quote individuals or sources that may be considered as confidential. This explains why the names of victims will generally not be disclosed in the report and why no picture of victims from Kachin State was reproduced.

All survivors who were interviewed during the conduct of the survey have specifically and explicitly agreed to tell their story and communicate personal information. The author has guaranteed each of them that personal and individual details would not be revealed in the final survey report.

It is hoped that this report, which presents also a synthesis of several former sectoral analyzes, can serve as common basis for a shared understanding of the landmine survivors and other persons with disabilities situation across the country and particularly in the Kachin and Kayah States.

ACRONYMS AND ABBREVIATIONS

CBO	Community Based Organizations
CBR	Community Based Rehabilitation
CCM	Convention on Cluster Munitions
CDRD	Community Driven Recovery and Development
CDSD	Community Driven Safety and Development
CHD	Community Health and Development
CMC	Cluster Munition Coalition
CPI	Clear Path International
CRPD	Convention on the Rights of Persons with Disabilities.
DCA	DanChurchAid
DDG	Danish Demining Group
DPO	Disabled People Organization
DRC	Danish Refugee Council
DSW	Department of Social Welfare
ERW	Explosive Remnants of War
EVI	Extremely Vulnerable Individual
FSD	Swiss Foundation for Demining
GCA	Government Controlled Area
HA	Hazardous Area
HI	Handicap International
HT	The HALO Trust
ICBL	International Campaign to Ban Landmines
IMAS	International Mine Action Standard
IMSMA	Information Management System for Mine Action
IPA	Individual Protection Assistance
IRC	International Rescue Committee
KAP	Knowledge Attitude Practices
KBC	Kachin Baptist Convention
KIA	Kachin Independence Army
KMSS	Karuna Myanmar Social Services
KNHWO	Karenni National Health Workers Organization
KNPLF	Karenni National People's Liberation Front
KNPP	Karenni National Progressive Party
KRSDO	Kainayar Rural Social Development Organization
KYNG	Karenni Youth New Generation
KSNO	Karenni National Solidarity Organization
KSWDC	Karenni Social Welfare and Development Center
LM	Landmine
LMM	Landmine and Cluster Munition Monitor
MAG	Mines Advisory Group
MBT	Mine Ban Treaty
MMAC	Myanmar Mine Action Center
MoD	Ministry of Defense
MoH	Ministry of Health
MOU	Memorandum of Understanding
MPC	Myanmar Peace Center
MPHA	Myanmar Physically Handicapped Association
MRE	Mine Risk Education
MSW	Ministry of Social Welfare
NGCA	Non-Government Controlled Area
NGO	Non-Governmental Organization
NMAA	National Mine Action Authority
NMAC	National Mine Action Center
NPA	Norwegian People's Aid
NSAG	Non State Armed Group
NTS	Non-Technical Survey
PMA	Peace Myanmar Aid Foundation

PRRA	Participatory Rapid Rural Appraisal
PWD	People With Disability
RNA	Rapid Needs Assessment
ROSCA	Rotating Saving and Credit Association
RRD	Relief and Resettlement Department
SCF	Save the Children Foundation
SDC	Swiss Agency for Development and Cooperation
SHA	Suspected Hazardous Area
SLA	Sustainable Livelihoods Approach
sTG	Sub-Technical Group
TOR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USD	United States Dollar
UXO	Unexploded Ordnance
VA	Victim Assistance
WG	Working Group
WHO	World Health Organization

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2. EXECUTIVE SUMMARY

The 'Landmine and Explosive Remnants of War Victims Survey in Kachin State and Kayah State' of the Republic of the Union of Myanmar was commissioned by Danish Refugee Council / Danish Demining Group to collect objective, quantitative and qualitative data on opportunities for reintegration of landmines and Explosive Remnants of War victims in Kachin and Kayah States in order to better tailor and deliver future interventions.

A desk review of existing documentation and literature related to mine action and landmine victim assistance in Myanmar has been conducted, particularly of the recent draft 'Knowledge, Attitude and Practices' survey report for South East of Myanmar as well as the draft report of the 'Rapid Needs Assessment' conducted in 2014 covering Kachin and Northern Shan State. Internally collected data from Danish Refugee Council / Danish Demining Group have been analysed to apprehend the profiles of landmines victims and the circumstances of the accidents.

Meetings and interviews were first organized in Yangon with key stakeholders, United Nations organizations, international and national organizations participating in the Mine Risk Education Working Group and the Sub-Technical Group on Victim Assistance. Field visits were conducted in Kachin from 11/1/2015 to 16/1/2015 and in Kayah from 19/1/2015 to 23/1/2015.

Collecting information about landmines victims in Myanmar is very challenging. There is no systematic and organized Victim Information System in Myanmar. Available information is patchy and inconsistent; information collection has been sporadic and unsystematic. Due to the continuation of armed hostilities between national armed forces and some of the non-state armed groups, mine action is still a very sensitive issue and information about victims touchy. The absence of victim surveillance mechanism is detrimental to assess the scope of the contamination and truly document its humanitarian consequences. It is also an obstacle to planning and implementation of victim assistance programmes that could provide the required support to survivors and their families.

The study aimed at answering the following four research questions:

- Who are landmines victims?

From analysis of information provided by former studies, existing data and field observations, it is possible to conclude that a large majority of landmines victims – at least in Kachin and Kayah States – are adult males who engaged in dangerous behaviours as hunting or travelling to the forest or their former villages (for displaced people). People travel to those locations for economic necessity and to collect basic livelihood products as bamboo, bamboo shoots, roots, flowers, mushrooms, etc. Some of the victims have been wounded while conducting military activities in Government forces or various non states armed groups but most of the victims identified during the survey are civilians. For obvious reasons, it has not been possible to have access to survivors belonging to national armed forces.

In Kayah, military operations have decreased since a while and a ceasefire is in place since 2012. Although not well documented, landmines accidents seem to have largely decreased in the recent past according to interviewed witnesses and victims. Most victims encountered during the survey have been wounded a long time ago, sometimes since 20 years. Kayah is the smallest State in Myanmar and has a small population of approximately 250,000 people. Estimates of landmines victims' figures in the State should be around 250 individuals, nearly all males; 70% of them are believed to be civilians.

In Kachin, the trend is quite opposite even if accurate and exhaustive data are no available. There is a worrying and manifest increase in landmines accidents and 90% of the recorded accidents took place in the last 4 years and 60% in the last two years only with 2014 having more than three times the number of accidents than 2013 (24 versus 9). The conflict resumed in 2011 and resulted in large displacement of populations. Most severe fighting took place in 2011 and 2012. In 2013 and 2014, displaced people seem to have travelled more frequently to their former villages to cultivate their land and tend their animals and those are well documented dangerous behaviours. More recent fighting may have forced people to move to some hazardous areas, leading to more landmines accidents.

Until recently, there has been no mine risk education in Myanmar and most survivors confirmed they did not benefit from proper risk education before their accident. In addition, there is no marking of hazardous areas except under electricity pillars in Kayah which have some kind of loose, unreliable and unsystematic marking.

- What is the environment in terms of stakeholders and existing resources providing support to people with disabilities?

Individual emergency mine victim assistance is provided by several agencies to facilitate transportation to medical facilities, cover food costs and reference to rehabilitation services. Medical assistance is delivered by local hospitals run by health departments.

As in most developing countries, assistance to people with disabilities is very limited in Myanmar, in particular in the States bordering Thailand and China. Access to rehabilitation services can be complicated and often requires long and expensive travels, making maintenance and repairs of assistive devices quite difficult. In 2015, the Ministry of Health, in cooperation with the national Red Cross Society and the International Committee of the Red Cross, will build a much needed rehabilitation centre in Myitkyina that will facilitate access to rehabilitation services and orthopaedic devices. There is already a rehabilitation facility in Kayah that is operated by one of the former non-state armed groups. This centre is definitely an important asset in the State and plays a useful role in the rehabilitation system in the country. However, it was observed that staff is in need of refresher training and does not have international standard technical qualifications. The facility's building needs also refurbishment, cleaning and some more modern equipment.

- What are the current limitations in the support available for people with disabilities to assist social and economic re-integration?

Most survivors and victim assistance organizations interviewed during the survey suggested that most important needs relate to psycho-social support, livelihood assistance and socio-economic reintegration. Victim assistance cannot be conducted in isolation and should be integrated in the larger disability and rehabilitation sector. Assistance to people with disabilities should be sustainable and conducted in the long term. In Myanmar as in most countries, people with disabilities are poorer than the rest of the community and have a lower level of education. They are also more isolated and those problems complicate their integration into society. People with disabilities are discriminated and stigmatized. Small business opportunities and self-employment remain limited; there is little access to funding and business management guidance.

To be effective, long term assistance should be provided through networks of disabled people and peer groups instead to individuals. Development of disability resources centres in Kachin and Kayah can provide services mapping, job placement, legal information and reference to vocational training, business management support and peer-to-peer assistance. Support to education of children of people with disabilities (school fees, uniform, bags and books) was repetitively mentioned as needed and positive. Facilitating physical accessibility for people with disabilities to basic community services as schools, township administrations and community buildings is also recommended.

- How can 'community based rehabilitation' of landmine survivors be integrated in Danish Refugee Council / Danish Demining Group Community Driven Recovery and Development program?

The Community Based Rehabilitation is a strategy and a concept that was initiated by World Health Organization since nearly 40 years. It encourages projects and programmes that involve people with disabilities, their families and the communities themselves and that supports the full participation and inclusion of persons with disabilities in the life of their communities. As this concept has sometimes been controversial in the rehabilitation community and to avoid confusion, this report will rather adopt the concept of 'community based approach' to develop services and assistance to people with disability.

Danish Refugee Council / Danish Demining Group is considering integrating victim assistance within the Community Driven Recovery and Development programme the organization has decided to introduce in Myanmar. The concept of this programme is to recognize that communities are in control of their development and of their resources and to treat beneficiaries as assets and partners in the development process, building on their own institutions and resources. Experience has shown that, with access to information and appropriate support, communities can effectively organize to provide goods and services that meet their needs.

This approach is perfectly in line with the recommendations of this report and considered the preferred method to provide sustainable and long term assistance to people with disabilities and support their integration in their communities and the society. It is however recommended to avoid developing access to physical rehabilitation services and equipment in the frame of this community-driven approach and support instead the reinforcement of professional networks.

Below is the matrix listing major categories of assistance to be provided to people with disabilities, the target groups and the recommended activities that will respond to their needs and support their integration.

Matrix of activities supporting victim assistance and integration of landmines victims and people with disabilities in their communities and society

CATEGORIES OF ASSISTANCE	BENEFICIARIES / TARGETS	RECOMMENDED ACTIVITIES AND INTERVENTIONS TO MEET THE CURRENT GAPS AND LIMITATIONS IN VICTIM ASSISTANCE
EMERGENCY ASSISTANCE	All individual victims	Emergency Mine Victim Assistance / Individual Protection Assistance Support to facilitate small surgery to remove metallic fragments Transportation costs to medical and rehabilitation services
	Victim caretaker	Emergency Mine Victim Assistance / Individual Protection Assistance scheme
MEDICAL SUPPORT	All individual victims	Emergency and continuing medical care (provided by health departments) Small grant for occasional small surgery equipment (to be purchased outside of hospitals) Grant for small surgical operations to remove harmful metallic fragments
PHYSICAL REHABILITATION	Victims having physical impairments	Physical rehabilitation services: physiotherapy and provision of prostheses, wheelchairs and crutches
PSYCHO-SOCIAL SUPPORT	People with disabilities	Support to disabled people organizations (DPO) Support in developing peer groups / self-help groups Setting up of 'disability resources centres' (mapping of services, reference, legal support, job placement, advocacy, etc.)
SOCIO-ECONOMIC INTEGRATION AND LIVELIHOOD	People with disabilities Families of PWD Local communities	Rehabilitation of community buildings to facilitate access to PWD Rehabilitation of victims' homes to improve access and living conditions (toilets, direct access) Support to victims' children education (school fees, registration costs, uniforms, books, bags) Vocational training to the victim or a family member if the victim is not able to benefit Livelihood support through DPO, self-help groups and community based organizations: <ul style="list-style-type: none"> Access to funding mechanisms, preferably grants Provision of agriculture equipment Provision of livestock Provision of seeds Business support / advise in the frame of a self-help groups Support to self-employment and small business for PWD Support to PWD family members to run small family business if PWD is not able to work directly or to manage small business

Summary of the major conclusions and recommendations of the survey

▪ Victim Information System

It will take time to set up a victim information system that will comply with international standards and practices. In the meantime, mine action organizations able and willing to collect data on landmines victims should develop a simple and ad hoc mechanism that will capture essential victims' data and guide the strategic orientations of the mine action programme. To avoid redundancies, one organization should be responsible for collecting data in one specific region or State.

▪ Mine Risk Education

The fact that most victims did not benefit from MRE demonstrates the necessity to reinforce this service to affected communities and displaced populations. It is also well understood that people travel to dangerous areas for economic necessity and that most of them will continue with such existing dangerous behaviors. MRE should be strengthened to be delivered to a maximum of beneficiaries and should be tailored according to specific target groups (adults / children; males / females). MRE should also be integrated in schools curriculum and community mapping should be continued and encouraged.

▪ Emergency mine victim assistance

Emergency mine victim assistance provides an essential service to landmines victims and their families to access emergency medical cares and physical rehabilitation services. Such a support should be continued and budget increased if and when considered insufficient.

▪ **Physical Rehabilitation**

The Loikaw rehabilitation centre plays an important role to ensure access to rehabilitation services in Kayah State. However the infrastructure of the center should be improved and refurbished and technical competences of the staff should be enhanced.

▪ **Psycho-social support**

There are very little initiatives in terms of psycho-social support in Kachin and Kayah. Community based approach should be favored with the setting up of self-help groups, peer-to-peer services and a disability resources centres. Those networks will be used to support socio-economic reintegration activities and increase their chances of success.

▪ **Socio-economic reintegration**

Assistance to landmines survivors and PWD should be inclusive, sustainable and integrated in the community.

Vocational training and longer term socio-economic reintegration assistance (cash grants, livelihood support, small business, etc.) has to be introduced and developed through communities, PWD and DPO networks. Based on CDRD principles, local communities and peer groups will design, own and conduct projects. Business services assistance should be proposed and support to education for children' survivors' family should be more systematic (registration fees, school fees, books, uniform, etc.). Small grants for surgical support could be provided to survivors with metallic fragments remaining in their body.

3. INTRODUCTION AND METHODOLOGY

The 'Landmine and Explosive Remnants of War (ERW) Victims Survey in Kachin State and Kayah State, Myanmar' (called 'the survey' in this report) was commissioned by Danish Refugee Council / Danish Demining Group (DRC/DDG) and conducted in Myanmar from 05/01/2015 to 20/02/2015¹. The survey has been funded with the assistance of the Swiss Agency for Development and Cooperation (SDC).

The objective of survey was to gather objective, quantitative and qualitative data on opportunities for re-integration of landmine/explosive remnants of war (ERW) victims in Kachin and Kayah States in Myanmar, in order to better tailor and deliver future assistance.

Before the field trips to Kachin and Kayah States, a desk review of existing documentation and literature related the mine action and landmine victim assistance in Myanmar has been conducted. Study and analysis of internally collected data from Danish Refugee Council (DRC) / Danish Demining Group (DDG) has been conducted to analyse the profiles of victims and the circumstances of the accidents. Significant documents as the 'Knowledge, Attitude and Practices' (KAP) draft survey report for South East of Myanmar as well as the draft report of the 'Rapid Needs Assessment' (RNA) conducted in 2014 covering Kachin and Northern Shan State have also been reviewed².

Meetings and interviews were first organized in Yangon with key stakeholders, United Nations (UN) organizations, international and national organizations participating in the Mine Risk Education (MRE) Working Group (WG) and Victim Assistance Sub-Technical Group (VA sTG)³.

Field visits were conducted in Kachin from 11/1/2015 to 16/1/2015 and in Kayah from 19/1/2015 to 23/1/2015. In those states, information was collected from DRC/DDG personnel, national and international humanitarian organizations, local authorities (Health and Social Welfare departments) and from landmines survivors and their families. The researcher has used semi-structured stakeholders interviews, case studies, focus groups discussions with key informants and rapid appraisals through field visits to document the findings of the study and develop recommendations.

Following the field visits, additional meetings and interviews were conducted again in Yangon with individuals and organizations that could not be met previously as well as with DRC/DDG to define more precisely expected outputs of the survey and the report.

The first draft of the survey report has been handed over to DRC/DDG from comments on 06/02/2015 and a presentation of the main findings and recommendations has been made in Yangon to members of the sub-Technical Group on Victim Assistance (sTG VA) meeting on 25/02/2015.

It should be recognized that the survey had to face and manage several limitations. First, the short duration of the project did not allow to meet in person a large number of landmines survivors. Therefore the survey aimed at collecting qualitative data and information and not at running quantitative analyses. Quantifiable information has been provided from the DRC/DDG landmines accidents and victims' database and from the KAP survey and the RNA reports. Those records and figures are analysed in the paragraph 4 of this report. Next, to have a better understanding the victims and survivors condition in Kachin State, it would have been useful to have access to Non-Governmental Controlled Areas (NGCA). However this was not possible at the time of the survey as tensions recently re-emerged between national armed forces and the predominant Non-State Armed Group (NSAG) operating in the State.

Findings from Kachin and Kayah States are presented in the paragraphs 5 and 6 of this report. The report elaborates on the Community Driven Rehabilitation and Development approach and its similarities with Community Based Rehabilitation in the paragraph 7.

¹ See in Annex 1 the Terms of Reference of the survey.

² Those documents have not yet been officially published and reports are still draft documents.

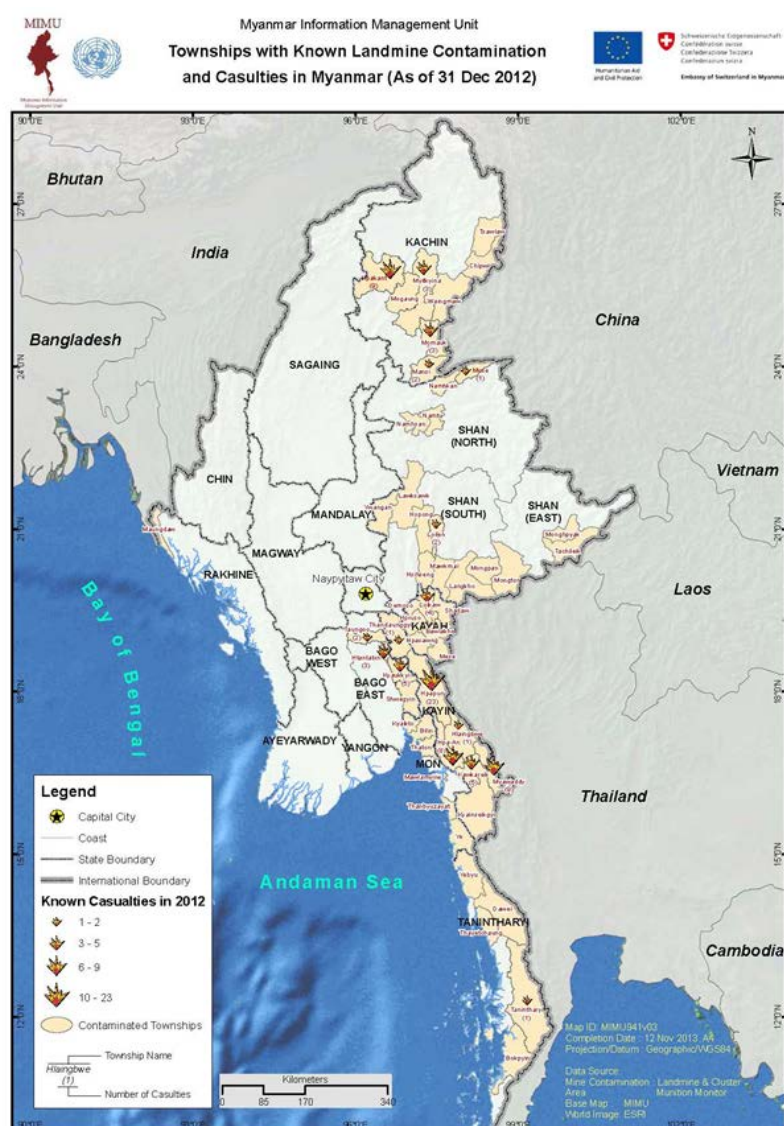
³ See in Annex 2 the List of persons and organizations met during the survey.

4. LANDMINES AND ERW VICTIMS IN MYANMAR

4.1. Landmines contamination in Myanmar

Due to long and protracted armed conflicts that started immediately after Independence, the 'Republic of the Union of Myanmar' (Myanmar) is perceived as one of the most mine affected countries in the world⁴. Landmines and Explosive Remnants of War (ERW) contamination is the result of decades of conflict between the Myanmar Armed Forces (also commonly called 'Tatmadaw') and numerous Non-State Armed Groups (NSAG) affiliated to the Ethnic minorities. Myanmar is not a State Party to the 'Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction', commonly called the 'Mine Ban Treaty' (MBT)⁵.

Townships with known landmine contamination



Since 2012, a 'Myanmar Mine Action Center' (MMAC) has officially been established within the 'Myanmar Peace Center' (MPC)⁶. However, MPC focused on negotiating a National Ceasefire Agreement (NCA) and had previously stated that signing of the NCA was a precondition for conducting marking, survey and clearance operations.

The two mine action pillars that can effectively be implemented in Myanmar are Victim Assistance⁷ (VA) and Mine Risk Education (MRE) and they have been recently placed under the responsibility of the Ministry of Social Welfare (MSW).

With the assistance of UNICEF, a MRE Working Group has been established to liaise with the Ministry and facilitate coordination. A sub-technical victim assistance group has also been set up.

Landmines and ERW contamination has been confirmed in approximately 50 Townships (on a total of 325 Townships in the country) and 10 States and Regions. Suspected Hazardous Areas (SHA) have been identified mostly along the borders with China, Thailand and Bangladesh as well as in Bago East.

⁴ See in Annex 3 pictures of Landmines and Improvised Explosive Devices used in Myanmar

⁵ In addition, Myanmar is not a State Party to the 1980 Convention on Conventional Weapons and has not acceded to the 2008 Convention on Cluster Munitions.

⁶ For definitions of 'mine action', 'humanitarian demining', 'landmines', 'explosive remnants of war', 'cluster munitions', 'mine risk education', 'mine victims', 'survivors', 'survey', 'mine action center', 'mine action authority', etc., see the International Mine Action Standards (IMAS), IMAS 04.10, 2nd Edition, January 2003, 'Glossary of mine action terms, definitions and abbreviations'. All the mine action terms used in this report refer to IMAS, except when otherwise specified.

⁷ VA cannot be considered in isolation of the larger 'People With Disabilities' (PWD) context, especially as non-discrimination is a guiding principle of the Convention on the Rights of Persons with Disabilities (CRPD). Myanmar is a state party to CRPD since January 2012.

4.2. Victim Information System in Myanmar

4.2.1. Collecting information on landmine and ERW victims is extremely challenging in Myanmar

There is no systematic and organized Victim Information System (VIS) in Myanmar. Available information is patchy and inconsistent. Information collection has been sporadic and unsystematic. Some mine action organizations do effectively collect partial information, mostly in the areas where they operate but they rarely share this information - most of the time for good reasons linked to the protection of victims. Existing information is not consolidated and standardized according to traditional Victim Form generally included in a national Information Management System for Mine Action (IMSMA). Available information is often not disaggregated and does not always allow analysis per gender, age and combatant / civilian groups.

It is believed that many accidents remain also unreported as they take place in remote locations where victims may be far from any medical facility and have an increased possibility to die on the spot. In addition, victims may be reluctant to report the nature of their accident to avoid being considered as NSAG combatants. Information available at medical facilities does not systematically differentiate between the various types of traumatic injuries (resulting in possible amputations) and is limited and inconsistent.

The continuation of the armed conflict between the national armed forces and some of the NSAG explain the fact that mine action remains a very sensitive issue in Myanmar and that information related to landmine victims may be considered as confidential and touchy.

In the meantime, the absence of VIS is detrimental to assess the scope of the contamination and truly document its humanitarian consequences. The lack of information is harmful to the conduct of indispensable advocacy activities toward the Government and NSAG in favor of banning the use of landmines and acceding to international humanitarian mine action conventions as the MBT. It is also detrimental to resources mobilization and mine action strategic development and planning. Last but not least, as it does not facilitate planning and developing victim assistance activities to provide the required support to survivors and their families.

The lack of reliable public information about victims may also cast a doubt on the real scope of the problem and is ultimately playing against the interests of Myanmar populations suffering from the presence of landmines and ERW in their environment.

The International Committee of the Red Cross (ICRC) expressed its intention to develop an armed violence incidents surveillance system - in partnership with the Myanmar Red Cross Society (MRCS)⁸ - that will encompass landmines / ERW accidents as well. However, it is most likely going to take a long time before the project is fully operational and it was also underlined that, for the time being, the MRCS cannot necessarily access all non-government controlled areas.

For the immediate future, it is recommended to improve the *ad-hoc* existing system using the different actors currently present in the country and in landmines / ERW affected regions. To respond to the concerns raised by some organizations about the protection of victims, it is certainly possible to adopt mitigation measures to ensure protection of victims' personal information and details.

4.2.2. The existing 'victim form' is not really used

Norwegian People's Aid (NPA) provided support to the Ministry of Social Welfare to elaborate Myanmar Mine Action Standards (MMAS), developed victims / casualty forms and tried to maintain a casualty database. The form has been regularly reviewed with the VA / MRE WG participants.

It seems however that the database is not very much populated because, as explained above, some organizations remain reluctant to provide personal details about victims. In addition, in the course of the survey, it appeared clearly that many individuals and organizations expressed the feeling that the victim form was too complicated and too long. They explained that they lacked the necessary expertise to fill in the form correctly and – more importantly – the time to do so. They are understandably busy with their daily

⁸ Interview with ICRC on 7/1/15.

professional occupations and do not really have the time, and sometime the enthusiasm, to fill in a lengthy form.

The existing limitations in the information collection exercise is considered detrimental to the mine action sector as it does not allow documenting properly the scope and location of landmines accidents. It is understood that the existing victim form has been professionally developed with the active involvement of all relevant organizations. However, as it is not considered practical and user-friendly, the form is not adequately used and does not address the needs. Sometimes the best is the enemy of the good and, as an interim solution, a more basic form could be introduced to capture essential data and epidemiological information.

4.3. Analysis of existing information about landmines / ERW victims

4.3.1. DRC / DDG victims' database

DRC/DDG has maintained a database that provides useful information on the profile of landmines / ERW victims – mostly in Kachin - and the circumstances of the accidents. The database does not claim to be exhaustive as it covers only areas where the organization operates and reports accuracy is not optimal. However, this information provides elements and facts that will facilitate the conduct of risk education activities and delivery of victim assistance. The analysis of this information generally confirms the findings and conclusions of the KAP and RNA that are analyzed below.

The database has recorded a total of 112 victims and 61 accidents in Kachin and North Shan⁹. The organization has also identified 18 victims in Kayah but those have not yet been integrated in the database. Most of the accidents have affected one single victim (30 of them). However a large number of those accidents affected 2 (15 accidents), 3 (4 accidents), 4 (6 accidents), 5 (2 accidents) and even 6 victims (1 accident). It is likely that some accidents that have made a higher number of victims have been caused by larger Improvised Explosive Device¹⁰ (IED) or ERW. Tampering with ERW has also been reported as a cause of accidents.

The lethality rate is quite high with 33% of recorded killed and 67% of survivors and data confirm that a large majority of registered victims are adult males: 84% of the victims are adults (when age has been reported) and 84% of them are males (when gender is known). No survivor reported to have received MRE before the accident and nearly all accidents took place in unmarked areas and in areas that are not known to be hazardous¹¹. Locations of accidents is most of the time in the forest and in villages of origin.

In Kachin, Moe Mauk (28) and Mansi (20) Townships concentrate 80% of the accidents and this obviously reflects the areas of operations of the organization and the fact that other areas may be less surveyed. A smaller number of accidents were recorded in Waingmaw (5), Hpa Kant (4), Myitkyina (1) and 3 in North Shan.

Most of the accidents were recorded in 2014 (28 accidents) with smaller numbers in 2013 (9), 2012 (8) and 2011 (10). Only 6 accidents were recorded in 2010 and before. It may be difficult to record older accidents and comparison with more recent figures remains problematic. However, the most likely explanation is that those figures have captured an increasing tendency in recent landmines accidents in the State. As confirmed during field visits, since 2013, people have adopted more dangerous behaviors by economic necessity as travelling to the forest and visiting their former villages for farming and for tending their animals.

In DRC/DDG database, IDP's represent nearly 50% of the victims but, during the field research, it was often reported that the number of IDP victims was increasing faster¹². Again, it is difficult to have a definitive opinion about those trends as victims living in 'settled' areas may be under-reported. However it is believed that IDP most likely constitute a group at risk as travelling to dangerous areas was mentioned by most of those interviewed in the field.

4.3.2. The Landmines and Cluster Munition Monitor

⁹ 3 accidents and 3 victims in North Shan have been included as well as it correspond to the same conflict area.

¹⁰ Most likely 'artisanal' or 'home-made' landmines and not large bombs or booby traps as commonly found in Afghanistan or Iraq.

¹¹ Although, in Kachin, interviewed witnesses and victims reported to have sometimes a 'vague' knowledge of the presence of the threat but certainly not an accurate information about locations.

¹² The database does not allow to compare dates of the accidents to the home status of the victim at the time of accident.

Landmine and Cluster Munition Monitor (LMM) is an initiative providing research for the International Campaign to Ban Landmines (ICBL) and the Cluster Munition Coalition (CMC).

The LMM 2014 reported a total of 3,450 landmines and ERW victims in Myanmar since 1999.

YEAR	KILLED	INJURED	UNKNOWN	TOTAL
Before 2004	NA	NA	NA	562
2004	NA	NA	NA	131
2005	5	225	1	231
2006	20	223	0	243
2007	47	338	53	438
2008	89	449	183	721
2009	8	205	49	262
2010	36	238	0	274
2011	84	293	4	381
2012	16	90	0	106
2013	29	69	3	101
TOTAL	NA	NA	NA	3,450

In the absence of a solid landmine victims' surveillance mechanism, mine action professionals in Myanmar are convinced that this figure is a massive underestimate and that most accidents are actually not reported. It remains obviously impossible to presume the real figure. LMM reports that the real number of landmines / ERW victims is estimated to exceed 40,000 with annual casualties' estimates around 1,500 / 2,000, but it should be recognized that no concrete elements can really support this assessment. Information from LMM is not disaggregated by gender and age. In 2013, LMM recorded 101 victims (69 injured, 29 killed, and 3 unknown)¹³.

LMM information seems to indicate a drop in landmine victims since 2012 but, as documented through analysis of DRC/DDG data, nothing really allows to confirm such a tendency. It may be explained by the

reduction of armed conflicts in some areas of the country but it could also be possible that the quality of reporting has dropped.

4.3.3. Summary of information provided from the KAP survey in South-East¹⁴

The KAP survey that was recently conducted in South-East of Myanmar provides useful information about landmine victims and survivors as well as for the mine action sector in general. As stipulated above, the main findings of this KAP survey are consistent with the findings of this DRC/DDG research.

Most relevant findings of this survey indicate that:

- Landmines continue to be sensitive issue in the country; landmines are still associated to 'security', 'ceasefire', 'conflict', 'protection' and military issues;
- There is a low level of warning signs in contaminated areas and villagers do not mark when they identify a dangerous area;
- As often observed in mine affected countries, landmines / ERW are not the most important problem encountered by villagers but 47% of respondents still declared that landmines / ERW represented a problem in their daily life.

The KAP provides precious information about villagers' beliefs and myths related to landmines. This qualitative information can usefully document the development of MRE materials and strategies:

- 41% of the interviewed respondents think that 'prodding' is a safe behavior,
- 63% of them think that following an animal is a safe attitude,
- 60% think that burning vegetation is an efficient way of eliminating landmines¹⁵,
- 82% of the respondents did not receive MRE,
- 68% of the respondents said that they need more info on LM/ERW,
- 30% of accidents occur in the morning,
- 30% of the accidents take place in the forest, 12% near military camps and 15% along paths.

Collecting forest products is considered a high risk activity (65%) as well as 'forced labor' (10%). Interviewed respondents consider that accident happen due to 'economic necessity' (41%), 'forced labor' (11%), recklessness (7.4%) and because of 'lack of peace' (5.6%).

In term of assistance, 47.4% of survivors reported some kind of financial and / or in kind support, 52.6% no support at all.

The most relevant KAP survey report recommendations including the following:

- Development of a mine action advocacy strategy ('stakeholders' engagement');
- Establishment of a consultation process about LM signs;

¹³ Landmine Monitor Myanmar / Burma 2014, December 2014.

¹⁴ The KAP survey report is still a draft document that is not yet officially released.

¹⁵ Those two last particular findings are in contradiction with the RNA that has documented contrary beliefs. This can probably be explained by different levels of knowledge and information that local population have about landmines and the threat they represent.

- Development of a communication strategy for MRE activities;
- Reinforcement of the victim information system;
- Promotion of survivors community support.

4.3.4. Summary of information provided by the Rapid Needs Assessment in Kachin and North Shan States¹⁶

A Rapid Need Assessment (RNA) has been conducted in Kachin and Northern Shan states from February 2014 to September 2014. This information confirms, in general, the findings of the KAP and the main findings of the present DRC/DDG research.

Key findings of the RNA include:

- Landmines are only one of a number of challenges faced by communities; however, the following issues was identified by the respondents as more essential at the time of the survey: economic opportunities, livelihood and shelter.
- 89% of the people declared it was important to have information about explosive devices,
- 25% of the respondents believe that burning land will clear explosive devices contamination,
- 75% declared that following animals will not protect from the danger of explosive devices,
- LM is a sensitive issue as those devices are used in the context of the conflict, protection and ceasefire.

4.3.5. ICRC

A report published by ICRC indicated that 44% of prostheses delivered in 2013 in Hpa Han and Yenanthar rehabilitation centers were delivered to victims of explosive remnants of war (761 prostheses on a total of 1,741)¹⁷. This seems to indicate a strong proportion of landmines / ERW survivors among the people with disabilities in need of prostheses. In 2014, this proportion is higher (49%) as the organization delivered a total of 502 prostheses to landmines / ERW survivors on a total of 1,027. Interviews with ICRC personnel in charge of the physical rehabilitation programme suggested that the proportion of 'war amputees' and landmines survivors should probably reach 60% of all patients receiving a prosthesis in Hpa An and 40% in Yenanthar Hospital.

Available ICRC statistics did not provide detailed monthly figures by gender and age for the year 2013 and 2014. However, available information for the month of December 2013 indicated that all the 30 landmines survivors who received a prosthesis were adult males (no women and no children). In December 2014, the 28 landmines survivors who received a prosthesis were again all adult males.

There is no doubt that survivors represents a very important quota among the population of amputees and it should probably be interesting to examine the rehabilitation statistics in the States affected by the conflicts to have a better idea of the number of survivors. It should however been underlined that all survivors do not need a prosthesis. Those figures confirms again that a high percentage of landmines / ERW survivors are adult males.

4.3.6. Conclusion

Little information is available to assess the scope and impact of landmines / ERW contamination in Myanmar but the current perception shared among mine action professionals indicates that the scope of the problem is likely to be quite large. Despite the absence of structured and organized landmines / ERW victim information system, analysis of existing and partial data about victims and survivors makes it possible to conclude that landmines / ERW victims are mostly adult males who engaged in dangerous behaviors for livelihood purposes as travelling into forest areas or going back in their former villages (in Kachin). It is estimated that landmines accidents related lethality is quite high in Myanmar and is most likely underestimated. There is a clear need to strengthen MRE as only a very minimal number of victims had actually benefited from risk education before the accident. There is also very little marking of dangerous areas. Available figures in Kachin showing an increasing trend in recent landmines accidents are very worrying.

4.4. Mine Risk Education in Kachin and Kayah

¹⁶ The RNA report is still a draft document that has not yet been officially released.

¹⁷ International Committee of the Red Cross, Annual Report 2013, Myanmar, page 294. See in Annex 4 the ICRC physical rehabilitation programme statistics. See in Annex 5 the map of rehabilitation services in Myanmar.

MRE is not at the centre of this research; however, information collected from survivors can usefully document the conduct of MRE activities in Kachin and Kayah States. Delivery of MRE in local communities is also a precious source of information on landmines accidents and victims. During the field phase of the survey, MRE activities have been discussed with DRC/DDG staff as well as other organizations to assess strength and weaknesses of existing operations.

A rare warning sign in Kachin State



So far, there has been little MRE delivered in Myanmar and in Kachin in particular. It appears important to strengthen the service for the benefit of vulnerable groups in IDP camps as well as other communities at risk. Needs are considered more important in Kachin as there is a surge of recorded landmines accidents since 2014.

In Kayah, field observations confirmed that there are more organizations delivering MRE and the number of accidents has remained modest during the last few years. In this State, the Department of Social Welfare (DSW) coordinates a MRE Working Group that meets once every two months and that is attended by all agencies involved

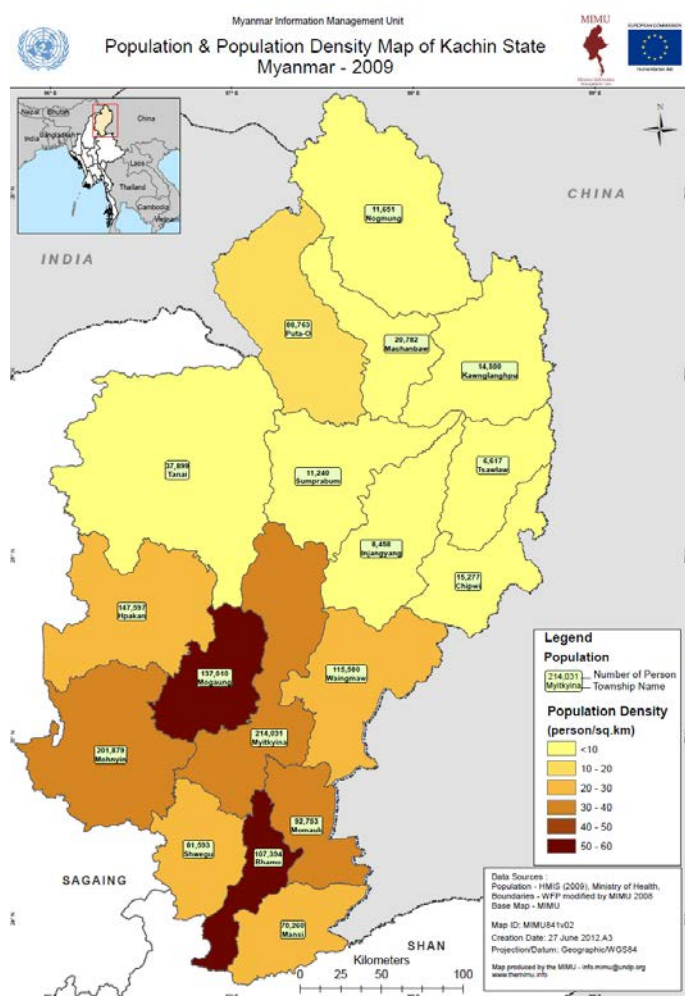
in MRE. Police and military representatives also attend those meetings.

In a country where humanitarian mine action remains sensitive, conducting MRE contributes positively to general advocacy in support to humanitarian mine action. It is also a humanitarian imperative for mine affected communities. If and when authorized, other interesting activities as community mapping can also be conducted during MRE sessions as a risk reduction strategy.

5. Kachin State

5.1. Landmines / ERW victims in Kachin

Map of Kachin State and Townships



Armed hostilities resumed in Kachin in 2011 and the most severe fighting took place in 2012 and 2013. Consequently, a lot of people have left their villages and live now in Internally Displaced People (IDP) camps located, for some of them, within Government Controlled Areas (GCA) and for the others in Non-Government Controlled Areas (NGCA). In Kachin and North Shan, there are approximately 150 IDP camps for a total of 100,000 people:

- 79% of the camps are located in GCA with a population of 46,700;
- 21% of the camps are located in NGCA with a population of 49,450 people.

Most intense conflicts have been reported to have taken place between Myitkyina and Bhamo, in the south of Mansi Township and East of Momauk Township. The abandoned villages are located along the 'front line' and those areas are naturally believed to be the most affected by landmines / ERW contamination.

According to the victims and witnesses interviewed in Kachin, most landmines found in those areas are 'hand-made' and are activated by a tripwire. Interviewed people reported that industrial landmines are 'not good to use' and that is why the Kachin Independence Army (KIA) manufactures 'handmade' landmines themselves. It is also more likely that KIA does not have easy access to industrial antipersonnel landmines. According to people met during the visit, materials

to manufacture handmade landmines and Improvised Explosive Devices (IED) are easily available in China, including TNT.

From data collected during the research, information from the draft RNA report, interviews with humanitarian organizations and stories from IDP and survivors, it is possible to draw conclusions about most vulnerable populations and dangerous behaviors in Kachin State:

- Adult males are the most vulnerable group and constitute the large majority of landmines victims;
- Most of accidents have taken place in the last 3 years but predominantly in 2014;
- Victims come mostly from border areas and 'frontline' regions;
- From existing data, it appears that approximately half of the victims live in their villages while the other half are IDP;
- For IDPs, dangerous behaviors include travelling to their former villages to cultivate their land and tend their animals as well as collecting forest products. It was reported that the increasing trend in victims shows that they live in IDP camps¹⁸;
- As mentioned above, Moe Mauk and Mansi Townships concentrate 80% of accidents locations. Recently, security incidents have taken place in the jade rich Hpakant Township and landmines accidents have been reported from that area as well;

¹⁸ Data could also be more difficult to collect in villages than in IDP camps.

- The pattern of dangerous behaviors is well identified: most victims are those who travel frequently to their former villages and neighboring forest areas where they collect firewood, bamboo and flowers for livelihood purpose.

An abandoned village along the road between Myitkyina and Bhamo



Interviewed survivors reported that they did not see any warning sign in the accident location¹⁹. They also reported that they did not have any clue of the presence of an explosive device in the accident area. However some also say that they knew vaguely that the area may have been dangerous as those villages are located in the conflict area. Some 'informal' marking has been reported (signs carved on trees or crossed tree branches), but in rare occurrences. It was reported by most witnesses and survivors that people did not really believed that an accident could happen until it happened to themselves or a family member.

Text Box 1:

The Story of Daw L. H., Landmine Survivor, Female, 46 years old, Resident of Lisu IDP KBC Camp.

This female IDP was wounded by an explosive device in 2011 while going to her garden 2 miles away from the village located in Sin Loum Aura (27 miles from Bhamo). The victim was accompanied by a KIA soldiers who offered to guide the villagers in the area as he said he knew where landmines were planted – for the good reason that he had laid them himself. This particular soldier however stepped on one of the landmines he had planted himself and was killed on the spot. The lady has been injured by the explosion.

Unfortunately, in 2014, her son of 19 years old was killed by another explosive device in the same village - but in a different area - while he was working in the family garden. The explosion severed his two legs and injured 3 other of his companions who could not save him. He died in the village after having bled for several hours.

5.2. Activities and gaps in the services to landmines / ERW survivors in Kachin

Until recently nobody provided landmine related assistance in the area. The situation has improved with the presence of organizations as DRC/DDG, UNICEF, UNHCR and ICRC. Generally, international organizations work through national organizations to provide assistance, especially with camp management organizations as Kachin Baptist Convention (KBC), Karuna Myanmar Social Services (KMSS) and Shalom. ICRC works mostly through the MRCS in the GCA but is also present in NGCA.

All respondents clearly mentioned that psycho-social support and socio-economic reintegration (livelihood, vocational training and income generating activities) are the most important gaps and needs in the assistance to landmine survivors in Kachin. Access to physical rehabilitation services can be complicated as well.

Basic principles in survivors' assistance:

- It is important to underline that victim assistance should not be conducted in isolation of activities and services developed for People with Disabilities (PWD).
- It should also be understood that providing socio-economic or psycho-social support to PWD is long term issue and should be sustainable.

¹⁹ There is of course no map of landmines contamination and the few signs / marking of the presence of landmines seem to be near bridges and military positions.

- This explains why it is recommended to support national organizations, networks and peer-groups to develop their capacities and increase the likelihoods to develop sustainable solutions.

5.2.1. Emergency and transportation assistance

DRC/DDG provides emergency Mine Victim Assistance' (MVA) to landmines survivors to cover essential basic expenses:

- Transportation and food allowance,
- Emergency items as clothes,
- Walking aids and wheelchair (but no prostheses),
- Livelihood support (one-time small grant of USD 150 maximum), but no vocational training.

DRC covers also transportation costs, medical expenses and food allowance for the patient and one caretaker; the maximum amount is USD 500 per case. Sometimes this amount is too small when the patient must travel to Mandalay for rehabilitation service. Many victims from NGCA have supposedly to go to China for medical emergency and rehabilitation support, but is also very expensive and medical costs have to be paid in advance²⁰.

UNHCR provides emergency assistance to 'Extremely Vulnerable Individuals' (EVI) as a system similar to emergency MVA. However, UNHCR does not specifically focus on landmines / ERW victims. Assistance is limited to around USD 80 and is channeled through Shalom, KBC and KMSS. Landmines victims are referred to DRC / DDG for additional support. Support includes: hospital expenses, transportation costs, meal allowance for the victim and a caretaker and medical material necessary to the hospital. In 2014, EVI has benefitted more than 500 individuals (including 6 mine victims) mostly for transportation, referral and healthcare access.

UNICEF developed an 'emergency child protection fund' that is channeled through partners as Plan, Save the Children (SCF) and DRC/DDG (particularly for landmines victims). UNICEF also partnered with DanChurchAid (DCA) to conduct the rapid needs assessment and provide capacity building to the MRE Working Group.

During the research, many respondents mentioned that emergency evacuation and transportation to medical facilities constituted one of the most serious problems to organizations providing assistance to landmines / ERW victims. Those services are very expensive and unreliable. Medical evacuation is definitely an issue that goes over the frame of victim assistance as such and should be addressed by medical departments. It is however recommended, in Kachin State, to consider increasing the budget for this particular service if currently used amounts are considered too low.

5.2.2. Medical assistance

Emergency medical care is available in Lwedgel, Laiza, Bhamo and Myitkyina hospitals. ICRC supports surgical response in Laiza, Myitkyina and Bhamo. It has been often mentioned (in Kachin as in Kayah) that some survivors faced physical or medical problems with the presence of small metallic pieces in the body following their accident²¹. A small budget of approximately USD 200 could be made available to facilitate access to small surgery.

5.2.3. Physical rehabilitation

Currently there is no physical rehabilitation center in Kachin and patients are generally referred to Mandalay (Yenanhar Hospital) but there is a long waiting list and only 15 people are referred every two months. In January 2015, ICRC started the construction of a rehabilitation center (in cooperation with the Myanmar Red Cross Society) that should become operational in 2016²². This new facility will definitely provide much better access to rehabilitation services for People with Disability (PWD) in Kachin State. ICRC also provides support to Laiza Hospital and to landmines victims in the NGCA.

²⁰ This might also represent a constraint for some donors unable to support medical costs outside Myanmar. This underscores the importance of strengthening rehabilitation services and capacities in Myanmar.

²¹ Such a problem has been discussed with one young survivor in the Pan Kha Kone IDP camps and with surgeons of Bhamo hospital. The DSW officer and World Education have also reported the same concern in Kayah.

²² In 2016, ICRC will also start the construction of another rehabilitation center in Kengtung (East Shan) in cooperation with the Ministry of Health.

5.2.4. Psycho-social support

Shalom provides psycho-social support (trauma healing mostly to children affected by the conflict) but it remains to be seen if this particular assistance is adapted to landmines survivors and if this organization can be used for the benefit of survivors and PWD.

INTERSOS and KMSS are implementing a psycho-social support program in favour of the conflict-affected IDPs in Kachin and Northern Shan States. The aim is to reduce the risk of further psycho-social and social distressed through the re-establishment of community activities and structures support. The project includes on-going community based psycho-social support to the most vulnerable IDPs in 30 camps, vocational and life-skills training for at least 300 youth and specialized capacity building to KMSS staff.

UNHCR has set up 'community based protection groups' through KMSS, Shalom and KBC in NGCA. UNICEF and the United Nations Population Fund (UNFPA) do have the intention to develop the same. They are 11 currently such groups in operating in NGCA.

Community Health and Development (CHD) are present in GCA and NGCA villages (not in IDP camps). They provide trauma counselling in groups, deliver psycho-social support, capacity building training, micro-credit and cash for medicines.

In Laiza, MSF provides mental health counselling in 3 camps through 3 local staff based in clinics.

It is recommended for international organizations to support the development of networks of PWD (as self-help groups or peer support groups) to break isolation of PWD in their area. Those networks should be organized around a Disabled People Organization (DPO) that will develop services for PWD in the State. Those services could be centralized in one or several 'disability resources centre' (possibly one in Myitkyina, Bhamo and eventually Laiza) or 'disability focal point'. Such resources centres could provide a large range of assistance to PWD, according to their needs, as mapping essential available services, job placement, counseling, peer-to-peer support, legal assistance, reference to other services, development of self-help groups, reference to vocational training facilities, etc. Establishing network of PWD will also increase the chances of success of socio-economic reintegration assistance.

The Myanmar Physically Handicapped Association (MPHA) has a very motivated representative in Myitkyina (U G Zung Sau) who is a teacher and is himself a landmine survivor. The organization has the objective to develop the State branch but needs a minimum of assistance to do so. Interestingly, the plan is also to open a sub-office in Laiza because there are reportedly many disabled persons in this area. They are also interested to develop peer support groups and psycho-social support through various activities (sport, music, discussions groups, etc.) and to set up a mapping of services for PWD.

It is probably useful to verify if INTERSOS / KMSS on-going support could include landmines survivors living in IDP camps. Mine action organizations working in the State should also investigate the possibility to have a MRE / disability focal point (possibly a survivor if they are present) in each of the IDP camp.

5.2.5. Socio-economic reintegration and livelihood

KBC conduct livelihood programmes with OXFAM support and said to have an expert in livelihood; they work on nutrition, pig raising and home gardening.

Based on observations and evaluations from other countries, it is recommended to provide socio-economic support through group of people, community based organizations (CBO), peer groups of PWD, professional associations and through the community by adopting sustainable livelihood approaches. Lessons learned indicate that individual assistance has fewer chances to succeed and to be sustainable. It should be reminded that PWD may have fewer capacities than the rest of the community and are often more vulnerable. They are also poorer than other people in the community and have a lower level of education.

Assistance should be channeled through those networks and groups and should aim at empowering PWD, strengthen their integration into their community and the society and preserve their rights. Organizations operating in victim assistance could consider developing support to landmines victims and PWD with the provision of small business grants and vocational training (livestock, motorbike workshop, electronics

workshop, sewing, fruit vendor, etc.)²³. Facilitating accessibility for PWD to housing and community buildings as schools is also recommended.

Text Box 2:

The Sustainable Livelihoods Approach (SLA)²⁴

The SLA is a way to improve the understanding of the livelihoods of poor people, and draws on the principal factors that affect poor people's livelihoods. It emphasizes the following approach to livelihood development:

- *Be people-centered*

SLA begins by analysing people's livelihoods and how they change over time. The people themselves actively participate throughout the project cycle.

- *Be holistic*

SLA acknowledges that people adopt many strategies to secure their livelihoods, and that many actors are involved; for example the private sector, ministries, community-based organizations and international organizations.

- *Be dynamic*

SLA seeks to understand the dynamic nature of livelihoods and what influences them.

Build on strengths. SLA builds on people's perceived strengths and opportunities rather than focusing on their problems and needs. It supports existing livelihood strategies.

- *Promote micro-macro links*

SLA examines the influence of policies and institutions on livelihood options and highlights the need for policies to be informed by insights from the local level and by the priorities of the poor.

- *Encourage broad partnerships*

SLA counts on broad partnerships drawing on both the public and private sectors.

- *Aim for sustainability*

Sustainability is important if poverty reduction is to be lasting.

For vocational training, there are several possibilities in Kachin:

- The Department of Social Welfare runs a 'school for PWD' (located beside the DSW office in Myitkyina) providing vocation training. Approximately 8 classes of 6 weeks a year. DSW organizes also vocational training courses in the camps for IDP.
- The Kachin Women Association (KWA) proposes 3 months vocational training courses for victims of trafficking (sewing, knitting and flower decoration) and they may be able to integrate survivors.
- DRC/DDG can also organize specific vocational training courses adapted to its beneficiaries.

Text Box 3:

Landmines victims and livelihood experiences

Mine action professionals are rarely livelihood specialists! Examples of livelihood programmes directly piloted by mine action organizations demonstrated that victim assistance is a multi-sectoral and complex developmental issue that should be conducted by competent professionals.

In Tajikistan, cows and sheep were directly distributed to victims' families (sometimes with some food provisions for the animals) by the Tajikistan Mine Action Center without follow up, advice or veterinary support. As often observed in programmes targeting the poorest groups, animals were resold most of the time for consumption support (to purchase food or goods for the household). In addition, the programme was prone to corruption and created tensions in communities as it benefited landmines victims only and no other PWD or vulnerable groups. Since, victim assistance has been mainstreamed in other programmes as the 'community programme' supported by UNDP.

In Democratic Republic of Congo, grants have been allocated to several national NGO who developed small business activities for landmines victims. An evaluation concluded that most of time the projects did not provide sustainable solutions for the beneficiaries. The following explanations were provided:

- *Small business activities were not planned adequately and were abandoned after a while,*
- *Assistance had been planned and provided individually, not to organizations of disabled people, peer groups or professional associations,*
- *Activities had been conducted by mine risk education organizations who delivered livelihood beside their normal MRE activities²⁵.*

It should be noted that vocational training is complex and does not always bring the expected results. There is not necessarily a professional local market for the proposed trainings and beneficiaries sometimes do not have the necessary level of basic education to access the trainings that will make a difference in their immediate environment. Ideally, those trainings should aim at integrating the beneficiaries in the local economy and, for adult males, it could be interesting to explore professional activities related to construction

²³ Access to funding mechanisms is essential. For more details and guidance, see: 'Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries Funding Mechanisms for Self-Employment', Handicap International, August 2006.

²⁴ International Fund for Agricultural Development (IFAD). Sustainable Livelihoods Approach: www.ifad.org/sla

²⁵ For more details, see 'Evaluation des Projets d'Education aux Risques des Mines (ERM) et d'Assistance aux Victimes', UNMACC, République Démocratique du Congo, Steve Harknett, GICHD, August 2013.

sector or road building. Finally, business support services should also be provided and this could be integrated in the functions of a disability resources centre or a self-help group.

Alternative livelihood solutions that would reduce the risks taken while travelling to the forest or the former villages have also been discussed with many respondents. There may be some ideas to explore (cultivating orchids in the camps, providing firewood or bamboo) but there are some doubts that those ideas may have a strong impact as it is likely that people will anyway continue to travel to the forest to carry out their traditional activities. Some IDP are also seeking to receive new land from the State to avoid being resettled in a contaminated environment. Again, it is unlikely that such strategies will provide a comprehensive solution.

Supporting survivors' families to ensure correct education of the children has been mentioned by many respondents as a critical and essential assistance.

5.3. Conclusions for Kachin State

The conflict is ongoing in Kachin and it is upsetting to observe the increase of landmines / ERW accidents in the last 24 months. Groups at risk and dangerous behaviors are also well documented and this will allow developing and tailoring MRE for IDP as well as for other communities at risk. Emergency mine victim assistance is essential to facilitate access to medical care and reference to rehabilitation services and a new orthopedic facility should be operational in 2016. Assistance to be developed for landmines survivors and PWD relates to the development of psycho-social support activities through disabled people organizations and peer support groups. Socio-economic support and livelihood activities could be complicated to implement in IDP camps and have to be adapted to this specific situation.

A large fraction of IDP population lives in NGCA and access to them should be pursued for delivering more services. Advocacy toward local and state authorities should be reinforced to underline the humanitarian nature of mine action activities and the importance of protecting civilians from landmines / ERW accidents.

6. Kayah State

6.1. Landmines / ERW victims in Kayah

Map of Kayah State and Township



The conflict in Myanmar has forced 115,000 refugees to flee to Thailand and there are two camps with Kayah refugees totaling 21,000 people in the Mae Hong Son region. The conflict also forced people to move inside Kayah State as well. There are approximately 34,000 IDP in Loikaw, Shadaw and Hpasawng.

Since the 2012 ceasefire, some people go back to their village of origin in the east of the State. Those movements did not seem to have increased the number of landmines / ERW victims. Some respondents indicated that warning signs were used by NSAG in the eastern townships and also reported that most of disabled people from those areas had actually moved to Thailand.

DRC/DDG has registered survivors while conducting MRE activities and has so far recorded 18 of them so far. The best source of information about victims and survivors are World Education (WE) and the Loikaw rehabilitation centre operated by the Karenni Nationalities People's Liberation Front (KNPLF).

Through research and interviews with people met during the study, it is reasonable to assume that there should be around 250 landmines survivors in Kayah State (although this figure also includes some military

survivors not originating from Kayah). The number of the actual landmines / ERW accidents and killed victims is impossible to estimate. As in Kachin, it was confirmed that victims are mostly adult males; a very small number of women have been reported and children are estimated to be less than 5%. Nearly 70% of the survivors are civilians while the remaining 30% of them are roughly shared between the military and combatants from the NSAG as the Karenni National Progressive Party (KNPP), the KNPLF the Karenni National Solidarity Organization (KNSO).

Text Box 4:

U Soe Aung – Landmine Survivor, male, 38 years old.

Soe Aung is born in Kayin but was a NSAG combatant in Kayah. His accident happened in 1993 in Mese Township when he was only 18 years old. He was travelling along the Thai border with his group when the accident happened. The landmine that injured him was a factory made device and had been laid by his own military organization. He was carried out by his companions to Mae Hong Son for medical treatment. Later, he was sent to Mandalay to receive a prosthesis. Since, he works in the KNPLF rehabilitation center in Loikaw. He has 4 children all born after his accident. Many former combatants in Kayah reported that some areas had been mined several times by different military groups, creating complicated contamination patterns. They explained that it was not always possible to know who has mined what areas.

Contrary to Kachin State, most mine accidents in Kayah have taken place a long time ago because the conflict was more intense in the 90' and the belligerents observed a ceasefire since 2012. The number of new cases has been very low since several years; DRC/DDG has been informed of 4 accidents in 2014 and 2 in 2015.

Landmines contaminates power lines in Kayah



There are seven townships and one sub-township (Ywarthit) in Kayah and all of them are reported to be contaminated by landmines (hand-made and industrial) and ERW. Former NSAG combatants reported that many 'hand-made' landmines should not be operational anymore as battery life is only 6 months.

The most contaminated areas and townships are allegedly Shadaw, Mese, Hpasawng (Maw Chi and Khe Me Phyu areas), East of Ywarthit sub-Township, the forest areas, the border regions along Thailand and areas around military positions. A particularity in Kayah: electricity pillars, electric power lines and power plants, particularly the Balachaung Hydropower plant, are also mined and have caused a lot of accidents.

According to interviewed former combatants and respondents, in Kayah State, the most dangerous activities and behaviors include:

- Travelling to the forest for hunting or to collect livelihood products (food, bamboo shoots, firewood, roots, fruits, etc.),
- Wandering around the basis of electricity pillars,
- Patrolling along the border with Thailand and other contaminated areas.

6.3. Activities and gaps in the services to landmines / ERW survivors in Kayah

As in Kachin, psycho-social support and socio-economic reintegration (livelihood, vocational training and income generating activities) are considered as the most needed services to develop for the benefit of landmine survivors in Kayah.

6.3.1. Emergency and transportation assistance

As in Kachin, several organizations provide emergency mine victim assistance to landmine survivors to cover emergency basic needs. DRC/DDG and World Education (WE) are among them; however, as explained above, the number of new cases remains very low²⁶.

6.3.2. Medical assistance

Local hospitals managed by the Health Department provide the usual emergency medical treatments. Most of the survivors are transferred to Loikaw hospital after a possible emergency assistance in township health facilities.

6.3.3. Physical rehabilitation

There is a rehabilitation centre in Loikaw managed by the Karenni National Health Worker Organization (KNHWO) operating under the KNPLF. This facility is the only physical rehabilitation service providing assistance to PWD in the State²⁷. The centre produces prostheses, wheelchairs and crutches as well as physiotherapy and counselling. In 2014, they were supported by Clear Path International (CPI) and International Rescue Committee (IRC). They declared to have serviced 361 patients (including 'old' patients) in 2014 and have manufactured 7 to 8 new devices per month. They also reported to have produced more than 200 prostheses in 2014. They operate with 6 technicians (all landmines survivors) who have received on-the-job training in Mae Sot for 2 years.

²⁶ World Education is one of those organizations and provided emergency victim assistance to only 2 new landmines victims in 2013 and 2014.

²⁷ KSWDC provided rehabilitation services with DCA funding through a mobile workshop operating from the border, but it is unclear if this service is still ongoing.

Assistive devices are delivered free of charge and the centre provides assistance to all people who visit them in Loikaw. They said to use polypropylene from Thailand but they build the knees themselves. There is definitely a need for such a service in the State but the orthopedic technicians did not really receive a professional training and this issue has to be addressed. DRC/DDG has planned to renovate the structure in 2015.

Text Box 5:

Physical Rehabilitation Services in Myanmar

Until 2007, ICRC supported 7 rehabilitation centers in the country (3 with MoH, 3 with MoD and 1 with the MRCS in Hpa An). This support had stopped when the organization had to leave the country and the cooperation with those national institutions ceased except in Hpa An. Since the return of the organization in 2012, the support has resumed to the Yenanthar Hospital near Mandalay.

ICRC has recently started to build a new rehabilitation centre in Myitkyina that will be operational in 2016 and second one in Kengtung that will hopefully open in 2017, both structures in cooperation with MRCS.

Availability of professional services and competent personnel are notoriously lacking in Myanmar. ICRC estimates that 300,000 Myanmar nationals are in need of orthopedic and assistive devices for lower limbs (prostheses, orthoses and wheelchairs). Taking into account the usual replacement rate of three years for such devices, the national production should reach 100,000 devices a year while the current production capacity is only 10,000.

The needs in professionally trained technicians is estimated to be 300 in the country while there are currently only 11 orthopedic technicians trained at the ISPO level 2 which constitute the international professional norm²⁸.

Exceed Worldwide (former Cambodia Trust) has just opened the Myanmar School of Prosthetics and Orthotics (MSPO), based at the University of Medical Technology in Yangon. They will train 15 technicians per year and the first ones will graduate in 4 years.

The staff operating the KNPLF rehabilitation center demonstrated strong motivation and eagerness to continue to deliver their essential services for the benefit of PWD in the State. This center fully makes sense in the rehabilitation services map in Myanmar. Patients do not need to travel far away for service and repair and maintenance is facilitated, increasing the chances to have the device effectively used.

Nevertheless the professional aptitudes of the technicians are not appropriate and refresher trainings should be provided. Ideally, an international orthopedic professional should assist them in the short term. Long term plans could aim at staffing at least one national ISPO level 2 technician in the center or find a solution to send some of the Loikaw technicians to MSPO (although it is more likely that they will not have a sufficient education level for admission). The infrastructure should also be renovated, especially the machines and the casting room.

Other existing rehabilitation resources are available in the Aungban military hospital near Taunggyi (Shan State) or the MRCS facility in Hpa An (Kayin State) but the travels take two days as the direct road cannot be used.

6.3.4. Psycho-social support

There is no organized service in the State delivering psycho-social support to PWD. The fact has been recognized and discussed during the MRE Working Group. World Education has started to support landmines survivors and conduct home visits to provide counselling on self-health care and advices on personal hygiene (orthopedic device cleaning, how to avoid infection, rehabilitation exercises, etc.). WE and DSW underlined the importance of psycho-social support to PWD who are discriminated, stigmatized and feel shameful; their integration into their community and the society is allegedly quite poor. In 2015, WE will enlarge the support to all PWD and plans to develop 3 PWD self-help groups (2 on Loikaw and 1 in Mese). The organization also considers creating a disability focal point in the State.

In Kayah, PWD lack accessibility to adequate social services and counselling. Developing networks among PWD and linking those networks with a multi-services platform to assist them is something that is necessary. No representative of a Disabled People Organization (DPO) has been identified in Kayah but there is a large network of local community based organizations that could be interested to cooperate in such projects (and obviously with the support of international organizations).

The main recommendation is to develop a resources centre that will provide services currently lacking in Kayah State (mapping of available facilities and services for PWD, reference to medical care or rehabilitation structures, legal support) and will facilitate access to vocational training and livelihood assistance. Advocacy

²⁸ International Society for Prosthetics and Orthotics (ISPO).

in support to PWD should also be reinforced to decrease discrimination and stigma. Job placement for PWD can also be developed, potentially in the touristic sector. Such a project can be linked to DSW and contribute to capacity building of the State department in the long term. The Karenni Youth New Generation organization (KYNG) has been visited in Loikaw and explained to have already tried to develop a similar project but lacked the resources²⁹. This organization has also developed a network of more than 150 teachers (working in 108 schools) that could be used to deliver MRE in schools, even in NGCA. Such a network could also contribute to identify and liaise with survivors and PWD.

6.3.5. Socio-economic reintegration and livelihood

Angelo, young landmine survivor in Kayah with his family



In the frame of the Community-Driven Safety and Development (CDS) approach, DRC/DDG provides socio-economic reintegration assistance to survivors (livelihood, small infra projects, etc.). The project focuses on 15 villages but there are obviously not many survivors among the beneficiaries. Cash grants are provided to most vulnerable households selected by the community's committee established in each village and responsible for the selection, distribution and monitoring of the activities. The amount of the assistance is maximum USD 150 and is spent according to requests, generally for agriculture seeds and tools or for livestock³⁰.

WE provided livelihood assistance to 28 landmines survivors (USD 300 cash grants for livestock – mostly pigs). The organization also provides small business counselling, vocational training and tools (for activities as carpentry, sesame cultivation, radio repair, small shops).

In 2014, UNHCR provided livelihood assistance to 420 vulnerable households through implementing partners and only one of them was a landmine survivor.

Many respondents interviewed during the survey reported that short term assistance and individual support create tensions in the community and develop dependency. A long term and sustainable approach is again recommended. As Kayah is a small state with a small population, it is advised to be as inclusive as possible.

Provision of vocational training should definitely be considered as it does not seem to be developed in the State, keeping in mind the same caveats as in Kachin. There is often strong competition among those receiving training in the most common activities; the assistance is therefore not always conducive to successful business development. Suggestions have been made by some respondents to consider less chartered territories as tin smith training or bamboo baskets production, possibly for the touristic sector.

As recent accidents became quite rare, most survivors are likely to be 'older' adults and may not be able to benefit from vocational training or business grants. In this case, assistance could obviously be provided to the family or the local community. Support to education of the children should also be a priority in terms of school fees, stationary, clothes, bags or registration fees.

The Kainayar Rural Social Development Organization³¹ (KRSDO) has a presence in Demoso, Shadaw, Loikaw and in Shan state. They conduct livelihood support (livestock breeding), agriculture (training and

²⁹ This organization is one of the 6 beneficiaries of the US Embassy grant to conduct MRE activities.

³⁰ See Annex 6: Guidelines for support to self-help groups and recommendations for programme identification. From 'Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries Funding Mechanisms for Self-Employment', Handicap International August 2006.

³¹ This organization is also a beneficiary of the US Embassy small grant.

provision of seeds), food security (rice bank) and health education (1 person / village study 3 months course / connect with national health services). They work on child rights and deliver non-formal education. They cooperated with DCA for MRE and have trained local MRE focal points in villages affected by landmines.

6.3. Conclusions for Kayah State

Kayah is a small State with a modest population; a ceasefire is observed since several years. In addition, MRE activities have been conducted since several years in many areas of the State. Since several years, only a small number of landmines casualties have been recorded and most accidents took place a long time ago, sometimes more than 20 years. Landmines survivors are estimated to be around 250 with 70% of them believed to be civilians, the remaining being former military elements or combatants from NSAG. Nearly all survivors are male and only a small proportion of less than 5% would be children. Dangerous behaviors are well documented and include going to the forest for hunting or to collect forestry products for livelihood purpose.

There is rehabilitation centre in Kayah but the staff need refresher training and the facility refurbished. No DPO has been identified in Kayah but there is a dense network of CBO that could be used to develop livelihood and socio-economic reintegration activities. A disability resources centre could be developed in liaison with DSW to provide services to PWD and to support self-employment and small business activities in the community.

7. COMMUNITY BASED APPROACH AND CDRD



The fourth question of this survey relates to 'Community Based Rehabilitation' (CBR) and the possibility to integrate it in the Community-Driven Recovery and Development (CDRD) approach.

It should be underlined that CBR is a specific strategy and concept that was initiated by the World Health Organization (WHO) nearly 40 years ago³². It encourages projects and programmes that involve people with disabilities, and their families, within the communities themselves and supports the full participation and inclusion of persons with disabilities in the life of their communities. The CBR concept is actually quite large and diverse according to the

countries where it has been implemented. To avoid any confusion and remain in a more strategic perspective, this report will rather adopt the concept of 'community-based approach' to develop services and activities in support to PWD in their community.

DRC/DDG considers integrating victim assistance within the CDRD approach the organization has decided to introduce in Myanmar³³. CDRD recognizes that communities are in control of their development and of their resources. CDRD treats poor people as assets and partners in the development process, building on their own institutions and resources. Experience has shown that, with access to information and appropriate support, communities can effectively organize to provide goods and services that meet their needs. Support to CDRD usually includes strengthening and financing inclusive community groups and facilitating community access to information.

This approach is perfectly in line with the recommendations of this report and considered the appropriate strategy to provide inclusive, sustainable and long term assistance to people with disabilities and support their integration in their communities and the society. Access to physical rehabilitation is an important aspect of the assistance to PWD; however, it is not recommended to focus on those services in the frame of a community based approach. In terms of physical rehabilitation services, it is probably a better strategic option to concentrate on reinforcing capacities of professional services and facilitate access for PWD.

On the other hand, it is certainly recommended to adopt community based approaches to develop psycho-social support and socio-economic integration that were repeatedly mentioned as the most important priorities in Kachin as in Kayah during the field phase of the survey.

Such an approach is more inclusive and is compatible with the basic principles of the proposed 'victim assistance' strategy:

- Victim assistance should not be conducted in isolation of activities and services developed for other PWD;
- Providing socio-economic or psycho-social support to PWD is long term issue and should be sustainable;
- Supporting the development of PWD organizations, networks and peer groups should be encouraged to strengthen ownership and increase the chances of success for small business and self-employment projects;
- Provision of capacity building to CBO, DPO and PWD organizations will increase sustainability of those initiatives,
- Local communities, PWG organizations and peer groups should design, own and conduct their projects and activities to sustainability.

³² Comprehensive CBR involves working with people with all forms of impairment, focusing on networking with existing health, education, livelihood and social services so that they include the needs and potentials of persons with disabilities. Sustainability and continuity can be achieved by encouraging persons with disabilities and their families to become involved in community affairs and by encouraging the community to recognise and meet the aspirations and needs of persons with disabilities. CBR involves working closely with persons with disabilities and their families to overcome physical and sociological barriers within their communities through a holistic approach to a person and their environment in the areas of health, education, livelihood, social inclusion, skill development and empowerment.

For more details on CBR: <http://www.who.int/disabilities/publications/cbr/en/>

See also WHO CBR guidelines : <http://www.who.int/disabilities/publications/cbr/en/>

³³ Community-Driven Recovery and Development (CDRD), An Inter-organizational Initiative, Operations Manual, February 2010, DRC, DFID, UNICEF, WB.

As a guideline, below is the matrix of recommended activities to be implemented in support to the provision of services to landmines survivors and PWD in general.

Matrix of activities supporting victim assistance and integration of landmines victims and people with disabilities in their communities and society

CATEGORIES OF ASSISTANCE	BENEFICIARIES / TARGETS	RECOMMENDED ACTIVITIES AND INTERVENTIONS TO MEET THE CURRENT GAPS AND LIMITATIONS IN VICTIM ASSISTANCE
EMERGENCY ASSISTANCE	All individual victims	Emergency Mine Victim Assistance / Individual Protection Assistance Support to facilitate small surgery to remove metallic fragments Transportation costs to medical and rehabilitation services
	Victim caretaker	Emergency Mine Victim Assistance / Individual Protection Assistance scheme
MEDICAL SUPPORT	All individual victims	Emergency and continuing medical care (provided by health departments) Small grant for occasional small surgery equipment (to be purchased outside of hospitals) Grant for small surgical operations to remove harmful metallic fragments
PHYSICAL REHABILITATION	Victims having physical impairments	Physical rehabilitation services: physiotherapy and provision of prostheses, wheelchairs and crutches
PSYCHO-SOCIAL SUPPORT	People with disabilities	Support to disabled people organizations (DPO) Support in developing peer groups / self-help groups Setting up of 'disability resources centres' (mapping of services, reference, legal support, job placement, advocacy, etc.)
SOCIO-ECONOMIC INTEGRATION AND LIVELIHOOD	People with disabilities Families of PWD Local communities	Rehabilitation of community buildings to facilitate access to PWD (access) Rehabilitation of victims' homes to improve access and living conditions (toilets, direct access) Support to victims' children education (school fees, registration costs, uniforms, books, bags) Vocational training to the victim or a family member if the victim is not able to benefit Livelihood support through DPO, self-help groups and community based organizations: <ul style="list-style-type: none"> Access to funding mechanisms, preferably grants Provision of agriculture equipment Provision of livestock Provision of seeds Business support / advise in the frame of a self-help groups Support to self-employment and small business for PWD Support to PWD family members to run small family business if PWD is not able to work directly or to manage small business

8. Major conclusions and recommendations

▪ Victim Information System

There is no victim information system in Myanmar and information about landmines casualties is minimal. Available information is patchy and often inaccurate. Collection of data is sporadic and irregular. This situation poses a serious problem in the development of a strategy to address the problems posed by landmines and to document mine risk education and activities in support to landmines survivors and their families.

It will take time to set up a victim information system that will comply with international standards and practices. In the meantime, mine action organizations able and willing to collect data on landmines victims should develop a simple and ad hoc mechanism that will capture essential victims' data and guide the strategic orientations of the mine action programme. To avoid redundancies, one organization should be responsible for collecting data in one specific region or State.

▪ Mine Risk Education

There has been very little MRE conducted in Myanmar and in particular in Kachin. In Kayah, MRE has been delivered since a while and there are more MRE organizations operating in the State.

The fact that most victims did not benefit from MRE demonstrates the necessity to reinforce this service to affected communities and displaced populations. It is also well understood that people travel to dangerous areas for economic necessity and that most of them will continue with such existing dangerous behaviors. MRE should be strengthened to be delivered to a maximum of beneficiaries and should be tailored according to specific target groups (adults / children; males / females). MRE should also be integrated in schools curriculum and community mapping should be continued and encouraged.

▪ Emergency mine victim assistance

Emergency mine victim assistance provides an essential service to landmines victims and their families to access emergency medical cares and physical rehabilitation services. Such a support should be continued and budget increased if and when considered insufficient.

▪ Physical Rehabilitation

The current problem of the absence of physical rehabilitation services in Kachin will soon be resolved with the construction of the ICRC / MRCS facility that will be operational in 2016.

The Loikaw rehabilitation centre plays an important role to ensure access to rehabilitation services in Kayah State. However the infrastructure of the center should be improved and refurbished and technical competences of the staff should be enhanced.

▪ Psycho-social support

There are very little initiatives in terms of psycho-social support in Kachin and Kayah. Community based approach should be favored with the setting up of self-help groups, peer-to-peer services and a disability resources centres. Those networks will be used to support socio-economic reintegration activities and increase their chances of success.

▪ Socio-economic reintegration

Assistance to landmines survivors and PWD should be inclusive, sustainable and integrated in the community.

Vocational training and longer term socio-economic reintegration assistance (cash grants, livelihood support, small business, etc.) has to be introduced and developed through communities, PWD and DPO networks. Based on CDRD principles, local communities and peer groups will design, own and conduct projects. Business services assistance should be proposed and support to education for children's survivors' family should be more systematic (registration fees, school fees, books, uniform, etc.). Small grants for surgical support could be provided to survivors with metallic fragments remaining in their body.

ANNEXES

- ANNEX 1: Terms of reference of the survey**
- ANNEX 2: List of persons and organizations met during the survey**
- ANNEX 3: Landmines and Improvised Explosive Devices used in Myanmar**
- ANNEX 4: ICRC physical rehabilitation programme statistics**
- ANNEX 5: Map of physical rehabilitation services in Myanmar**
- ANNEX 6: Guideline to support self-help groups and practical recommendations for programme identification**

ANNEX 1:

TERMS OF REFERENCE

Landmine/ERW victim surveys in Kachin State and Kayah State, Myanmar

DRC has been operating in Myanmar since 2009 and currently supports operations in three different States. The overall programme objective is the promotion and protection of durable solutions for vulnerable populations including disaster-affected people, IDPs and returnees in Rakhine State, Kachin State and the Southeast of Myanmar. DRC's work is based on humanitarian and protection principles and human rights.

DRC/DDG Myanmar currently employs over 100 national and 13 international staff and operates from five operational offices. DRC's main office is in Yangon; the main donors of DRC in Myanmar are DANIDA, Sida, ECHO, UNHCR and UNICEF.

Aim of the Landmine/ERW victim survey

The aim of the survey is to gather objective, quantitative and qualitative data on opportunities for re-integration of landmine/explosive remnants of war (ERW) victims in Kachin and Kayah States in Myanmar, in order to better tailor and provide subsequent interventions. The study should answer the following **four research questions**:

1. Who are the victims?

In order to plan what to do, we need to understand who the victims are and how they came to become casualties. DRC/DDG will be able to provide internally collected data from DRC/DDG areas of operation to accompany KAP survey data for South East of Myanmar and data from the Rapid Needs Assessment conducted in 2014 covering Kachin and Northern Shan State that is to be released shortly.

2. What is the environment in terms of stakeholders and existing resources providing support to people with disabilities?

It is expected that the answer to this question will provide a thorough clarity on what governmental and non-governmental (e.g. NGO, ICRC, etc.) structures are in place, their capacity and existing gaps, and the access that landmine survivors have to the services provided by these structures. Also, if access is provided, what structures are in place in areas controlled by non-state actors, their capacity and existing gaps, and the access that landmine survivors have to the services provided by these structures. It should furthermore provide information of any surveillance mechanisms (if any) at state level and what support providers and activities (if any) that are available for people with disabilities in the area of interest.

3. What are the current limitations in the support available for people with disabilities to assist social and economic re-integration?

Based on the findings from the above questions identify what the current limitations are for people with disabilities to become socially and economically re-integrated into the society.

4. How can community based rehabilitation of landmine survivors be integrated in DRC/DDGs Community Driven Recovery and Development program?

Given the data determined above, the research must be able to draw objective conclusions on the potential for community based MVA rehabilitation and suitable implementation modalities as part of the DRC/DDG CDRD program. This should include a matrix that determines the appropriate type of intervention to increase opportunities for social and economic reintegration for each casualty pattern and degree of severity.

Coherence

In order to ensure the data gathered from this process is coherent with the mine action sector, the casualty data forms in the Myanmar Mine Action Standards (MMAS) should be used as much as possible.

Key Stakeholders

To be able to answer the research questions it is expected that the researcher will reach out to several key stakeholders such as International Non-Governmental Organisations, Community Based Organisations as well as relevant government authorities and ethnic groups.

Tentative Time line

5-10 January 2015 – Yangon Briefing and meeting with key stakeholders in Yangon

11- 17 January 2015 – Kachin Meeting with key stakeholders in Kachin state

18 – 23 January 2015 – Kayah Meeting with key stakeholders in Kayah state
23 – 30 January 2015 – Yangon Follow up meeting and presentation of the initial findings
20 February 2015 Deadline for submission of final report

Deliverables

The required outputs of this consultancy are as follows:

One report comprising the findings of the research questions, and that cover both Kayah and Kachin State

The report should preferably be around 20-30 pages, excluding appendices. Recommendations for DRC/DDG based on the study's findings should be presented in one appendix

Produced in English and should be simple in expression and easy to understand

The report format and text should be presented in Microsoft Word using New Roman 11 or 12 or Arial 10 or 11.

Briefing of in-country team on the initial findings of the research

One electronic copy of the report is to be submitted by the agreed deadline

Intellectual Property

DRC/DDG will retain full intellectual property rights of the final report following this consultancy.

ANNEX 2:
LIST OF PERSONS AND ORGANIZATIONS MET AND CONTACTED DURING THE SURVEY

AAR Japan	Namiko Motokawa (Programme Coordinator) Kazumi Kubota
DAI	Kirsten Lentz (VA and Disability Senior Advisor)
DCA	Chris Bath (Programme Manager)
DoH	Tun Aung Kyi
DRC/DDG	Anders Bech Tharsgaard (Country Director) Roger Fasth (Operations Manager) Christopher Young (Programme Adviser) Kyew Wanna Oo (Field Coordinator) Chiara Carli (Programme Manager Kachin) Carlotta Valverde (Protection Advisor) Su Su Hlaing (Programme Officer) Thomas Khong Hong (Assistant Field Coordinator) Seng Ja Benedikt Kyaw Thu Lay (Operations Officer) Augustine Marie Lay (Programme Coordinator)
DSW	Myint Zaw
FSD	Melanie Campos (Programme Manager)
HALO	Henry Leach (Representative)
HI	Yann Faivre (Programme Director)
HORC	Kyawt Thida Aung (Manager)
ICRC	Ben Lark (WEC Regional Advisor), Felicity Gapes (Health PM), Gerhard Schmid (Health Coordinator) Didier Reck (Head of Physical Rehabilitation Programme) Leo Gasser (Ortho-prosthetist)
IRC	Sein Hlaing (National Health Director)
KBC	Sangli (Programme Coordinator) Bum Hkrang (Programme Officer)
KMSS	Patrick Laring (Programme Coordinator) Pios Zaumun (MRE Officer)
MAG	Brenda Floors (Community Liaison Manager) Augustine, Marie, Flora
MPHA	Aye Ko Ko (Secretary General) G Zung Sau (Myitkyina)
NPA	Aksel Steel-Nielsen (Programme Manager) Serif Bajic (Information Management Technical Advisor)
PMA	Ye Aung (Director) Thant Zin (President)

RRD	Kyaw Min
Shalom	S Gun Mai (Project Manager)
TLMM	Zaw Moe Aung (Country Director)
UNICEF	Emmanuelle Compingt (Child Protection Specialist) Dominique Reinecke (Child Protection Specialist)
UNDP	Stean August Tshiband (Early Recover Manager)
UNHCR	Lian Yi Yong (Protection Officer) U Aloysius (Field Associate Protection) Matt Byrne (Protection Officer)
World Education	Esther Whang (Programme Coordinator) Kyaw Swar (Field Coordinator)

ANNEX 3:
LANDMINES AND IED USED IN MYANMAR (Courtesy of PMA)

Landmines used in Myanmar Civil War



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ငြိမ်းချမ်းမြန်မာတို့ထောက်ပံ့ရေးဖောင်ဒေးရှင်း
မြန်မာနိုင်ငံခြေည်တွင်းစစ်တွင်တွေ့ရသောလက်လုပ်ဒီဇိုင်းများ



ANNEX 4: ICRC PHYSICAL REHABILITATION PROGRAMME ACTIVITIES 2013 AND 2014

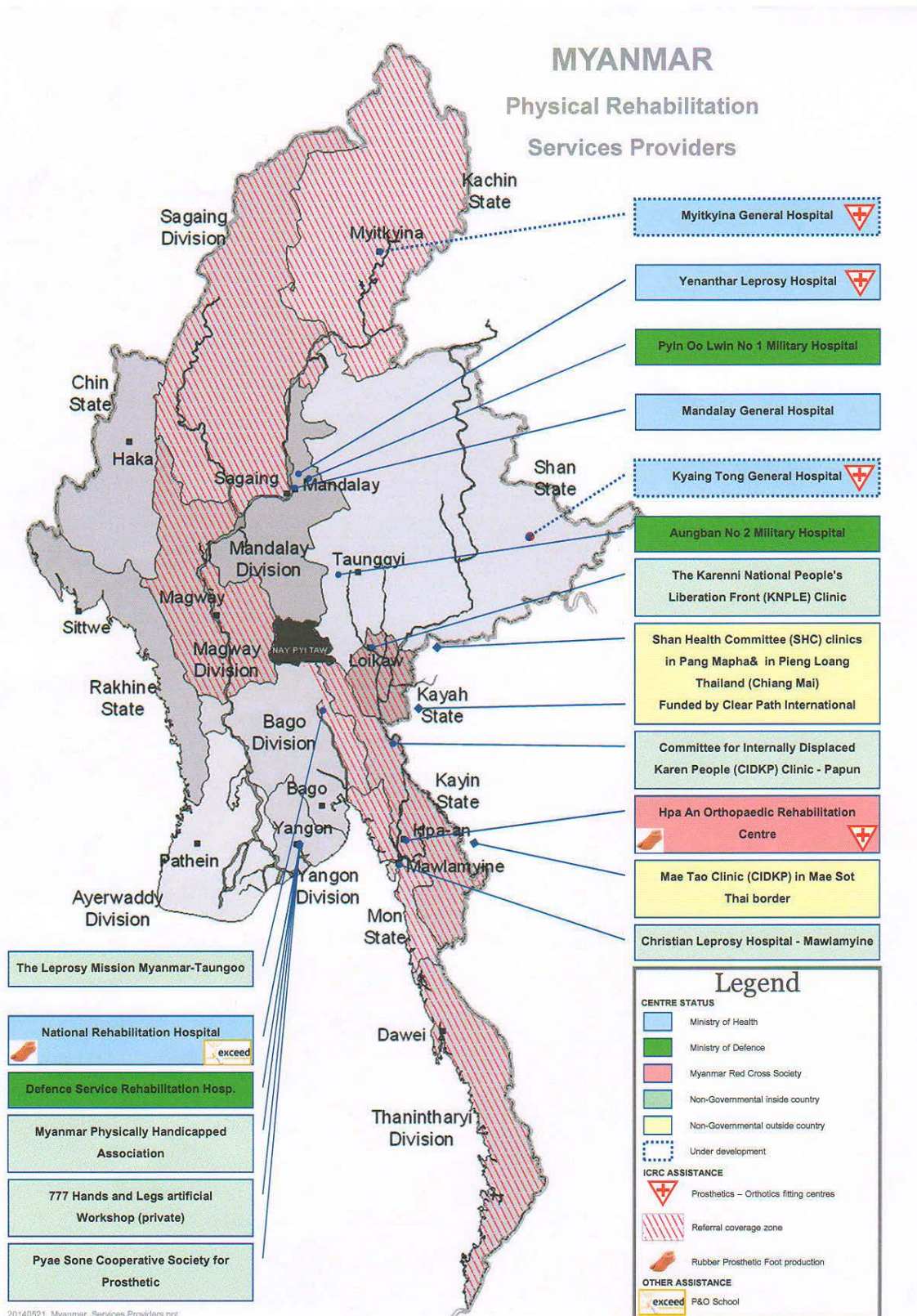
2.5	MONTHLY DATA REPORT FOR PHYSICAL REHABILITATION PROGRAMME ACTIVITIES				ASSORT - MSR							
	SUB-TARGET POPULATION				WS_AMP							
	Country	MYANMAR			Centre	All Centres						
	CountryCode	MM	OUCode	MYAN	GOCCode (when known)	MYANAMPASSORT						
	Month	December		Year	2013							
						Adults		Children < 15 years				
						Male	Female	Male	Female	Total	Total Since Jan.	
2.5.4	Number of patients receiving services from the centre					212	30	3	3	248	4'55	
2.5.5	Number of amputees receiving services from the centre					175	17	0	1	193	3'56	
2.5.6	Number of new patients who received prostheses (new to ICRC)					36	8	0	0	44	53	
2.5.7	Total number of prostheses delivered					76	9	0	0	85	1'74	
2.5.8	Number of prostheses delivered to mine/ERW victims (number should be included in 2.5.7)					30	0	0	0	30	76	
2.5.9	Number of non-amputees receiving services from the centre					37	13	3	2	55	99	
2.5.10	Number of new patients who received orthoses (new to ICRC)					1	0	0	0	1	39	
2.5.11	Total number of orthoses delivered					9	7	7	4	27	1'07	
2.5.12	Number of orthoses delivered to mine/ERW victims (number should be included in 2.5.11)					0	0	0	0	0		
2.5.13	Number of crutches and sticks delivered (pieces)					100	2	2	2	106	1'84	
2.5.14	Number of wheelchairs delivered					1	0	1	0	2	15	
2.5.15	Number of patients receiving physiotherapy from the centre					41	2	0	0	43	952	
2.5.16	Number of new patients receiving physiotherapy from the centre (new to the ICRC)					14	0	0	0	14	167	
2.5.17	Number of mine/ERW victims receiving physiotherapy from the centre (number should be included in 2.5.15)					27	1	0	0	28	586	
Components delivered to non - ICRC projects only					(for Myanmar only - components manufacturing unit)					Total	Total Since Jan.	
2.5.18	Feet										212	3'842
2.5.19	Knees										0	0
2.5.20	Alignment systems										0	0
2.5.21	Orthotic knee joints (pairs)										0	0

28.03.2014

2.5	MONTHLY DATA REPORT FOR PHYSICAL REHABILITATION PROGRAMME ACTIVITIES					ASSORT - MSR								
	SUB-TARGET POPULATION					WS_AMP								
	Country		MYANDec			Centre	All Centres							
	CountryCode		MM	OUCode	MYAN	GOCCode (when known)		MYANWSGASSORT0						
	Month		December		Year	2014								
						Adults		Children < 15 years						
					Male		Female		Male		Female		Total	Total Since Jan.
2.5.4	Number of patients receiving services from the centre					162	17	2	2	183	3 251			
2.5.5	Number of amputees receiving services from the centre					158	16	2	2	178	3 150			
2.5.6	Number of new patients who received prostheses (new to ICRC)					15	2			17	291			
2.5.7	Total number of prostheses delivered					60	9			69	1 027			
2.5.8	Number of prostheses delivered to mine/ERW victims (number should be included in 2.5.7)					28				28	502			
2.5.9	Number of non-amputees receiving services from the centre					4	1			5	101			
2.5.10	Number of new patients who received orthoses (new to ICRC)										12			
2.5.11	Total number of orthoses delivered										23			
2.5.12	Number of orthoses delivered to mine/ERW victims (number should be included in 2.5.11)										1			
2.5.13	Number of crutches and sticks delivered (pieces)					119	18			137	1 889			
2.5.14	Number of wheelchairs delivered					1				1	25			
2.5.15	Number of patients receiving physiotherapy from the centre					38	4	1		43	689			
2.5.16	Number of new patients receiving physiotherapy from the centre (new to the ICRC)					1				1	147			
2.5.17	Number of mine/ERW victims receiving physiotherapy from the centre (number should be included in 2.5.15)					26	1			27	426			
Components delivered to non - ICRC projects only						(for Afghanistan and Cambodia only - components manufacturing unit)				Total	Total Since Jan.			
2.5.18	Feet									100	3 737			
2.5.19	Knees													
2.5.20	Alignment systems													
2.5.21	Orthotic knee joints (pairs)													

07.01.2015

ANNEX 5:
MAP OF PHYSICAL REHABILITATION SERVICES IN MYANMAR



ANNEX 6:

GUIDELINE TO SUPPORT SELF-HELP GROUPS AND PRACTICAL RECOMMENDATIONS FOR PROGRAMME IDENTIFICATION

Practical recommendations for the support of self-help groups

1. Raising awareness

The self-help group approach, and the advantages the participants will gain in the longer term, have to be discussed and understood by all potential participants. Raising awareness among the participants will build their confidence that they can and should rely on their own organisational efforts, and that they can accumulate capital through mobilisation of their own savings. When people are not used to saving, it might be difficult to convince them to start, instead of benefiting right away from external funding. However, savings models exist in many countries (such as traditional saving and lending systems known as tandas, merry-go-rounds, tontines, etc.) and are well known. Examples exist of groups that started a rotating saving and credit association (ROSCA) by themselves before even being introduced to a self-help group programme.

2. Training

When sufficient people have demonstrated their interest and have been brought together in provisional self-help groups, they should be trained in the following: group formation and group dynamics, leadership, the set-up of the saving and credit programme, saving and lending procedures, record keeping, procedures for saving and loan meetings, etc. Internal regulations and a group constitution should be developed: the first to create internal transparency and the second to get any official recognition necessary, for example, to apply for a loan from a bank or microfinance institution.

3. Monitoring

Savings can be started after the initial training, and internal loans after sufficient funds to do so have been raised. Initially the group activities and group functioning should be monitored; first intensively and then according to the necessities and development of each group. Further training and monitoring may be required if links are foreseen with microfinance institutions or banks.

Practical recommendations for programme identification

1. Identifying the target group

Get to know people with disabilities and their characteristics in the target community. This includes analysing their economic needs and current economic activities, as well as their number, their types of disabilities, their rehabilitation needs, etc. 'Based-area' programmes aim to assist people with disabilities within a region. House-to-house visits are the most complete way to identify people with disabilities in a community. An alternative method is to ask community leaders, other organisations or members of the community to identify people with disabilities.

2. Needs assessment

This process should be participatory and can be conducted through PRA methods.

This will help people with disabilities to be actors in their own development and to be committed to the project, by:

- identifying and expressing their problems and obstacles themselves,
- describing current ways of solving their economic problems (and specifically, their lack of access to capital, through family loans, for instance),
- proposing solutions that use existing networks or traditional methods that will help guarantee effectiveness, ownership and sustainability.

The organisation that will implement the economic programme has an advisory role; but good advice starts with good listening.

3. Vulnerability analysis

A vulnerability analysis will allow the organisation to establish selection criteria, and to define personal packages that may include training, self-confidence building and/or personal coaching and also to define what funding mechanism is most appropriate. Vulnerability analyses can include community leaders, representatives of the target groups, and staff of other organisations or government agencies. These

assessments should include qualitative and quantitative factors; a community itself can identify vulnerable persons/families and explain what criteria they used.

4. Market research

Entrepreneurs have to compete in highly competitive markets. People with disabilities may be in a disadvantaged position because of non-efficient production, stigmatisation, a disabling environment that causes them to be less mobile, etc. Prior to funding an economic activity, it is vital to identify what market niches exist and what activities will or will not be profitable. The financing of activities for which there is no demand or an oversupply, or where beneficiaries cannot compete with the low prices or high quality offered by others, should be avoided as this will not lead to sustainable businesses. Quality and exclusivity of the products, the location of the market premises, and the quality of service are all important elements in the competition. Market studies require special expertise. Assistance of specialised outside agencies should be sought if necessary. Most people with disabilities live in rural areas. A proper analysis should be made of the main livelihood activities and the economic opportunities in a specific region; rural activities may include agricultural activities but also cattle production, trade and other non-farming activities.

5. Identification of other service providers

Possible partners should be identified at two levels:

- for the actual funding mechanisms and self-employment programme, by identifying trade associations, training centres, microfinance providers, local government agencies that may be relevant,
- for other services that may be required by a person with disabilities to be a successful entrepreneur, by partnering with rehabilitation programmes, health and education services, etc.