

RASHMI THAPA

Victim Assistance in Cambodia
The Human Face of Survivors
and their Needs for Assistance



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Table of Contents

Preface	02
Abstract	04
Key words	04
Glossary	05
List of acronyms	06
<hr/>	
1. Introduction	07
1.1 Background	07
1.1.1 Brief overview on victim assistance and disability	07
1.1.2 The kingdom of Cambodia and victim assistance	09
1.2 The research scope	11
1.3 Methodology	13
1.3.1 Limitations of the research	15
1.4 The report structure	16
<hr/>	
2. Respondents' profiles - who are the victims?	17
2.1 Activity during the time of the accident	19
2.2 Type of device and disability	20
2.3 Concluding remarks	20
<hr/>	
3. Conditions of victims before and after the accident	21
3.1 Occupation, source of income and mobility	22
3.2 Mental well-being and perception of themselves	23
3.3 Relations with family	25
3.4 Relations with friends and neighbours	25
3.5 Concluding remarks	26
<hr/>	
4. Victim assistance	27
4.1 Victim assistance and its gaps	28
4.2 Victim assistance service providers	29
4.3 Future prospects	30
4.4 Concluding remarks	30
<hr/>	
5. Narratives	31
5.1 Narrative 1: Si Kea	32
5.1.1 Concluding remarks	35
5.2 Narrative 2: Proulnarong	36
5.2.1 Concluding remarks	39
5.3 Narrative 3: Nhan Euom	40
5.3.1 Concluding remarks	43
5.4 Narrative 4: Chaum Pran	44
5.4.1 Concluding remarks	47
<hr/>	
6. Conclusion and reflections	48
7. Recommendations	51
Annex : respondent's background	55
Endnotes	56

Preface

“I hurt myself. When the doctor didn’t care for me, I found ways to kill myself or I removed the serum because I kept thinking I was an able person before. But things had changed. I felt life was meaningless to live. As I stayed in the hospital longer, I slowly transformed my perception because the doctor took care of me!”

Thi poignantly reflects upon his life immediately after he stepped on a landmine and lost both his legs. He says that if he hadn’t received any assistance, he would have lost hope. Yet one cannot help but wonder, what would have happened to Thi if the doctor wasn’t around? Why did Thi have to undergo such a life changing experience as a result of an accident? How was his life before the accident that it became so meaningless after?

A number of legally binding treaties and policies have been put in place to end the suffering of innocent people like Thi and provide needed assistance to prevent people from making extreme and life threatening decisions. These treaties, such as the Mine Ban Treaty (MBT), the Optional Protocol II on the Convention on Conventional Weapons, Convention on Cluster Munition (CCM), not only endeavour to protect, prevent and provide assistance to victims of landmines but also oblige State Parties to clear fields, destroy stockpiles, report on progress and so on. Signed at different periods of times, the MBT and CCM in particular outline, for the first time, one of the most comprehensive obligations on victim assistance (VA).

Despite the challenges that various State Parties to the conventions have faced, their commitment to constantly review and re-evaluate different articles demonstrates the efforts various stakeholders have put towards improving VA. This alone reflects the success of a thought-through coordinated coalition led by various civil society and non-government organizations that manifested in the creation of the MBT. This coalition called International Campaign to Ban Landminesⁱⁱ (ICBL) has resulted in a number of successful campaigns, programmatic interventions, research and monitoring of the obligations with the MBT. Handicap International is one such organization.

Over the past three decades, Handicap International (HI) has spearheaded VA, which has evolved over time. Starting with physical rehabilitation to immediate survivors after an accident, HI embraced the global approach transcending victim assistance with disability in general. In particular, after the formation of ICBL and the ratification of MBT in 1997, HI broadened its scope towards advocacy along with several other organizations. HI also renewed its operations towards inclusive services of physical rehabilitation, psychological and socio-economic services to victims of landmines, explosive remnants of war and of late, cluster munition. Eventually, the organization became the face of VA. However, throughout its evolution, HI has kept its service open to all people living with disabilities including victims of conventional weapons.

This constant re-evaluation of HI's approach to VA has been supported by several groundbreaking research reports in the field. HI has been the lead VA and Casualties agency for monitoring progress on VA in the Landmine Monitor for over ten years. It was one of the first organizations to publish landmark reports on the total number of casualties of Cluster Munition (Fatal Footprint, 2006 and Circle of Impact, 2007) that helped identify HI's position and policy in the Cluster Munition Coalition (CMC). In addition, the organization also produced a report entitled *Voices from the Ground* in 2009 that evaluated the progress of victim assistance in Landmines and Cluster Munition contaminated VA26 countriesⁱⁱⁱ. Complementing this report, a small analytical study was conducted in 2009-2010 to understand the service providers' successes and challenges. The report on this was published in 2010.

This report and research was therefore conceived with this background in mind. From its inception discussion, the idea of the research was to devise a study that would match with the extensive VA work HI had curated over the years. However, it was also essential that although the research was conducted by HI, this report would have to be an independent study to establish its place with its findings, conclusions and recommendations as being genuine and uninfluenced. Putting these two together proved challenging. This study thus was born out of lengthy discussions with various people in and outside of HI.

The initial intention of the research was to bring the lives of victims/survivors of landmines to the forefront. After discussions and some desk study, the research focus still remained on the lives of the victims and elaborated towards positioning these victims within the conditions that surround them. The Kingdom of Cambodia served as an ideal case study because of the heightened impact to lives of people in the country as a result of extensive presence of landmines. Furthermore, the country's confirmation as a host for the upcoming 11th State Party meeting on MBT provided an important moment to launch the report and discuss its findings to key parties involved in the landmine sector.

In this light, the research fulfilled both its objectives on matching previous HI's publications and keeping itself independent. The uniqueness of this research lay in the method that it applied and its findings on understanding victims in a person-oriented framework.

The source of this report was mainly empirical data drawn from interviewing 24 rigorously selected representative samples from three different provinces in the Kingdom of Cambodia. Other sources included desk research on the extensive background, progress, plan and implementation carried out on VA in Cambodia.

The respondents in this report have all been disabled by landmines, hence cross cutting its approach to understanding victims as both victims and survivors and people living with disabilities. Cambodia's case study provided a vital source by reflecting on the ground experiences to validate the main research argument, scope and answers it questions.

Writing this report thus provided an opportunity to contextualize global debates and movements on victim assistance within Cambodia. It helped identify the interactions of the two contexts, their similarities, the Cambodian adaptation of VA and how it impacted the victim's lives. This in turn, also showed how victim's lives impact the policies devised for their assistance.

Rashmi Thapa
Brussels, 29th October 2011

Abstract

This paper highlights that the interaction and relationship between consecutive generations, conditions and a myriad of factors is not a straightforward process. It involves the perception of people within these trajectories and how, at each stage of life, their relationships shaped their outlook. In instances of unexpected accidents, in particular, these outlooks and perceptions fall apart. Taking this assumption as its premise, this paper attempts to examine the lives of victims/survivors of landmines by tracking their historical background, the accident and their present conditions. A broader victim assistance and disability framework serves as the backdrop of analysis in this report. With a mixture of empirical data and secondary desk research, this paper explains how needs of victims can be understood by positioning it within the victim's lives. Furthermore, an argument is built calling on key decision, policy makers and implementers to elaborate victim's understanding and definition in a person-oriented manner viewing them as 'people' and not merely as injured or killed by landmines/explosive remnants of war/cluster munition.

Key Words

Victims, Survivors, Victim assistance, Needs, Inclusion, Disability, Person-Oriented Approach

Glossary^{iv}

Anti-personnel Landmines	According to the Mine Ban Treaty, an antipersonnel mine “means a mine designed to be exploded by the presence, proximity or contact of a person and that will incapacitate, injure or kill one or more persons.”
Anti-vehicle Landmines	According to the Mine Ban Treaty, an anti-vehicle mine is a mine designed “to be detonated by the presence, proximity or contact of a vehicle as opposed to a person.”
Cluster Munition	According to the Convention on Cluster Munitions, a cluster munition is “A conventional munition that is designed to disperse or release explosive submunitions each weighing less than 20 kilograms, and includes those submunitions.” Cluster munitions consist of containers and submunitions. Launched from the ground or air, the containers open and disperse submunitions (bomblets) over a wide area. Bomblets are typically designed to pierce armor, kill personnel, or both.
People with Disabilities	The Convention of Rights Persons with Disabilities defines people with disabilities as “those who have long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others’.”
Disability	Disability is an evolving concept that interacts with various factors and hence is seen as a social model adapting to different contexts. It encompasses concepts of people with disabilities, impairments and so on.
Explosive Remnants of War (ERW)	Means the unexploded ordnance and abandoned explosive ordnance that excludes mines, booby-traps or other devices.
Mined Area	Mined Area According to the Mine Ban Treaty, mined areas are areas, which are dangerous due to the presence or suspected presence of mines.
Survivors	Survivors are persons injured as a direct consequence of landmines and ERW.
Victims	According to the Mine Ban Treaty and Convention on Cluster Munition, victims are ‘all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalization or substantial impairment of the realization of their rights ^{vii} ’ caused by the use of weapons of war. In this light, there are two types of victims: (i) Direct victims are persons injured or killed as a direct consequence of landmines and ERW; (ii) Indirect victims include families and communities of those killed or injured as a direct consequence of landmines and ERW. It also includes mines and ERW impacted communities that suffer economically or otherwise due to the presence of contamination.
Victim Assistance	According to the Mine Ban Treaty and Convention on Cluster Munition, victim assistance includes (not limited to) “casualty data collection, emergency and continued medical care, physical rehabilitation, psychological support and social integration, economic integration and laws and public policies to ensure the full and equal integration and participation of survivors, their families and communities in society ^{vii} .”

List of Acronyms

CAP	Cartegena Action Plan
CCM	Convention on Cluster Munition
CCW	Convention on Conventional Weapons
CMAA	Cambodian Mine Action and Victim Assistance Authority
CMVIS	Cambodian Mine/Unexploded Ordnance (UXO) Victim Information System
CRC	Cambodian Red Cross
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Disability Action Council
ERW	Explosive Remnants of War
RGoC	Royal Government of Cambodia
HI	Handicap International
HIB	Handicap International Belgium
ICBL-CMC	International Campaign to Ban Landmines and Cluster Munition Coalition
ICRC	International Committee of the Red Cross
MAG	Mine Advisory Group
MBT	Mine Ban Treaty
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NAP	Nairobi Action Plan
NDCC	National Disability Coordination Committee
NGO	Non-Government Organization
NPAPWD	National Plan of Action on Persons with Disabilities
PWD	Persons with Disability
TIGA	Towards Sustainable Income Generating Activities for Mine Victim and Other Persons with Disability
UXO	Unexploded Ordnance
UNTAC	United Nations Transitional Authority in Cambodia
VA	Victim assistance



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1. Introduction

1.1

Background

1.1.1 Brief overview on victim assistance and disability

The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction^{viii} commonly referred to as the Mine Ban Treaty (MBT) or Ottawa Treaty entered into force in 1999. The ultimate goal of the Convention was to “put an end to the suffering and casualties caused by anti-personnel mines, that kill or maim hundreds^{ix}...” The treaty stipulates that all ratified State Parties (157 and counting) are obliged to (among others) destroy and prohibit the use of anti-personnel mines in mined areas and stockpiles, seek international co-operation and provide assistance to victims, ensure transparency measures. Article 6 of the Treaty encompasses the duty of each State Party

to provide needed assistance to victims of landmines. It states “Each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims and for mine awareness programs”^x. The Mine Ban Treaty presents VA to be reached with support from various organizations; bilateral and multilateral organizations. These coordinated efforts led to successful awareness raising and assistance to victims. However, some concerns were raised over the years on the limited space VA covered in the Treaty and it being combined with international co-operation articles. In 2004 and 2009, two conferences were held to review the progresses made so far and to address concerns over some of the articles.

In 2004, in the Nairobi Action Plan (NAP)^{xi}, the State Parties adopted a five-year plan 2005-2009 wherein VA, amongst other items, was given a comprehensive outlook. Action IV of the plan covered a total of 11 articles, which encompassed obligations on assistance to be provided within the framework of victim’s needs and rights. In addition to this, the NAP established a guide to State Parties to comply with the stronger obligation of VA in the MBT^{xii}. Furthermore, in 2009, in the Cartagena Action Plan (CAP)^{xiii}, the State Parties met to review the MBT, ten years after its entry into force. VA-related actions strengthened the efforts of States Parties to provide VA in the MBT Article IV adapting to the changes made in NAP. The article further highlighted the need to capture VA within the broader disability, human rights and development structures. These developments in VA were also adapted into the Convention on Cluster Munition (CCM) in 2008, which entered into force in 2010 with 63 State Parties. MBT, its VA advancement and CCM are arguably two of the most accomplished treaties in incorporating extensive VA obligations.

According to these two treaties, VA includes six components^{xiv} - i) understanding the extent of the challenge (data collection); ii) emergency and ongoing medical care; iii) physical and functional rehabilitation; iv) psychological and psycho-social support; v) social and economic inclusion; and vi) laws and public policies.

Inevitably, over the years since the MBT first entered into force, an abundance of research, policy, recommendations and implementation has been geared towards VA. One example was the “Bad Hannef Framework^{xv}”, which provided guidelines for the integration of VA in mine action within the framework of participation, coherence and solidarity. The Bad Hannef Framework helped shape the integration of victims within the broader development-oriented context including that of disability and its definition. The Convention on the Rights of Persons with Disabilities (CRPD) defines people with disability (PWD) as “those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others^{xvi}.” The convention identifies victims who have been disabled as also within the definition, and hence are entitled to the rights as all PWD. VA, thus, goes hand in hand with CRPD, protecting and promoting the victims rights particularly those of inclusion, non-discrimination and participation in addition to the six components of VA detailed above.

This research report, while acknowledging the challenges of attaining all six components of VA and CRPD of the State Parties, combines the two as its backbone of analysis. It specifically draws on examining the impact of evolution of VA in the victim's lives; understanding the change in conditions of victims *before* and *after* the accident; and analysing the access of some of the crosscutting rights of victims/disabled people. In doing so, the report endeavours to recognize 'who' the victims of landmines are. These victims as the research respondents are the direct victims or survivors^{xvii}. A case study of the Kingdom of Cambodia is presented to complete the analysis. Cambodia, as one of the State Parties, has been proven to be one of the most affected by landmines and to have an excellent data collection system and thus served as an ideal case.

1.1.2 The Kingdom of Cambodia and victim assistance

The Kingdom of Cambodia has throughout history gone through tumultuous times of colonization, warfare and internal social turmoil. Landmines were used in different periods to maim and decapitate armies, form barriers, create fear in civilians and control population movements^{xviii}. First laid in 1960 during the Vietnam War, the landmines were planted extensively towards the end of the 60s when the country broke into a widespread civil war that continued into the 90s^{xix}. The country attracted much international attention during the second Indo-China war between 1969 and 1973 with a high volume of US B-52 bombardment^{xx}. Moreover, Khmer Rouge established the Democratic Kampuchea (DK) in 1975-1979. This rule was characterized as tyrannical, whereby quarter of the country's population dying from starvation, overwork or exhaustion^{xxi}. In spite of the Khmer Rouge's established of DK, landmines continued to be laid in a determination to "transform the country into a class-free, self-reliant agrarian society^{xxii}."

The Landmine Monitor 2011, based on data from Cambodia Mine/UXO Victim Information System (CMVIS), reported that by the end of 2010 (1979-2010), Cambodia had an alarming 63,815 casualties of landmines, explosive remnants of war (ERW) and cluster munitions^{xxiii}. Out of this, 286 have been recorded for the year 2010 (71 killed and 215 injured), with an estimate of 63 by anti-personnel landmines, 78 by anti-vehicle mines and 118 by ERW. 90% of these casualties were civilians, of which 30% were children^{xxiv}.

These figures alone demonstrate the extent of human suffering and devastation the country has endured for decades. Combining these with the loss of livelihoods, socio-economic situations, environmental conditions and other factors manifested as the long-term effect of war.

Recognizing the considerable damage inflicted on the country at all levels (political, social, economic, livelihoods, lives etc.), the first United Nations Mission in Cambodia was set up in 1991. One of the Mission's mandates was to help deploy United Nations Transitional Authority in Cambodia (UNTAC) for mine clearance and training Cambodians to clear mines^{xxv}. Following the progressive handovers of UNTAC, the Cambodia Mine Action Authority (CMAC) was established in 1992. CMAC's role was envisioned to

be the coordinating body for qualitative demining. CMAC maintained this function for approximately ten years. At about the same period, other international non-governmental organizations such as HALO Trust, Mine Advisory Group (MAG) and Handicap International (HI) entered the scene to support clearance, risk education and logistical responsibilities. However, the national government faced considerable challenges sustaining a consistent fund for CMAC.

In the mean time, the international community's push for the Royal Government of Cambodia (RGoC) to address these crucial development needs fostered RGoC signing the Mine Ban Treaty in 1997, ratifying in 1999 and becoming a State Party in 2000^{xxvi}. The government is also a party to the Convention on Conventional Weapons (CCW) and its Amended Protocol II on Landmines^{xxvii}. Subsequently, this opened doors to a pool of recourses from donor countries, paving the way for more comprehensive VA.

In 2000, the RGoC founded the Cambodian Mine Action and Victim Assistance Authority (CMAA) to take the lead role in national coordination and regulation, hence replacing CMAC's originally assigned role^{xxviii}. CMAC's renewed role was to focus on clearance, marking, training and risk education. CMAA progressively delegated its VA coordination to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and Disability Action Council (DAC) by sub decree in 2001. Furthermore, a new National Disability Committee (NDCC) was formed in 2009 to incorporate VA into the general disability coordination sector. NDCC is chaired by MoSVY and DAC^{xxix}. The focus of these committees, government focal points and coordinating mechanisms is to support a sound planning and implementation of VA, through a coordinated approach. Of which, arguably the most successful is data collection. This model is planned to be replicated in other State Party countries too^{xxx}. This information database called Cambodian Mine/Unexploded Ordnance (UXO) Victim Information System (CMVIS) was first established by MAG in 1994, but under full responsibility for the Cambodia Red Cross (CRC) and Handicap International Belgium (HIB) since 1995^{xxxi}. The two organizations implemented and managed data collection for over ten years. HIB eventually ended its technical assistance and financial support claiming the need for national partners to take over CMVIS in 2009. Currently, it is under CMAA and led by CRC.

CMVIS's sole purpose is to gather data on casualties and victims of landmines, ERWs and cluster munitions in Cambodia. Monthly reports are published online on their websites and available in print. The database is widely acknowledged for its excellent information compiled through thorough data collection practices and cross checks^{xxxii}. The large network of volunteers and CRC staff have been trained and mobilized to collect information.

In addition to this, a National Plan of Action for Persons with Disabilities (NPAPWD)^{xxxiii} has been put in place to be implemented in 2011-2013^{xxxiv}. The government signed the CRPD in 2007 and has indicated that they will ratify the Convention on the Rights of Persons with Disabilities by 2012^{xxxv}.

Despite these efforts and groundbreaking success with CMVIS, systematic VA in physical rehabilitation, psychological support, economic and social reintegration hasn't been recorded. Although coordinated, a proper database

on referred cases, organizations and governments working in different areas and the number of people they have supported proved to be extremely difficult. Moreover, the Landmine Monitor 2011 reported that identifying survivors was challenging to service providers due to the inaccessibility of information require to locate them. Disability statistics on the other hand, was reported to be unreliable^{xxxvi}.

Furthermore, the major service providers are still national and international non-governmental organizations, civil society and faith-based organizations. This indicates that much change in the progress in VA cannot be attributed to governmental efforts alone. As a result, many survivors are still not able to meet basic needs for shelter, food, health, physical rehabilitation, vocational training, job opportunities, and education^{xxxvii}. The government's budget has remained limited^{xxxviii}.

Given the current state of RGoC's state affairs, a strong civil society network has emerged, providing almost 70% of assistance in physical rehabilitation, over 40% in psychological support, social and economic reintegration and laws and public policy^{xxxix}.

The Landmine Monitor further reported that most people with disabilities are vulnerable, lacking education, inadequate land to sustain their livelihood and are unemployed. This resulted in them receiving limited or no support with little access to social services, health and healthcare^{xl}.

1.2

The Research scope

Taking lead from the above, one can identify various successes that evolved in the field of VA in Cambodia. Despite the incremental progress, much remains to be addressed to reach the country's commitment to VA. This research was developed to support these efforts, help identify gaps that have impeded full VA attainment and further understand the context. Elaborating on the needs of victims and gaining an insight into their lives and conditions was further fleshed out as the *approach* of the research. This in turn fostered an understanding of 'who' the victims/survivors of landmines are. It became indispensable to comprehend and analyze the lives of victims beyond statistics and perhaps a reductionist demonstration of victims and VA. Questions such as 'how can we determine a victim's needs without knowledge of the conditions they lived in?' and 'how has assistance help them recover?' begged to be answered.

Therefore, a *human lens* from the perspective of victims and their interaction with a myriad of internal and external factors was adopted in the research and is reflected throughout this paper. The overall goals and objectives of this research were formulated within this approach and lens.

The **overall goal** of this research was “to increase the scope of understanding conditions of victims of landmines and their assistance in Cambodia.”

The **four specific objectives** were:

- a. To understand the **background** of different victims of landmines;
- b. To enable deeper analysis of **conditions** of victims of landmines before and after exposure to accidents;
- c. To establish whether the victims are **content** with the assistance they have received; and
- d. To recommend relevant **steps** for existing and new programming to all government and non-government organizations so as to broaden the scope and continue victim assistance in the long run.

These goals and objectives were developed to conduct a qualitative study with analysis geared towards understanding victim’s needs situated within their life histories. The report presents an analysis that a) profiles the victims of landmines; b) understands and distinguishes conditions these victims lived in before their experience with landmines; c) tracks the changes in these conditions after the accidents; d) records assistance that they have received over the years.

In so doing, this report attempts to *argue that providing assistance to an assumed homogenous populace is perhaps dangerous for it pushes the generalized notions and stereotypes of victims*. These notions and stereotypes position victims as being vulnerable, marginalized, pitiful and in need of constant protection. This reaffirms stigmas towards victims and borders on euphemism, hence overlooking some victims who have proven capacities to successfully find ways to sustain their livelihoods. These policies foster the ‘one size fits’ all services, which may be relevant for some, but inappropriate for others.

With this framework as its backdrop, this research took a *person-by-person approach* by profiling 24 lives to analyze different conditions, experiences and responses to the accident and VA.

The research questions formulated for this research were:

Main Question:

- I. How did the lives of the victims change after the accident and what impact did assistance have on their recovery?

Sub Questions:

- I. Who are the victims targeted for assistance?
- II. What were the conditions victims lived in *before* the accident and how did they change *after*?
- III. What type of assistance did they receive in line with the changing conditions?

1.3

Methodology

To put this study into operation, desk research on the existing information on VA from various research bodies, the Cambodian government and general background was firstly conducted. Some of the literature reviewed was from the CMVIS monthly reports, extensive research conducted on VA in Cambodia (Bailey:2004, 2005, Maes:2003, Bottomley: 2003, Walsh and Walsh:2003...), Landmine and Cluster Munition Monitor (1999, 2009, 2010, 2011), Handicap International reports on Cambodia (TIGA, CMVIS evaluation report etc.), A History of Cambodia written by David Chandler (2000) and so on. While all this information helped in developing the research framework, the information on Cambodia's background helped in selecting locations of research and identifying actors to help with prioritizing respondents. Extensive reports written on VA supported the background of the research. The latter was done to formulate the global context of VA within the MBT.

The central focus of the researchers was to identify a *representative* sample of victims to profile. It was of utmost importance that the respondent sample reflected the situation of the desired population unit to a certain extent, if not accurately. The population unit for this case was primarily *direct victims or survivors* of landmines. This unit was targeted to be able to achieve the set out objectives outlined for this study. The 24 sample drawn out of this unit were also all direct victims/survivors^{xlii} of landmines. The focus on verifying this sample was done through secondary review particularly from the CMVIS, Landmine Monitor reports and the Handicap International database.

A team of two researchers, one based in Brussels and one in Cambodia rigorously mapped various provinces in Cambodia to identify victims with different profiles. The three chosen for this research were:

- ☒ Battambang
- ☒ Banteay Meanchey
- ☒ Siem Reap

Of the 24 respondents, 10 came from Battambang; 2 from Banteay Meanchey; 9 from Siem Reap; 1 from Kampong Thom and 2 from Preah Vihear. The respondents of the latter two provinces were located in Banteay Meanchey during the time of research [See Annex 1 for the table of respondents' gender and location (none of the respondents' names have been revealed to protect their identity)].

Two of the three provinces chosen for the study have been consistently listed as the top two most affected by landmines and ERWs as per the CMVIS monthly reports^{xlii}. Siem Reap, on the other hand, falls under the eleventh most affected but was the province where two key informant organizations operated (Handicap International and Jesuit Service). The two organizations were focal points for identifying respondents. These respondents were selected through pre-developed criteria, which were:

- ☒ Prevalence of victims of landmines;
- ☒ Assistance received by victims from different actors;

- ❑ Presence of VA services, both government and non-government bodies;
- ❑ Access to victims; and
- ❑ Representation of geographical location (urban/rural), age (different groups), gender (male and female) and professional background (soldiers, farmers, tailors etc.). See section 3 for detailed respondents' profiles.

Two types of primary methods were applied for this qualitative research. They were:

1. *Key Informant Interviews* with 20 respondents. A set of guiding questions was developed and adapted with the Cambodia research team. The interviews, lasting an hour in total, were conducted in provinces where the respondents lived. Some interviews were carried out in their houses, while others were carried out in the focal point organization offices. These focal point organizations were the major VA service providers for the respondents, others were Community Based Organizations funded by them. The offices that helped identify the respondents were:

❑ Table 1 Focal point and service providing bodies operating in the location of research

Name	Location
ARRUPE Outreach Centre	Battambang
Towards Sustainable Income Generating Activities for Mine Victim and Other Persons (TIGA) Project, Handicap International Federation	Battambang
International Committee of the Red Cross (ICRC)	Battambang
Physical Rehabilitation Centre, Ministry of Social Affairs, Veterans and Youth Rehabilitation with support of Handicap International Belgium	Siem Reap
Jesuit Service Cambodia	Siem Reap and Banteay Meanchey

2. Another 4 unique cases were identified who came from different provinces, age groups, gender, profession and backgrounds using the method called *Life History*. Loose guiding questions were established for this method because the technique is heavily reliant on relations building with the respondents. This method was conducted to gain a deeper understanding of their lives, how this led to victimization and how it impacted them. An agreement between the respondent and the interviewer was made beforehand. The sessions were conducted for two hours per day with each respondent for three days. All the sessions took place in the respondents' residence. The identities of these respondents have been revealed in the report after receiving informed consents from them.

The research was implemented for three weeks from mid-July to the first week of August 2011. A month of transcribing and analysis was completed in September re-verifying all raw data. The report was written and peer reviewed in October. The research team included:

- ✘ Chantoun Keo, who translated the life history sessions;
- ✘ Chem Vuthy, who transcribed and translated the key informant interviews to English;
- ✘ Chan Molyta Tham, who helped in all logistical arrangements for the research and provided important advice for respondent selection;
- ✘ Phally Keo, who analyzed the transcribed data;
- ✘ Sok Sophorn, focal point for Cambodia, who helped with mapping respondents, contextualized questions, contacted organizations and conducted the Key Informant Interviews; and
- ✘ Rashmi Thapa was the lead researcher and author. She formulated the research, its framework, methods, questions, developed templates for analysis, re-verified primary data and conducted all the life histories.

1.3.1 Limitations of the research

The strength and the limitation of the research lay on the *small sample* of respondents; 24 direct victims or survivors of landmines. The research endeavoured to represent a retrospective sample for the targeted population unit in Cambodia. While the small representation provided depth, the breadth of general perception was difficult to account for. Hence, the small representation, although it reflects some aspects of VA, shouldn't be adapted in its entirety as depicting the general picture of the country. Another limitation was the *geographical aspect*, whereby selected locations were identified to carry out the study. This meant that the report demonstrates findings from these locations alone. And finally, there was limited *time* in the field. The interviews were conducted for two-three weeks between two researchers. Therefore, intense work had to be within the timeframe, perhaps leading to possible compromise in a more elaborative background study.

The report structure

This report is structured in a *linear progression* encapsulating the findings as per their sequential order. This structure was outlined to provide a successive analysis and presentation to help recognize the victims' experiences as they encountered it and advance towards the argument and major conclusions of the research. Section 3 of the report presents a general overview of the respondents, namely their age, occupation *after* the accident, activity at the time of the accident, year of injury, type of device and the disability. Section 4, the main findings of the research, demonstrates conditions the victims lived in *before* the accident and how they changed *after*. The components of this are: occupation, economy, relations with friends and family, mobility and perception of themselves. Section 5 summarizes various assistances the respondents have received since their accident, its gaps and their future prospects. Sections 6, 7, 8 and 9 are narratives of the life histories that were carried out. Each section has brief concluding remarks made by the author, which is brought together in the conclusion and reflection in section 10. Section 11 highlights on the major recommendations to various stakeholders. The final part of the report includes endnotes with references.

The quotes selected and presented in this report have been translated as near as possible to English. Therefore, to capture the respondents' reactions, they are demonstrated as translated without grammatical edits. In addition to this, none of the names of the service providers have been disclosed in the report to protect from unhealthy competition. 6 of 24 respondents were supported by Handicap International and the rest 18 were from a mixture of governments and other NGOs (listed in Table 1 above).



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2. Respondents' Profiles Who are the victims?

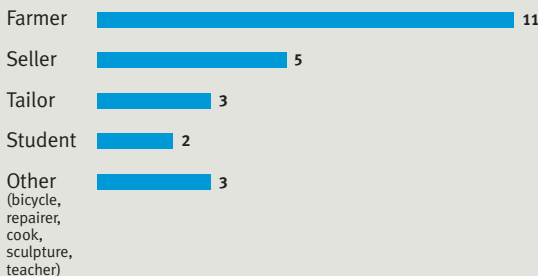
As detailed in the aforementioned methodology, the respondents were identified according to different geographical locations and gender. To highlight this mixture for representative sampling, different *ages* of respondents were selected to reflect different groups that are affected by landmines. Table 2 below outlines the age group of people interviewed for the research. It distinguishes between the age of respondents when the interview was conducted and the age during the accident. A range of respondents between the age of 17 and 67 was interviewed. Nine of 24 were children during the time of the accident, eight were adults and seven didn't know their age or the year. Three accidents occurred between 1980 and 1989; eight between 1990 and 1999; six between 2000 to present and the remaining ten didn't remember the exact date.

Table 2 Age of the respondents

S.No.	Age now	Age at the time of the accident
1	33	15
2	58	52
3	44	34
4	39	19
5	39	16
6	48	17
7	30	15
8	23	12
9	32	29
10	17	15
11	33	13
12	67	35
13	49	Unknown
14	65	13/14
15	57	Unknown
16	35	Unknown
17	49	Unknown
18	56	Unknown
19	38	17/18
20	43	20
21	49	Unknown
22	56	42
23	37	Unknown
24	52	47

The current *occupation* of the respondents, on the other hand, was less varied: a number of respondents who were soldiers before the accident changed their profession to become farmers after (see 4.1 for detailed comparative analysis). The Figure 1 below demonstrates the respondent's occupation. The X-axis represents the occupation of the respondents and Y shows the numbers of the occupation. It illustrates that the current occupation of the respondents is mainly farming (11 out of 24). Five are

Figure 1 Occupation of respondents



sellers (local vendors of local rice cakes, fire wood), three are tailors and two are students. The remaining three are from different professions such as bicycle repairers, cooks, sculptures and teachers. Of the nine respondents who were children, two are currently studying and the rest are involved in one or more of the occupations listed above.

2.1

Activity during the time of the accident

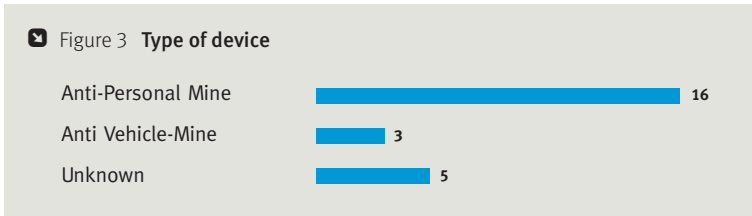
Before the accident, almost half of the respondents were identified as soldiers. Ten of them encountered the accident while on duty. Seven respondents had an accident, all of who were identified as rice farmers with sales of vegetables as their supplement. Six were collecting wood from the forest for both domestic use as well as to sell on. The six (farming and collecting forest products) are civilians and the one other accidentally stepped on the landmine while walking. Figure 2 below plots these findings:



2.2

Type of device and Disability

16 of 24 respondents were victims of anti-personnel mines, three by anti-vehicle mines and five couldn't recognize which type of mine. This is demonstrated in the Figure 3 below.



With the different types of devices that resulted in the injuries and the proximity of the damage, the disabilities that emerged were differed. 19 respondents lost one leg and five lost both legs. Besides legs, some respondents had lost some of their fingers, some said they still had inoperable shrapnel particles scattered in their bodies, and many had apparent scars all over their bodies.

2.3

Concluding remarks

This section delved into the facts of respondent's profiles, namely their age, current occupation, disability, device type that caused the accident and activity during the time of accident. It can be safely concluded that although some of the respondents had similar backgrounds, the majority fell under different categories especially age and occupation. This goes to show that even with a sample size of 24, victims are heterogeneous and each case should be dealt as per their profile. A farmer, for instance, wouldn't have the same needs as a student; a student would have different needs to a seller; a seller to a tailor and so on. If general assistance principles are adopted for all victims, a grave danger lies in them not only losing faith but also having to involuntarily choose a profession that is unsuitable for their aptitude. This in turns spins a vicious cycle of gains and setbacks in assistance of some happy, some confused and other disappointed beneficiaries.



3. Conditions of Victims Before and After the Accident

“Emotionally, it is more difficult. I always think how I can feed my children. I really want to work when I see people with jobs. Unfortunately, my legs can’t walk and I don’t know where to go to live. I just want to get enough to eat everyday. That is enough.”

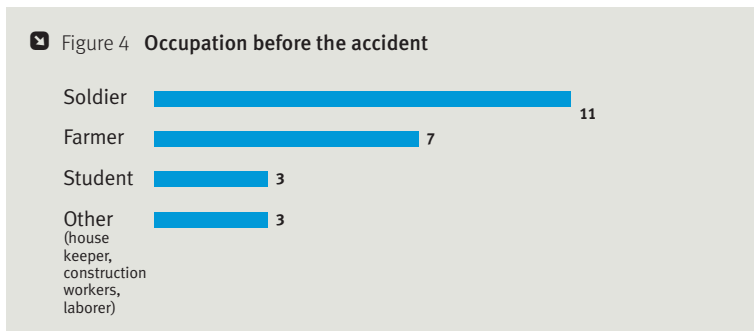
Chen’s (alias) remarks on his future prospects

Building on the aforementioned section, the next section goes deeper into attempting to demonstrate and analyse findings of victim's lives. These lives are studied in the context of conditions they lived in *before* their accident and how they changed *after*. It is laid out in themes, i.e. occupation, source of income and mobility, relationships with family, relationships with friends and neighbours, mental well-being and perception of themselves. In doing so, it will highlight anecdotes like Chen's, to understand how the altered conditions impacted their lives at all levels.

3.1

Occupation, Source of Income and Mobility

Section 3 elaborated the current occupation of the respondents as being farmers (11), sellers (5), tailors (3), students (2) and other (3). To understand change in professions, it is important to recognize how the respondents sustained their livelihoods *before*. 11 of 24 respondents were soldiers, seven were farmers, three were students and three were housekeepers, construction workers and labourers before their accident. This is illustrated in the Figure 4 below. Farming activities were mainly cultivating rice, mushroom, cassava and maize. Some also raised pigs.



Comparing occupations *before* and *after* the accident, one can extrapolate that the biggest change in profession came from soldiers as none of them was actively serving during the time of the interview. Although the RGoC have provision for pensions, the respondents who changed their professions concurred that they needed an extra source of income to sustain their families. This has resulted in an increase in farming after the accident, whereby many former soldiers expressed that the only alternative they had was farming. There was a decrease in students and a complete change of professions from housekeepers, construction workers and labourers to bicycle repairers, chefs, sculptors and teachers. Some new professions emerged from this, i.e. tailors and sellers. These changes in professions

have been as a result of their altered physical conditions post-accident, from vocational training and life skills education provided as part of victim assistance, from the help of loved ones and from their own initiatives. However, it is essential to note here that besides these straightforward findings, other factors also come to play aside from profession such as political, economic, provision of VA and so on. It is thus important to view the change as a whole and not solely due to the accident.

The occupations highlighted above were the major sources of their income to sustain their livelihoods. After the accident, all 24 respondents affirmed that their mobility was entirely affected with difficulties in comfortably moving around with prosthetics or wheelchairs or crutches or none of these. In this new environment, they felt the necessity to adapt so as to sustain themselves and their families (for the principle bread winners).

3.2

Mental well-being and perception of themselves

“I felt sorrow and afraid that I couldn’t earn to support my family after I met with such accident” - Cham (alias) reflects after the accident

Having to adapt to a new lifestyle from being able to walk, cycle and provide freely for their families was traumatic to many respondents. They were unhappy to learn of their situation *after* the accident and to realize the challenges they were to face as a result of their impairment. Some lost hope and contemplated committing suicide, while others tried to look forward to find ways to make a living. The shock of sustaining a mine accident was biggest for those who were either the bread winners or contributed towards the family economy. Unsurprisingly, all respondents expressed they were unhappy; some stated they felt lonely; others said they were guilty or regretted stepping onto the mine, and some showed signs of depression. Almost all the respondents confided that they accepted this was going to be their lives and they had to carry on. The families of some helped them with their situations by being there for them, contributing towards household finances and going as far as helping them with their housing needs. For these respondents, the recovery was quicker. The respondents who didn’t receive any family support or felt stigmatized by the community took longer to recover with many still deeply pained by the trauma to this day. One of the respondents quoted:

“I tried to change myself. Before, I didn’t want to live anymore and was suicidal for I thought life would be difficult without the two legs. But as years passed, I changed my mind and really wanted to see the development of my country. I have tried and still am trying to raise my family and start thinking optimistically.”

“I felt sorrow and afraid that I couldn’t earn to support my family after I met with such accident”

In this light, comparing life *before* and *after* the accident was emotionally challenging to the respondents. Some cried during the interview thinking of their lives before. All 24 respondents claimed that *before* the accident they could exercise rights as a normal person. *After* the accident, only three of them concurred to having the same right; these were living in a non-governmental organizational centre or had received excellent disability/VA services. For example, one of the respondents had received victim assistance by the book such as prosthetics, wheelchair, equipment to sustain income generating activity, constant visits by social workers, help in setting up a small business, a house, a well for drinking water as well as toilets. This model respondent was happy and stated that her life was in fact economically better off now. Besides this, 19 respondents said that they couldn't beg for food or work after the accident for they had their pride as a person. They felt that they needed to work to sustain their lives independently without charity from family and friends. On the contrary, as these respondents were open to skills training, confirming that it provided them with long-term economic benefits. Ten of them affirmed that they felt that they could work as other people, confirming their abilities as victims. 14 said they felt lonelier compared to before. This is illustrated in figure 5 below:



The X-axis represents the percentage of responses and the Y the perception. The blue shade on the above figure demonstrates the perception *after* the accident and black of their perception *before*.

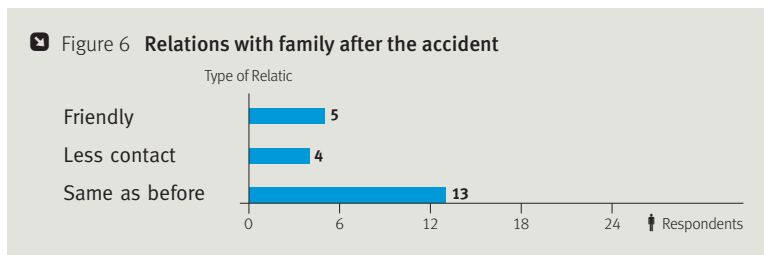
From the findings above, an account can be drawn that the respondents reacted differently to their perception years *after* the accident as opposed to their immediate feelings when they learned of their disabilities. These reactions demonstrate that while all respondents were distressed at the beginning of the accident, some were able to come to terms with their lives resulting in a strong willingness to survive. This change in perception was due to a myriad of reasons. Some had access to good services, some had a solid support structure around them and others felt they had the capacity to overcome their condition. For the ones who were overwhelmed by their conditions, this was centrally due their weak support systems. These relationships are elaborated in more depth in sections 4.3 and 4.4.

“I tried to change myself. Before, I didn't want to live anymore and was suicidal for I thought life would be difficult without the two legs. But as years passed, I changed my mind and really wanted to see the development of my country. I have tried and still am trying to raise my family and start thinking optimistically.”

3.3

Relations with family

One of the rationales that can be drawn out of the research findings is that the positive or negative perception of the respondents towards themselves was due to their relationships with their families. A majority of respondents verified that their relationships with their families, whether positive or negative, impacted considerably on their wellbeing. 13 said that their relationship was the same as *before*, five expressed that their families were friendlier and the remaining five declared they had less contacts. This is portrayed in figure 6, outlining the relations *after* the accident. The X-axis displays responses and the Y the type of relations.



As explained above, the respondents with a higher proportion of positive family relations were generally happy with their situation *after* their disability. *After* their accident, the ones with fewer contacts and friendliness expressed a dismal state of mind and economy.

3.4

Relations with friends and neighbours

“They think I am unclean and a difficult person. They hate me. They refused me to even wash dishes for the monks.” - An emotional San (alias) talks of her experiences after the accident

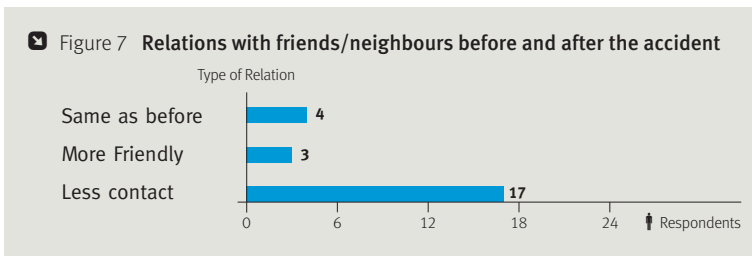
The research found that another part of the reason why different victims had different perceptions of themselves was due to their relationships with their friends and neighbors. The respondents said that they received negative sympathy equating to defamation and pity. As a result, some of them developed over sensitivity to how others perceived them with their pride affected. Some of these people affirmed that they did not want to ‘beg’. One of the respondents quoted:

“They would look at me, because I was sitting on the wheel chair. Some gave me money, but I found it very difficult to accept. When I went to the market,

everybody eyed me with pity. I couldn't possible take their money; I feared they would laugh at me."

On the other hand, there were some respondents who were content with the support of their friends and neighbors. This support was more moral and emotional which consisted of being listened to and being accepted in their new state. They felt the most important for them was that they weren't humiliated by others. Five said that the others were friendlier towards them *after* the accident, while 22 had friendlier relations before. Two of them felt that they were pitied and were seen as having lesser economic gains after their disability. One said that some saw them as being unclean. These different experiences affected some of the respondents' relations with these groups. Four respondents felt that their relationships were the same; three said the relations were friendlier while 17 said they had less contact. One quotes: *"There are a lot of changes because I have become disabled. For instance, my relationships with some friends with whom I had good relations with before my accident don't see me anymore. Maybe those people think that I cannot fit with their group anymore because they have two legs and I don't."*

These changes in relations *after* the accident are expressed in Figure 7 below: The X-axis shows the percentage and Y the type of relations.



3.5

Concluding remarks

The findings and analysis exhibited in this section attempted to understand the changes in conditions *before* and *after* the accident. These thematically explained conditions scrutinizing how the respondents adapted to their new environment, consequently leading to different mental states. It also touched upon some, but not limited to, reasons behind these states. It is apparent from the findings that the respondents still struggle to fully live the lives they want. They have faced both positive and negative reactions over the years. It is therefore important that while developing a VA plan and policies, the environment that the victims live in is assessed thoroughly. While developing assistance, the circle of influence of the victims should be embodied in helping them recover and sustain their livelihood. For the victims, psychosocial counselling is a priority and sound disability policies particularly of non-discrimination and accessibility should be put in place.

"They think I am unclean and a difficult person. They hate me. They refused me to even wash dishes for the monks."

"They would look at me, because I was sitting on the wheel chair. Some gave me money, but I found it very difficult to accept. When I went to the market, everybody eyed me with pity. I couldn't possible take their money; I feared they would laugh at me."



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4. Victim Assistance

The preceding section dealt with the conditions of victims *before* and *after* their accidents and how their relationships with the socio-economic situations affected their mental well-being. This section goes a step further and analyses the type of assistance they have received. Given the conditions and the assistance, it also elaborates on their future prospects.

3.6

Victim assistance and its gaps

All 24 respondents had received some type of VA with everyone receiving the basic hospital treatment. This treatment, however, wasn't all free of charge and half of the 24 had to pay for their beds. Other supports were rice, prosthetics, wheelchairs, mosquito nets, seeds, toilets and other materials. Some respondents received their first set of support as late as ten years after the accident due to their residency in rural locations. Many were given support five years after the accident. These comprised of hospital treatment (this time free of charge), agricultural skills, vocational training such as sewing, motorbike repairs, hair dressing, rice, house, prosthetics, wheelchairs and other materials such as mosquito nets, seeds, toilets. This is tabulated in table 3 below:

Table 3 Victim Assistance (Multiple Responses)

Type of Support	1 year after accident	5 years after accident	Currently
Hospital treatment service	24	15	3
Agricultural skill (mushroom, rice)	0	17	0
Vocational training skill (Sewing, motorbike repairing, hair dressing)	0	5	0
Rice	6	7	7
House	0	3	0
Artificial leg	19	19	18
Wheelchair	3	4	4
Other (mosquito net, seeds, toilet, other materials)	2	2	0
Total	54	72	32

From the table above, an incremental trend of VA can be captured. Although many respondents didn't receive any support immediately *after* the accident, five years after, they were identified by different actors and assisted accordingly. The push for broadening the scope of VA can be reflected. The respondents confirmed that they were identified by a team of surveyors and given support after discussions. These discussions, on the other hand, weren't all done in a needs-based manner. While some of them were asked their need before the assistance was catered for, over half of them were given what the service providers offered. As a result, some respondents weren't very content with what they received. They expressed that after their vocation skill training; they weren't given the equipment to help them set up their small business. Others stated that the houses or the toilets that were built weren't disabled-friendly. An additional group asserted that the

equipment they did receive weren't used in the communities they came from, particularly motorbike repairing in a predominantly farming village. Hence, it was shelved or some sold it for money.

On the other hand, some victims who were content with their support belonged to the following categories:

- ☒ Very young girls and boys during their accident;
- ☒ From economically very poor backgrounds who would've had a plethora of challenges to sustain as able-bodied persons; and
- ☒ Victims who lived in the service provider's shelters.

Furthermore, another pivotal conclusion that can be drawn from the above table is that there were no psycho-social counselling services available to the victims. Despite most respondents' general satisfaction in receiving the support, many were clearly struggling to 'fit in' to their previous circles. As detailed in section 4, some of the areas where victims still feel traumatized are low self esteem, overt sensitivity to other's perception of them and their experiences with negative reactions from others. This fostered feelings of loneliness and contemplation of suicide in some respondents.

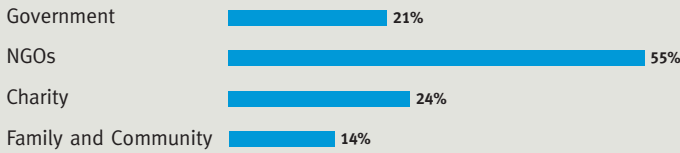
4.2

Victim assistance service providers

Moreover, the assistance tabulated above was provided by different actors. The support given by non-government organizations included Handicap International, ICRC, ARRUPE outreach centre, Jesuit Service Cambodia and Physical Rehabilitation Centres.

The Figure 8 on next page is drawn in percentages because of the multiple responses. Of the 24 respondents, a majority of the service is provided by NGOs (55%). The 21% of government reflects physical rehabilitation support from centres formerly run by Handicap International. 24% were by charity or faith-based organizations and 14% were by their family and community. Family and community support included emotional and material (rice, money; land) assistance. This is further elaborated in the adjacent figure 8. The colour maroon signifies NGO support, while blue represents government, green charity and purple families and communities.

Figure 8 Victim assistance service providers (Multiple responses)



4.3

Future prospects

“For my future, I do not wish to be rich. I just want a proper life by selling cakes. What I earn daily, I contribute some to Buddhism, for my next life. When I sell corn for 30000 Riel, I contribute 10000 Riel to the monks. I go to remind this and pray to Buddha.” - Peah (alias) on her future

Given the different conditions of respondents *before* and *after* the accident and their assistance, the victim’s view of their future became an important point of analysis. 12 respondents wanted to increase their income, six desired happiness in their family, four expressed the need to secure a permanent job, and two with children planned to send them to school. All the respondents verified that finding a decent job was extremely challenging, hence most of them settled for accepting their situation. Both economically and emotionally, they found difficulties in adapting to their new lives. Their reactions to the future prospects were therefore, unenthusiastic.

4.4

Concluding remarks

This section of the report provided a lens on VA and the respondents’ profiles. It can be concluded that, in spite of the general progress in VA, there are some gaps that have to be addressed. It is evident that much progress needs to be made in areas of assistance to match conditions and needs including in the area of psychological support.

“For my future, I do not wish to be rich. I just want a proper life by selling cakes. What I earn daily, I contribute some to Buddhism, for my next life. When I sell corn for 30000 Riel, I contribute 10000 Riel to the monks. I go to remind this and pray to Buddha.”



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5. Narratives

The sections above portrayed the 24 respondents: their lives, assistance and shortcomings of assistance with analysis and concluding remarks. To complement and validate the life stories in the research, this section depicts the narratives of 4 out of 24 respondents. These 4 narratives are written in a retrospective manner reflecting on the sessions that the researcher had with the respondents. It portrays a summary of trajectories of their lives throughout their history, family background/economy, conditions, childhood and life before and after the accident. It further encapsulates the assistance they received.

5.1

Narrative 1

Si Kea “I was angry all the time after the accident. Although they never said much to my face, I knew they used to talk of my condition behind my back. They thought I was no good anymore for I couldn’t help them bring income in the household.”

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It's a backbreaking three hours trip through mud clad roads on a tiny scooter to reach Si Kea's house in a little village called Porh, bordering the province with Banteay Menchey. She sits on a hand woven straw mat made by her with a bright welcoming smile. The shrapnel scars are exposed visibly throughout her body, one could quickly see her little finger of the left hand was missing. She reveals her deep scars on her right leg and shows the partial thigh of the missing left leg. She says:

"I was fifteen when I walked on the plank that had an anti-personal mine buried under it. I am 33 now, yet I cannot forget the trauma I went through. Had it not been for my mental strength and the NGO support I received, I wouldn't be as I you see me today."

Si Kea's family come from the village of Porh with a farming background. Their primary source of livelihood is rice harvested in their land, and other fruit and vegetables. Until recently, the family only farmed for self subsistence, but with heightened inflation, they started selling firewood and some of the fruit and vegetables in the local market close by. She recalls that although they never went hungry, it was difficult to muster together the food they needed. They lived in absolute poverty and endured as days went by.

The youngest of five children, Si Kea's childhood is a blur to her. Her mother died when she was very young due to a terminal disease. Her father never re-married but lived together with her step-mother. They had five children together, all younger than her. All twelve of them found space to live in a tiny shack built of straw, plastic and mud. Her stepmother's family and stepsiblings still reside in the same land, but in a bigger and sturdier house. She says her father passed away a few years ago and all her biological siblings are married off and live somewhere else. Hence, she feels the need to live in her father's property with her stepfamily to protect it.

Her relationship with her stepmother was complex from the very beginning. At times her stepmother would shout at her or force her to do extra chores for she was considered as not contributing towards the family's economy. Her stepmother complained that she was born just to eat. She was very young at the time, she says she couldn't fight back and let herself be suppressed. Her relationship with her father on the other hand was healthy.

Ever since Si Kea was a little child, she was constantly ill. She says the farthest memory she has of her childhood was when she was ten years old and terribly sick. Everybody thought she had no hope; they went as far as preparing a funeral ceremony for her. No one took her to the hospital but had her examined by a local herbal doctor. By some miracle, she recalls, she recovered but she was frail. Her father, very concerned of her, didn't let her go out of the house nor did he let her help out on the farm or go to school. Most of her childhood was thus spent in taking care of her younger stepsiblings, getting them ready for school, cleaning the house, helping with planting vegetables and cooking.

During this time, she developed a stout devotion to God and always tried to visit the monastery as much as possible. It was on in one of these visits to the monastery quite a distance from her house, that she encountered her accident. She was 15 years old and had been pining to visit a new monastery for a long time. After years of persuading, her father finally allowed her to go and suggested that she take a route by the river. She went with her brothers and four other friends. As she walked on the river banks, they had to cross a small puddle. The villagers had laid out a plank on the puddle to help passers-by; little did they know that the whole river bank was festured with anti-personal mines. Of the group, she was the last one to cross the puddle and when she walked half way, a huge explosion occurred, catapulting her body meters away from the site. She lost consciousness but recalls it was around 3 PM. She remembers from what the villagers told her later that she was taken to the closest village covered in blood. Everybody thought that she wasn't going to survive the blast. The villagers called on an herbal doctor to attend to her, but the doctor recommended that she be taken to the hospital immediately. This she says was around 10 PM. They took her to the nearest clinic after her family was contacted, who came to her rescue straight away. She was in hospital for a week or so before she gained consciousness. She still recalls the pain she felt.

She didn't quite comprehend her new condition yet; she said she was very young and didn't know the implications of it until she went home. She felt sad to realize that she couldn't walk anymore. It took her two full months to fully recover from the injuries, after which she could go home. In the beginning, her family tried to help her around the place, but registering that she was going to be in that condition for the rest of her life, began to mistreat her. She says her stepmother taunted her even more and her father started siding with her. Her siblings were no different, they would be very nice to her one day and horrible the next. Everyone reacted like she was a burden to them, with them having to not only fend of themselves but for her too. In an already poor family, this situation was very difficult to adjust to, especially since they had paid a lot to the hospital already.

These responses made her aggressive and antagonistic towards them. She developed inside of herself a goal to prove them all wrong. She made her own crutches with wood, which she picked up as she watched people in the hospital make them. She taught herself how to sew straw mats and knit pillow cases. These became her main source of income for the family for ten years.

Ten years later, in 2003, an NGO came to her house and offered to teach tailoring classes as she was a victim of a landmine. She agreed. She was

“I was fifteen when I walked on the plank that had an anti-personal mine buried under it. I am 33 now, yet I cannot forget the trauma I went through. Had it not been for my mental strength and the NGO support I received, I wouldn't be as I you see me today.”

taken to Phnom Penh for her classes and given a prosthetic leg that fitted her best from the storage. She learned tailoring for almost a year and completed her intermediary course. However, the prosthetic leg was very difficult for her to wear for she had to strap it around her thighs that created deep lash wounds. Finally, after re-fitting it twice, she stopped wearing it. It sits collecting dust at the base of her house.

She says the NGO provided her with one sewing machine and crutches and dug a well for drinking water. Upon her return home, the environment in the household changed for she could now earn regularly with her tailoring. She contributes to her family with the money she gets paid from sewing and mending people's clothes, selling straw mats and pillow cases.

5.1.1 Concluding remarks

Si Kea's case provides an interesting lens towards understanding victims and VA. It shows that she is also a person besides being a victim of her childhood and her ability to fight back. She in herself was a very determined young girl and the hurt she felt from her maltreatment only fostered her commitment to prove that she had the capacity, even if she was poor and illiterate. The VA that was offered to her ten years later helped with her family situation, yet she complains that the materials are rusty and the water from the well is undrinkable.



5.2

Narrative 2

Proulnarong “I don’t know what to do. I keep thinking till late every night. I have a young son of eight who was born blind and I don’t have one leg. How can help them? What will I do?”



It's the 27th of July 2011, heavy rain had flooded the main roads in Battambang, yet we slowly trudged past in our car. Proulnarong's house (a plastic covered shack) looked like it was about to collapse at any moment, yet the family is welcoming.

Proul lives with his two young sons (13 and 8) and wife in a handmade makeshift hut built by plastic sacks and straw around a wooden frame. It has one room with open window frames and fish nets for doors. Much of the rain enters the house and one wonders how the family can sleep in such conditions? He remarks:

"This isn't my land. It is my brother in law's who has been extremely generous to me and my family in letting us build something here. We built this house ourselves and have a small strip of land where we grow vegetables. Of course it is unimaginable to survive like this. But I have to persist for my wife and my two sons."

At 62, Proulnarong is very polite and enthusiastic. He has a smile that lights up his face and the love for his family exudes from every expression he makes. His native land is in Chirahi, a different village in Battambang, where his grandparents and parents lived. He reminisces about the huge plots of farm his family owned when he was young, which produced ample rice for selling too. He recalls their family hiring workers to help them in the rice fields and at home growing up with servants. The family's economy blossomed.

He was the eldest of the six children. He shyly admits to being hand fed by his parents until he was ten and that he was sent to school. However, with the turn of weather conditions, the rice field suffered for years with not enough rain. His parents could no longer afford the workers or their servants. He was asked to drop out of school after he completed his primary level. He says his family didn't have the means for him to continue his education. He, being the eldest of the children, bravely accepted his responsibilities. He started taking care of his younger siblings preparing them for school, helping with household chores, working the farm and so on. Looking back, he feels proud of what he did for his brothers and sisters.

The chain of bad luck didn't stop there for his family. With the Khmer Rouge in power, everything changed and it was difficult for them to live as they had done. Their family was forcefully relocated to their farm house with all the rest of the families in the village to plant rice for the soldiers. He, being 22 at the time, was sent to the youth camps for the boys to carry out intensive labour. It was at these camps two years later that he met his first wife and decided to get married. After which, he could leave the camp and return to his village in Chirahi. Both husband and wife moved back together, exhilarated to be reunited with his family again. The two of them had four children and continued farming in their family's land.

By then, economically, they had nothing. Everything they planted was sent to the soldiers. They worked very hard but received meagre rewards. This affected the relationship between the two of them, resulting in his growing suspicions of her honesty. During this predicament, he met his second wife, fell in love and left everything behind to re-settle in Koroha.

Due to their economic situation, his new wife's brother offered them a piece of his land to build their hut and live. In Koroha, he started a new life and worked as a construction worker. He used to cycle around everywhere and dreamed of one day becoming a driver. He worked extra hours to earn overtime pay. It was during one of his overtime hours that he met with his tragic accident.

In 2006, Proul's supervisor asked if he wanted to go to Pailang village to till the vegetable farm. He jumped at the opportunity for extra income to support his family. When they got to Pailang he recognized some danger signs that indicated there were mines in the area. Seeing that, he was uneasy to carry on working. But because of his family's economic condition and his prior commitment to his supervisor, he couldn't go back home. He later learned that the farm they were to plough had recently been de-mined. Hearing this, he was relieved. Little did he know that the farm had missed one anti-vehicle mine buried deep inside. After only a few minutes on his tractor, a huge explosion happened and he was propelled meters away. The villages and his supervisor quickly came to his rescue and took him to the hospital straight away.

At the hospital, they had to amputate much of his right leg for it was severely damaged. After he gained consciousness and realized his situation, he was deeply saddened. All he could think of was his family, his wife and his two sons. He was mortified to find out that he couldn't walk anymore, subsequently losing his job. He kept contemplating of ways to fend for his family.

Emotionally, he explained that his wife has been arduously working to support the family. She sells the small amount of vegetables she grows, does all the household chores and takes care of the children. He says he feels helpless.

After his accident, he received money as assistance from different bodies. He received Riel 3 million plus three bags of rice from his supervisor as compensation, Cambodian Mine Action Centre gave him Riel 2 million 60,000, Cambodian Red Cross gave him Riel 80,000 and he also received a

“This isn't my land. It is my brother in law's who has been extremely generous to me and my family in letting us build something here. We built this house ourselves and have a small strip of land where we grow vegetables. Of course it is unimaginable to survive like this. But I have to persist for my wife and my two sons.”

small amount of money from his brother-in-law and his sons from his first wife. He bought food, rice, clothes for the family and nets. He taught himself how to weave fishing nets so he could sell them for income. The money that was offered to him was helpful for it helped him buy the nets. However, he quietly confided that the family had spent almost all the money.

Much of the assistance that he received was moral, emotional and economic support from his solid family structure. He is utterly grateful to his brother-in-law, his friends and family who helped him. He said without this, he doesn't know if he or his family could survive for he was the main breadwinner of the family.

He says he feels pity for himself but he cannot be infuriated towards his supervisor or himself. He accepts his reality but cannot help feeling hopeless for his family.

5.2.1 Concluding remarks

Proulnarong's moving story exhibits his life, its highs and lows and his tremendous learning throughout the process. It portrays a strong family base that has helped him throughout his accident. His emotions reflect his feeling of gratefulness and his disbelief at helplessness. His compensation for money as assistance, although it helped in the short term, in the long run hasn't been able to sustain his family. It is apparent that he requires counselling sessions, vocational training and material support such as prosthetics or wheelchairs. His blind son, on the other hand, has been further marginalized not only as an indirect victim, but as a disabled person himself.



5.3

Narrative 3

Nhan Euom “My life is definitely better now after the accident. The NGO has provided me with everything that I need or could’ve wanted. I am happy.”

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Nhan sits under a typical Cambodian concrete house built by the NGO, eagerly waiting for her researchers as she finishes the final batch of little girls' dresses ordered in bulk by a vendor near the Thailand border. She shows the perfectly tailored two-piece dresses and exclaims that she receives a good percentage for making them. Her small tailoring business is evidently booming. She has four sewing machines with some helpers who she pays as her staff. She says:

"I am happier now that I have been able to sustain my business. I live with my mother, who is going to be a monk very soon. I feel blessed to have the life I have now."

Nhan comes from a women-led household. The house and the land that she lives in belong to her mother who inherited it from her grandmother. After marriage, the husbands moved in with the wives and helped them in the farm. Her family owns a rice farm around 3 kilometres away from the house. The rice from the harvest has been used for both subsistence as well as for income.

Eldest of the four siblings, Nhan went up to grade three in school following the pattern of her mother and grandmother. She was taken out of school to help around in the household and her siblings. She recalls her childhood being happy without much stress from anyone or too much hard work. Her relationship with her parents and her siblings was also very civil. They respected, loved and acknowledged each other's roles and responsibilities. Furthermore, during Khmer Rouge she says her village wasn't affected much for they had a good relationship with the soldiers. However, the family had to give their rice as part of the village quota to the soldiers living there.

It was during the rice planting season that a soldier raped her, eventually got married to her and moved to her mother's house. They had two children together. With emotion, she remembers the cruelty she had to endure in the marriage that ended after nine years when she had her accident. She says she was relieved when the marriage ended; she felt like she was free and could do anything, even if she was disabled.

She met with her accident when she went with her brother and some others to collect fire wood in the forest. There were eight of them in four tractors. She sat at the back of the tractor her brother drove. Around 9 AM in the morning, as they drove towards the forest, the back wheel of the tractor drove onto an anti-vehicle mine. The explosion threw her thirty metres away. She said her brother was very lucky that he only got off with minor injuries. During this process, she was conscious and taking in everything that was happening. After she was hurled 30 meters away, she said she saw that both her legs were completely damaged. Her brother and friends hurriedly took her to the nearest health clinic. At the clinic, the doctors cleaned her wound and referred her to the district's hospital. They called an ambulance for which the driver asked them to pay him 800 Thai Baht. Otherwise, he wouldn't take them to the hospital. At the hospital, she lost consciousness. She vividly recalls the insurmountable pain she felt before she fainted. They amputated both her legs. After she regained consciousness, she learned of her disability and said she was saddened. She thought of what her life would be.

At the hospital, she was given prosthetics and physiotherapy. She received a pair of crutches when she was discharged. However, she had to pay for her bed and blood transfusion, which the family covered for her.

Upon her return home, she had difficulty going up to her bedroom or physically engaging herself in work. As a result, her husband became more intolerable calling her names, and eventually leaving her. She recaps solemnly the difficulties she faced for the first year of the accident. She expresses her helplessness having to depend on her mother for everything.

Hearing of her accident and her conditions, a relative of hers recommended that she would refer her to an NGO based in the district that supported victims like her. With her relative's persistence, the NGO worker visited her and discussed the services she desired. They built a toilet, a house, enrolled her in tailoring classes, provided her with the machines after her course, gave her a wheelchair and engaged her in two regional conferences for victims of landmines.

She says she feels blessed for the assistance she received. Her life, she says is much better now. At times she doesn't feel she is disabled for she has become the principle source of income for the family. Not only that, she gives tailoring lessons to the neighbourhood women who are interested in sewing.

Nevertheless, she confirms that not all the victims she knows have received everything she has. She is grateful to the NGO that has catered assistance to what she needed, but she points out that only two (including her) out of the 15 in the tailoring class with her received identical help to her.

It is important to note here that the house that is built for her doesn't have any disability access and nor does the toilet.

“I am happier now that I have been able to sustain my business. I live with my mother, who is going to be a monk very soon. I feel blessed to have the life I have now.”

5.3.1 Concluding remarks

Nhan was the only respondent who was the beneficiary of a number of multiple VA services. It may have been because of her personal connections, but it shows that receiving much of VA is in fact possible. In her case, her life seemed to have drastically improved *after* the accident. The economic services that the NGO provided for her not only helped with the family income but increased her self confidence by stretches, more than *before* the accident. Despite some gaps in quality assistance, the NGO's economic support, helped her get over the disturbing marriage, boosted her self-confidence and gained respect in her community. However, in this case again, the need for psychosocial counselling is debatable. Talking of her former husband was especially difficult for her, expressing bluntly she didn't want to refer to her marriage.



5.4

Narrative 4

Chaum Pran “After the accident, I pointed my gun barrel at my face to end my life. My family didn’t come to my mind; all I thought was how would I ever lead my life being disabled? Luckily, I lost consciousness at the right time.”

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Chaum plays with his four-year-old grandson as he prepares for his interview. He is a quiet 52-year-old, only answering where appropriate. His eyes are red and a slight waft of alcohol can be caught in his breath. It is a little uneasy establishing session agreements with him. He says he just had a small glass of home made rice wine to calm his nerves. He is nervous of being interviewed for the first time. Yet, he is quick to compose himself and is welcoming through his eyes. He says:

“I don’t do much these days. I sit at home and help my grandson. Of course, it is challenging to move with my disability.”

Chaum’s sessions are sat in by his wife who helps him remember some of the details of his childhood. His life story is incredibly fascinating. Chaum’s family comes from the Veal village where they have lived all their lives. For generations, his family farmed for self-subsistence. However, with Khmer Rouge in power, his family had to endure dramatic changes in their lifestyles, especially since one of his uncles served in the Lon Nol army. He explains that, let alone during Khmer Rouge, even during the Lon Nol period, his village was a prime target. He says he grew up being victimized by war.

In the time of Lon Nol, his family was forced out of their house. He was barely eight years old, the eldest and the only son of the three siblings. The same year his father died. His family lived on the back of a cart for over a year, eating whatever they could find, fully dependent on their mother. Being the eldest and the only son, he felt the burning need to help support his family. He did small jobs to help his mother. This experience he recalls as very gruelling for his young self. He was afraid inside and a lot of times very sad, but he couldn’t express how he felt for he believed he had to be strong for his mother.

After almost two years, when they returned home, they were very relieved. His goal in life then was to help his family. They started working in their farm planting rice and selling it. As life moved on, Khmer Rouge came into power and everything they had worked for was disarrayed. They were back to square one again. His family was moved to a different village to plant rice, he on the other hand, being a young man, was sent to a youth camp with around 500-600 boys. They were forced to work day and night in the rice paddies with no rest or adequate food. He said he was irate and distressed a lot, but couldn’t do anything about his situation. If he tried to

answer back to his camp leaders, they would torture or even kill him. He missed his family a great deal and worried about their well-being.

This continued for years until he somehow found a way to escape to the refugee camps at the Thai border. There, he said, he developed a strong conviction to join the opposing force to help oust the tyrannical government. As a soldier, his main duties were to guard the camps and sometimes to patrol the nearby villages. He served for fourteen years. He met his wife in the camps, got married and they had five children together.

It was during one of these patrols in the nearby village with seventy of them, that he met with his accident. In a forest near Banteay Meanchey, he says, a group of them stepped onto anti-personnel mines. Six of them died on the spot and a few others, including himself, were heavily injured. He recalls that he knew something had happened to his legs for he was in a lot of pain as he watched people scurrying around to try to help the wounded or hide. He looked down to see both his legs were meshed, it was then that he turned his gun to himself ready to give up on life. He said he didn't think of anyone, just that this was no life to live. But at this point he fainted and the next thing he remembers was waking up in a government-run hospital near Phnom Penh. He realized both his legs were amputated. Learning this, he was inconceivably saddened and cried for days. He thought of how he would be able to go by, kept thinking how would he help his family. He says he was very depressed at the time. However, learning that the hospital was only for soldiers who had been injured during the war, he felt at ease seeing many of his comrades also in the same state. They were given physiotherapy and artificial legs. They stayed in the hospital for a year and a half recovering. They weren't allowed to see their families and he said that was very painful for him. He says they supported each other. Eventually after the completion of his course, his family was allowed to visit him. They were all excited to see each other and ready to go back home. By this time, the war had ended and everybody was moving back to the lives they had left behind.

Back home in Siem Reap with no money, his wife started selling rice cakes to support the family. Since he couldn't work in the farms, his children were taught to work the rice fields. That became another source of income. Slowly they subverted into normal living conditions and built a small concrete house for themselves.

Years later, an NGO identified him as a victim of a landmine and offered him motorbike repairing skills. He learned this for almost a year and received some equipment by the end of it. He says he tried very hard to repair bikes, but where he lived was very remote and some others were trained in the same skills. It was challenging finding clients. Eventually, he gave up and resorted to heavy drinking.

The lifelong struggle and difficulties in adjusting to life after the accident were traumatic for Chaum. He depends on his wife and children to help him. He commented on the skills that were given to him as being of not much use and brought too late.

“I don't do much these days. I sit at home and help my grandson. Of course, it is challenging to move with my disability.”

5.4.1 Concluding remarks

Chaum's moving story is portrayed in the backdrop of social, political and economic conditions that forced him to make difficult choices in life. It is safe to assume that a lack of counselling support from his childhood turned him into a bitter person. Although he tried to hold his family together and provide for them, a series of misfortunate events made him emotionally hard. He feels anger and angst towards all parties except for his family. VA service in his case was not only untimely but honed skills that he couldn't use.





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6. Conclusion and Reflections

Throughout this paper, the following findings were raised and analyzed. Firstly, the similarities and differences between the respondents' profiles were drawn. This demonstrated that victims are a *heterogeneous group* and thus, do not have similar needs for assistance. This was developed through comparing age, occupation and their disabilities (section 3). Central investigation was done to highlight the conditions victims/respondents lived in *before* and *after* the accident. Interesting points such as their change in occupation, economy, mental well-being, relationships with family, community and friends were described. As a result, it outlined that many victims/ respondents still suffered from *mental trauma* relating to their accident (section 4). Thirdly, a tabulation of victim assistance and the service providers were presented with analysis drawn to compare assistance in line with changing conditions. In turn, a short description of the victims' *future prospects* was made (section 5). The chosen methodology allowed the research to further identify the *successes and shortcomings* of VA. To further elaborate that *victims are 'people'* beyond statistics or persons killed or injured, four narratives of four unique profiles were summarized to harmonize with the findings (section 6). This concluding section presents reflections of the study, rethinking several points about victims, VA and conditions.

VA is commonly imagined to aim for concrete steps to support victims of landmines and ERWs. In many circumstances, many victims aim to find ways to sustain themselves, thereby showcasing their strength to recuperate. In this light, it is evident that '*victims*' are positioned within their *historical trajectories and the impact of the country's social, economic and political conditions*. Victims cannot thus only be defined within the generalized lens of persons killed or injured by ERWs and their families who have been affected by this. This view has to be broadened adapting to a more 'social model' whereby the factors (both internal and external) that surround victims is identified while defining them. This can be done through adopting a personalized or people-oriented approach in understanding victims enabling them to access services and realise personal projects^{xliii}. If these factors are ignored, a danger of creating negative, marginalized and perhaps, disempowering notions of victims can happen, overlooking their capacities. Hence, the 'success' of introducing a comprehensive VA starts with viewing/defining victims as 'people' with their own unique experiences and dignity. This enables several observations from this paper, which are reflected below.

The first is the *perception and practice to establish the victim's economic condition* in a better way, reconfirmed in this report that has been highlighted in numerous VA studies. Victims interviewed have unmistakably put economic security of themselves and their families as the central element in sustaining their livelihoods. Much has been reflected that every victim's initial worries are occupation, livelihoods and fending for their families. For these, some have stepped out of their comfort zones to help their families.

The second observation is the *support of friends and family as being the enabling factor* for their mental well-being. Victims who have had difficulties being accepted by their loved ones are still traumatised by their accident. Despite the initial distress and depression, victims who were lucky to have received emotional support were generally happier with both NGO-provided VA as well as their lives. As a result, while attempting to support victims, engaging with the circle of influence around the victims becomes crucial and helping their inclusion in all aspects of their lives.

Third, the outreach of VA has increased extensively and all respondents had received some sort of support. However, *none of them were cohesive or came together* to complement all areas of VA. Hospital services were provided to all victims, although some were asked to pay for their treatment. Economics on the other hand varied between different victims, depending on what the NGO offered, not what the victims needed. Within this construction, social and *psychological assistance* was evidently missing. The findings speak for themselves in that all victims had experienced or were still going through some psychological trauma, low self-esteem issues and had the innate need to feel accepted. 'Pity' of their own situation and from others was a common word that repeated in all transcripts.

Moreover, in a time where the Royal Government of Cambodia has progressed in providing physical rehabilitation support, a *long road lies ahead is ensuring completion of all six components of VA*. The government working with the international community developed many outreach programmes for VA. However, victims, particularly survivors and people with disabilities, especially

those who live in rural areas are yet to be identified. Many are still getting injured by mines and ERWs every year. The National Plan of Action and other VA policies seem to be formulated and implemented to justify the state's obligations towards VA, but actual quality VA is debatable.

In addition to this, it seems that the VA services, although implemented for decades provided by both NGOs and the government, have caught much attention to enhance its quality recently (NAP, CAP). The disability services, on the other hand, were a recent phenomenon. These on its own are a little problematic for it reflects that much assistance happened with serious advocacy campaigning and availability of financial recourses. This assistance, hence, proved to be *untimely* for some.

Furthermore, there is a complete lack of *disability laws and monitoring in practice* even though the NPAPWD was set out to be implemented this year. Considerable attention is particularly needed in the areas of accessibility, empowerment, non-discrimination, inclusion and awareness raising.

One way to alleviate challenges and prove a solid way forward is by addressing victim's needs before offering them services. Although a lot has yet to be covered in this regard, a simple way of *understanding needs could be by analysing conditions people lived in before and how they changed after*. This lens could support in understanding the needs of the victims.

Finally, the resources and techniques applied to assess and survey victims are used as a mapping tool to identify the numbers and the accident. It is an important foundation, but if it doesn't go beyond the overview, it becomes incredibly difficult to cater for the victims' needs. This disconnects victim's lives with the numbers and from what they need. Hence, *developing tools that go beyond numbers but help position victims within their conditions* is extremely essential. This can be done by developing a set of open- and closed-ended questions and assessment approaches.

"All NGOs and governments need to help people with disability by encouraging them and improving their lives. These supports need to be followed up by regular contact and evaluation. What is the point of teaching someone a particular skill that doesn't support them in the long term? How will it change his/her life?" - Kai (alias), 23 from Battambang

“All NGOs and governments need to help people with disability by encouraging them and improving their lives. These supports need to be followed up by regular contact and evaluation. What is the point of teaching someone a particular skill that doesn't support them in the long term? How will it change his/her life?”



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7. Recommendations

This final section of the report presents recommendations to several stakeholders actively engaged in VA. These recommendations vary from policy to research to programmatic interventions. They are listed to address the last objective of the research, which was *to recommend relevant steps for existing and new programming to all government and non-government organizations so as to broaden the scope and continue victim assistance in the long run*. These are main recommendations that have emerged out of the major findings of the research.

Recommendation 1

General victim assistance approach to key decision and policy makers

- ✘ Understand the individual context of VA by applying a person-oriented approach to view or define ‘victim’ in a balanced light and as a social model that is adapted as per the victim’s historical trajectories, conditions, capacities, needs and so on;
- ✘ Ensure ‘inclusion’ of victims in all aspects of their lives such as family, community, work school, cultural, religious etc. beyond the six components of VA;
- ✘ Identify, plan, implement and integrate VA as a cross-cutting theme in all programming or operations working with people living with disabilities and as an integral part of key development issues;
- ✘ Merge VA and disability laws, especially clauses that represent accessibility, inclusion, non-discrimination, education, awareness raising and participation, and ensure these laws are being monitored for impact;
- ✘ Enable quality data collection to be carried out beyond numerical surveys going hand-in-hand with understanding individual needs and conditions;
- ✘ Ensure constant impact assessment is carried out of the successes of VA activities by all parties, especially presenting comparative analysis of government and non-governmental organization;
- ✘ Motivate the need for national ownership for both recourse and financial mobilization to ensure skills transfer.

Recommendation 2

To the Cambodia Mine Action and Victim Assistance Authority (CMAA)

- ✘ Ensure the quality implementation of the National Plan of Action of Persons with Disabilities (NPAPWD) in line with the Convention of the Rights of Persons with Disabilities (CRPD) with victims;
- ✘ Ratify and approve the CRPD and adapt it to the Cambodian context;
- ✘ Insert sections on understanding conditions and needs of the victims within the data collection questionnaires, and strengthen data collection/monitoring system for bigger outreach covering survivors in rural and inaccessible areas;
- ✘ Strengthen and continue providing services to victims tailored to their needs and in accordance with all six components of VA, especially psychosocial;
- ✘ Avoid making ‘one size fits all’ policies;
- ✘ Engage families, friends and communities who are most influential in the victims’ lives i.e. their circle of influence while providing assistance to the direct victims and affected family members of the indirect victims;
- ✘ Enhance the need for national ownership for both recourse and financial mobilization to ensure skills transfer.

Recommendation 3

To Non-Governmental Organizations operating in Cambodia

- ✘ Support the realization and quality implementation of NPAPWD and use this as a way to build a relationship with governments for the purpose of skills transfer and national ownership;
- ✘ Implement programming on VA alongside the government with the aim of full handover in the long run;
- ✘ Ensure quality and timely VA is implemented which is holistic in nature embodying all aspects of VA and their social model definition;
- ✘ Ensure participation of victims in all facets of assistance including data collection;
- ✘ Ensure VA is adopted as a cross-cutting issue going hand-in-hand with programming implemented for people with disabilities;

Recommendation 4

To local and international advocacy groups

- ✘ Provide a watchdog role in monitoring the progress of both government and non-government organizational policies, programming and implementation on VA;
- ✘ Constantly seek research that complements impact and supports advocacy goals;
- ✘ Ensure the participation of victims for advocacy and empowerment purposes;
- ✘ Refer identified victims to relevant organizations who provide support;
- ✘ Ensure all six components of VA and CRPD are soundly implemented;
- ✘ Ensure assistance is provided in accordance with background and the changing conditions of assistance;
- ✘ Ensure assistance is tailored to the victim's needs.

Recommendation 5

Donors

- ✘ Enable VA as a priority for funding even after the last piece of land has been cleared or the last mine has been lifted;
- ✘ Closely monitor implementing partners of VA;
- ✘ Ensure the Royal Government of Cambodia adheres to the obligations of MBT to the committed deadlines.

Recommendation 6

Victims

- ✘ Represent the voice of victims, both direct and indirect, to the relevant platforms where key issues on VA are discussed;
- ✘ Enhance participation by showcasing that victims are in themselves empowered and capable;
- ✘ Ensure coordination and participation of victims for planning, implementing, monitoring...VA;
- ✘ Play a watchdog role to ensure the services provided are tailored to the needs within the backdrop of changing conditions;
- ✘ Ensure victims are seen as people beyond statistics and as persons killed/injured and their families impacted by landmines and ERWs.

Annex 1

Respondent's background

Table 1 Respondent's Gender and Location

	Gender	Village	Location		
			Commune	District	Province
1	Male	Sralao Tong	Kamreang	Kamreang	Battambang
2	Male	O'Kambot	Prey Kpob	Ek Phnom	Battambang
3	Male	Svay Chrom	Phreak Norin	Ek Phnom	Battambang
4	Female	Ang	Tameun	Thmor Kol	Battambang
5	Male	Kandal Tbong	Kok Khmom	Thmor Kol	Battambang
6	Female	Kilometer ៣៨	Trang	Ratanak Mondul	Battambang
7	Male	Chi Sang	Trang	Ratanak Mondul	Battambang
8	Female	Rom Chekmuy	Ratanak	Battambang	Battambang
9	Female	Living in the center JSC (ARRUPE)			Battambang
10	Male	KoroHa	Unknown	Battambang	Battambang
11	Male	Palelay	Kbal Spean	O'Chrov	Banteay Meanchey
12	Female	Makak	Unkown	Banteav MeanChey	Banteav Meanchey
13	Male	Spean Chreav	Chreav	Siem Reap	Siem Reap
14	Female	Kom Rou	Pong Roleu	Chikreng	Siem Reap
15	Female	Kok Thmei	Pouk	Pouk	Siem Reap
16	Male	Smach	Tram Sorsor	Srei Snam	Siem Reap
17	Male	Kravann	Nokor Thum	Siem Reap	Siem Reap
18	Male	Kambor	Chanleas Dai	Kralanh	Siem Reap
19	Male	O'Kandal	Sangveuv	Chikreng	Siem Reap
20	Female	Por	Unknown	Siem Reap	Siem Reap
21	Male	Veal	Chreav	Siem Reap	Siem Reap
22	Male	Namkhav	Phat Sanday	Stoeng Sen	Kampong Thom
23	Male	Bor Ribo	Tbeang Py	Koulen	Phrea Vihear
24	Male	Sen Dekcheas	Toeut Krahorm	Chormksan	Phrea Vihear

Endnotes

- i Thi (alias) who lives in the ICRC rehabilitation centre in Battambang response to the question 'how did you feel when you first realized of your condition'.
- ii Of late with the merger of Cluster Munition Coalition (CMC), the official name of ICBL is International Campaign to Ban Landmines-Cluster Munition Coalition (ICBL-CMC).
- iii At the Mine Ban Treaty's First Review Conference, 24 States Parties with the greatest number of survivors formed a group and accepted that they had "the greatest responsibility to act, but also the greatest needs and expectations for assistance" in providing victim assistance. They were later joined by Jordan and Iraq, which brought their number to 26. This group referred to as the VA26 is made up of Afghanistan, Albania, Angola, Bosnia-Herzegovina, Burundi, Cambodia, Chad, Colombia, Croatia, Democratic Republic of the Congo, El Salvador, Eritrea, Ethiopia, Guinea-Bissau, Jordan, Mozambique, Nicaragua, Peru, Senegal, Serbia, Sudan, Tajikistan, Thailand, Uganda, and Yemen. See <http://www.the-monitor.org/index.php/LM/The-Issues/FAQs#23912> for detailed information.
- iv Most of the definitions presented in this section have been adapted from the Landmine and Cluster Munition monitor; see <http://www.themonitor.org/index.php/LM/The-Issues/Glossary> and others directly from different conventions and treaties.
- v Convention on the Rights of Persons with Disabilities, Article 1, paragraph 2.
- vi Convention on Cluster Munitions, Article 2.
- vii See <http://www.the-monitor.org/index.php/LM/The-Issues/Glossary>, 12 October 2011.
- viii See www.icbl.org/index.php/icbl/Treaty for more information.
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