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C.M.A.A

Cambodian Mine Action Standards (CMAS 23)

Victim Assistance

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Abbreviation

BLS	Baseline Survey
DPO	Disabled People's Organization
CMAA	Cambodian Mine Action and Victim Assistance Authority
CMAC	Cambodian Mine Action Centre
CMAS	Cambodian Mine Action Standard
CMAMIS	Cambodia Mine Action Management Information System
CMVIS	Cambodian Mine/ERW Victim Information System
DBU	Database Unit
EO	Explosive Ordnance
ERW	Explosive Remnants of War
IMAS	International Mine Action Standards
MAPU	Mine Action Planning Unit
MDG	Millennium Development Goals
MRE	Mine Risk Education
NGO	Non-Government Organization
NMAS	National Mine Action Strategy
PMAC	Provincial Mine Action Committee
PRC	Physical Rehabilitation Center
PWD	Persons with Disabilities
PWDF	People with Disabilities Foundation
QA	Quality Assurance
QC	Quality Control
QMT	Quality Management Team
RGC	Royal Government of Cambodia
SADD	Sex-Age Disaggregated Data
SDG	Sustainable Development Goal
SOP	Standard Operation Procedures
VA	Victim Assistance
VSN	Volunteer Survivor Networks
UN	United Nations

Foreword

International standards for humanitarian demining were first proposed by working groups at an international technical conference in Denmark in July 1996. Criteria were prescribed for all aspects of demining, standards were recommended, and a new universal definition of “clearance” was agreed upon. In late 1996, the principles proposed in Denmark were developed by a United Nations-led working group, and the International Standards for Humanitarian Mine Clearance Operations were developed. A first edition was issued by the United Nations Mine Action Service (UNMAS) in March 1997.

The scope of these original standards has since been expanded to include the other components of mine action and to reflect changes to operational procedures, practices, and norms. The standards were re-developed and renamed International Mine Action Standards (IMAS), with the first edition produced in October 2001.

The Cambodian Mine Action and Victim Assistance Authority (CMAA) is responsible for developing, revising, and maintaining effective Cambodian Mine Action Standards (CMAS) based on the IMAS and best practices. The CMAS sets minimum requirements and provides a regulatory framework for mine action operators to develop Standard Operating Procedures (SOP) to ensure safe, effective, efficient, and practical mine action activities. The first CMAS was developed in 2005.

CMAA initiates the development of CMAS in consultation with relevant mine action operators to ensure practicality. When a CMAS is drafted, the CMAA shares it with the CMAS Committee (led by the CMAA with relevant mine action operators as members) for their review and comments. The CMAA has the authority to make the final decision on the CMAS, and the CMAA’s Secretary General approves all CMAS. The development and revision of the CMAS follow this process.

Introduction

The Royal Government of Cambodia (RGC), the United Nations (UN), and the international community seek to eradicate the suffering of Explosive Ordnance (EO) victims (inclusive of landmines), their families, and communities.

Cambodia's landmine contamination results from a protracted sequence of internal and regional conflicts that affected the country from the mid-1960s until the end of 1998. The nature of landmine and EO contamination in Cambodia is extraordinarily complex due to the various conflicts and a lack of records on where landmines were laid. The Cambodian people continue to be affected by EO contaminants, impacting their socio-economic inclusion, inhibiting equal opportunities, limiting sustainable development, and continuing to cause disabilities. For those living in the mine-affected areas, their physical and emotional safety continues to be at risk.

The victims of EO have ongoing physical, emotional, psychological, and financial suffering after the accident. This suffering requires medical treatment, rehabilitation, and social inclusion support to recover from the life-changing accident. At the time of writing this standard, and according to the Cambodian Mine/ERW Victim Information System (CMVIS) recorded from 1979 to April 2023, there were 65,055 EO Victims including 19,828 died, 36,135 injured, and 9,092 amputees. These figures are not inclusive of those with post trauma stress disorder and long-lasting mental health conditions.

Initially endorsed by the UN Inter-Agency Coordination Group on Mine Action in 2001, the first edition of the International Mine Action Standards on Victim Assistance (IMAS-VA), officially published in September 2021 as the recommended standards for all Mine Action operations, including victim assistance (VA) support. The Cambodian Mine Action and Victim Assistance Authority (CMAA) developed Cambodian Mine Action Standards (CMAS) in alignment with the IMAS and its principles to provide local context and continues to provide the updated edition of the Cambodian Mine Action Standards-Victim Assistance (CMAS-VA).

The objective of this standard is to provide the fundamental principles of VA responsive programming that are to be adopted across the Cambodian Mine Action program. It blends policy and practice to ensure that VA-responsive programming is adopted and maintained. Also, it provides the basis for developing partnerships, programs, and services between the RGC, service providers, donors and implementing organizations. The standard outlines VA principles, roles, and responsibilities while focusing on key activities, such as data collection, emergency and continuing medical care, rehabilitation, psychological and psycho-social support, socio-economic inclusion, laws, and policies for the sector and relevant stakeholders. It is also a tool to assist in the development of Standard Operating Procedures (SOPs) for specific roles.

Victim Assistant

1. Scope

This standard lays out key principles and frameworks for effective information management, assessment, planning, prioritization, implementation, monitoring, and evaluation of VA activities in Cambodia. Specifically, it describes the roles and responsibilities of the CMAA, mine action operators, partner organizations (national and international), other VA services and service providers, survivor organizations and their representative entities as well as relevant RGC ministries and institutions including but not limited to Ministry of Health, Ministry of Social affairs, Veterans and Youth Rehabilitation, Persons with Disabilities Action Council and Persons with Disabilities Foundation. This document serves as a national framework for all VA/Mine Action operators and stakeholders in Cambodia. It aims to contribute to providing VA to meet the needs and address the rights of EO victims while contributing to the implementation of the National Mine Action Strategy 2018-2025 (NMAAS 2018-2025) as well as other laws and policies of Cambodia in accordance with the spirit and intent of VA.

2. Normative References

A list of normative references is given in Annex A. Normative references important documents to which references are made in this standard or which form part of the provisions of this standard.

3. Terms and Definitions

Some key and frequently used words in this document are outlined below:

- **Shall:** is used to indicate requirements, methods, or specifications to be applied to conform to the standard.
- **Should:** is used to indicate the preferred requirements, methods, or specifications; and
- **May:** is used to indicate a possible method or course of action.
- The term '**Explosive Ordnance (EO)**' encompasses Mine Action's response to mines, cluster munitions, unexploded ordnance, abandoned ordnance, booby traps, other devices (as defined by CCW APII), and improvised explosive devices.
- The term '**Victim Assistance (VA)**' is broader and specific efforts to address the needs and rights of victims. **VA broader efforts** are efforts undertaken by sectors other than the mine action sector, including delivery of VA services, data collection, coordination, laws, and policies. **VA-specific** efforts are efforts undertaken by the mine action sector to contribute to facilitating access to VA services. VA services include emergency and continuing medical care, rehabilitation, psychological and psycho-social support, and socio-economic inclusion,
- The term '**Victim**' refers to persons, either collectively or individually who have experienced physical, emotional and/or psychological injury, economic loss; whose recognition, enjoyment or exercise of their human rights on an equal basis with others has been hindered; or whose full and effective participation in society has been restricted by an accident with a confirmed or suspected presence of explosive ordnance to entry: Victims include people killed, injured and/or impaired, their families, and communities affected by EO.
- The term direct victim /casualty refers to a person killed, injured and/or impaired as a result of an accident with EO.
- The term 'Survivor' refers to a direct victim who has been injured and/or impaired, but not killed as a result of an accident with EO.
- The term indirect victim refers to family members of direct victims, as well as individuals and communities affected by EO.

- The term **‘Survivor Organization’** refers to an organization representing and working in the interest of survivors and other persons with disabilities and indirect victims, including survivors and/or indirect victims in its operational structure. Survivor organizations are created by, and for, the benefit of victims and often contribute unique experience-based peer-to-peer support and referrals and provide other services by which the victims’ different needs can be addressed. They typically also provide survivor-led advocacy, awareness-raising, community mobilization, and contribute to coordinating VA.
- The term **‘Partner Organization’** refers to the organizations that have signed a Memorandum of Understanding (MoU) or Implementation Agreement with CMAA. Partner organizations, through mutual support, collaboration, and cooperation, work together to achieve the common goals of the mine action sector and victim assistance activities for landmine/ERW victims, including their families and other persons with disabilities.
- The term **referral** refers to the delivery of information on available services to victims.
- The term **referral mechanism** refers to a system for identifying, protecting, and assisting people injured by EO, survivors, other persons with disabilities, and indirect victims and connecting them to needed victim assistance services (or providing them with “information on available services”).
- The term **‘Socio-Economic Inclusion’** refers to inclusive education and economic inclusion, such as equal and fair wages and the opportunity for meaningful employment, such as skill training, vocational education, social protection, sustainable employment, etc., as well as self-employment. It also encompasses social protection.

4. Principles of the Victim Assistance

The basis of VA is the humanitarian principles of humanity, neutrality, impartiality, and independence. The RGC, UN, and relevant partners understand that vulnerable populations need support from across the country, and VA activities need specific consideration. Therefore, VA activities are guided by national and international humanitarian human rights laws, IMAS, and CMAS. In addition to the VA as mentioned above humanitarian principles, the CMAS-VA shall also be guided by the following general principles:

Non-discrimination: VA efforts should not discriminate in any way against or amongst victims or between victims and those who have suffered injuries or impairments from other causes. Differences in treatment should only be based on the medical, rehabilitative, psychological, or socio-economic needs of the victims, including providing reasonable accommodation. VA should also not discriminate based on other diversity factors such as disability, gender, age, ethnicity, race, religion, language, socio-economic status, or other aspects of identity.

Participation and inclusion: Victims and representative organizations should be consulted and participate in decision-making processes for policies and programs, with a particular objective of social-economic inclusion.

Accessibility: Survivors, other persons with disabilities, and indirect victims should have access to the services they require. Where any barriers to access to those services exist, these should be systematically addressed. These barriers can relate to physical, financial, digital, or remote accessibility of services, location, language, and legal considerations, as well as age, gender, disability, and cultural norms, amongst other factors, that can restrict participation in victim assistance services. Reasonable accommodations should also be provided for those who require them.

Vulnerability: Vulnerability and suffering shall be reduced in every way possible, including financially, socially, and physically. The organization shall fully understand the impact on victims (their families and community) as environmental and social conditions can increase vulnerability. Vulnerability: The wider environmental and social conditions that may limit the ability of victims and survivors, as well as persons with disabilities, to cope with the impact of EO contamination

should be understood. Environmental and attitudinal barriers can put victims and other persons with disabilities in situations of financial, social, physical, and safety vulnerability which can create barriers to their full and equal participation. As such, factors that put persons in situations of vulnerability should be considered in VA programming.

Diversity considerations: Age, gender, disability, sexual identity, and other diversities should be considered when planning services. It is important to include and collect data by sex, age, and disability disaggregated data (SADDD). These data sets should be reviewed and include other key factors to understand how to deliver VA fully. Age, gender, disability, sexual identity, and other diverse needs and experiences of victims should be considered in the design and planning of VA efforts. Services shall be adapted to the needs and realities of different groups. To support effective program planning, casualty data, commonly known as victim data, shall be disaggregated by sex, age, and disability, to ensure data on whether a casualty had any type of impairment before their accident with explosive ordnance.

Sustainability and national ownership: VA is a long-term activity, thus all VA services, policies, action plans, and financial plans should be sustained and nationally implemented.

A rights-based approach: Assistance to victims shall be about realizing the human rights of survivor and other victims in accordance with international and Cambodian humanitarian law and human rights law. They should be entitled to the highest attainable standards of health, rehabilitation, inclusive education, work and employment, full participation and inclusion in society, and an adequate standard of living and social protection.

Stakeholder participation and leadership are essential for successfully implementing the principles of VA. For these principles to be implemented in Cambodia, there should be multi-sectoral synchronization. The RGC and the Cambodian disability sector should be leaders in the multi-sectoral synchronization for VA.

Evidence-based practice (EBP): EBP is used to deliver integrated care models and services based on the best evidence studies and patient care data from clinician expertise as well as patient preferences. The aim is to provide quality care and effective organizational services that are data-driven to achieve optimal outcomes for VA clients.

SPECIFIC PRINCIPLES WHEN WORKING WITH VICTIMS

Relevant organizations:

- Shall treat victims equally with dignity, respect, compassion, and sensitivity to age, culture, ethnicity, and sexual orientation.
- Shall always respect the confidentiality of the victims and their families. Inclusive of asking for their consent before any actions (even for collecting and sharing of data) and respecting the choices and decisions of victims.
- Shall make the safety of the victims, their families, and their communities' members their top priority, inclusive of; conducting interviews in private settings for confidentiality and safety; and carefully consider situations that could threaten victim safety.
- Shall, while referring victims to other services, always keep in mind that victims may have limited opportunities to access services (lack of money, transportation, ability to travel); try to identify the most direct referral pathway and provide clear information and guidance.
- Shall clearly explain the steps of the referral process and the expected time frame to the person. This includes avoiding making unrealistic promises about the outcome of the referral.
- Should consider disability as a multi-factorial situation. Organizations should understand and recognize the complexity and the inter-connection between protection, health, and socioeconomic conditions. Therefore, organizations should explore all referral possibilities to guarantee access for victims to immediate and longer-term assistance.

- Should coordinate with other stakeholders: including referral and information sharing between facilities providing services for victims. Organizations should provide regular updates to their networks and clients.
- Should avoid the use of parallel systems and build on existing structures: Organizations should use and integrate their actions in existing referral mechanisms in place, including those from the authorities and humanitarian community.

5. Components of Victim Assistance

Victim Assistance components include:

- A. Data Collection
- B. Emergency and continuing medical care
- C. Rehabilitation
- D. Psychological and psycho-social support
- E. Socio-economic inclusion
- F. Laws and policies.

5.1 Data Collection

Data collection comprises gathering, analysing, and sharing information to understand, report on, and disseminate information through the collection of:

- SADDD on victims, using a variety of tools tested in humanitarian contexts. Among them are the Washington Group Short Set of Questions and the UNICEF–Washington Group Module on Child Functioning, complemented with an additional question that identifies survivors amongst the broader group of persons with disabilities; and
- Data on available services to support referral.

Victims tend to live in rural and remote areas, far from capitals where most services are provided. Many barriers exist, including time and cost to reach services that tend to be based in urban areas, absence of childcare and accommodation, lack of information or physical access, and discriminatory attitudes. Identifying victims where they live and supporting them to access services is a vital step in ensuring increased participation and improved quality of life.

In Cambodia, CMAA, Physical Rehabilitation Centers (PRCs), chiefs of villages and communes, Provincial Mine Action Committee (PMAC)/ Mine Action Planning Units (MAPUs), Non-Government Organizations (NGOs), and volunteer survivor networks are relevant stakeholders collect data in the field. In addition, a standardized process is required as data collection is a key factor in understanding, planning, and monitoring VA activities,

5.2 Emergency and Continuing Medical Care

Emergency and continuing medical care are essential. This includes first-aid, emergency evacuation, and medical care, including surgery, blood transfusions, pain management and other health services provided by inter-disciplinary teams. Policies and action plans need to be nationally implemented at all levels of society and as part of the Cambodian health care system.

5.3 Rehabilitation

In accordance with WHO and RCG definitions, rehabilitation is an intervention(s) designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. In its simplest form, rehabilitation aims to return to 'normal' functioning.

Rehabilitation is not limited to health and movement, but includes psychological, psychosocial, financial, educational, and social restoration of functioning. Through rehabilitation, the person,

their family, and community learn how to cope on a day-to-day basis with the special health needs arising from their state of health.

One of the main goals of rehabilitation is to restore function and mobility while eliminating or minimizing pain to return to an active lifestyle. It improves the opportunity to return to normal life through the physical aspect of well-being as well as mental and cognitive functioning. Physical rehabilitation is often a vital part of VA within the Cambodian health sector. This includes screening, assessment, fitting, supplying, and maintaining prosthetics and orthotics, physiotherapy, and training in devices such as walking aids and wheelchairs. Rehabilitation generally requires an inter-disciplinary approach consisting of doctors, prosthetics, orthoptists, nurses, physical therapists, and occupational therapists.

5.4 Psychological and Psycho-social Support

Psychological and psycho-social support is a large part of VA. This support includes the medical and mental formal health counseling system by psychiatrists, doctors, psychologists, counsellors, and social workers. In addition to the more informal community mental health system within community, such as family members, elders, monks, and traditional healers (Kruu Khmer).

Psychological and psycho-social support includes such as:

- Psychological support through formal referral systems
- Psychological support from the hospital
- Psychological support from social workers, psychologist, and psychiatrist
- Psychological support from PRCs
- Peer support networks for social and emotional well-being.
- Public forums to have a community voice – a sense of being heard and included within society.
- Psychological support from peer-to-peer: provision of social and emotional support by persons facing similar situations and challenges through one-on-one visits or social support groups.
- Cultural, sports, and leisure activities aimed at improving psychological well-being and community interaction.

5.5 Socio-economic Inclusion

Socio-economic inclusion relates to education, skills development, social protection, employment, and social inclusion.

The main components of social inclusion are social support, support for healthy relationships and family life, positive relationships, healthy family and community attitudes, and prevention of and addressing violence against survivors. In addition, victims need equal opportunities to participate in cultural, sports, and leisure activities for social inclusion.

The main activities of economic inclusion are vocational training, access to micro-credit, income generation and employment opportunities, social protection and security, and the economic development of the community infrastructure.

A key aspect of socio-economic inclusion is inclusive education. This increases participation in education by responding to the individual needs of all learners, especially vulnerable people including people with a disability. Inclusive education is a basic human right, and it empowers people with knowledge to access other rights such as health care, employment, and political participation.

The components of education are:

- Early childhood care and education
- Primary education
- Secondary and higher education
- Vocational training and apprenticeships
- Non-formal education
- Lifelong learning

VA should offer support and access at all levels of education.

5.6 Laws and Policies

The development of VA programs should use legal and policy frameworks to guarantee people's rights. These rights ensure equal opportunities in society, including health, education, labor, social protection, and disability inclusion. CMAS-VA is the framework for VA in the Kingdom of Cambodia. Therefore, all activities shall be consistent with the laws of the Kingdom of Cambodia. This may cover general issues such as safety and occupational health, environmental requirements, equal opportunities, and legislation specifically relating to people with a disability.

The legal and policy frameworks are covered in several key areas:

- Law on the protection and promotion of the rights of persons with disabilities
- National Strategy Disability Plan
- Convention on the Rights of Persons with Disabilities
- National Mine Action Strategy
- Sub Decree on the Regulation on Identity Verification Base on Social Models and Fundamental Rights
- Sub Decree on the Regulation on the Determination of Rates and Forms of Employment Selection for Persons with Disability
- Sub-Degree on the Regulation Regarding the Policy Framework for Impoverished Persons with Disabilities in the Community
- National Social Protection Policy Framework
- Technical Framework for Creating Accessibility for Persons with Disabilities

6. Roles and Responsibilities

6.1 Mine Action Sector in VA

The primary role of the Mine Action sector should be collaborative and aim at providing a coordinated VA national program. An 'integrated approach' should be considered and include multi-sector support. Some of the key factors of an integrated approach (covered throughout this document) are:

- Information management, including data collection, analysis of data, and sharing of data.
- Clear pathways to refer victims to government or NGO services.
- Promotion and monitoring of multi-sector communication and support services.
- National action plans and resources to support VA.

Support the government's commitment to VA: The Mine Action sector should support the efforts of the RGC with relevant line ministries to ensure services are available and accessible to victims and communities.

Promote VA activities in Mine Action programs: The Mine Action sector should promote the mainstreaming of VA in health, disability, education, employment, development, and poverty reduction sectors. This is required until VA is fully integrated into other sectors in Cambodia.

6.2 CMAA's VA as the National Mine Action Authority

CMAA is responsible for the regulation, management, monitoring and evaluation, coordination, and establishment of the national and local conditions, which enable the effective management and support of the Mine Action program in Cambodia. CMAA is responsible for all phases of Mine Action activities and oversight of interagency and across-sector support to victims within Cambodia's national boundaries.

The full responsibilities of CMAA are documented in Royal Decree, Preah Reach Kret No. NS/RKT/0900/160, and Sub Decree Anouk Kret No 76 ANKR.BK.

CMAA should communicate and promote government policies, guidelines, and database management systems related to VA. Particularly for understanding VA needs, promoting victims' rights, national policies, and VA programs in Cambodia. CMAA should lead the development of national standards that explain the roles and responsibilities of a multi-sector approach to VA, support and promote national/international laws addressing the needs and rights of victims, develop a national action plan and development and implementation of programs to strengthen the technical and financial capacity of VA at all levels.

In the conduct of VA, CMAA should follow up with relevant agencies such as the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY),¹ Ministry of Health (MoH), Disability Action Council (DAC), and Persons with Disabilities Foundation (PWDF), professional associations, as well as the relevant national and international institutions. While the management, coordination and follow-up services to victims are the responsibility of the MoSVY, the DAC, and other relevant organizations, CMAA, where appropriate, should provide feedback and subject matter expertise to their strategic plans, programs, and reports.

As a national authority, CMAA should organize, promote, and participate in national and international disability events (and dialogues) to ensure rights and equal opportunities for victims. This includes collaborating with relevant ministries to improve and promote planning and programs for disability support. This requires promoting inclusive hiring practices for social inclusion for the victim, community-based planning processes that facilitate the meaningful participation of victims and people with disabilities, and disability inclusion in community education to promote positive attitudes and practices towards persons with disabilities.

Through the CMAA's partnership with relevant stakeholders, CMAA should share a directory of services with stakeholders and victims and establish and promote referral services across stakeholders and sectors. CMAA should collect, store, and share VA data on victims and their needs. CMAA should analyze collected data and shares it with appropriate organizations and government departments based on the national data protection regulations for victim data.

6.2.1 Service Coordination

CMAA should establish the national and local conditions for effective VA activities/services. CMAA understands that while VA is part of Mine Action, it is not a finite (time-limited) endeavor like EO risk education, survey, and clearance. It also is part of, and dependent on, broader national

¹ MoSVY's Department of Welfare for Persons with Disabilities was established to lead and manage disability-related work, including to:

- Develop policies, laws and other legal frameworks related to welfare of persons with disabilities;
- Promote and oversee the effective implementation of the Law on the Protection and the Promotion of the Rights for Persons with Disabilities;
- Promote the implement of international treaties related to disability;
- Develop plans of action for physical rehabilitation including the production and distribution of orthotics and prosthetics and order mobility devices, vocational training, and job placement;
- Develop plans of action for CBR, arts and sport, and the development of Braille and Sign languages; and
- Organize the Cambodian Day and Cambodian Sports Day for Persons with Disabilities on the same day as the International Day for Persons with Disabilities.

policies, plans, and legal frameworks related to health, human rights, education, disability, labor, poverty reduction, and social protection. Therefore, implementation of the various elements of VA can only be achieved via a multi-sector approach.

6.2.2 Monitoring, Data Collection & Coordination

Monitoring

- CMAA shall monitor and support organizations involved in VA. As part of this they shall assist and review SOPs and instructions, so they are consistent with CMAS-VA. This extends to international/national NGOs, international/national commercial organizations, and national institutions.
- CMAA should endorse its monitoring role, quality assurance and control of VA activities, by ensuring continual data collection and feedback to government agencies, operators, and other providers. It is also achieved by engaging key stakeholders, victims, and persons with disabilities for their feedback and evaluation of service delivery standards.

Data collection

Collecting, analyzing, and sharing information is crucial to understanding, ensuring, and reporting current VA activities/services. These information management procedures should be done by collecting SADD on victims using various tools discussed in CMAS-VA. Therefore, CMAA should establish and promote a system where data and databases are available to support and make referrals for VA. Please refer 'Data Collection' section under the 'Elements of VA' in this document for the detailed information on the database system of CMAA.

Coordination

CMAA shall ensure, with its various stakeholders, that VA programs in Cambodia are managed effectively and in accordance with national standards and guidelines, from the program planning/design to quality management for sustainability. The enhanced collaboration, communication, and reporting mechanisms between line ministries, local government and stakeholders are necessary for effective and efficient VA program implementation. Therefore, CMAA acts as a coordination body to ensure the implementation of each of the following VA activities:

For emergency and continuing medical care:

- First-aid skills and resources
- Partnership with PRCs
- Partnership with medical centers
- Government and private hospitals

6.3 Mine Action Operators and the VA Partner Organizations

6.3.1 The general guidelines for survivor organizations conducting VA

All organizations, inclusive of operators, partner organizations, and other VA-related services, shall comply with the following general guidance:

- Ensure that any VA activities comply with relevant national standards and where applicable international standards (key standards are referenced in this document).
- Ensure that any VA activities comply with relevant health, education, human rights, and socio-economic policies (key policies are referenced in this document).
- Register with relevant ministry and/or other governing bodies; communicate with the CMAA, about VA activities.
- Receive a full brief from CMAA about VA being conducted in their region.

- Consider in all policies, procedures, and services, an integrated and holistic multi-sector support of VA (Note: CMAA has extensive resources in this area and shall share with all organizations).
- Make documentation, reports, records, and other data on VA available to CMAA and other government bodies as required. This includes sharing any directories of services² and sharing data quarterly; and
- Participate and share relevant information to support the work of VA, including but not limited to, public awareness activities for service providers, utilizing support collaboration mechanisms, and benefiting from each other's work across the sector. The representatives of organizations should attend the technical reference group organized by CMAA; all operators are invited to have representatives attend.

6.3.2 Mine Action Operators

Mine action operators have a range of responsibilities and tasks detailed in CMAS and other such documents. Mine action operators' activities in relation to VA, shall support the national programs and comply with CMAA and its VA guidelines.

In accordance with IMAS-VA, mine action operators or their implementing partners shall:

- Inform the CMAA of VA-specific efforts.
- Collect SADDD on victims in line with relevant data protection regulations, and ensure relevant data is shared appropriately.
- Collect data on relevant existing services and contribute to the development of a directory of services.
- In coordination with the Ministry of Health and other relevant health authorities, identify and facilitate access to emergency medical transport of people critically injured by EO and other persons with life-threatening injuries to a nearby healthcare facility in the areas where they are operating; and
- Communicate locations where emergency medical care should be reinforced based on data generated from the national information management system in explosive ordnance-affected areas to the CMAA, where it exists; and communicate needs of people critically injured, survivors, and indirect victims based on available data to donors, CMAA and actors in the sectors of which VA is part to engage in broader multi-sector support.

In addition, mine action operators who receive VA funding to deliver VA services, shall:

- Inform the CMAA and affected communities of all their VA services and available support.
- Ensure that any VA service complies with relevant national and/or international standards, conventions, and relevant health, education, or socio-economic policies.
- Ensure that implementing partners are registered with the relevant ministry and/or other governing bodies in charge of verifying that they are competent, and suitably trained, qualified, and equipped; and
- Ensure that survivors and their representative entities are consulted, participate in, and are included in the VA services they undertake.

6.3.3 Partner organizations

Partner organizations and associated VA services should attempt to comply with all recommendations in this document as they are key to delivering coordinated national VA services. Each organization could have its own contractual obligations and internal policy. However,

² Lack of information is the main barrier to accessing available services in Cambodia.

organizations should ensure that national standards relevant to health, education, and socio-economic policies are complied with, in order to coordinate VA services.

These organizations shall inform CMAA and communities of all their VA services and supports. Partner organizations shall ensure that the organization and staff are competent, trained, qualified, and equipped. Partner organizations are required to have a strong working relationship and consult with CMAA, VA survivors, and their representatives to ensure inclusion in VA services.

6.4 United Nations

Actions taken forward by any entity that is part of the UN system should design its strategies based on the contextual Cambodian dynamics and within the framework of policies established by states, usually through the CMAA.

6.5 Other organizations

Other (non-partner) organizations may wish to consider developing policies or procedures related to any support they provide for VA activities. It is recommended that all organizations be registered with the relevant ministry and/or other governing bodies.

Other VA services include but are not limited to:

- Service providers such as disability support NGOs, welfare and community organization, education facilities, etc.
- Rehabilitation centers, such as medical centers (public and private), local hospitals, welfare and community organizations, education facilities, etc.
- MoH services/programs
- MoSVY services/programs
- PWDF (government) and NGO associates
- Disability Action Council
- And others

6.6 Survivor organizations and their representative entities

Organizations that work with survivors and people with disabilities (including associations and networks) are important for the VA. Some of their important work is:

- Promote and advocate for human rights.
- Promote and advocate for equal participation.
- Promote and advocate for local best practices.
- Ensure that VA is well understood at all levels of Mine Action.
- Ensure that VA is well understood at all levels of government and society.

Organizations of survivors and organizations that support persons with disabilities are recognized to have a unique perspective on their situation and how their needs relate to the VA. Therefore it is requested that these organizations actively seek and respond to planning, coordination, implementation, monitoring, evaluation, and reporting activities.

7. Conclusion

The Cambodian Mine Action Standards-Victim Assistance (CMAS-VA) standard provides a framework for EO victims, the community, and supporting organizations. Under international standards, such as the UN Human Rights Charter and IMAS, together with the RGC's intent covered in the National Mine Action Strategy, the CMAS-VA covers the principles, essential elements, and roles and responsibilities of organizations within VA services.

In Cambodia, EO indiscriminately affects everyone in the community, therefore, it is important to adopt an all-inclusive approach to all Mine Action activities, including planning, prioritizing, survey, data collection, clearance operations, and advocacy. In addition, VA needs to be designed to ensure that vulnerable groups' participation, contributions, concerns, and needs are acknowledged and addressed without bias or discrimination.

The CMAS-VA provides direction for a holistic and integrated multi-sector approach across CMAA, operators, and other organizations. It provides a framework for all VA-related organizations to coordinate and incorporate activities. This includes emergency and continuing medical care, rehabilitation, psychological and social inclusion support, data collection, and laws and policies for the sector and relevant stakeholders.

CMAA continues to work towards enhancing VA within national policy and strategy in Mine Action programs. CMAA expects similar commitment from all Mine Action organizations in Cambodia. CMAA strongly encourages and offers some well-developed resources to all Mine Action organizations in Cambodia. All stakeholders are recommended to implement this CMAS-VA to the best of their ability to ensure the success of the VA activities/services. Additionally, all Mine Action organizations should contribute to achieving the goal of the National Mine Action Strategy 2018-2025 to lead to a better future for all Cambodians.

CMAA provides this document as an overarching guide to assist organizations that support VA and EO victims.

Attachment:

Annex 1: Amendment Record

Annex 2: Reference Documents

PHNOM PENH, 00 October 2024

Senior Minister First Vice President

Dr. Ly THOUCH

Annex 2: Reference Documents

1. International Mine Action Standard No. 13.1
2. National Mine Action Strategy 2028-2025
3. National Strategy Disability Plan 2029-2023
4. United Nations Strategy on Victim Assistance
5. Sub Decree on the Regulation on Identity Verification Base on Social Models and Fundamental Rights
6. Sub Decree on the Regulation on the Determination of Rates and Forms of Employment Selection for Persons with Disability
7. Sub-Degree on the Regulation Regarding the Policy Framework for Impoverished Persons with Disabilities in the Community
8. National Social Protection Policy Framework
9. Technical Framework for Creating Accessibility for Persons with Disabilities
10. Convention on the Rights of Persons with Disabilities
11. Convention on the Prohibition of the Use, Stockpiling, Production, and Transfer of Anti-Personnel Mines and Their Destruction
12. Oslo Action Plan 2020-2024