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National Guidelines on Explosive Ordnance Victim Assistance



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FOREWORD

Over the past three decades, the Kingdom of Cambodia has undergone a remarkable transformation from a nation heavily afflicted by the remnants of war to a country blessed with full peace and rapid development across all sectors. However, the remnants of explosive ordnance left behind from the past continue to pose a major obstacle to public safety and disturb the dignified living of our citizens, particularly victims who have lost limbs or suffered severe psychological trauma from the impacts of these explosives.

The preparation of these **National Guidelines on Explosive Ordnance Victim Assistance** aims to reflect the firm commitment of the Royal Government of Cambodia, non-governmental organizations, development partners, and all mine action operators in providing protection and promoting the rights and freedoms of all victims. Victim assistance is not merely a one-time provision of medical aid; it is a **"humanitarian mission"** that must walk hand-in-hand with **"social development"** through building a strong, equitable, and inclusive support system to ensure that victims can live independently and have full opportunities to participate in national social development.

The contents contained in each chapter of this document clearly articulate the national and international legal frameworks, strategic plans, operational execution, remaining systemic challenges, and future policy recommendations. We firmly believe that an in-depth analysis of these issues will serve as a vital compass directing stakeholders, donors, and authorities at all levels to jointly address gaps in support services and eliminate all forms of discrimination against persons with disabilities.

Finally, on behalf of the authors, I would like to express my deepest gratitude to the national and international community, development partners, and all philanthropists who continue to support both in spirit and resources the mine action and disability sectors in Cambodia. Most especially, I wish to express my respect and appreciation for the strength and resilient spirit of all victims, who serve as a powerful driving force inspiring us all to strive even harder toward achieving the vision of **"A Mine-Free Cambodia and Inclusion for All"** in the near future.

Phnom Penh, Date: 5 November 2026

(Signed)
Dr. Ly Thuch
Senior Minister and First Vice-President of CMAA

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The preparation and successful completion of this document, "National Guidelines on Explosive Ordnance Victim Assistance," represents an extraordinary collective achievement born out of close cooperation and high commitment from state institutions, operators, development partners, and numerous individuals who contributed their physical, intellectual, and spiritual strength for the cause of humanitarian work and the promotion of the rights of persons with disabilities in Cambodia.

First and foremost, we express our profound gratitude to the Royal Government of Cambodia and the Cambodian Mine Action and Victim Assistance Authority (CMAA) for providing strategic guidance, coordination, and meticulous technical support. This wise leadership forms a solid foundation for the safety and inclusive development of our society.

We sincerely thank the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), as well as the Disability Action Council (DAC) and the Persons with Disabilities Foundation (PWDF) for their tireless efforts in formulating policies and legal instruments to protect rights and enhance the dignity of persons with disabilities progressively.

Our deep thanks go to all national and international operators, development partners, donor countries, and national/international non-governmental organizations who have provided financial resources and expertise in implementing victim assistance programs, supplying assistive devices, physical rehabilitation, psychological-psychosocial support, and socio-economic support, which have transformed the lives of victims with renewed hope and independence.

In particular, we extend our thanks to the technical team of the Department of Victim Assistance of the CMAA, who dedicated valuable time to compiling, collecting, and providing information, data, and in-depth analysis, an indispensable input making the content of this document comprehensive and highly scientific.

Lastly, we express our highest respect and heartfelt gratitude to all victims of explosive ordnance and persons with disabilities who provided opinions and shared their real-life experiences. Your strength and perseverance are a tremendous source of encouragement and the primary motivation propelling us all to continue this mission until we achieve an equitable and inclusive society that eternally values every human being.

ABBREVIATIONS

RGC : Royal Government of Cambodia
CMAA : Cambodian Mine Action and Victim Assistance Authority
DAC : Disability Action Council
MoSVY : Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoH : Ministry of Health
MoEYS : Ministry of Education, Youth and Sport
MLMUPC : Ministry of Land Management, Urban Planning and Construction
MoVT : Ministry of Labour and Vocational Training
UN : United Nations
UNDP : United Nations Development Programme
UNICEF : United Nations Children's Fund
WHO : World Health Organization
ILO : International Labour Organization
OHCHR : Office of the United Nations High Commissioner for Human Rights
SDGs : Sustainable Development Goals
NMAP : National Mine Action Policy
NSDP : National Strategic Development Plan
NDSP : National Disability Strategic Plan
CRPD : Convention on the Rights of Persons with Disabilities
APMBC : Anti-Personnel Mine Ban Convention (Ottawa Treaty)
CCM : Convention on Cluster Munitions
CMAS : Cambodian Mine Action Standards
IMAS : International Mine Action Standards
SOP : Standard Operating Procedure
NGO : Non-Governmental Organization
WG : Washington Group (International Standard Questions for Identifying Disability)
EO : Explosive Ordnance
UXO : Unexploded Ordnance
DPO : Disabled People's Organization
PWD : Person with Disability

KEYWORDS AND DEFINITIONS

- **Explosive Ordnance (EO)**: Refers to all types of explosives left behind from war, including anti-personnel mines, anti-tank mines, cluster munitions, unexploded ordnance (UXO), and other munitions that pose a threat to human life.
- **Victims**: In the context of this document, victims refers not only to individuals directly injured, but includes:
    - **Individual Victim**: Persons who suffered injury, loss of limbs, or disability.
    - **Family**: Relatives affected economically and psychologically.
    - **Affected Community**: Communities whose daily living and development are disrupted due to the presence of explosives.
- **Direct Victims**: Refers to individuals killed, injured, or disabled by explosive ordnance.
- **Survivors**: Refers to direct victims who were injured or disabled but did not die from an explosive ordnance accident.
- **Indirect Victims**: Refers to family members of direct victims, as well as individuals and communities impacted by explosive ordnance.
- **Victim Assistance**: A humanitarian mission and social development effort that provides protection, medical treatment, physical rehabilitation, psychological support, and rights promotion to all victims so they can live independently.
- **Inclusion**: Ensuring that victims and persons with disabilities have full and equal opportunities to participate in social, economic, political, and cultural activities without discrimination.
- **Socio-Economic Inclusion**: Refers to inclusive education and economic inclusion, such as equal remuneration, fairness, decent employment opportunities, skills training, vocational education, social protection, sustainable employment, self-employment, and social safety nets.
- **Rehabilitation**: The process of helping victims regain physical capabilities and bodily functions through physiotherapy and provision of assistive devices (e.g., prostheses) to improve their work capability and living conditions.
- **Psychological and Psychosocial Support**: Counseling and therapeutic services designed to help victims overcome mental trauma and shock, and strengthen emotional resilience to return to normal life.
- **Equity**: Providing services or assistance based on the actual needs of each individual to ensure everyone achieves comparable outcomes, even if starting from different baseline situations.

- **Accessibility**: Eliminating all barriers (physical, informational, and legal) so persons with disabilities can easily and safely access services, infrastructure, and information.
- **Multi-Sectoral Approach**: Addressing victim issues with participation from all relevant sectors (health, social affairs, land management, education, labor) rather than relying solely on the mine action sector.
- **Evidence-Based Practice**: Delivering services based on research, accurate data, and genuine needs of victims to ensure high quality and effectiveness.
- **Referral**: Refers to providing information to victims regarding available services.
- **Referral Mechanism**: A system for identifying, protecting, and assisting victims injured by explosive ordnance, survivors, persons with disabilities, and indirect victims, connecting them to required victim assistance services (or supplying them with "information on available services").

CHAPTER 1: INTRODUCTION

The National Guidelines on Explosive Ordnance Victim Assistance is a document developed through inter-sectoral integration to support victims of explosive ordnance in Cambodia. CMAA, with support from the United Nations Development Programme (UNDP) and through consultations with key stakeholders, prepared these national guidelines to provide direction to all organizations, operators, and institutions offering support services to explosive ordnance victims in Cambodia. Explosive ordnance victim assistance is a primary priority for CMAA, responding to short-, medium-, and long-term needs of victims physically, psychologically, and emotionally affected, as well as their families and communities. This requires a multi-sectoral approach grounded in rights respect and inclusion.

As a coordinating body, CMAA plays a pivotal role in encouraging ministries/institutions, operators, and organizations to provide support to victims considering age, gender, and disability factors. Simultaneously, CMAA encourages all ministries/institutions, operators, and relevant organizations to apply this guideline document in actual practice.

Purpose

The purpose of the National Guidelines on Explosive Ordnance Victim Assistance includes the following key objectives:

- Direct and support relevant organizations or institutions in providing clear and specific information regarding services or assistance programs available to explosive ordnance victims.
- Provide broad technical guidance to mine action operators, stakeholders, and communities to develop Standard Operating Procedures (SOPs), action plans, project budgets, and roadmaps for effective victim assistance implementation.

Scope and Application

This document outlines the scope of content and technical instructions of the National Guidelines on Explosive Ordnance Victim Assistance. The guidelines provide clear directions on roles and responsibilities for stakeholders, including CMAA, government institutions, the UN, mine action operators, and other service-providing entities. Overall, victim assistance is a Royal Government Cambodia responsibility coordinated by CMAA.

Generally, explosive ordnance victims require emergency care, ongoing medical care, physical rehabilitation, education, and socio-economic inclusion most of which fall under the jurisdiction of sectors outside mine action.

Implementation Principles: This support must be provided in accordance with existing standards and norms in relevant sectors, such as:

- Health and physical rehabilitation sector
- Disability and social protection sector
- Education and vocational training sector
- Development and labor sector

- Construction and public works sector

Implementation must comply with existing laws, policies, procedures, and directives of the Kingdom of Cambodia. These guidelines will act as a key tool for guiding and coordinating cooperation among all stakeholders to maximize victim assistance operational efficiency.

Legal Framework

The execution of explosive ordnance victim assistance must comply with valid national and international legal frameworks and instruments. Among these, the Law on the Protection and Promotion of the Rights of Persons with Disabilities plays a vital role in ensuring rights, non-discrimination, and equal opportunities for all persons with disabilities in society. Furthermore, as a state party to the Anti-Personnel Mine Ban Convention (Ottawa Treaty), Cambodia bears an active obligation to assist and rescue landmine victims.

Concurrently, ratifying the Convention on the Rights of Persons with Disabilities (CRPD) highlights the RGC's commitment to respecting fundamental rights and mainstreaming disability inclusion across all development activities. To align implementation, this document is anchored in the National Mine Action Policy and the National Disability Strategic Plan, obeying technical standards outlined in Cambodian Mine Action Standards (CMAS) Chapter 23, which specifies standard operating procedures for the overall mine action sector.

CHAPTER 2: PRINCIPLES OF EXPLOSIVE ORDNANCE VICTIM ASSISTANCE

The foundation of explosive ordnance victim assistance is built upon universal humanitarian principles: humanity, neutrality, impartiality, and independence. The RGC, UN agencies, and development partners prioritize providing aid and support to vulnerable populations. All victim assistance activities are designed with practical considerations and implemented in line with humanitarian law, national and international human rights law, as well as International Mine Action Standards (IMAS) and Cambodian Mine Action Standards (CMAS). General principles of victim assistance are specified in CMAS Chapter 23, summarized as follows:

- **Non-Discrimination**: Assistance must be delivered equitably, without distinction between explosive ordnance victims and persons disabled by other causes. Support must address actual needs (medical, physical rehabilitation, psychological, socio-economic) regardless of disability type, gender, age, ethnicity, religion, or economic status.
- **Participation and Inclusion**: Victims and representative organizations should participate in decision-making processes regarding policies and programs targeting socio-economic inclusion.
- **Accessibility**: Victims and persons with disabilities must have unhindered access to required services. All physical, financial, digital, linguistic, legal, age-related, gender-related, and cultural barriers must be systematically addressed, including by providing reasonable accommodations.

- **Addressing Vulnerability**: Program design and service delivery must respond to multidimensional victim vulnerabilities, including physical impairments needing long-term assistive devices, psychological trauma (PTSD, depression), and financial burdens from income loss and debt.
- **Age, Gender, Disability, and Diversity Considerations**: Planning and program design must carefully incorporate age, gender, disability, and diverse identity factors to address real-life experiences. Disaggregating data by age, sex, and disability status is essential for targeted service delivery.
- **Sustainability and National Ownership**: As victim assistance is a long-term effort, policies, action plans, and financial planning must be effectively rooted at the national level to guarantee long-term sustainability.
- **Rights-Based Approach**: Assistance must follow national/international humanitarian and human rights laws to ensure victims enjoy full rights to health, rehabilitation, education, employment, and social protection. Active stakeholder engagement and leadership are mandatory for success.
- **Evidence-Based Practice**: Service delivery must rely on high-quality research, clinical data from experts, and actual victim needs to achieve optimal quality, efficiency, and individual outcomes.

CHAPTER 3: COMPONENTS OF EXPLOSIVE ORDNANCE VICTIM ASSISTANCE

Components of explosive ordnance victim assistance include:

a. Data Collection

b. Emergency and Continuing Medical Care

c. Physical Rehabilitation

d. Psychological and Psychosocial Support

e. Socio-Economic Inclusion

f. Laws and Policies

a. Data Collection

Collecting, analyzing, and sharing data is crucial for planning and monitoring victim assistance effectively based on clear identification using international standard questionnaires (such as the Washington Group) disaggregated by sex, age, and disability type. Alongside national data collection, mapping available services helps facilitate referrals for victims, especially in remote areas, overcoming barriers like travel costs, lack of information, infrastructure gaps, and stigma. This work demands close cooperation and standardized practices among CMAA, local authorities, mine action operators, rehabilitation centers, NGOs, and disability volunteer networks.

b. Emergency and Continuing Medical Care

Emergency care and ongoing medical treatment are critical priorities encompassing: first aid, immediate medical evacuation, blood management, surgical interventions, blood transfusions, pain management, and specialized medical care delivered by multidisciplinary medical teams alongside timely emergency transport. These policies and operational plans must be standardized nationally and sub-nationally to integrate into Cambodia's health system.

c. Physical Rehabilitation

Per WHO guidelines, rehabilitation is a multi-sectoral effort aimed at enhancing well-being and facilitating daily functioning for persons with disabilities based on individual health conditions. It covers health, mobility, psychological support, financial well-being, education, and socio-economic inclusion, enabling victims, families, and communities to address daily challenges.

Under the social affairs domain, rehabilitation involves assessment, physiotherapy, manufacturing/fitting prostheses and orthoses, and training in assistive device usage (e.g., wheelchairs). Multidisciplinary cooperation among doctors, prosthetics/orthoptists, nurses, and physiotherapists is required to reduce pain and restore physical/mental functions.

d. Psychological and Psychosocial Support

Psychological and psychosocial support is delivered through two channels:

- **Formal Systems**: Professional mental healthcare, counseling, and psychiatric support provided by doctors, psychologists, counselors, volunteer medical teams, and social workers at hospitals, health centers, and rehabilitation centers.
- **Informal/Community Systems**: Encouragement and support from family members, village elders, monks, and traditional healers.

In addition to medical care, peer-to-peer education networks and social support groups allow individuals with similar conditions to share experiences and build mental resilience. Public forums, cultural events, sports, and recreational activities are encouraged to foster community connection and civic participation.

e. Socio-Economic Inclusion

Socio-economic inclusion ensures equal access to training, education, skill development, social protection, and employment. Social inclusion focuses on strengthening family/community relationships, preventing violence, and granting rights to join cultural, sports, and leisure events. Economic inclusion is driven through vocational training, job placement, micro-credit access, income generation, community infrastructure improvements, and shelter support.

Crucially, inclusive education is a fundamental right enabling victims and vulnerable individuals to access learning from preschool through higher education, informal education, and lifelong learning. Education and technical training serve as the bedrock for accessing decent work, health services, and political participation.

f. Laws and Policies

Victim assistance programming must align with national legal and policy frameworks to guarantee equal societal rights and opportunities. All activities must adhere to Cambodian Mine Action Standards and national laws covering occupational safety, environmental protection, and disability rights.

Key policy and legal frameworks include:

- Law on the Protection and Promotion of the Rights of Persons with Disabilities
- National Mine Action Policy
- National Disability Strategic Plan
- Convention on the Rights of Persons with Disabilities (CRPD)
- Anti-Personnel Mine Ban Convention (Ottawa Treaty)
- Sub-Decree on Disability Identification based on Social Model and Fundamental Rights
- Sub-Decree on Determining Employment Quotas and Procedures for Persons with Disabilities
- Sub-Decree on Policy Regime for Poor Persons with Disabilities in Communities
- National Social Protection Policy Framework
- Physical Infrastructure Technical Accessibility Standards for Persons with Disabilities

CHAPTER 4: MULTI-SECTORAL APPROACH

- **Holistic Care Aligned with Health Policies**: Integrating victim assistance services into the national health system to guarantee systematic care meeting government standards.
- **Health Care and Medical Services**: Delivering comprehensive medical care, emergency interventions, surgeries, general medicine, and continuous care to save lives and minimize injury complications.
- **Rehabilitation**: Assisting victims to regain physical capabilities and bodily functions through physiotherapy and prosthetic/orthotic fittings for independent living.
- **Psychological Support**: Providing counseling and mental health services to help victims overcome emotional trauma, shock, and rebuild emotional resilience.
- **Socio-Economic Inclusion**: Removing barriers to enable full and equal victim participation in social, cultural, and economic activities.
- **Education**: Guaranteeing non-discriminatory access to formal and non-formal education for disabled victims and children as a foundation for their future.
- **Empowerment**: Building victim self-confidence and capacity to self-advocate, make independent decisions, and assume community leadership roles.
- **Vocational Training**: Teaching practical technical skills matched to physical capacities and market demand to enable sustainable livelihoods.
- **Employment**: Facilitating access to jobs across public, private, or self-employed sectors to secure financial stability for families.

- **Social Protection System (Social Assistance and Social Security)**: State mechanisms providing financial/material assistance to poor victims (social assistance) alongside health insurance or pensions (social security).
- **Legal Assistance**: Offering legal counsel, information, and representation to defend victims against rights violations and ensure social justice.
- **First Aid and Mirror Therapy Training**: Training communities in basic life-saving first aid techniques and utilizing mirror therapy to alleviate phantom limb pain following amputations.

CHAPTER 5: COORDINATION, COOPERATION, AND IMPLEMENTATION

➢ Role of the Cambodian Mine Action Authority (CMAA)

CMAA acts as the primary national body coordinating and driving cooperation among state institutions, civil society, and international partners to ensure unified, effective implementation of national guidelines and CMAS on victim assistance. CMAA provides technical directions, plans coordination across medical, rehabilitation, psychosocial, and socio-economic services, monitors compliance with standard operating procedures, and builds capacity across the disability sector.

➢ Role of Government Institutions

Government institutions lead policy formulation, resource allocation, technical guidance, and operational oversight. Ministries focus on capacity building, medical care quality, physical rehabilitation, psychosocial care, socio-economic integration, and long-term sustainability to protect the rights and well-being of persons with disabilities nationwide.

➢ Role of Mine Action Operators

Operators execute victim assistance projects on the ground following national and international guidelines. Their core duties include developing SOPs and action plans based on six core pillars: emergency/continuing care, rehabilitation, psychosocial support, socio-economic inclusion, legal/policy implementation, and data management. Operators mobilize resources to maintain service continuity and expand reach.

➢ Role of Disabled People's Organizations (DPOs), NGOs, and Civil Society

DPOs and civil society bridge government policy and local victim needs. Acting as advocates and service providers, they empower victims, conduct ground research, gather field data, raise public awareness, and mobilize resources to ensure equitable, rights-based, and inclusive service delivery.

➢ International Cooperation Mechanisms and Funding for Victim Assistance

International partnerships (bilateral/multilateral), UN agencies, and NGOs supply financial resources, expertise, development aid, trust funds, and private sector contributions. These partnerships facilitate technical exchanges, professional development, and long-term funding stability needed for inclusive development.

- **United Nations Agencies**

UN agencies act as strategic partners supporting the RGC across various specialized domains:

- **UNDP**: Focuses on institutional capacity building, policy development, resource mobilization, and integrating mine action into national development planning.
- **UNICEF**: Prioritizes child victims by promoting access to inclusive education, social integration, healthcare, and psychosocial care.
- **WHO**: Supports health system enhancements, rehabilitation quality, and mental healthcare delivery.
- **ILO**: Promotes economic inclusion through vocational training and inclusive employment opportunities.
- **OHCHR**: Promotes human rights compliance and aligns assistance programs with international human rights standards and the CRPD.

CHAPTER 6: LEGAL FRAMEWORK FOR EXPLOSIVE ORDNANCE VICTIM ASSISTANCE

Legal and policy frameworks serve as fundamental pillars setting forth victim rights, obligations, and service standards. Connecting international treaties with national legal norms creates an effective protection mechanism ensuring human dignity and genuine inclusion.

6.1 International Frameworks and Conventions for Victim Assistance

- **Ottawa Convention (APMBC)**: Aims to end suffering caused by anti-personnel mines via total bans on use, stockpiling, production, and transfer, making land clearance and comprehensive victim assistance mandatory obligations.
- **Convention on Cluster Munitions (CCM)**: Aims to eliminate risks from cluster munitions through strict prohibitions, mandating clearance of remnants and provision of broad victim assistance (rehabilitation, psychosocial care, socio-economic inclusion).
- **Convention on the Rights of Persons with Disabilities (CRPD)**: Promotes, protects, and ensures full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, eliminating societal barriers and discrimination.
- **Siem Reap-Angkor Action Plan (2025–2029)**: Establishes a strategic roadmap for Ottawa Treaty State Parties to accelerate clearance, enhance mine risk education, and implement systematic, inclusive, and sustainable victim assistance toward a mine-free world without new victims.

- **Sustainable Development Goals (SDGs)**: Aims to eradicate poverty, protect the planet, and foster peace and prosperity under the principle of "leaving no one behind," explicitly prioritizing persons with disabilities.
- **Incheon Strategy**: Accelerates CRPD implementation in the Asia-Pacific region via 10 measurable goals aimed at reducing poverty, enhancing political participation, and improving environmental and information accessibility.
- **IMAS13.10**: Provides strategic frameworks and technical guidance for mine action operators supporting victim assistance, data management, risk education, and multi-sectoral service referral coordination.

6.2 National Legal and Policy Frameworks for Victim Assistance

- **Law on the Protection and Promotion of the Rights of Persons with Disabilities**: Guarantees full rights, freedoms, and dignity for persons with disabilities, prohibiting discrimination and mandating accessible public services, education, healthcare, and employment.
- **National Mine Action Policy 2026-2035**: Aims to achieve the vision of "A Cambodia Free of Mines and Explosive Ordnance Remnants" by finishing land clearance and mainstreaming sustainable victim assistance into national health and social systems.
- **National Disability Strategic Plan 2024-2028**: Enhances living quality, dignity, and participation of persons with disabilities by embedding disability inclusion into public policies, strengthening health/rehabilitation services, and boosting economic opportunities.
- **National Guidelines on Explosive Ordnance Victim Assistance**: Supplies the operational standards and technical guidelines required to coordinate multi-sectoral emergency care, medical treatment, rehabilitation, and socio-economic support.
- **Cambodian Mine Action Standards Chapter 23**: Defines standard operating procedures and technical norms directing operators in quality victim data collection, protection, and multi-sectoral service coordination.
- **National Accessibility Guidelines**: Promotes barrier-free environments by mandating universal design principles in public infrastructure and buildings, guaranteeing safe, independent mobility for persons with disabilities.

CHAPTER 7: CHALLENGES, FUTURE ACTION PLANS, AND RECOMMENDATIONS

7.1. Challenges

Victim assistance obstacles stem from systemic issues across core pillars rather than financial limits alone:

- Public infrastructure (schools, hospitals, workplaces) largely lacks "Universal Design" compliance, creating a "second disability" caused by environmental barriers that restrict independent mobility.
- Supply of technical assistive devices (wheelchairs, crutches, prostheses) remains insufficient in quality and quantity. Remote victims struggle to access appropriate devices or continuous physiotherapy, risking worsened physical conditions.
- Cambodia suffers from a shortage of professional psychologists for trauma/depression care, as well as skilled technicians for custom prosthetics. Services remain concentrated in major urban centers.
- Disability and poverty interact cyclically: disability reduces income opportunities, while poverty limits access to healthcare, dragging families into debt and driving children out of school.
- Public understanding of the "Social Model of Disability" remains low. Many local authorities and citizens view disability support as an act of "charity" rather than a legal "rights-based obligation."

7.2. Future Action Plans

Future efforts must transition from reactive responses toward building a resilient, long-term support system through core strategies:

- **Infrastructure Improvement and Barrier-Free Environments**:
  - ❖ Partner closely with MLMUPC to make "Universal Design" standards mandatory before issuing construction permits or approving public building renovations (schools, hospitals, workplaces).
  - ❖ Mobilize national budget and donor funds to retroactively equip key public buildings with standard wheelchair ramps, accessible restrooms, tactile paving, and clear signage.
- **Expanding Scope and Quality of Assistive Devices and Rehabilitation**:
  - ❖ Upgrade local production of prostheses, orthoses, wheelchairs, and crutches adapted to rural terrain and individual physical needs.
  - ❖ Establish mobile rehabilitation teams to deliver home-based physical therapy, health monitoring, and repair services to remote communities.
- **Specialized Training and Service Decentralization**:
  - ❖ Offer scholarships and professional training in psychology, trauma care, and advanced prosthetics/orthotics manufacturing.
  - ❖ Establish district- and provincial-level referral networks (via referral hospitals or rehab centers) to lower travel expenses and decentralize care.
- **Breaking the Cycle of Disability and Poverty**:

- ❖ Deliver flexible vocational and entrepreneurial training, supply micro-business start-up grants, and strictly enforce state (2%) and private sector (1%) employment quotas for persons with disabilities.
- ❖ Ensure all victim households receive social protection (Equity Cards, cash transfers) and provide educational stipends to their children to prevent school dropouts.

- **Social Behavior Change Based on the "Social Model of Disability"**:
  - ❖ Launch broad educational campaigns via media and social networks shifting public perceptions from "pity and charity" to "rights, dignity, and legal obligation."
  - ❖ Train local authorities (village, commune, district levels) on their legal responsibilities regarding disability inclusion and rights protection.

7.3. Recommendations

- **Strengthen Governance, Inter-Institutional Coordination, and Accountability**:
  - ❖ ***Recommendation***: Establish an "Inter-Ministerial Commission for Explosive Ordnance Victim Assistance Inclusion" bringing together CMAA, MoSVY, MoH, MoVT, MoEYS, MLMUPC, and MEF to ensure harmonized execution of national accessibility standards.
- **Ensure Financial Sustainability via Public-Private Investment Models**:
  - ❖ ***Recommendation*:** Expand and reform the "National Victim Assistance Fund" by diversifying revenue sources and promoting corporate social responsibility (CSR) within the private sector.
- **Modernize Victim Databases via Digital Technology**:
  - ❖ ***Recommendation*:** Roll out a "Digital Victim Information Management System" aligned with national digital government frameworks to bridge urban-rural service gaps.
- **Mainstream Mental Health and Rehabilitation into Primary Healthcare**:
  - ❖ ***Recommendation*:** Decentralize specialized care by integrating basic mental health and community rehabilitation courses into curricula for medical, nursing, and midwifery students.
- **Shift Campaign Strategy from "Traditional Awareness" to "Strict Law Enforcement"**:
  - ❖ ***Recommendation*:** Transition state advocacy efforts from soft appeals for charity toward enforcing legal rights and penalizing non-compliance under disability laws.

CHAPTER 8: MONITORING AND EVALUATION

Monitoring and Evaluation (M&E) is a strategic mechanism used to track progress, guarantee service quality, and improve intervention outcomes under the principle of "leaving no victim behind."

8.1. Core Principles of the M&E System

- **Relevance and Equity**: Ensure activities directly target victim needs disaggregated by sex, age, and disability type.
- **Efficiency**: Optimize resource utilization and prevent institutional overlap through integrated data sharing.
- **Evidence-Based Measurement**: Evaluate service satisfaction and impact through direct field surveys and interviews with victims.
- **Sustainability and National Ownership**: Institutionalize M&E mechanisms into national structures, building sub-national capacity.

8.2. Responsibilities of the Cambodian Mine Action Authority (CMAA)

- Form inter-disciplinary technical working groups to monitor guidelines compliance.
- Convene quarterly or bi-annual coordination meetings with MoSVY, MoH, MoVT, MoEYS, and MLMUPC.
- Formulate national victim referral guidelines connecting emergency care, rehabilitation, and socio-economic inclusion.
- Sign operational agreements with partners to avoid geographic service duplication.
- Validate and upload field victim data into central management databases regularly.
- Link CMAA database systems with MoSVY's Disability Identification System and Equity Card registry.
- Share disaggregated data with line ministries for targeted budget allocation.
- Advocate for disability employment quota enforcement (2% public, 1% private) and accessible building standards.
- Conduct field evaluations at rehabilitation centers, hospitals, health centers, and affected communities.
- Collect immediate field incident reports following landmine or EO accidents.
- Submit annual impact evaluation reports to the Head of Government and international bodies per Ottawa Treaty commitments.

8.3. Responsibilities of Government Institutions

- Lead social protection programs, manage disability identification systems, modernize rehabilitation centers, and supply assistive devices free of charge.

- Guarantee free emergency surgical and medical care via Health Equity Funds; integrate basic mental health and physical rehabilitation into health centers and district hospitals.
- Provide educational scholarships/supplies to victim children, adapt learning materials (Braille, sign language), build accessible school infrastructure (ramps, restrooms), integrate EO risk education, and train teachers in basic psychological support.
- Enforce "Universal Design" technical building codes on all public constructions, withholding permits from non-compliant building projects.
- Monitor legal disability job quota compliance (2% public, 1% private), impose penalties on non-compliant firms, and run market-aligned vocational training programs.
- Allocate sustainable national budget lines for the National Victim Assistance Fund and establish tax incentive schemes for companies employing disabled workers or manufacturing assistive tech.
- Maintain local victim records, respond immediately to new accidents, and integrate disability needs into Commune/Sangkat Investment Plans.

8.4. Responsibilities of Mine Action Operators

- Maintain trained first-aid personnel and emergency medical kits within all clearance teams.
- Coordinate rapid medical evacuation routes with nearby district hospitals.
- Train field staff in psychological first aid for immediate post-accident support.
- Deliver EO risk education and advise victims on local support networks and rights.
- Prioritize hiring fit landmine/EO victims within operator organizational structures.
- Ensure cleared land is handed directly to poor victim families for housing and agriculture.
- Partner with provincial rehabilitation centers to expedite prosthetic/wheelchair fittings.
- Promote the "Social Model of Disability" during all community interventions.

8.5. Responsibilities of Support Service Providers

- Deliver structured psychological counseling and depression therapy for victims and families.
- Facilitate peer-support networks (peer educators) to build mental resilience.
- Run market-driven, physically flexible vocational and entrepreneurship courses.
- Guide victims through Equity Card registration, disability identification, and interest-free micro-loans.
- Maintain confidential victim records and transmit anonymized data to state databases.

- Ground all service delivery in the "Social Model of Disability," treating victims as rights-holders.

CHAPTER 9: CONCLUSION AND CALL TO ACTION

Victim assistance in Cambodia is both an indispensable humanitarian duty and a strategic investment in human rights and inclusive development, ensuring that no citizen is left behind from national economic growth. While Cambodia has made commendable strides, victims still face complex barriers, notably urban-rural service disparities, data gaps, and heavy reliance on external donor financing. Cambodia can overcome these hurdles by modernizing assistive technology, decentralizing mental healthcare, and promoting economic inclusion to restore victim dignity.

To realize the vision of **"A Mine-Free Cambodia and Inclusion for All,"** we urgently call upon the RGC, development partners, donors, private sector entities, and civil society to step up investment in vocational training, physical rehabilitation, socio-economic inclusion, inclusive employment, and primary mental health services. Meaningful leadership and participation from victims and DPOs in policy formulation are mandatory to maintain service relevance and quality. Joint efforts must focus on fully integrating victim assistance into the broader national social protection system to achieve long-term national ownership and self-reliance.

In conclusion, we express our profound gratitude to all partners who contribute their strength, intellect, and resources to this noble cause. The strong partnerships built today provide hope, safety, and vibrant futures, enabling victims to live with pride, autonomy, and full dignity within their communities and Cambodian society forever.

Annex "A"
Checklist for the Implementation of National Guidelines on Explosive Ordnance Victim Assistance

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
Chapter 1: Introduction	**General Checklist**	All relevant sectors/sections have and use this checklist to assess compliance with national guidelines.	All stakeholders (CMAA/Operators/Ministries-Institutions/NGOs/Service Providers)	□ Completed □ In Progress □ Not Yet
		Use this checklist for regular internal and external monitoring.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Use this checklist to develop new Standard Operating Procedures (SOPs) and review existing ones.	CMAA/Operators/NGOs	□ Completed □ In Progress □ Not Yet
		Take concrete actions to seek technical and financial support from key stakeholders, especially the Mine Authority.	Operators/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
Chapter 2: Principles of Victim Assistance	**General Compliance**	Read and understand Cambodian Mine Action Standard (CMAS) Chapter 23.	All stakeholders (CMAA/Operators/Ministries-Institutions/NGOs/Service Providers)	□ Completed □ In Progress □ Not Yet
		Register with relevant ministries/institutions and inform the Mine Authority about victim assistance activities.	Operators/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Receive briefings from the Mine Authority on victim assistance activities and current policies.	Operators/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Develop internal procedures aligned with CMAS Chapter 23 standards and guidelines.	Operators/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Non-Discrimination	Establish procedures prohibiting discrimination based on disability, gender, age, ethnicity, etc.	All stakeholders	□ Completed □ In Progress □ Not Yet
		Train 100% of staff on inclusive, non-discriminatory practices.	All stakeholders	□ Completed □ In Progress □ Not Yet
		Have processes (procedures) to monitor service delivery, ensuring equitable treatment for victims.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Participation and Inclusion	Establish formal consultation processes with victims and Organizations of Persons with Disabilities (OPDs).	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Actively involve victims in service planning and decision-making.	All stakeholders	□ Completed □ In Progress □ Not Yet
		Regularly collect and incorporate victim feedback into program improvements.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Accessibility	Have processes and procedures to assess and remove physical, financial, and cultural barriers to accessing services.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Comply with disability inclusion laws to provide reasonable accommodations for persons with specific disabilities, addressing educational and cultural needs.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Ensure accessible communication formats and languages.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Addressing Vulnerability	Identify vulnerable groups and tailor services to meet their specific needs.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Train staff to recognize and respond to factors that heighten vulnerability.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Age, Gender, Disability, and Diversity	Disaggregate data by age, gender, and type of disability for planning and monitoring.	CMAA/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Adapt services to the needs of diverse target groups.	Service Providers/NGOs	□ Completed □ In Progress □ Not Yet
	Sustainability and National Ownership	Align services with national strategic plans and priorities.	CMAA/Ministries-Institutions	□ Completed □ In Progress □ Not Yet
		Develop long-term budget plans with local contributions.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	Rights-Based Approach	Inform victims about their rights and legal protections.	Ministries-Institutions/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Establish systems to hold staff and partners accountable for respecting victim rights.	All stakeholders	☐ Completed ☐ In Progress ☐ Not Yet
	Evidence-Based Practice	Use reliable data and research to guide service delivery.	Mine Authority/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Regularly review and update programs based on evidence and victim input.	NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
	Coordination	Share quarterly reports and data with the Mine Authority and relevant ministries/institutions.	Operators/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Participate and collaborate in national victim assistance coordination meetings.	All stakeholders	☐ Completed ☐ In Progress ☐ Not Yet
Chapter 3: Components of Victim Assistance	**Data Collection**	Train staff on data collection tools and privacy law compliance.	Mine Authority/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Coordinate with the Mine Authority and other partners to avoid data duplication.	Operators/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Regularly collect and update disaggregated victim data by gender, age, and disability.	Mine Authority/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Use standardized formats for reporting and data transmission.	All stakeholders	□ Completed □ In Progress □ Not Yet
		Securely store and backup data with restricted access.	Mine Authority/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Share key findings and maintain a directory of available services.	Mine Authority/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Emergency and Medical Care	Train at least 75% of staff in first aid and CPR.	Operators/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Fully equip all operational vehicles with first aid kits.	Operators/NGOs	□ Completed □ In Progress □ Not Yet
		Develop clear victim evacuation plans and maintain updated hospital contact lists.	Operators/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Collaborate with hospitals to ensure proper trauma and infection management.	Ministries-Institutions/Service Providers	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Provide financial support for healthcare and transportation.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Establish referral mechanisms to physical rehabilitation services.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Physical Rehabilitation	Ensure physical rehabilitation centers maintain required staff-to-patient ratios (prosthetics, orthoptists, physiotherapists, social workers).	Ministries-Institutions/Service Providers	□ Completed □ In Progress □ Not Yet
		Provide free or low-cost assistive devices.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Tailor services according to gender, age, and disability.	Service Providers/NGOs	□ Completed □ In Progress □ Not Yet
		Allocate travel/transportation allowances for victims receiving services.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Support community outreach teams with training and equipment.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Establish linkages to psycho-educational and livelihood programs.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	Mental Health and Psychosocial Support	Train 65% of frontline staff in basic counseling and referral procedures.	NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Ensure staff are trained and informed on clear referral mechanisms to mental health professionals.	NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Train and inform staff regarding victim support groups and volunteer networks.	NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Organize community activities to reduce stigma and promote inclusion.	NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Partner with traditional and community leaders to strengthen support networks.	NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet ☐
	Socio-Economic Inclusion	Provide diverse vocational training programs aligned with market demand.	Ministries-Institutions/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Provide micro-grants or credit for small business startup.	Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Design age/gender-sensitive economic programs for victims and families.	NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Engage local businesses to expand employment opportunities.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Support family caregivers through training and support services.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Laws and Policies	Support implementation of national disability laws and policies.	Ministries-Institutions	□ Completed □ In Progress □ Not Yet
		Monitor compliance with international treaties and human rights standards.	CMAA/Ministries-Institutions	□ Completed □ In Progress □ Not Yet
		Support OPDs to participate in policy-making processes.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Increase victim participation in legal and policy dialogues.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
Chapter 4: Legal Framework for Implementation		All management and leadership positions read International Standard (IMAS) 13.10.	All stakeholders	□ Completed □ In Progress □ Not Yet
		Ensure 60% of staff read or receive training on international standards and CMAS Chapter 23.	All stakeholders	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Review disability laws and relevant international treaties related to victim assistance.	CMAA/Ministries-Institutions	□ Completed □ In Progress □ Not Yet
		Train staff on rights-based approaches and inclusive practices.	All stakeholders	□ Completed □ In Progress □ Not Yet
		Ensure facilities and programs comply with Cambodian disability laws and policies.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Participate in coordination meetings to align services with the National Strategic Plan.	All stakeholders	□ Completed □ In Progress □ Not Yet
Chapter 5: Multi-Sectoral Approach	**Healthcare and Medical Care**	Train 60% of community first responders in basic trauma care and referral mechanisms.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Establish community emergency transport plans in 70% of high-risk villages.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Maintain an updated local healthcare directory and share it with the Mine Authority.	Ministries-Institutions/Service Providers	□ Completed □ In Progress □ Not Yet
		Conduct awareness campaigns for victims and families on rights to free or subsidized healthcare.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	Rehabilitation	Ensure 70% of victims with physical rehabilitation needs receive appropriate follow-up care post-discharge.	Ministries-Institutions/Service Providers	□ Completed □ In Progress □ Not Yet
		Organize quarterly mobile physical rehabilitation services to remote areas.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Train 70% of family caregivers in basic physical rehabilitation techniques.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Access or develop a regional database of assistive devices and services.	CMAA/Ministries-Institutions/Service Providers	□ Completed □ In Progress □ Not Yet
	Psychological and Psychosocial Support	Train 60% of field staff in basic psychological support techniques.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Establish (or maintain contact details for) active peer support groups at district/provincial levels.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Conduct or promote at least two community inclusion and anti-stigma events per year.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Link 80% of victims identified with psychological needs to appropriate services within 6 months of injury.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	Socio-Economic Inclusion	Enroll (or confirm) 50% of adult victims in market-driven vocational training.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Provide micro-grants or micro-loans to at least 30% of self-employed victims.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Organize annual inclusive employment information workshops for local businesses.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Ensure 40% female participation in livelihood programs.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
	Education, Training, and Employment	Re-enroll 70% of school-aged victims in inclusive education with tailored support.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Launch or identify vocational programs aligned with local market needs.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Collaborate with the Ministry of Labor or local businesses for job training placements.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Support 40% of trained victims to launch micro-enterprises.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	Empowerment	Establish or connect with victim-led networks across provinces.	CMAA/NGOs	□ Completed □ In Progress □ Not Yet
		Conduct annual leadership training reaching 75% of active victims.	CMAA/NGOs	□ Completed □ In Progress □ Not Yet
		Conduct annual advocacy training reaching 50% of active victims.	CMAA/NGOs	□ Completed □ In Progress □ Not Yet
		Guarantee victim representation in Commune/Sangkat planning forums.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Achieve 60% female victim participation in empowerment activities.	CMAA/NGOs	□ Completed □ In Progress □ Not Yet
	Social Protection System	Enroll 70% of eligible victims in social protection welfare benefits.	Ministries-Institutions	□ Completed □ In Progress □ Not Yet
		Train 70% of field staff on disability rights and social protection processes.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Conduct outreach campaigns to educate communities on victim rights.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Achieve gender parity among new female beneficiaries.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
	Legal Assistance	Maintain an operational referral mechanism for victims facing legal issues.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Partner with at least 3 legal aid providers in each province.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Conduct legal rights training for 50% of victims and their families.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
Chapter 6: Coordination and Collaboration	**Leadership and Ownership**	Mine Authority leads coordination meetings with ministries/partners to align services with national strategy.	CMAA	□ Completed □ In Progress □ Not Yet
		Brief stakeholders on ministry roles to reflect policy changes or practices.	CMAA/Ministries-Institutions	□ Completed □ In Progress □ Not Yet
		Provinces adopt and integrate the National Victim Assistance Plan into service delivery.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Mine Authority conducts annual reviews of sectoral compliance.	CMAA	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	State and NGO Partnership	Ensure 90% of active NGOs sign partnership MOUs/agreements with relevant state agencies.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Submit NGO service data quarterly to the National Victim Assistance system to support planning.	NGOs/CMAA	□ Completed □ In Progress □ Not Yet
		Hold two joint annual training workshops to enhance coordination between state and NGO staff.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Execute joint provincial outreach campaigns to expand reach and visibility.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
	Community Engagement	Hold community feedback forums in target districts/provinces.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Annually support and train victim-led networks.	CMAA/NGOs	□ Completed □ In Progress □ Not Yet
		Include victim representatives in district planning meetings to capture their perspectives.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Ensure 50% of local leaders complete inclusive practices training.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	Referral Mechanisms	Develop and distribute referral directories in all provinces.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Update service directories every 6 months.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Train 60% of field staff on referral mechanisms.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Collect agency feedback on referrals to ensure victims receive proper support.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
	Case Management System	Assign case managers to all identified cases to ensure timely intervention.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Train active case managers in victim-centered planning approaches.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Hold target district coordination meetings to review and plan support for victims.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Achieve 70% victim participation in care plan decision-making.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	Information and Data Sharing	Implement data systems disaggregated by sex, age, and disability for standardized reporting.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Secure data sharing and confidentiality agreements with active partners.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Submit quarterly anonymized service data from all districts to the Mine Authority.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Train frontline data collectors in ethical data management and privacy protection.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
	Feedback and Accountability	Establish accessible feedback mechanisms across operational districts.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Address and resolve formal complaints and feedback.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Conduct structured victim satisfaction surveys in provinces to track service quality.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Publicly report on feedback-driven actions during provincial community meetings.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
	Joint Planning and Resources	Complete joint district action plans in all target provinces.	Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Organize an annual National Forum led by the Mine Authority.	CMAA	☐ Completed ☐ In Progress ☐ Not Yet
		Include victim-led groups in meetings and project funding opportunities.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
Chapter 7: Challenges and Next Steps	**Addressing Challenges**	Conduct a national accessibility audit of physical rehab and victim assistance facilities to remove barriers.	CMAA/Ministries-Institutions/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Launch annual anti-stigma campaigns across affected provinces to tackle discrimination.	Ministries-Institutions/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Increase OPD inclusion to 65% of policy-making forums.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Establish inter-agency coordination teams in target provinces.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
	Addressing Emerging Needs	Update victim needs assessments to include areas newly affected by explosive ordnance.	CMAA/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Secure funding commitments for replacing assistive devices for victims.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Expand mental health support and peer-to-peer education programs to new communities.	NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Review and update the National Strategic Plan on Victim Assistance.	CMAA/Ministries-Institutions	□ Completed □ In Progress □ Not Yet
	Promoting Innovation	Launch or promote mobile health counseling services in affected provinces.	Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		Train rehabilitation staff in modern prosthetic design and manufacturing techniques.	Ministries-Institutions/Service Providers	□ Completed □ In Progress □ Not Yet
		Provide micro-enterprise startup assistance to victims.	Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Join international victim assistance knowledge-sharing networks.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
	Regional and Global Engagement	Host or participate in regional coordination events on victim assistance.	CMAA/Ministries-Institutions	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Translate the Victim Assistance Framework into English and share with international partners.	CMAA	□ Completed □ In Progress □ Not Yet
		Adapt global best-practice tools into national systems.	CMAA/Ministries-Institutions	□ Completed □ In Progress □ Not Yet
		Support victim assistance practitioners to attend global conferences.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
Chapter 8: Monitoring and Evaluation	**Monitoring & Evaluation Checklist**	Develop and disseminate M&E guidelines to field teams.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Establish regular data collection schedules (monthly or quarterly).	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet
		Incorporate victim feedback into program evaluations.	CMAA/Ministries-Institutions/NGOs/Service Providers	□ Completed □ In Progress □ Not Yet
		CMAA prepares annual reports on victim support programs.	CMAA	□ Completed □ In Progress □ Not Yet
		Hold review meetings with service providers and OPDs.	CMAA/Ministries-Institutions/NGOs	□ Completed □ In Progress □ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Finalize and approve national victim assistance indicators.	CMAA/Ministries-Institutions	☐ Completed ☐ In Progress ☐ Not Yet
		Train field staff on using monitoring tools and data collection mechanisms.	CMAA/Ministries-Institutions/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Maintain quarterly reporting from all project sites.	Ministries-Institutions/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Consolidate disaggregated data from district reports.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Conduct formal evaluations of major programs.	CMAA/Ministries-Institutions	☐ Completed ☐ In Progress ☐ Not Yet
		Utilize quantitative and qualitative data in evaluation processes.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Involve victims and OPDs directly in evaluations.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Share evaluation findings in public or stakeholder meetings.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet

Chapter	Section	Checklist Content	Responsible Entity	Implementation Status
		Review program strategies based on M&E findings.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Present quarterly monitoring report findings to communities.	Ministries-Institutions/NGOs/Service Providers	☐ Completed ☐ In Progress ☐ Not Yet
		Summarize M&E public reports for victims and families.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Feed M&E findings into annual national planning processes.	CMAA/Ministries-Institutions	☐ Completed ☐ In Progress ☐ Not Yet
Chapter 9: Conclusion and Call to Action		Ensure institutional leaders demonstrate political commitment to national guidelines implementation.	CMAA/Ministries-Institutions	☐ Completed ☐ In Progress ☐ Not Yet
		Develop appeal and fundraising plans targeting development partners and the private sector to bridge financial gaps.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Advocate for increased and stable national budget allocation toward victim assistance.	CMAA/Ministries-Institutions/NGOs	☐ Completed ☐ In Progress ☐ Not Yet
		Organize a national dissemination campaign to launch the consolidated results report and call for global engagement.	CMAA/Ministries-Institutions	☐ Completed ☐ In Progress ☐ Not Yet
		Establish mechanisms to track stakeholder commitments to ensure support for victims remains a priority beyond individual project completion.	CMAA/Ministries-Institutions	☐ Completed ☐ In Progress ☐ Not Yet