



Physical Accessibility for Landmine Survivors

Briefing Paper

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Image: ICBL Campaign Manager Firoz Alizada advocates for accessibility at Gissar Fortress, a national heritage site in Tajikistan, 2011.

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Physical accessibility to healthcare, education, job training programs, other public services and community spaces is often seen as a first step towards broader accessibility for landmine survivors. Yet it is necessary to recognize that physical accessibility itself is reliant on many other factors and is a multidimensional issue.

This paper looks at good practices within States Parties in promoting physical accessibility, while also noting where work remains to be done to realize the full potential of initial efforts.

In the past year, Monitor reporting has identified more good examples to draw from in the area of accessibility than in many previous years. Country examples are taken from Afghanistan, Cambodia, Ethiopia, Peru, Serbia, Tajikistan, and Uganda; as well as a donor approach from Australia.

Important issues of awareness-raising, standards/policies, and coordination have been highlighted within recent examples of good practices in physical accessibility.

Annexes elaborate the current situation in many states with responsibility to provide assistance, as well as the original recommendations for implementing accessibility under the Mine Ban Treaty Cartagena Action Plan.¹

Awareness-raising

In **Afghanistan**, successful activities to promote physical accessibility for survivors and other persons with disabilities have shown that recognizing and making others aware of complex barriers that this population faces is often a first step to removing them. In **Cambodia**, research into specific forms of multiple discrimination pinpoints physical accessibility as one of the issues to be addressed.

The **Afghanistan** Mine Action Standards of November 2012 specify the need for physical accessibility. They note that:

The vast majority of infrastructure in Afghanistan remains inaccessible to people with physical disabilities. Resolving physical impediments to buildings and key public sites is therefore critical to ensuring both landmine/ERW survivors and other PWD are able to fully participate in community life. Schools, parks, hospitals, clinics, training sites, government buildings and places of religious worship shall be made accessible and physical barriers either

Cartagena Action Plan 2009-2014

Victim assistance shall be made available, affordable, accessible and sustainable.

Action #31: Increase availability of and accessibility to appropriate services for female and male mine victims, by removing physical, social, cultural, economic, political and other barriers, including by expanding quality services in rural and remote areas and paying particular attention to vulnerable groups.

Action #32: Ensure that appropriate services are accessible through the development, dissemination and application of existing relevant standards, accessibility guidelines and of good practices to enhance victim assistance efforts.

¹ States Parties to the Convention on Cluster Munitions also committed to “Take immediate action to increase availability and accessibility of services also in remote and rural areas so as to remove the identified barriers and to guarantee the implementation of quality services.” [Vientiane Action Plan](#), Action #25.

removed or corrected according to internationally recognized Best Practice design and implementation standards.²

To address accessibility challenges in the long term, Clear Path International (CPI) and national partner organizations, Afghan Amputee Bicyclists for Rehabilitation and Recreation (AABRAR), Afghan Landmine Survivors Organization (ALSO), and Accessibility Organization for Afghan Disabled (AOAD) registered as the Physical Accessibility Consortium for Afghanistan (PACA) in 2011. All had already been installing accessibility ramp solutions at public sites.

PACA has developed an accessibility awareness curriculum for local partners that includes modules such as disability and identity; laws; religious practice and the Koran; the rights-based approach; and sustainability issues, such as why not to use a ramp for other things, including selling goods, which block accessibility. Follow up has identified definitive changes in attitudes in the community as well as the quality of life of survivors.

The CPI program found that while standards in accessibility are important, accessibility adaptations themselves have an added value as the first part of a dialogue about social change. Adaption of madrasas or schools through the addition of accessibility ramps inspired others. Survivor participation has been key to awareness-raising and survivors themselves have informed communities about how physical accessibility to buildings could change their quality of life.

On a practical level, discussions of accessibility adaptations coupled with awareness raising dialogue resulted in a pattern whereby each time an accessibility solution is discussed and installed, there is increased demand from the community for other accessible structures. However, because improved accessibility in remote rural areas has less overall visibility it has had to be promoted more actively to both communities and donors.³

In **Cambodia**, a 2013 study on gender-based violence and disability found that NGOs were often located in physically inaccessible buildings and lacked the knowledge of how to identify and reach women with disabilities in need. Other barriers to accessing assistance include beliefs that violence against women with disabilities is normal and therefore it is not worth the time and effort to stop the violence.⁴ In raising awareness about physical accessibility, the needs of persons with disabilities who face multiple forms of discrimination, such as mine survivors who are young or elderly females, must also be considered.

Standards and Policies

In **Uganda**, **Serbia** and **Ethiopia**, national accessibility standards, regulations and policies have recently been introduced, demonstrating different ways in which governments and NGOs are promoting and requiring improved physical accessibility. These three national cases, as well as a guide to universal design put out by **Australia**'s

² Mine Action Coordination Centre of Afghanistan, "[Afghanistan Mine Action Standards 7.8, 2012, Physical Accessibility](#)." This also reflects the Victim Assistance Co-chairs 2009 document "[Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014](#)."

³ Interview with Matthew Rodieck, and Chris Fidler, CPI - Afghanistan, Kabul, 14 May 2012; and telephone interview 27 December 2012.

⁴ Jill Astbury and Fareen Walji, "[Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia, AusAID Research Working Paper 1](#)," January 2013, pp. 29-30.

Government Overseas Aid Program, AusAID, can serve as practical models for other governments considering how best to regulate and ensure physical accessibility.

In June 2010, **Uganda** launched standards for creating physical accessibility which could also be used as a tool to measure and audit the accessibility of the environment. Draft standards were developed by the organization Uganda National Action on Physical Disability (UNAPD) with technical support from various international organizations. The UNAPD Accessibility Standards included provisions requiring training for national audit teams to assess whether or not buildings complied.⁵ The standards, though designed to be monitored, lacked the force of law.

The Uganda Building Control Bill pending before the Ugandan parliament would make the standards obligatory and enable the accessibility audit teams, along with the Kampala Capital City Authority, to enforce the standards.⁶ Demonstrating the important role a national organization can have in successfully advocating for change, the Ugandan Ministry of Health recognized that efforts to introduce the bill were also spearheaded by UNAPD.⁷

Although the standards were not yet mandatory, some progress in their implementation was evident by early 2013. The Uganda Landmine Survivor Association (ULSA) found that most new structures in Kampala were being constructed in conformity with the accessibility standards and some adaptations were made to older buildings, such as ramps to enter hotels and schools.⁸

Handicap International (HI), working with service providers in Kasese district to improve physical accessibility, noted that actors had information on the Accessibility Standards that could guide them in making required modifications. However, at the district level, most service providers did not have the resources to make their facilities accessible.⁹

In March 2012, regulations were passed in **Serbia** providing technical specifications for ensuring physical accessibility of all buildings and public areas.¹⁰ The Team for Social Inclusion and Poverty Reduction, located within the Office of the Deputy Prime Minister, launched a dialogue on “Accessibility as a prerequisite for social inclusion of persons with disabilities” with the aim of harmonizing these regulations with European Union standards. The participation of mine survivors and their representative organizations in this dialogue was organized by the national NGO Assistance Advocacy Access – Serbia (AAA-S).¹¹ Funds were allocated in the Serbian national budget to assist local authorities in making necessary modifications to public facilities, such as health centers. However, it was left to local authorities to apply for this funding and there was little evidence that this had been done as of early 2013.¹²

⁵ ICBL-CMC, “[Connecting the Dots Detailed Guidance](#),” Geneva, April 2011, p. 23-24.

⁶ Response to Monitor questionnaire by Rose Bongole, Senior Physiotherapist, Ministry of Health, 28 February 2013; and “[Accessibility Audit Team Launched](#),” *Uganda Radio Network*, 26 February 2013.

⁷ Response to Monitor questionnaire by Rose Bongole, Ministry of Health, 28 February 2013.

⁸ Response to Monitor questionnaire by Dorothy Osman, Project Officer, Uganda Landmine Survivor Association, 7 March 2013.

⁹ Response to Monitor questionnaire by Muhindo Rose Mujungu, Victim Assistance Project Manager, HI Uganda, 26 February 2013.

¹⁰ “Pravilnik o tehnickim standardima pristupacnosti” (“Regulations on Technical Accessibility Standards”), Official Gazette, no. 19/2012, 13 March 2012.

¹¹ Response to Monitor questionnaire by Svetlana Bogdanovic, Secretary, AAA-S, 15 February 2013.

¹² Response to Monitor questionnaire by Jovica Pavlovic, Secretary, National Association of Veterans with Disability and Families of the Killed, 21 February 2013.

In monitoring the impact of the new accessibility regulations, it is clear that there has been somewhat more progress in cities than in rural areas.¹³ For example, in the city of Valjevo, the main street and sidewalks were made accessible and ramps were built for the city's cultural and social work centers.¹⁴ Some private medical and rehabilitation centers made modifications in line with regulations.¹⁵ In the small urban centers of Leskovac and Vlastotince, in southern Serbia, progress in improving accessibility has come about mainly due to the efforts of civil society. The Association of Veterans with Disabilities advocated for accessibility modifications to public buildings during the year and helped in the building of ramps. Local officials in this region cited the lack of funding as an obstacle to implementing accessibility requirements.¹⁶

In both cities and small towns, work remains to be done. Key infrastructure, such as many medical commissions where persons with disabilities were required to go to register for and collect pensions, are still inaccessible. A reduction in public transportation benefits throughout the country decreased the ability of survivors and other persons with disabilities to travel to services, preventing them from benefiting from accessibility improvements where they have occurred.¹⁷

In **Ethiopia** the Ministry of Labour and Social Affairs (MoLSA), which is also the victim assistance focal point, has made accessibility for persons with disabilities mandatory in its developmental social welfare policy. The MoLSA and the Ministry of Urban Development and Construction also established a technical committee to elaborate physical accessibility standards for implementation of the Building Proclamation throughout the country and to remove existing barriers related to the design and construction of buildings, roads and transportation facilities.¹⁸

The national NGO Ethiopian Center for Disability and Development (ECDD), works closely with the MoLSA and the Civil and NGO Affairs Bureau (BoSCA) in Addis Ababa. During 2012 and continuing into the first half of 2013, the ECDD was producing a "Guide to Accessible Ethiopia". The project involves the accessibility audit of public and private premises providing services as well as accessibility information seminars in the capital Addis Ababa and 12 other towns in Ethiopia.¹⁹ Accessibility information was being provided to government officials, business and building owners, local architects and contractors.²⁰

Accessibility Design Guide: Universal design principles for Australia's aid program, produced in 2013 by **AusAID**,²¹ is a resource for any affected State working towards developing accessibility standards and policies. It contains ideas that development

¹³ Ibid; and by Katarina Pasic, Secretary, County Organization of Civilian War Victims (Medjuopstinska Organizacija Civilnih Invalida Rata, MOCIR) 17 February 2013.

¹⁴ Response to Monitor questionnaire by Katarina Pasic, MOCIR, 17 February 2013.

¹⁵ Response to Monitor questionnaire by Jovica Pavlovic, National Association of Veterans with Disability and Families of the Killed, 21 February 2013.

¹⁶ Response to Monitor questionnaire by Novica Kostic, President, Association of Veterans with Disabilities, 12 February 2013.

¹⁷ Response to Monitor questionnaire by Jovica Pavlovic, National Association of Veterans with Disability and Families of the Killed, 21 February 2013.

¹⁸ Response to Monitor questionnaire by Damtew Ayele, Policy and Program Team Leader, MoLSA, April 2013; and statement of Ethiopia, Mine Ban Treaty Standing Committee on Victim Assistance and Socio-Economic Reintegration, Geneva, 22 May 2012.

¹⁹ The 12 other towns are Adama, Arba Minch, Hawasa, Debre Zeit, Axum, Bahir Dar, Gondar, Lalibela, Mekele, Dire Dawa, Harar, and Jimma.

²⁰ Response to Monitor questionnaire by Musie Tilahun, Capacity Building Project Coordinator, ECDD, Addis Ababa, 29 March 2013.

²¹ See: AusAID, "[Accessibility Design Guide](#)."

practitioners can consider when applying universal design and provides guidance for enabling persons with disabilities to participate equally in social and economic life through development initiatives. Universal design²² is a concept that introduces new standards on physical accessibility, with a clear link to the principles of non-discrimination.

Coordination

Improving physical accessibility cannot be done by a single government ministry or NGO; rather, it requires coordination and collaboration between the government and NGOs and across government ministries, as seen in examples from **Tajikistan** and **Peru**.

Ensuring physical accessibility is included in the **Tajikistan** Plan of Action to Assist Landmine/ERW Victims and Other Persons with Disabilities 2010-2015, a plan that involves a range of governmental and non-governmental stakeholders.²³ This has spurred initiatives led by the Tajikistan Mine Action Center (TMAC) to overcome challenges in creating physically accessible environments. Recent progress provides some good examples to other states parties with similarly limited resources and the combined challenges of distance to services and lack of national infrastructure.

A review of Tajik law by HI revealed the existence of some eight laws and decrees which contained more than 300 hundred rules related to accessibility. However, there was no single set of construction standards on physical accessibility. By February 2013, new construction standards were drafted and distributed to stakeholders for comment; the draft awaits adoption by the parliament.

To date, implementation and monitoring of accessibility remain limited in Tajikistan. Most existing services such as hospitals, rehabilitation and employment centers, and offices of government authorities, including medical and social departments, are not physically accessible for survivors. However, even before the legal adoption of construction standards, some progress has been made.

In September 2012, TMAC, through the Swiss Foundation for Mine Action (FSD), began implementing a yearlong pilot project to introduce physical accessibility solutions and tools in two sites in Dushanbe; this project serves as an example for the application of the currently pending building construction standards. Also in 2012, the building of the Ministry of Labour and Social Protection of the Population was made accessible to persons with disabilities, as were the national library and some new buildings. Over the past three years, there have been small-scale projects to improve accessibility in some rural areas, mostly led by international organizations.

In **Peru**, as of April 2013, a year into a National Disability Council pilot program ‘Tumbes Accesible’ (Accessible Tumbes), two phases have been completed. Central to this program has been the coordination across ministries and levels of government, bringing together and involving national, provincial and municipal authorities to create

²² As defined by the [Convention on the Rights of Persons with Disabilities](#), Article 2: “Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

²³ Response to Monitor questionnaire by Reykhan Muminova, Disability Support Unit Officer, TMAC, Dushanbe, 1 May 2013. See also: TMAC, [“Physical Accessibility to Public Places for Persons with Disabilities,”](#) 4 December 2012.

multidisciplinary ‘traveling’ teams. These teams, made up of medical professionals, educators, psychologists, social workers, and rehabilitation technicians, have travelled to the province of Tumbes, close to Peru’s border with Ecuador and near mine affected areas. They have visited persons with disabilities in their homes, assessed their needs and the obstacles they face in accessing services and provided immediate attention as needed.²⁴ Thus far, they have completed a census of persons with disabilities in the province and a needs assessment.

Key to the success of this pilot project will be ensuring that the third and final phase of the project—developing a multi-sectoral response—meets the expectations of those surveyed and can be sustained in the long term. Particularly because the results of the pilot project are due to be replicated in other parts of Peru.²⁵

In Peru, as in many other mine affected countries, most mine survivors live in remote, mountainous areas, far from provincial capitals and even farther from Peru’s capital, Lima. At the same time, most public services, including specialized health and rehabilitation services are centralized in Lima. Peru’s National Institute for Rehabilitation remains the only public center for comprehensive rehabilitation services in the country.²⁶ The solutions identified by Peru for overcoming the accessibility barriers that survivors and other persons with disabilities face in Tumbes should prove useful to many other mine affected countries in a similar situation.

Conclusion

Although this paper focused particularly on the ‘physical’ aspect of accessibility, the examples acknowledge other interlinking barriers—including issues such as attitudes, public information and geographical location—that result in a lack of accessibility, particularly in rural and remote areas where most mine/ERW survivors live.

All States Parties to the Mine Ban Treaty with a responsibility for mine victims committed to increase the accessibility of services under the Cartagena Action Plan.²⁷ Rather than being daunted by a sense that all countries continue to have accessibility challenges, these examples of progress, often occurring in very challenging environments, provide an opportunity to focus on solutions that may be adaptable to the context in other countries.

²⁴ National Disability Council (CONADIS), “[Tumbes Accessible](#).”

²⁵ Ibid.

²⁶ UN Office of the High Commissioner for Human Rights, “[Committee on the Rights of Persons with Disabilities considers initial report of Peru](#),” 17 April 2012.

²⁷ States Parties to the Cluster Munition Convention with a responsibility for victims of cluster munitions have made the same commitment under the Vientiane Action Plan.

Annex I

Accessibility Practices in 2012

States	Accessibility legislation/standard	Implementing accessibility actions	CRPD	Comments on implementation
Afghanistan**	No	No	Ratified	Majority of buildings remained inaccessible. NGOs implementing only
Albania**	Yes	No	Ratified	Law not regularly enforced
Angola*	No	No	No	No legislation for accessibility to public or private facilities
Bosnia and Herzegovina**	Yes	No	Ratified	Buildings were rarely retrofitted to be accessible as prescribed by law
Burundi**	No	No	Signed	No regulation of access to buildings or government services
Cambodia	Yes	No	Ratified	Inaccessibility prevented persons with disabilities from participating in social and economic activities
Chad**	No	No	Signed	No regulation of access
Colombia*	Yes	Yes	Ratified	National and local government projects
Croatia**	Yes	Yes	Ratified	Limited to larger cities and new construction
DR Congo*	No	No	No	No regulation of access to buildings or government services
El Salvador**	Yes	No	Ratified	Lack of resources for the implementation of accessibility laws
Eritrea	No	Yes	No	Many new buildings being built to be accessible
Ethiopia	Yes	No	Ratified	Process happening to promote implementation in future
Guinea-Bissau**	No	No	No	No efforts were made to ensure access to buildings or streets
Iraq**	Yes	No	Ratified	Access to public buildings, schools and places of work was very limited
Lao PDR**	Yes	No	Ratified	Some ramps built in Vientiane
Lebanon**	Yes	No	Signed	Changes to the building code are required to apply legislation
Mozambique**	No	Yes	Ratified	Slow progress, limited to Maputo
Nicaragua**	No	No	Ratified	Some accessible buses
Peru**	Yes	Yes	Ratified	Very limited progress overall; Tumbes Accessible as pilot project
Senegal**	Yes	No	Ratified	Lack of implementation and necessary infrastructure
Serbia	Yes	Yes	Ratified	In Belgrade - limited to new buildings and not even all of those; some activities in other areas
Somalia	No	No	No	Has never had accessible public services
South Sudan	No	No	No	No efforts taken to make buildings accessible
Sudan	No	No	Ratified	Almost no buildings and public spaces accessible
Tajikistan	Yes	No	No	Efforts underway in 2012
Thailand	Yes	Yes	Ratified	Accessibility legislation not consistently enforced

Turkey	Yes	No	Ratified	In large cities, but limited in mine-affected areas
Uganda*	Yes	Yes	Ratified	Limited to Kampala
Yemen	No	No	Ratified	Inaccessible buildings and public transport systems

States Parties to the Mine Ban Treaty are in **bold**; ** States Parties to the Convention on Cluster Munitions; * Signatory states to the Convention on Cluster Munitions.

The preceding table is primarily based on available information from secondary sources, as reported in the Monitor. States Parties may wish to update this information in statements, Article 7 reporting or by contacting the Monitor directly for a copy of the 2013 accessibility questionnaire.

Annex II

Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014²⁸

Accessibility

Accessibility is about enabling mine survivors and other persons with disabilities to live independently and participate fully in all aspects of life, by ensuring equal access to the physical environment, services, communications and information, and identifying and eliminating obstacles and barriers to accessibility. To ensure high quality standards, availability and accessibility of services it is essential that specific programmes are implemented in the areas of emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, education and socioeconomic reintegration to facilitate a holistic approach.

- Assess the physical accessibility of the physical environment (public places, hospitals, clinics, schools, airports, train stations, universities, libraries, ministries, roads, sidewalks, religious buildings, etc.)
- Develop and implement a programme, based on international standards to adapt inaccessible construction to become fully accessible.
- Create, disseminate and maintain a directory of all relevant services in or near affected areas in formats that are accessible for different types of disabilities and education levels.
- Develop and/or implement a programme to ensure that victims know their rights and available services.
- Develop and/or implement a programme to ensure that mine victims and other persons with disabilities have access to affordable transportation to available services and/or accommodation while accessing services if required.
- Develop and/or activate a referral network between service users and service providers to ensure that appropriate services are available and accessible to all on an equal basis.
- Develop and implement a plan to decentralise the provision of services to facilitate access to service providers.
- Include accessibility in all laws and policies related to infrastructure and information.
- Develop and/or implement, as appropriate, a community based rehabilitation programme in affected communities to promote a holistic approach to assistance and to promote full and effective participation and inclusion of mine survivors and other persons with disabilities.
- Develop and/or implement a programme to mobilise and engage capacities and resources available in local communities, including survivors, families, community workers, volunteers, local organisations and authorities to improve access to services.

²⁸ Belgium and Thailand, "[Assisting the Victims](#)," Presented to the Second Review Conference of the States Parties to the Anti-Personnel Mine Ban Convention by Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration Belgium and Thailand, Cartagena de Indias, 30 November 2009, p.9.