



VICTIM ASSISTANCE IN LIBYA POSITION PAPER

Author: Audrey Torrecilla-UNMAS Libya



FOREWORD

This document was commissioned by the United Nations Mine Action Service (UNMAS) in Libya in coordination with the Libyan Mine Action Centre (LibMAC) to support Mine Action actors and other stakeholders in developing Victim Assistance (VA) in Libya. UNMAS thanks the Government of the Netherlands for its generous contribution to enable this study.

Key findings of the research, conducted from January to April 2019, are presented in the form of a multi-stakeholder and intersectoral situational analysis, a stakeholders mapping, and operational recommendations for future VA interventions.

Primary Recipients: LibMAC, UNMAS

Recommended Secondary Recipients: Sector co-leads, UNHCR, UNICEF, WHO, UNOCHA and other UN Agencies, Mine Action Non-Governmental Organizations, Landmine Monitor Monitoring and Reporting Team, relevant Libyan National Stakeholders

This position paper expresses solely the opinions of the author and does not necessarily reflect the views of the United Nations, the United Nations Mine Action Service and/or the Libyan Mine Action Centre.

For any information, please contact UNMAS Libya : samirb@unops.org / juliem@unops.org

Author's contact: audrey.torrecilla@gmail.com

EXECUTIVE SUMMARY

This document was commissioned by the United National Mine Action Service (UNMAS) in Libya in coordination with the Libyan Mine Action Centre (LibMAC) to support Mine Action actors and other stakeholders in developing Victim Assistance (VA) in Libya. **VA involves multiple sectors** across six main areas of interventions:



Emergency and ongoing medical care



Psychological and psychosocial support



Physical rehabilitation



Socio-economic inclusion



Data collection

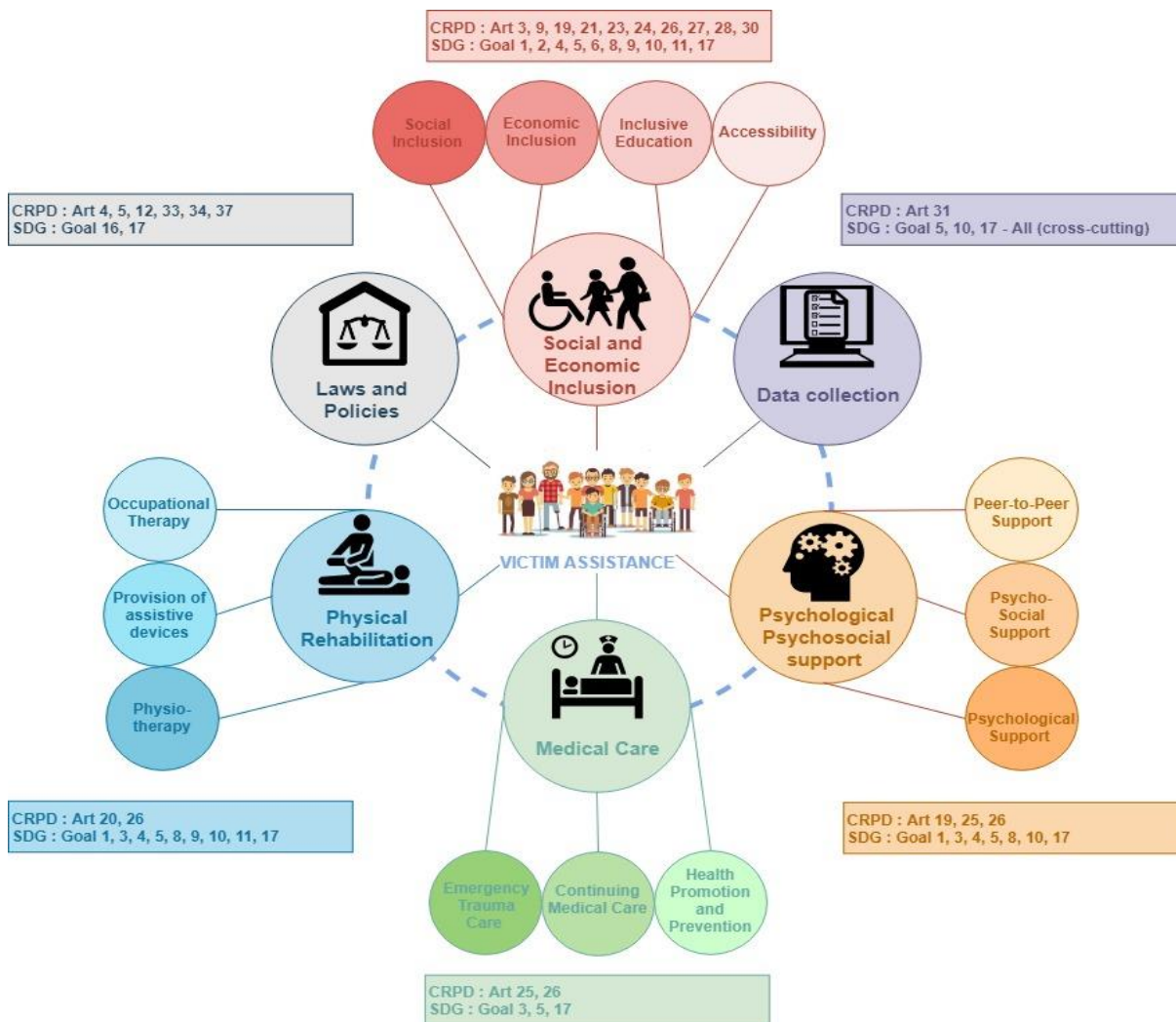


Laws and policies

VA refers to all adequate age and gender-sensitive support provided to victims of Explosive Ordnance (EO), with the purpose of reducing the physical and psychological implications of their trauma, and overcoming their economic loss, social marginalization or the impairment of the realization of their rights¹. It requires the adoption of an **integrated and comprehensive approach** that **combines broader multi-sector efforts by non-mine action actors** to reach people injured by EO, survivors and indirect victims, and **specific victim assistance efforts undertaken by the mine action community**.

VA is an enabler of the Sustainable Development Goals (SDGs) and inextricably linked with and supported by the Convention on the Rights of Persons with Disabilities (CRPD), ratified by Libya in February 2018.

¹ United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.3



Despite significant global progress in addressing the other pillars of Mine Action, notably with regards to anti-personnel mines and cluster munitions, **VA remains a difficult challenge to overcome by countries and other relevant actors**. VA is **historically and globally an underfunded** component of Mine Action and received, in 2018, only 2 percent of international contributions to the Mine Action Sector².

At global level, VA is gaining momentum: UNMAS is currently undergoing VA assessments and projects in Afghanistan, Libya, Somalia, Syria and Western Sahara³. Moreover, the United Nations Mine Action Strategy 2019-2023 dedicates one of its five strategic outcomes to VA, **calling on UN Agencies to ensure victims are accessing needed health services and are included in social and economic life**⁴.

²Report on Mine Action Libya, Landmine Monitor 2018: International funding was distributed among the following sectors: clearance and risk education (59% of all funding), victim assistance (2%), capacity-building (1%), and advocacy (1%). The remaining 37% was not disaggregated by the donors.

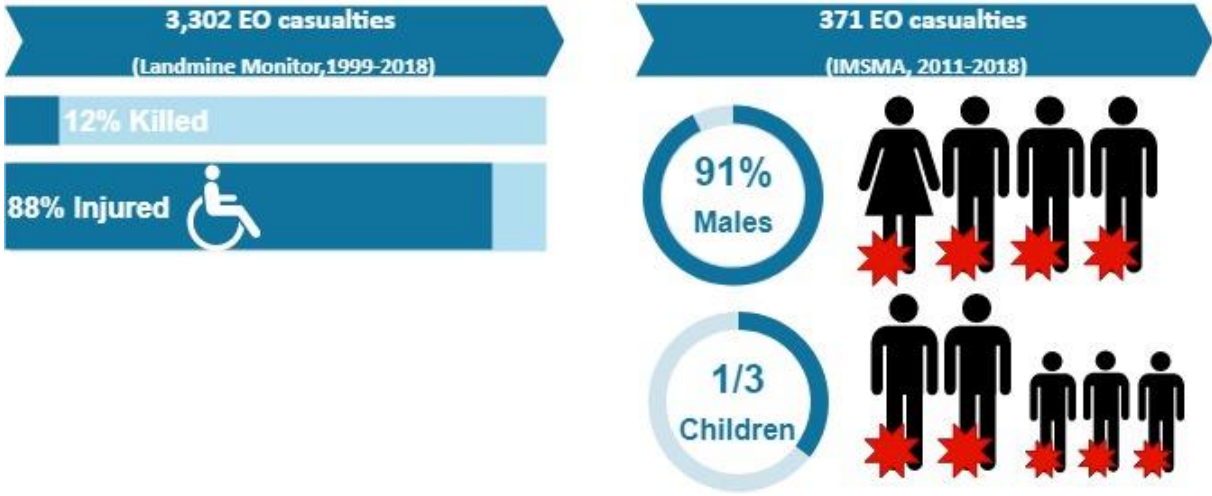
³ Interview with UNMAS Global M&E consultant (List of interviewees in Annex 1)

⁴ United Nations Mine Action Strategy 2019-2023, United Nations, 2019, p. 23

The LibMAC is committed to developing coordination efforts towards the development of VA interventions that could address the current challenges faced by survivors, indirect victims and Persons with Disabilities (PwDs). The LibMAC, in coordination with UNMAS, organized a VA workshop in March 2019 that raised the interest of many key stakeholders of the National and international community and laid the ground for future VA interventions to support survivors, indirect victims of EO and PwDs.

VA requires national ownership to be mainstreamed in national welfare systems and ensure sustainability. Due to political instability and insecurity, efforts towards the development of a VA National Plan will face many challenges in the near-term. However, coordination and synergies should be pursued, especially with the Ministry of Health and Ministry of Social Affairs to guarantee the success of future VA interventions and create positive precedents to build upon.

There are at least 2,886⁵ survivors and 14,528 indirect victims of EO in Libya, although the actual numbers are believed to be much higher, and do not include people injured during the recent Tripoli clashes (April-August 2019). In 2017, Libya was part of the nine states with the most recorded mine/ERW casualties⁶.



Survivors often develop permanent disabilities and psychological trauma, and are identified, similarly to PwDs, as a **vulnerable group**, in the Libya Humanitarian Response Plan 2019: “within crisis-affected communities, **children and adults with disabilities** are usually among the most marginalized, yet they often are **not included and fail to benefit from humanitarian assistance, and face challenges in accessing appropriate basic services**. They also have

⁵Libya Casualty Report 2017, Landmine Monitor 2018. Data provided by the Landmine Monitor on a database to the consultant for 2018 were added to the 2017 figures.

⁶ Libya Casualty Report 2017, Landmine Monitor 2018

specific needs related to their vulnerabilities such as requiring rehabilitation support, and assistive devices”⁷.

PwDs in Libya most likely represent at least 15 percent of the total population⁸. EO survivors and PwDs access to basic services and specialized assistance is hindered by the current conflict, and the availability and capacity of national health and social protection systems.



Despite the lack of specific assessment on the impact of the Libyan crisis on EO survivors and PwDs, sectoral assessments relevant to VA and findings of this research show that:

- **Only 12%** of households with a member reported to have physical disability **have adequate access to the needed healthcare**, while 85% have limited access or no access to it.⁹
- **Only 5%** of Libyan households with a member reported to have physical disability **could access the needed mental healthcare services**, 47% reported no access to services and 44% limited access¹⁰.
- **Only 15%** of households with a member with a physical disability reported **access to physical rehabilitation services**, 85% of households reported limited access or no access to physical rehabilitation services.¹¹

⁷ Humanitarian Response Plan Libya, UNOCHA, 2019, p.12

⁸ World Report on Disability, World Health Organization, 2011, p.29

⁹ MSNA 2018 Libya, Mine Action Indicators, provided by REACH to UNMAS Libya

¹⁰ Multi-Sectoral Needs Assessment report Libya 2018, REACH, 2019

¹¹ Multi-Sectoral Needs Assessment report Libya 2018, REACH, 2019

- **Survivors and PwDs are facing barriers to their full social and economic inclusion.** Despite the lack of proper and comprehensive study on the subject, representatives of organizations of PwDs¹² pointed out the lack of access to inclusive education leading to important school and study drop-out; the lack of inclusive employment policies and opportunities; and the lack of adapted professional training as major gaps in the socio-economic inclusion of survivors and PwDs.
- **There is an overall lack of casualty and disability data collection and analysis,** both in the mine action community and non-mine action community that prevents accurate and informed decision making and programming of relevant stakeholders.
- **Laws and policies are insufficient to guarantee the rights of PwDs and survivors** and require advocacy interventions, especially to comply with the CRPD.

The research thoroughly details initiatives and stakeholders involved in VA areas (Chapter IV), that could be envisaged as partners to coordinate and implement future interventions.

Four priority areas in VA were identified for recommendations targeting inter-sectoral and multi-stakeholders interventions to address the needs of survivors, victims and PwDs:

1) Emergency and ongoing medical care



Suggested VA interventions:

- Advocate for further health sector assessments to include an increased focus on disability and VA-related indicators (access to services, specific health needs, availability of specific services for amputees such as post-operative trauma care, survival rates of EO casualties in emergency services...)
- Support first aid and trauma care capacity development of health care stakeholders in remote conflict areas
- Support specific training/capacity development of health staff of main emergency and trauma care structures on casualty data collection
- Advocate for health and Gender-Based Violence (GBV) indicators to be inclusive of PwDs and EO survivors

¹² Interviews of Representatives of OPDs Zaykum Zayna, Noor, IOPCD (see Annex 1 List of interviewees) and minutes of VA workshop

- Support the inclusion of VA in the agenda of Health and GBV Humanitarian working groups.
- Support disability-awareness training for health professionals including GBV focal points
- Support projects that improve access to medical care services for survivors and PwDs
- Develop referral systems to facilitate access for survivors, PwDs, especially women and children, to all health services

2) Psychological and Psychosocial Support



Suggested VA interventions:

- Ensure the mapping of Mental Health and Psychosocial Support (MHPSS) services - that will be developed by the MHPSS Technical Working group in 2019 - is distributed to stakeholders developing programmes to support survivors and other PwDs, especially physical rehabilitation, health stakeholders and Organizations of PwDs
- Develop a referral system for MHPSS stakeholders to refer survivors and PwDs to relevant health, physical rehabilitation or socio-economic services
- Advocate for further MHPSS assessments to include more disability and VA-related indicators
- Support specific training/capacity development of psycho-social support (PSS) stakeholders on vulnerability, disability, specific PSS for amputees and Psychological First Aid
- Support specialized PSS training of caretakers and school-based social workers for survivors and PwDs
- Advocate for MHPSS indicators to measure progress in access to MHPSS services for PwDs and EO survivors
- Support projects that improve access to PSS services for survivors and PwDs ((community-based peer-to-peer support...))

3) Physical Rehabilitation



Suggested VA interventions:

- Conduct assessments on availability and readiness of Physical Rehabilitation Services across Libya
- Develop support to Libyan physical rehabilitation health structures based on findings of assessments
- Organize workshops/meetings on physical rehabilitation, involving key Libyan and international stakeholders, survivors and organizations of PwDs to discuss challenges and programming
- Develop a referral system for Mine Action organizations, humanitarian stakeholders and local NGOs to refer survivors and PwDs to rehabilitation services
- Develop mapping and directory of physical rehabilitation services for relevant organizations to inform survivors and PwDs on availability and access to services
- Build capacity of rehabilitation stakeholders to refer and orient PwDs and survivors to PSS and socio-economic inclusion stakeholders.
- Promote availability, knowledge and use of assistive devices amongst survivors, other PwDs and caretakers.
- Support projects enhancing health services capacity in acute post-surgical rehabilitation
- Support training/capacity development initiative on physiotherapy, Prosthetics and Orthotics (P&O) and pain management
- Advocate for Health indicators to measure progress in access to rehabilitation services for PwDs and EO survivors
- Support coordination between rehabilitation structure and PSS stakeholders
- Support projects that improve access to rehabilitation services for survivors and PwDs (mobile and community-based rehabilitation services, ...)

4) Data Collection



Suggested VA interventions:

- Coordinate with the Ministry of Health (MoH) and the Ministry of Social Affairs (MoSA) through Memoranda of Agreement to collect data on casualties and populate Information Management System for Mine Action (IMSMA) database
- Follow-up World Health Organization and MoH implementation of the District Health Information System (DHIS) to collect data disaggregated on Persons with injuries and PwDs
- Sensitize Mine Action stakeholders on the need to collect casualty data
- Monitor the inclusion of casualty data collection in RE and NTS activities implemented by Mine Action stakeholders
- Enhance quality assurance and data analysis of casualty data collection
- Develop specific assessments to better identify unmet needs and barriers in access to services for survivors and PwDs
- Develop standard data-sharing and data-protection guidelines, based on UNOCHA future guidelines in data collection and protection, to support coordination in data collection and analysis between Mine Action actors and other stakeholders
- Support the inclusion of VA indicators within Multi-Sectoral Needs Assessment (MSNA) Mine Action indicators, especially on the number of people injured/killed by EO, type of disability and unmet basic needs of survivors and PwDs
- Advocate for Washington Group sets of questions to be included in IMSMA Victim forms, Multi-sectoral Needs Assessment (MSNA) and other assessment initiatives
- Advocate for data collection and assessment initiatives to be inclusive of PwDs and survivors, especially through the Information Management Working Group (IMWG)
- Advocate for Protection Working Group indicators and 4W to be inclusive of survivors, PwDs and VA activities
- Advocate for the Libya Census to include Washington Group sets of questions, liaising with UNFPA

- Support the implementation of Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of PwDs in the Mine Action sector

To foster ownership, key national stakeholders should be involved from the assessment and the programming stage. **The inclusion of survivors, PwDs and relevant OPDs is a must to ensure interventions are relevant** to their needs, demands, and concerns. **In Libya, key players** are in the first instance, the **Ministry of Health and the Ministry of Social Affairs**. The latter is a focal point for PwDs through its department of “Disabled People’s Affairs” and oversees the attribution of pensions for survivors and PwDs but is also in charge of supervising and supplying, in coordination with the Ministry of Health, the country’s public physical rehabilitation structures. Moreover, **four other Ministries have a department dedicated to the inclusion of PwDs**: the Ministry of Labour, the Ministry of Education, the Ministry of Youth, Sport and Leisure, and the Ministry of Transportation. They are considered as key stakeholders involved in the socio-economic inclusion of survivors and PwDs.

Mine Action Stakeholders in Libya could support and contribute to the creation of a Disability and Victim Assistance Sub-Working Group, in order to ensure a coordination instance between National and International exists on these topics. The Working Group could be under the umbrella of the Protection Working Group, or the Health Working Group and **develop coordination efforts to comply with the UN Disability Inclusion Strategy (UNDIS), the IASC Guidelines on Inclusion of People with Disabilities in Humanitarian Action, and the UN Policy on VA**. A Disability and VA Working Group should involve key Libyan Ministries (MoH, MoSA), the LibMAC, Organizations of People with Disabilities, Libyan CSOs, Mine Action Stakeholders and representatives of other key sectors of humanitarian action, especially the Protection Working Group, Health Working Group, the MHPSS Technical Working Group, and the Education Working Group.

The LibMAC, UNMAS, and the Mine Action community have an important role to play in supporting specific VA efforts, coordinating with the above-mentioned stakeholders and the humanitarian community to include survivors in broader efforts. **Priorities** for mine action actors are further detailed in the Chapter V of this document. **They shall aim at:**

- 1) **Bridging gaps in IMSMA casualty data collection**
- 2) **Bridging gaps in data collection on the needs of victims and PwDs**
- 3) **Bridging gaps in access to life-saving services and assistance** for victims and PwDs
- 4) **Strengthening capacity of Mine Action actors in VA** and referral of EO victims
- 5) **Enhancing advocacy efforts to obtain or provide VA earmarked funding**
- 6) **Continuing coordination and advocacy efforts with key Libyan ministries and international humanitarian action actors** to facilitate and monitor a multi-sector response for survivors and indirect victims

3. ANNEX 3: RECOMMENDATIONS FOR LIBYA AND MONITORING OF PROGRESS INDICATORS

R1 Progress indicators		Priority level*	Complexity level**
<p>Recommendations for Libya and Monitoring of Progress Indicators</p> <p>NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets</p> <p>* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.</p> <p>**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding</p>			
R1 Bridging gaps in IMSMA casualty data collection			
<ul style="list-style-type: none"> •R1.1: Encourage, facilitate, and monitor field casualty data collection, especially during RE and NTS operations. •R1.2: Enhance QA and data analysis on Accident and Victim forms in order to inform future VA programming and support advocacy efforts 	<ul style="list-style-type: none"> • XX victim and accident forms accurately filled monthly/yearly and entered in IMSMA database • Increase of XX% in number of victim and accidents forms filled between year1 and year2 • Core data set is filled correctly and accurately within victim and accident form and reflected in IMSMA database • Data analysis including type of device, location of accident, age and gender of victim is produced at least every 2 months and disseminated among Mine Action Stakeholders and UN agencies • Data collected allows analysis of patterns death and injury from mines, ERW and IEDs and survival rates 	1	1
<ul style="list-style-type: none"> •R1.3: Customize IMSMA Victim Reports used in Libya, so that the data collection process is rendered more user-friendly, allows quantitative analysis (including multi-answer options) and includes core data sets that are central for VA programming •R1.4: Link casualty data collection (identification of victim) with referral of victims to a first organization of referral, depending on their needs. 	<ul style="list-style-type: none"> • IMSMA Victim Report and Accident Report are reviewed and include core data sets required for VA • IMSMA Victim Report includes the Washington Group Short Set of Questions • Victim form includes an entry on "organization of referral" • XX identified survivors and/or victims have been referred to at least 1 referral organization following their identification • XX survivors/victims provided with information (directory of services, brochure..) on accessible and available services within their area of residence 	1	2
<ul style="list-style-type: none"> •R1.5: Ensure a data protection and data sharing policy is in place to preserve victim's anonymity 	<ul style="list-style-type: none"> • A data protection and data sharing policy is in place at LibMAC, UNMAS, and Mine Action Organization's level • A data protection and data sharing policy is in place for data sharing with other national and international stakeholders 	2	2
<ul style="list-style-type: none"> •R1.6: Liaise with relevant actors, such as the Ministry of Health (MoH), Ministry of Social Affairs (MoSA)/Social Solidarity Fund (SSF), and Organization of PwDs to share data on casualties and import them on IMSMA core, while ensuring the confidentiality of the victims 	<ul style="list-style-type: none"> • Data sets from external stakeholders are imported on IMSMA core • Data analysis on survivors and victims includes IMSMA database and other data sets 	2	3
<p>OVERALL INDICATORS :</p> <ul style="list-style-type: none"> - XX EO casualties, including survivors, newly identified - XX victim reports completed and included in IMSMA database 			

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R2 Bridging Gaps in Data Collection on the Needs of Victims and PwDs	R2 Progress Indicators	Priority level*	Complexity level**
<ul style="list-style-type: none"> •R2.1: Ensure mine action surveys (Knowledge, Attitudes and Practices (KAP) surveys, Landmine Impact Surveys, baseline and endline surveys, NTS, TS...), systematically include victim information 	<ul style="list-style-type: none"> • XX surveys and assessments conducted by Mine Action actors include in their data sets information about survivors and victims 	1	1
<ul style="list-style-type: none"> •R2.2: Conduct specific needs assessments of EO survivors and other PwDs to enhance planning and programming, with a particular focus on affected communities 	<ul style="list-style-type: none"> • XX assessments conducted on the needs of survivors and other PwDs by mine action and other stakeholders 	1	2
<ul style="list-style-type: none"> •R2.3: Collect data/support data collection initiatives on existing services, mapping of services and contribute to the development and dissemination of a directory of services for survivors and PwDs 	<ul style="list-style-type: none"> • Mapping initiatives are compiled within Directories of Services • XX Directory of Services are distributed to/shared with public services, local administration, civil society, survivors and PwDs 	2	2
<ul style="list-style-type: none"> •R2.4: Clearly identify gaps in services for survivors and PwDs through specific assessment efforts, liaising with the health, rehabilitation, and MHPSS sectors especially in emergency medical care, physical rehabilitation, psychological and psychosocial support 	<ul style="list-style-type: none"> • XX inter-sectoral and multi-stakeholders assessments identify gaps in provision of and access to services for survivors, victims and PwDs 	3	3
<ul style="list-style-type: none"> •R2.5: Ensure coherence across data collection systems by defining minimum VA data requirements, thus avoiding duplication of efforts and the availability of coherent and comparable data sets 	<ul style="list-style-type: none"> • Minimum VA core data set is defined by the LibMAC and shared with Mine Action stakeholders and humanitarian stakeholders • The data collected fills the minimum VA data requirements and allows comprehensive data analysis 	2	3
<ul style="list-style-type: none"> •R2.6: Develop and implement a mechanism to collect data on EO victims and other PwDs not normally reached through data collection efforts, for example, in remote areas or communities affected by conflicts, through training community focal points at Baladia or primary health structures levels 	<ul style="list-style-type: none"> • Data on EO survivors, victims and PwDs in remote areas is collected • XX community focal points from health structures, civil society, etc in remote areas are trained to collect data on EO victims and PwDs • Data collected in remote areas is included in IMSMA and shared regularly with relevant stakeholders to inform programming • Pertinent data is collected in affected areas while ensuring the confidentiality of victims 	2	3
<ul style="list-style-type: none"> •R2.7: Advocate for the set-up of an injury surveillance system in the health sector, as part of the District Health Information System (DHIS) and liaise with Ministry of Health and Health cluster to ensure relevant information is shared with Mine Action stakeholders 	<ul style="list-style-type: none"> • An injury surveillance system is in place as part of the DHIS • Information is shared by the health sector with Mine Action Stakeholders while ensuring the confidentiality of victims 	3	3
<ul style="list-style-type: none"> •R2.8: Advocate for further coordination and data sharing with the Social Solidarity Fund to identify the survivors that are currently being supported, and understand better their needs, while ensuring the confidentiality of the victims 	<ul style="list-style-type: none"> • SF, the LibMAC and Mine action stakeholders are collaborating to identify needs and address gaps in services for survivors • Pertinent data is shared by SSF while ensuring the confidentiality of victims 	3	3

OVERALL INDICATORS :

- XX assessments/surveys focus/are partly dedicated to the needs of survivors, indirect victims and PwDs

- Needs of EO survivors, indirect victims and PwDs are better identified and provide guidance for programming

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets
 * Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

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R3 Bridging Gaps in Access to Life-Saving Services and Assistance for Victims and PwDs		R3 Progress Indicators		Priority level*	Complexity level**
<ul style="list-style-type: none"> •R3.1: Identify areas where emergency case management system should be reinforced and coordinate with the health sector to bridge this gap 	<ul style="list-style-type: none"> • Areas where emergency case management system should be reinforced are clearly identified • Mine Action and Health sector coordinate efforts to strengthened emergency case management for EO accidents victims 	1	2	1	2
<ul style="list-style-type: none"> •R3.2: Rescue people injured by explosive ordnance especially in remote and conflict areas, by training community focal points/LRC volunteers in emergency first aid in contaminated areas. This could be done through trainings provided by EOD medic and paramedic teams from Mine Action organizations 	<ul style="list-style-type: none"> • XX CFP/LRC volunteers from contaminated/conflict areas trained in emergency first aid • XX CFP/LRC volunteers/public health facilities provided with emergency trauma kits • XX EO accident victims are rescued by teams trained in emergency first aid in contaminated areas 	1	3	1	3
<ul style="list-style-type: none"> •R3.3: Facilitate access to, or provide emergency medical transport (for example, during NTS/TS/clearance operations, in case of an accident) of people injured by explosive ordnance 	<ul style="list-style-type: none"> • Mine action stakeholders include emergency medical transport of EO victims in their SOPs 	1	2	1	2
<ul style="list-style-type: none"> •R3.4: Identify victims who lack information on the needed health, rehabilitation, PSS services and orient them to available services through the distribution of a directory of services or information materials 	<ul style="list-style-type: none"> • XX victims provided with information on available services and oriented to the needed service • XX victims, PwDs, local authorities are provided with a directory of services/information on available services 	2	3	2	3
<ul style="list-style-type: none"> •R3.5: Liaise with the SSF to ensure survivors and PwDs newly identified as beneficiaries of government pensions receive appropriate referral to complementary services and are informed about available services in their areas of residence 	<ul style="list-style-type: none"> • XX SSF staff trained on information and orientation to services for survivors, victims and PwDs • XX survivors, victims and PwDs oriented by the SSF to needed services through distribution of Directory of Services and/or counselling 	2	3	2	3
<ul style="list-style-type: none"> •R3.6: Share data on EO casualties and survivors with health, rehabilitation and PSS service providers to facilitate the provision of services in identified areas and identify gaps in provision of services, while ensuring the confidentiality of victims 	<ul style="list-style-type: none"> • Data on casualties is shared with service providers on a regular basis while ensuring the confidentiality of victims 	1	1	1	1
<ul style="list-style-type: none"> •R3.7: Advocate to bridge gaps in rehabilitation and PSS services by coordinating with rehabilitation and MHPSS stakeholders and ensuring victims and PwDs are included in data collection and monitoring tools 	<ul style="list-style-type: none"> • Disaggregated data on survivors, victims and PwDs data is collected by rehabilitation and MHPSS stakeholders • Mine action stakeholders participate regularly in MHPSS and Health working groups • Health and MHPSS programming are inclusive of survivors, victims and PwDs 	1	2	1	2
<ul style="list-style-type: none"> •R3.8: Advocate to ensure humanitarian response includes EO victims and PwDs and that their access to protection, shelter, cash, education programs is provided on an equal basis as other vulnerable people 	<ul style="list-style-type: none"> • Mine action stakeholders take effective participation in HNO and HRP processes to include victims and PwDs in humanitarian programming • Humanitarian sector programming and reporting include explicitly victims and PwDs for targeted activities 	2	3	2	3
<ul style="list-style-type: none"> •R3.9: Advocate for the set-up of an inter-stakeholder's referral form, by coordinating with health, MHPSS and rehabilitation stakeholders to ensure victims and PwDs are included in broader interventions 	<ul style="list-style-type: none"> • An inter-stakeholder/inter-agency referral form is developed with health and protection sectors 	2	3	2	3

OVERALL INDICATORS:

- XX EO accident victims rescued by health/mine action stakeholders
- Critical gaps in access to life-saving services and assistance are assessed and disseminated
- XX EO survivors/indirect victims/PwDs referred to the needed services
- XX EO victims/PwDs/local authorities/community members provided with a directory of services/information on available services
- Mine Action (Protection), Health and MHPSS WG include victims and PwDs in 4Ws

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R4 Develop capacity of Mine Action actors in VA		R4 Progress Indicators		Priority level*	Complexity level**
•R4.1: Review LibMAS in accordance with the new VA IMAS and disseminate LibMAS to all Mine Action stakeholders	• LibMAS is updated based on the new VA IMAS • Reviewed LibMAS is disseminated and introduced to mine action actors during a dedicated meeting	• LibMAC VA and MRE department benefit from dedicated VA training/workshops	• XX field team members/team leaders receive and hands-on training on Victim forms and Accident forms once those are reviewed and updated (R1.3) • The hands-on training on Victim forms and Accident forms include a session on methodologies and respectful communication with victims and PwDs	2	1
•R4.2: Strengthen the capacity of the LibMAC VA and MRE department in line with a workplan to enhance engagement in VA	• R4.3: Ensure implementing partners' operational teams are sensitized on the need to collect IMSMA casualty data and trained on Victim forms and Accident forms once those will be reviewed	• R4.4: Develop a referral form and a referral system to provide clear guidance to Mine Action stakeholders and orient victims to the needed services	• A referral form exist and is used by Mine Action stakeholders during operations • XX victims oriented to services and properly recorded in referral forms that ensure confidentiality	1	2
•R4.5: Build capacity of operational teams to identify and refer victims to the needed services by developing a referral system between Mine Action stakeholders and external actors	• R4.6: Train multi-task RE/VA teams, whose role will be to identify victims, undergo a preliminary personal assessment, and refer victims to a first referral organization depending on their needs and availability of services in the area	• R4.7: Ensure VA is systematically discussed during implementing partners (IP) meetings through a dedicated point of discussion that includes monitoring the progress made on VA based on the recommendations shared in this position paper	• XX field team members/team leaders receive a hands-on training on referral and are able to orient victims to the needed services	2	2
•R4.8: Build capacity of Mine Action stakeholders to advocate for the inclusion of EO victims and PwDs in current humanitarian response in Libya	• R4.9: Formulate a VA and Mine Action workplan that will enable a future VA Plan/Strategy for Libya and disseminate it among relevant Libyan Ministries and Donors	• R4.10: Develop a National Mine Action Strategy that would include clear strategic objectives on VA for Mine Action stakeholders and disseminate the document among relevant stakeholders	• XX multi-task RE/VA teams trained • XX% of IP meeting including a VA topic held during the year • XX Mine Action organization representatives are trained in basic advocacy skills for the inclusion of victims and PwDs in humanitarian response • A VA and Mine Action Workplan exist and is disseminated among Libyan Ministries and Donors	1	1
			• A National Mine Action Strategy exists and includes clear VA strategic objectives • The National Mine Action Strategy is disseminated among relevant National and International stakeholders	2	2

OVERALL INDICATORS:

- XX survivors and indirect victims referred by Mine Action Stakeholders to the needed services

- XX Mine Action field teams receive a hands-on training on Victim Forms and Accident forms

- An intervention framework/workplan/strategy/intervention framework/position paper on VA is produced and disseminated among Mine Action Stakeholders, Humanitarian Stakeholders Libyan Ministries and Donors

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

** Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R5 Enhancing Advocacy Efforts to Obtain or Provide VA Earmarked Funding		R5 Progress Indicators	Priority level*	Complexity level**
<ul style="list-style-type: none"> • R5.1: Identify gaps in resources and services available for survivors and PwDs to inform targeted funding and resource allocation requests 	<ul style="list-style-type: none"> • Funding and resource requests are based on assessments and surveys identifying clearly gaps and intervention frameworks to bridge those gaps 	1	2	
<ul style="list-style-type: none"> • R5.2: Ensure accurate data collection efforts towards donors 	<ul style="list-style-type: none"> • Data collection and data analysis are included in advocacy to Donors 	1	1	
<ul style="list-style-type: none"> • R5.3: Support projects in the Mine Action Portfolio that have a pertinent VA component 	<ul style="list-style-type: none"> • XX projects supported in the Mine Action Portfolio have a VA component 	1	1	
<ul style="list-style-type: none"> • R5.4: Advocate and support Mine Action stakeholders to include VA in their funding requests 	<ul style="list-style-type: none"> • XX projects submitted by Mine Action Stakeholders have a VA component 	1	2	
<ul style="list-style-type: none"> • R5.5: Advocate for VA earmarked funds as part of HMA budgets or other humanitarian assistance budgets 	<ul style="list-style-type: none"> • XX % of HMA/humanitarian assistance budgets are dedicated to VA 	1	2	
<ul style="list-style-type: none"> • R5.6: Advocate towards non-mine action donors to fund initiatives that strengthen the capacity of health, rehabilitation, MHPSS and socio-economic inclusion service providers to respond to the needs of victims and PwDs 	<ul style="list-style-type: none"> • XX non Mine Action Donors contacted and sensitized on the need to strengthen access to services for victims and PwDs 	2	3	
<ul style="list-style-type: none"> • R5.7: Organize a seminar with donors, UN Agencies, and other humanitarian actors to share the information/findings from this research; raise awareness on VA needs; and to present the workplan for the near-term activities that will support a future Action Plan 	<ul style="list-style-type: none"> • A multi-stakeholder seminar including donors is organized on VA 	2	2	
<ul style="list-style-type: none"> • R5.8: Advocate for the allocation of national and international resources to enhance the capacity of the LibMAC to support the implementation of the recommendations of this research; and to define and monitor action plans EO victims 	<ul style="list-style-type: none"> • Advocacy efforts towards Libyan national stakeholders and authorities are maintained and enhanced • XX meetings organized with Libyan national stakeholders held to support VA efforts 	1	3	

OVERALL INDICATORS:

- XX% of HMA budgets are dedicated to VA

- XX VA advocacy activities involving Donors, National and International stakeholders

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R6 Coordinating and Advocating for Multi-Stakeholder and Inter-Sectoral Response	R6 Progress Indicators	Priority level*	Complexity level**
<ul style="list-style-type: none"> •R6.1 Organize multi-stakeholders and inter-ministerial workshops, involving EO survivors and Organizations of PwDs, dedicated at including victims and survivors in broader initiatives and developing specific interventions for victims and survivors 	<ul style="list-style-type: none"> • XX multi-stakeholders and inter-ministerial workshops/initiatives organized on VA involving survivors, victims and PwDs 	1	1
<ul style="list-style-type: none"> •R6.2: Collaborate with the Ministry of Health and Ministry of Social Affairs through Memoranda of Understanding to support data collection efforts mentioned above and share data relevant to victims and PwDs in order to inform programming, while ensuring the confidentiality of EO victims 	<ul style="list-style-type: none"> • Memoranda of Understanding between the LibMAC and/or UNMAS and/or Mine Action Stakeholders with MoH and/or MoSA exist and sets a framework for data collection and data sharing, while ensuring the confidentiality of victims 	2	3
<ul style="list-style-type: none"> •R6.3: Facilitate the dissemination of data related to the needs of survivors and PwDs especially in access to and provision of adequate, affordable and accessible services 	<ul style="list-style-type: none"> • Mine Action Stakeholders collect and disseminate data on the needs of survivors and PwDs through Working Groups, HNO/HRP processes and other relevant platforms 	1	1
<ul style="list-style-type: none"> •R6.4: Continue to raise awareness on the VA framework and on the rights and needs of victims and PwDs among key Ministries and other relevant stakeholders, by developing information materials and involving victims in awareness raising activities, including in the celebrations on the International Day for Mine Awareness and Assistance in Mine Action (4 April) and the International Day of Persons with Disabilities (3 December) 	<ul style="list-style-type: none"> • Specific information and communication materials to raise awareness on the rights and needs of victims and PwDs are created and disseminated to relevant stakeholders • XX information and communication materials produced and distributed 	1	1
<ul style="list-style-type: none"> •R6.5: Facilitate/support the development and implementation of a programme to train survivors, other PwDs and indirect victims to advocate for Victim Assistance and Disability 	<ul style="list-style-type: none"> • XX members of civil society organizations and other relevant organizations, including XX survivors, PwDs and indirect victims trained in advocacy on VA and Disability 	2	3
<ul style="list-style-type: none"> •R6.6: Advocate for the designation of a focal point on VA within relevant Ministries 	<ul style="list-style-type: none"> • Relevant Ministries nominate a VA focal point 	3	3
<ul style="list-style-type: none"> •R6.7: Advocate for the inclusion of victim and PwDs in humanitarian action 	<ul style="list-style-type: none"> • XX advocacy activities and/or actions taken by Mine Action stakeholders to include victims and PwDs in humanitarian action • Victims and PwDs are included in XX humanitarian programs as beneficiaries targeted by relevant activities 	1	3
<ul style="list-style-type: none"> •R6.6: Develop inter-sectoral initiatives, as recommended, for each area of intervention in the Chapter IV of this document, with a focus on emergency and ongoing medical care, rehabilitation and PSS 	<ul style="list-style-type: none"> • XX inter-sectoral initiatives in emergency and ongoing medical care, rehabilitation and PSS target specifically survivors, victims and PwDs or include them as part of broader categories of beneficiaries (providing disaggregated data on beneficiaries) 	2	3

OVERALL INDICATORS:

-XX EO survivors and indirect victims are beneficiaries of humanitarian and/or National programs (by sector, age/gender/location and type of impairment disaggregated)

-XX PwDs are beneficiaries of humanitarian and/or National programs (by sector, age/gender/location and type of impairment disaggregated)

-XX survivors and indirect victims referred through multi-stakeholder and inter-sectoral referral mechanism

-Data on EO survivors and indirect victims is shared by National Authorities with the LibMAC, Mine Action Stakeholders and Humanitarian Stakeholders, while ensuring the confidentiality of victims