

Gender Mainstreaming the Cartagena Summit on a Mine-Free World: Victim Assistance

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The Mine Ban Convention¹ requires that "[e]ach State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims and for mine awareness programs." This makes it the first multilateral disarmament treaty requiring states to take responsibility for victim assistance.

Positive evolutions were set out during the Nairobi Summit in 2004 (First Review Conference of the Mine Ban Convention), notably concrete actions for victim assistance (VA) and the modification of the term *victims* to include the family and community of the direct victim². Nevertheless, recent studies³ show that VA implementation in mine-affected countries still remains insufficient.

This article affirms that, in order to be more effective, sustainable and equitable for the women, girls, boys and men of mine affected communities, VA needs to be gender sensitive. The different impacts of landmines on women, girls, boys and men are outlined and the disadvantages that female victims face are highlighted. Finally some recommendations on how to take gender into consideration in VA are presented.

1. Who Are the Victims?

Gender influences the risk of becoming a victim of landmines, of accessing medical and psychological care, long term socio-economic reintegration, and mine risk education.⁴

It is often argued in the mine action community that the terms "all mine victims/survivors" include everybody that has been affected by a landmine accident, and therefore there is no need to spell out the different sex and age groups. Nevertheless, women, girls, boys and men are affected differently by landmines and need to be assisted in different ways. The use of gender sensitive language⁵ is important as it helps to keep in mind and tackle the diverse needs, interests and priorities of the different sex and age groups.

Men represent the large majority of direct landmine victims (up to 85-90%); there are several reasons for this, one is that they make up most of the military staff and combatants of Non-State Actors and are therefore more directly exposed to landmines in conflict and disputed areas. In most mine-affected countries men are typically the primary income providers for the family, and this might lead them to travel in more dangerous areas for their work⁶. In general their mobility is higher and different from that of women⁷. The consequences of a mine accident for a man, especially if it results in a disability, are both economic, as the family loses its main source of income, and psychological, as the injured man might feel humiliated and frustrated from not being able to be independent and support his family⁸.

While it is estimated that women and girls are the minority of direct mine victims in the world⁹, examples from several countries (Cambodia¹⁰, Vietnam¹¹, Yemen¹², Afghanistan¹³, Uganda¹⁴) show that, compared to men, females injured by a landmine or an explosive remnant of war (ERW) are:

- Less likely to have access to immediate health care (and therefore more likely to die from serious injuries);

- More likely to face isolation and stigmatisation. (If disabled, they are often abandoned by their partner and/or family, or encounter difficulties in finding a partner because of their supposed incapacity to take care of the children and household tasks);
- Less likely to find work or receive financial support, and therefore more exposed to the risk of poverty.

Women and girls also make up the largest group of **indirect** victims, being the spouses, mothers, sisters and daughters of the men that are injured/disabled/killed by landmines and ERW.

2. Why Does Victim Assistance Have to Be Gender Sensitive?

VA takes place in a context where there are gender differences and inequalities, as mentioned earlier. Evidence shows that women and girls, both as direct and indirect victims, often have less access to all phases of VA¹⁵, be it emergency and continuing medical care; physical rehabilitation, including physiotherapy, prosthetics and assistive devices; psychological support and social and economic reintegration.

In some cultural contexts, women and girls may only be treated by female medical staff; therefore, in areas where there are only few or maybe even no female doctors, female victims do not receive the health care they need.

Women are often not given priority, and therefore discriminated against, in terms of VA because they are not perceived as being the main economic provider of the family. However, when a male relative or husband is killed or disabled by a landmine/ERW, a woman might find herself suddenly becoming the sole provider for her household in a society where she does not have access to regular or fairly paid work, or even, in extreme cases such as under the Taliban law, where she is “not allowed to work and must turn to begging if a breadwinner is killed or disabled”¹⁶.

In general, female indirect victims are confronted with a multiplication of tasks and an additional burden as they care for the disabled and take on the responsibility of providing an income for their family.

Acknowledging that mine action does not necessarily benefit women, girls, boys and men equally, but might sustain or even exacerbate existing inequalities, the United Nations state in various documents the need to integrate a gender perspective in all mine action programmes to ensure that they will equally address the needs and priorities of all mine victims¹⁷.

3. How Can Victim Assistance Be Gender Sensitive?

The following is a non-exhaustive list of recommendations to make VA gender sensitive:

- Ensure equal consultation and involvement of women, girls, boys and men amongst stakeholders and beneficiary populations, throughout the design, implementation, monitoring and evaluation of mine action programmes and activities.
- Collect and analyse all data for landmine victims in a **sex- and age-disaggregated** manner, and keep the data disaggregated throughout the analysis.
- Apply the official definition of victim which includes not only direct survivors (mainly men) but also those (mainly women) living with, depending on and becoming caregivers of survivors,
- Make sure that affected females and males receive information on what services (medical, psychological, economic) are available and how to access them.
- Where necessary, provide sex-segregated accommodation and facilities, and ensure that there are both female and male doctors and nurses in medical centres.
- Favour mobile clinics to overcome mobility and financial obstacles.

- Make sure that psychological assistance and physical rehabilitation are offered to affected women, girls, boys and men by both female and male professionals.
- Offer training/education opportunities to both female and male victims.
- Ensure that socio-economic reintegration activities target both female and male victims, including indirect victims, giving special attention to female-headed households.

4. Conclusions

Women, girls, boys and men are affected differently by mine contamination, and their distinct needs, priorities and realities therefore have to be recognised and taken into consideration for mine victim assistance to be not only non-discriminatory and inclusive, but also more efficient, effective and sustainable in nature.

The Cartagena Summit on a Mine-Free World will be a very important event in the history of the Mine Ban Treaty, as it will give State Parties the opportunity to review the status of the treaty and set out future steps that need to be taken to create a mine-free world. More specifically, the Swiss Campaign to Ban Landmines sees the Cartagena Summit as an excellent opportunity for State Parties and other key stakeholders to strengthen their commitment towards higher and better implementation of victim assistance in a gender sensitive way, with the ultimate goal of making mine action more efficient and equitable.

¹ Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, Article 6(3).

² “[...] victims include those who either individually or collectively have suffered physical or psychological injury, economic loss or substantial impairment of their fundamental rights through acts or omissions related to mine utilization.” Nairobi Final Report. Paragraph 64. 2004.

http://www.nairobisummit.org/fileadmin/pdf/review_conference/documents/final_report/RC_Final_Report_en.pdf. Accessed 30/09/09.

³ Handicap International. *Voices from the Ground*. 2009.

⁴ Swiss Campaign to Ban Landmines. *Gender and Landmines - from Concept to Practice*. 2008.

⁵ For instance it is important to avoid the use of male-based nouns as generics to indicate both women and men, and to “unpack” terms such as *people, community, victims, staff*, etc, in order to make the different sex and age groups visible.

⁶ It is interesting to see how the number of female victims increases in post-conflict settings, such as that of Bosnia immediately after the war, when women who have lost their husbands or fathers have to take up traditionally masculine roles and become therefore more exposed to landmines accidents (Beltrami, S., “Women’s own struggle against landmines”, *International Campaign to Ban Landmines*. 2005.

<http://www.icbl.org/index.php/icbl/layout/set/print/Library/News-Articles/8-March-Women-and-landmines> Accessed 30/09/09).

⁷ Women might for instance take different paths as they collect fuel, food and water; take their children to school; and grow subsistence crops and/or tend animals near their homes.

⁸ There are indications from field studies in Colombia and Lebanon that disabled men might get violent with their wives, as a consequence of these psychological impacts (SCBL. *Gender and Landmines - from Concept to Practice*. 2008).

⁹ Women account for 9% of landmine/ERW casualties (in which the sex is known) at the global level, according to the Landmine Monitor Report 2008. However, in some countries the percentage is higher: 15% of civilian casualties in Colombia (source: PAICMA), 20% in Angola (see source for note 6), 23% in Yemen (see note 12).

¹⁰ ILO (1998) *Gender Guidelines for Employment and Skills Training in Conflict-Affected Countries*.

¹¹ Chaganti, S. “Gender Stigma and ERW Injuries”. *Journal of Mine Action* 12.2 (Winter 2008/2009): 12-13

¹² Survey Action Centre. *Republic of Yemen: Landmine Impact Survey*. 2000.

¹³ Canfield, R. and C. McCoull “Gender in the Mine-action Community”. *Journal of Mine Action* 12.2 (Winter 2008/2009): 25-28.

¹⁴ Association of Volunteers in International Service, *Annual Report 2007 Uganda*.

¹⁵ As listed in the Nairobi Final Report, paragraph 69. 2004.

¹⁶ Ruberry, M. “The Effects of Landmines on Women in the Middle East”. *Journal of Mine Action* 5.3 (2001): 69-73. http://maic.jmu.edu/journal/5.3/focus/Mary_Ruberry/Mary_Ruberry.htm. Accessed 29/09/09.

¹⁷ United Nations S/Res/1325 (2000); UN Gender Guidelines for Mine Action Programmes. 2005.