

ACTION ON  
ARMED VIOLENCE

**AOAV**

**UNDERSTANDING  
AND ADDRESSING  
NEEDS OF VICTIMS  
AND SURVIVORS OF  
ERW IN WESTERN  
SAHARA**





Photo: Example of livelihoods opportunities, woman sewing canvas to make a tent.  
Cover Photo: Survey interview with a survivor.

## EXECUTIVE SUMMARY

Action on Armed Violence (AOAV) has been working in Polisario controlled Western Sahara since 2006 to survey and clear dangerous areas. AOA teams remove cluster munitions, landmines and other Explosive Remnants of War (ERW), in areas of urgent humanitarian concern to the local population. To date, AOA has cleared over 14 million square metres of land of deadly cluster munitions, shells and rockets.

AOAV seeks to provide support to the population affected by the contamination of cluster munitions, landmines and ERW, to facilitate implementation of Article 5 of the Convention on Cluster Munitions (CCM), relating to victim assistance. This includes individuals and the families of those who have been physically injured, as well as the Saharawi population residing in refugee camps, which are a legacy of armed violence and continued political impasse. One of the key activities for the Western Sahara programme during 2012 has been to facilitate collection of data on victims and affected populations.

In partnership with the Saharawi Association for the Victims of Mines (ASAVIM), AOA conducted a survey to assess the needs and aspirations of victims and the services available to affected populations. During this five-month process, from February to June 2012, AOA consulted over 900 victims and their families (in the refugee camps and the Polisario controlled zones East of the berm). Working in partnership with survivors and local organisations, AOA will support projects that respond to needs identified in the survey.

AOAV is implementing a pilot micro-project grant programme to provide an immediate response to the assessment findings, to build capacity of local organisations, and to assist organisations to work effectively to support survivors in the future. This micro-project initiative is one component within a broader victim assistance programme which is planned to respond to the full range of recommendations drawn from the initial assessment and survey. Through the micro-project component, small-scale activities can be supported immediately, whilst larger scale projects are being developed as part of a longer term victim assistance programme.

Integral to the survey's success was the active participation of survivors, community engagement and local ownership (including of Polisario authorities). Survivors were a dynamic driving force in shaping the process: they were members of the survey team and involved in outreach, building communities' confidence in the survey.

### STEVEN SMITH – AOA CEO

The key lesson to take away from the survey is that process matters. The success of the survey hinged on active engagement of survivors, survivor associations, affected communities and local authorities at every stage. Participation, not just in principle but in practice, means survivors are taking leadership roles and being involved in the design, implementation and follow-up of the survey so that it accurately reflects the reality of survivors' experiences and responds to their diverse needs and aspirations.

**Through the survey process, AOA has identified the following strategic priorities for victim assistance in Western Sahara beyond 2012, all of which will take into account the different needs and priorities of men, women, girls and boys:**

1. Improving access to livelihoods opportunities
2. Improving access to quality healthcare and medical services
3. Enhancing capacities and skills and improving access to training and education
4. Promoting survivors' rights and rights of people with disabilities
5. Strengthening legal protection and frameworks for survivors and people with disabilities
6. Deepening and expanding survey process and enhancing data sharing

Data collection and needs assessments are key implementation measures under the CCM and Mine Ban Treaty (MBT). This survey is an example of good practice in implementing that obligation under the CCM in a rights-based, survivor-centred way. It demonstrates how the rights-based guiding principles can be translated into concrete actions. Following-up the needs assessment with concrete actions ensures long term engagement and tangible improvements in the lives and livelihoods of victims and survivors in Western Sahara.

## ABOUT ACTION ON ARMED VIOLENCE

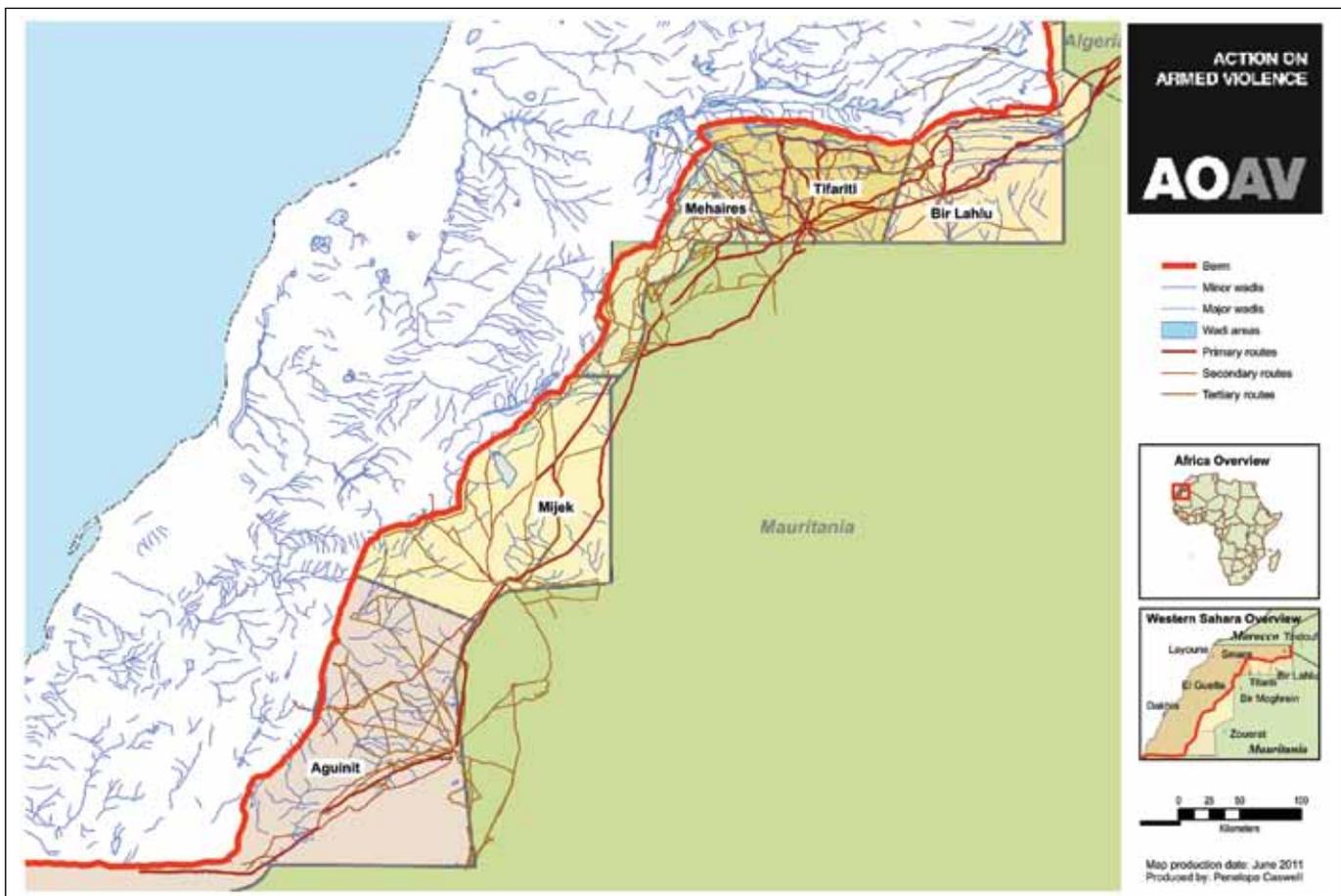
AOAV acts locally, nationally, regionally and globally to reduce and prevent armed violence. AOA works with communities affected by armed violence, removing the threat of weapons, reducing the risks that provoke violence and conflict, and supporting the recovery of victims and survivors and building communities' resilience to armed violence.

AOAV works with civil society partners and governments to strengthen international laws and norms on the availability and use of conventional weapons, to build recognition of the rights of victims and survivors of armed violence, and to research, understand and act effectively on the root causes of armed violence in affected countries.

## AOAV IN WESTERN SAHARA

For the past six years, AOA has been working in Polisario controlled Western Sahara to survey and clear dangerous areas. AOA teams conduct clearance of cluster munitions, landmines and other Explosive Remnants of War (ERW). Teams have been trained to International Mine Action Standards (IMAS). To date, AOA has cleared over 14 million square metres of land of deadly cluster munitions, shells and rockets.

As part of its integrated mine action programme, AOA is developing a victim assistance programme, including micro-grants to support survivors and also projects to develop land cleared of ERW. AOA works with local and international partners to support communities affected by the contamination of cluster munitions, landmines and ERW.



## VICTIMS AND SURVIVORS IN WESTERN SAHARA

The people of Western Sahara live with the threat of Explosive Remnants of War (ERW), such as cluster munitions and landmines. Sixteen years of conflict have left Western Sahara strewn with ERW, which do not only kill and injure, but also prevent affected communities from earning a living in this harsh desert environment. Many cluster strikes, mine fields and unexploded ordnance (UXO) are located perilously close to areas vital to the Saharawi population, including wells and watering holes, grazing areas and transport routes.

It is estimated that over 2,500 people have been killed or injured in Polisario-controlled Western Sahara, as a result of landmines, UXO and other ERW (including injuries and deaths resulting from entering into the buffer strip along the berm). These figures are estimates and it is likely that the total of recorded casualties under-represents the actual number of casualties since the beginning of the armed conflict. Beyond direct death and physical injury, many individuals, families, households and communities have suffered significant psychosocial trauma, mass displacement and impoverishment. These present major barriers to sustainable livelihoods, employment and socio-economic development.

More than 100,000 Saharawis are living in refugee camps in Algeria and have been living there for more than 35 years. They live in a state of limbo, unable to plan for the future and unable to return to their homes. Following Spain's withdrawal as a colonial power in 1975, Morocco and Mauritania partitioned Western Sahara. This was met with armed resistance by the Polisario Front, recognised by the UN since 1979 as the representative of the people of Western Sahara. Whilst Mauritania withdrew in 1979, Morocco and the Polisario Front continued fighting until a UN brokered ceasefire was agreed in 1991.

The Polisario authorities have been taking steps to protect the Saharawi population from the devastating impact of cluster munitions, mines and ERW. In 2005, Polisario signed the Geneva Call's *Deed of Commitment*\*, thus obliging it to abide with the prohibitions on the use, production, acquisition and transfer of antipersonnel landmines and to support humanitarian mine action activities such as mine clearance, stockpile destruction, mine risk education and victim assistance. Polisario has destroyed more than 10,000 stockpiled antipersonnel landmines since then, and has worked in partnership with AOA, to support the survey and clearance work and more recently to support victims and survivors.

\* *Deed of Commitment for Adherence to a Total Ban on Anti-Personnel Mines and for Cooperation in Mine Action*

### AZIZ BOUCHER AHMED, PRESIDENT OF ASAVIM

*"My work within this project was a big honour. It allowed me to assist in addressing the needs of Saharawi survivors, to know more about survivors' problems and the hard conditions in the Saharawi refugee camps, where basic needs are not being met".*



**“ I believe that collecting data on survivors is a unique chance for ASAVIM and other organisations to start projects to support survivors in the future. ”**

## BACKGROUND

In partnership with the Saharawi Association for the Victims of Mines (ASAVIM), AOVAV conducted a survey to assess the needs and aspirations of victims and the services available to affected populations. From February to June 2012, AOVAV consulted over 900 victims and their families (in the refugee camps and the Polisario controlled zones East of the berm) to understand their needs and to provide information about, and referrals to, available services. Working in partnership with survivors and local organisations, AOVAV will support projects that aim to respond to the needs identified by survivors and affected communities in the survey.

### GLANA SALEK OMAR – SURVEY TEAM LEADER

*“The survey process was wonderful. The confidence building between the team members and the survivors was great, and I’m proud to have been part of it. Team work was strengthened by the involvement of survivors.*



*The commitment and understanding between the team members enhanced the success of our work despite differences of age and experience levels; the spirit of collective work is a major element in our success.*

*The impact of the survey process on communities can be seen by the huge presence of survivors in the consultations on micro-projects”.*

**“ The work within the survey team has had its own impact on my personal life; it increased my sensitivity, especially towards survivors, whom I never had the chance to work with before. ”**



Photo: Survey team interviewing a survivor.

## NEEDS ASSESSMENT METHODOLOGY

The survey methodology was guided by international human rights standards and norms, including the Convention on Cluster Munitions (CCM), the Mine Ban Treaty (MBT) and the Convention on the Rights of Persons with Disabilities (CRPD). These fundamental rights form the basis of the guiding principles, which directed the conduct of the survey from its design to its implementation and follow-up.

**Stakeholder Consultations:** the first step of the survey process was a series of meetings with local and international stakeholders including survivors, survivors' associations and local authorities. The goal was to gather information on: the availability of medical, social, psychological and legal services; livelihoods opportunities and available casualty data.

**Assessment of existing data:** the scoping visit ascertained the main sources of information on survivors, such as ASAVIM, the Cheid Cherif National Centre for victims of mines and war, and the Saharawi Campaign to Ban Landmines (SCBL).

**Identification of the survey team:** the survey team was identified through links with local communities, authorities and survivors' associations. Team members were selected following AOAV's guiding principles for victim assistance work, including survivor participation and gender sensitivity.

In collaboration with partners, AOAV identified individuals who are respected by their community, with excellent communication skills and the ability to build relationships and cooperation with local administrations, survivors and their families.

### GUIDING PRINCIPLES

- **Survivor Leadership and Participation:** Working in partnership with survivors' associations, engaging survivors in consultations, decision-making and planning of the survey and as part of the survey team
- **Non-discrimination:** Training the survey team to conduct the survey in such a way to ensure there was no discrimination based on the cause of injury or disability
- **Gender-sensitive:** Addressing the specific needs of women, men, girls and boys. This could include understanding different social and cultural obstacles and challenges to inclusive engagement, and integrating practical measures to ensure women's full participation
- **Age-appropriate:** Designing processes to meet the specific needs of people of all ages, including children and older people
- **Accountable and transparent:** Clearly communicating the aims and scope of work to those involved in the consultation process and partners. Consent must be obtained from those involved
- **Strengthening capacities:** Working in partnership with survivors and local associations and supporting them to plan further action
- **Accessibility:** Ensuring that projects and opportunities are accessible to survivors who wish to participate, regardless of previous experience, education level or training. Consultations should take place in environments accessible to all genders, abilities and ages, taking into account diverse needs
- **Inclusiveness:** Including not only direct survivors but also those living with, depending on and/or giving care to survivors (this can include widows, women-heads of household and orphaned children)
- **Information on services:** Ensuring that survivors, including men, women, girls and boys, receive information on available services

## PRACTICAL SURVEY PREPARATION

### Training of the survey team:

A human rights and international humanitarian law workshop was organised by a local human rights association – the Association of the Families of the Political Prisoners and the Disappeared (AFAPREDESA).

An interactive needs assessment workshop was organised with stakeholders and partners, and covered the following:

- Data collection and its critical role in developing victim assistance strategies and plans for provision of services;
- Methodologies for data collection, including examples of good practices and lessons learned, and the importance of data sharing;
- Defining priorities for the needs assessment survey (with stakeholder input) to establish the basis for the survey questionnaire;

Training was provided in international humanitarian law, including a session on victim assistance in the context of the MBT and CCM, with the aim of bringing the conceptual “pillars” of victim assistance closer to the actual experiences of the survey team.

### Communication and community liaison:

Guidance on how to present the survey to the interviewees and explanation of the purpose of data collection and on the survey code of conduct.

### Using the questionnaire as a referral tool:

Instruction on use of the questions and the interviewees’ answers as a starting point for exchange of information.

**Accurate and consistent reporting:** Briefing on reporting framework, requirements and formats to be used across the team and to ensure consistent data entry.

### Interview practice for Survey Team members:

Conducting trial interviews with the survivor-residents of the Cheid Cherif National Centre.

**Development of Survey Questionnaire:** The needs assessment questionnaire form was developed in such a way to ensure compatibility with the Information Management System for Mine Action (IMSMA). The form was drafted based on preliminary consultations with survivors and completed with the feedback and recommendations made at the needs assessment workshop.

The form was translated into Arabic with the use of explanatory text rather than fixed terms in order to make the questionnaire more accessible to the interviewees.

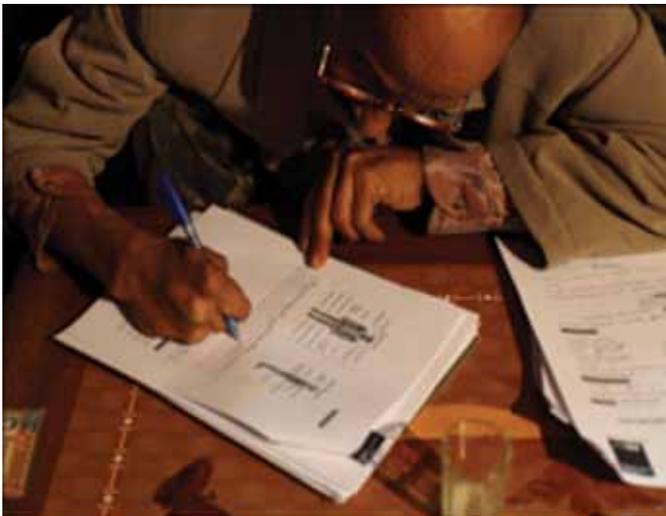


Photo: Survey team member filling out the needs assessment questionnaire

### The questionnaire form used for the survey consisted of 60 questions, addressing:

- Information about the circumstances of the interview
- Personal information of the survivor/victim
- Circumstances of the accident/injury
- Types of injury/disability
- Services received up to date by the survivor (with primary focus on the medical and rehabilitative service)
- Socio-economic information about the survivor and his/her family
- Survivors’ needs

## CONDUCTING THE SURVEY

The survey team liaised with local authorities about the survey process and informed the community about its activities through the community radio. Local Polisario representatives were involved in the survey and assisted the team in registering the survivors arriving for the survey.

Survey consultations took place in local administrative and community centres. Local representatives provided the survivors' contact details and ensured that the survey team conducted home visits with those who were not in a position to attend the interviews.

### Data Collection Training and Management

With the support of a Data Management Specialist, AOA supported the local survivors' association (ASAVIM) to develop an IMSMA compatible database to store information from the survey.

The database was designed in a way that all relevant stakeholders can easily access, sort and analyse data in order to identify survivors' needs and make practical use of the information.

ASAVIM is responsible for holding and maintaining the data and sharing it with all service providers who request information. ASAVIM members were trained in entering, storing and analysing data, updating information, and modifying the layout/content of the database depending on evolving needs.

### Stakeholder Workshops

Once the main part of the survey process was completed and the initial findings were compiled and analysed, AOA and ASAVIM organised a workshop to share the findings of the survey and strengthen the analysis of its results. Through interactive discussions with key stakeholders, opportunities were identified for linking service providers with survivors and recommendations were developed for practical support to victims and survivors.

### Survey Process



## OVERVIEW OF KEY FINDINGS OF THE NEEDS ASSESSMENT SURVEY

### SIDAHMED BULAHI ABDERRAHMAN, TEAM MEMBER AND SURVIVOR

*'My work with the survey team was a big part of my whole life. Finally I had the chance to do something for this group [of survivors] to which I belong; and this work enabled me to address the survivors' needs especially in the different workshops we did during our preparatory meetings. I learnt a lot – especially about human rights and our situation as survivors under the international law'.*

**“ I believe this experience will be the starting point to my work for survivors because now I believe in my abilities and readiness to push our fight forward. ”**

The development of a participatory process, which actively engaged local survivors and their families, local communities and authorities, helped to ensure that the survivors' circumstances, needs and aspirations were adequately reflected in the data collected and in its analysis. Two members of the survey team have continued to interview survivors who have contacted ASAVIM since the survey was undertaken.



Photo: Survey Team Collecting Data

### Survivor profile

To date the survey has interviewed 923 people. 838 of the respondents were survivors and 85 interviews were carried out with a close family member of a survivor. 93% of the interviewees were men and 7% women. The average age of the interviewees was 58. This demographic profile reflects the finding that many of these injuries were sustained between 1979 and 1980 at the height of the conflict. Children as young as five and adults up to the age of 92 have reported injuries as a result of cluster munitions and landmines. The level of education of survivors is detailed below at chart 1.

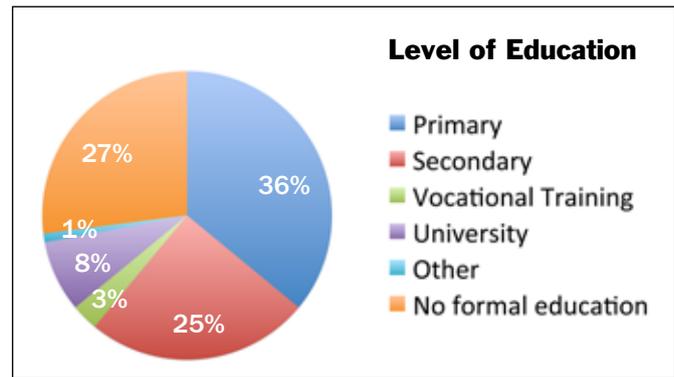


Chart 1: Educational level of survivors.

The economic impact of ERW incidents for survivors and their families can be devastating. One quarter of those interviews had no income. Only a minority (13%) of survivors reported more than one source of income for their family. 83% of survivors stated that they do not receive any kind of economic support from their families or relatives. 15% of survivors receive financial support from Polisario. These are preliminary findings, further data collection and contextual analysis is planned to assist in designing AOA's victim assistance programme.

## CAUSE, TYPE, TIME OF INCIDENT AND INJURIES

Dates of injuries reported by survivors span four decades from 1975 to 2011, with the majority of injuries occurring in 1979 and 1980. The causes of injury are presented in Chart 2 below. The majority of survivors (96%) were either injured through direct combat (27%) or most notably in mine or ERW related accidents (69%). A very small number (4%) have disabilities resulting from other circumstances (including traffic accidents, work injuries or chronic disease)

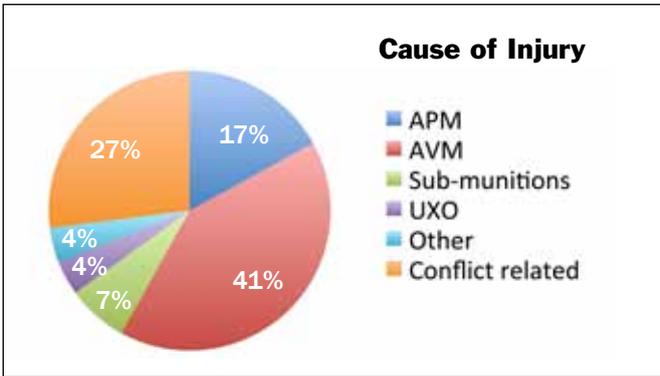


Chart 2: Cause of Injury.

Almost one quarter of survivor interviewees reported injuries which resulted in amputations, see Chart 3 for a breakdown of types of injuries. Approximately three quarters of interviewees have received some physical therapy. 15% of survivors received mobility aids, 9% received prosthetics and orthopaedic aids, 1% received psychological support and 1% received occupational therapy.

The majority (76%) of survivors received these services at a hospital located in the refugee camps; other services received by interviewees were provided by the Cheid Cherif National Centre, International Committee of the Red Cross (ICRC) orthopaedic workshop and other facilities (mostly abroad, for example in Algeria).

Regarding the general medical condition of survivors, more than 56% are suffering from a number of additional chronic medical conditions such as hypertension, diabetes, asthma and other respiratory problems for which there is only limited support available.

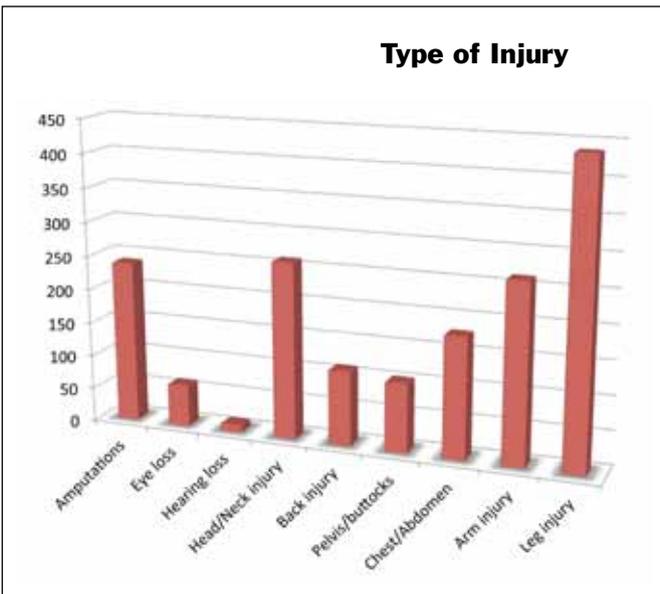


Chart 3: Type of Injury.

## SURVIVORS' NEEDS AND ASPIRATIONS

### Healthcare

Incidents involving ERW have lasting physical impacts on survivors. Healthcare provision in Western Sahara is very limited. Many medicines are difficult to obtain and some of those available are past their expiry dates. Treatment for complex injuries or chronic conditions is scarce and in some cases non-existent. 71% of survivors stated that they were in need of some form of medical attention. Almost one quarter of this group (22%) stated that the medical assistance they require cannot be obtained close to where they live and 20% of these survivors did not have adequate information on whether medical services were available in their area. 22% of interviewees stated they required medication for at least one chronic medical condition on a daily basis, one quarter of this group reported that they were unable to access the medication locally and a minority did not know whether the medication they required could be obtained at all.

57% of survivors expressed the need for prosthetics or other mobility and assistive aids. Only 28% of survivors who stated that they needed prosthetics or other assistive devices currently use them. 16% of survivors in need of prosthetics and orthopaedic/mobility aids believed they could not obtain them locally and 14% did not possess information on whether these devices were available.

### Livelihoods and socio-economic opportunities

Unemployment is a harsh reality for the vast majority of the people living in the refugee camps. Survivors and people with disabilities are among the worst affected by the lack of livelihoods opportunities.

The impact of injuries from ERW incidents can limit education, training and employment opportunities. Many survivors are heads of households, who bear the responsibility of supporting their families. Small trade and animal husbandry are the main sources of income; farming and agricultural activities are limited.

Survivors want to earn a living for themselves and their families. 98% of survivors stated that they would like to receive support for starting income generating activities, including: commerce (56%), livestock raising (20%), livestock trade (15%), agriculture (3%), and practical trades, for example electrician/mechanic (4%). Whilst the vast majority of survivors interviewed wish to develop

income generating activities, less than 10% have had previous experience with micro-credit or small business start-up grants. Therefore, additional support and capacity building may be required to support these individuals.

30% of survivors expressed an interest in additional vocational training or to continue their education. The following areas of vocational training or continuing education were identified by survivors as the most desirable and with the best outlook for livelihoods opportunities: electrician and mechanics, office administration and accounting, IT, languages, commerce, animal husbandry and agriculture. As the average age of survivors is 58, many have not been able to qualify for existing training schemes, which are often tailored for and open only to young people. Existing courses do not always consider the specific needs and requirements of survivors, who might need additional support to access training.

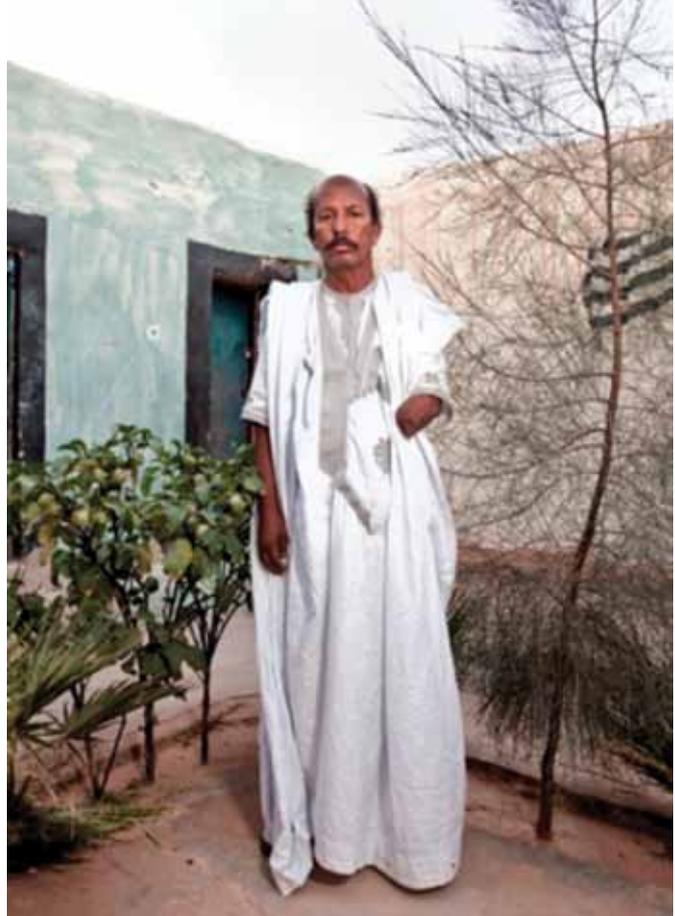


Photo: Malainin Moh-lamin Elmami is 56, married with 5 children; he was injured in an incident in Tifariti in November 1977

## RECOMMENDATIONS

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Through interviews and consultations during the survey process with survivors, survivors' associations, community representatives and partners (including authorities, service providers and international organisations), AOA identified the following priorities for victim assistance work:

- 1. Improving access to livelihoods opportunities through supporting income generating activities:** Supporting survivors' cooperatives in income generating and livelihoods activities (such as trade and animal husbandry).
- 2. Improving access to quality healthcare and medical services, including medication, physical therapy and psycho-social support services:** High quality and easily accessible healthcare for survivors and affected communities in Western Sahara remains a significant challenge and services to meet the specific needs of services remain extremely limited. AOA is in a well placed to work with local and international partners to support improved access to healthcare services.
- 3. Enhancing capacities and skills and improving access to training and education opportunities for survivors:** Capacity building and local ownership are fundamental to AOA's approach in Western Sahara. Capacity building relating to victim assistance is threefold:
  - a. Enabling survivors to ensure that they realise their rights, enhance access socio-economic opportunities and actively engage in decision-making processes
  - b. Enhancing ASAVIM's technical and institutional capacities to support survivors
  - c. Working in partnership with Polisario and local structures to ensure survivors' engagement, and building skills to improve services to survivors
- 4. Promoting survivors' rights and rights of people with disabilities:** Through training and accompaniment, develop survivors' knowledge and skills in human rights, advocacy and campaigning.
- 5. Strengthening legal protection and frameworks for survivors and people with disabilities:** Work with legal and justice committees and relevant Polisario ministries to develop robust legal frameworks to protect and promote the rights of survivors and people with disabilities and to develop strategies and action plans to support victims and survivors.
- 6. Deepening and expanding survey process and enhancing data sharing:** Continue the survey work to include those who were travelling / outside Western Sahara during the survey period; include information on fatal casualties; further analysis and disaggregation of survey data; and regular updating of information on survivors' living conditions, circumstances and needs in order to measure changes in their situation.

## NEXT STEPS – ENSURING CONCRETE FOLLOW UP TO THE SURVEY PHASE

Based on the needs assessment findings, AOA is implementing a pilot micro-project grants programme to provide an immediate response to the needs identified during the survey and to build the capacity of local organisations to support survivors.

Building on the survey process, AOA and ASAVIM will continue to work together to ensure the full participation of survivors and stakeholders in designing, implementing and overseeing victim assistance work.

The aim of the micro-projects component is to assist victims and survivors of Unexploded Ordnance (UXO) and Explosive Remnants of War (ERW), to achieve economic independence, enhance social and economic inclusion, and improve their quality of life.

**Grants** will be provided to start up income generating projects as well as non-income generating activities – such as funding to assist survivors to take advantage of training opportunities, to improve health and wellbeing, or to assist survivors' groups to develop and implement advocacy initiatives.

A complementary initiative will be **capacity building** support to ensure that ASAVIM itself has the capacity both to respond effectively to the needs of survivors, and to create a network of organisations and structures committed to ensuring that survivors are represented in decision-making and are in a position to influence the type and way services and opportunities are available to survivors in the future. This will result in a stronger network with whom AOA and ASAVIM will take forward the findings and recommendations from the victim assistance survey, and will ensure the survey process is the start of regular updating and coordination of victim assistance information.

### The needs assessment survey highlighted the following priorities for the micro-project programme component to assist survivors:

1. Income generating activities
2. Improved health and well being
3. Access to training opportunities
4. Rights based advocacy training
5. Increased survivor engagement and influence in decision making

This micro-grants and capacity building are two components within a broader **victim assistance programme** which will guide AOA's strategic engagement and direct work beyond 2012. Based on the recommendations of the survey process and guided by continued stakeholder consultations, this programme will focus on improving livelihoods and access to healthcare and services, promoting rights, and strengthening legal protection of survivors and people with disabilities.

## LESSONS LEARNED

Data collection and needs assessments are key implementation measures under the Convention on Cluster Munitions (CCM) and Mine Ban Treaty (MBT). This survey is an example of good practice in implementing that obligation under the CCM in a rights-based, survivor-centred way. It demonstrates how the rights-based guiding principles can be translated into concrete actions.

Following-up the needs assessment with concrete actions ensures long term engagement and tangible improvements in the lives and livelihoods of victims and survivors in Western Sahara.

Throughout the development and planning of the victim assistance programme in Western Sahara, AOA V and local partners have worked together to put the obligation of Article 5(2) of the Convention on Cluster Munitions into practice on the ground. With survivors at the heart of the process throughout, this integrated approach ensures concrete actions based on the needs assessment findings will contribute to survivors realising their rights and fulfilling their ambitions.

AOAV is committed to sharing experience and discussing how international frameworks can guide and be guided by practical field level programming, to ensure its work effectively supports victims and survivors.

- **Process matters:** It is not just the results but how they are gathered that will impact the usefulness of the needs assessment survey. The process directly impacts the quality of data (comprehensiveness, reflecting realities on the ground, inclusiveness and ownership of all members of the community – men and women, girls and boys have equal access to, stakes in, and are equally engaged in the process).
- **Survivor participation:** Active participation and leadership of survivors, survivors' organisations, and affected communities is essential to ensure that the survey reflects and understands the realities of the survivors' experiences. This means involving survivors in planning, designing, implementing and in following-up the survey.
- **Confidence building and local ownership:** Trust, cooperation and confidence of survivors, communities and authorities are essential elements to the success of the survey. This supports effective data and information sharing, practical support and helps build wider buy-in and cooperation.
- **Follow-up action:** The process must be more than just taking information from survivors. The needs assessment survey should be a two-way process. It should ensure information is provided to survivors on available support, services and opportunities, and link service providers with survivors who are in need of such services. It must be directly linked to the development and prioritisation of concrete initiatives with survivors in order to address these needs.

## ACKNOWLEDGEMENTS

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Written and compiled by Ruth Simpson with contributions from Ahmed Sidi Aly, Elizabeth Coates, Jelena Vicentic, Melissa Fuerth and Nerina Cevra.

Photography: Jelena Vicentic and Stephane De Greef

## CONTACT

Action on Armed Violence  
5<sup>th</sup> Floor Epworth House  
25 City Road London EC1Y 1AA

**t +44 (0)20 7256 9500**

**f +44 (0)20 7256 9311**

**e [info@aoav.org.uk](mailto:info@aoav.org.uk)**

**[www.aoav.org.uk](http://www.aoav.org.uk)**



Photo: from L to R (Standing): Wali Hanshi (Director Victims Centre Director), Bouybat Huedi (President of Saharawi Campaign to Ban Landmines), Aziz Boucher Ahmed (ASAVIM Secretary General) Mohamed Chei Selma (Survivor Liaison ), Glana Salek Omar (survey team leader), Jelena Vicentic (VA International Consultant)  
(Sitting): Hamidi (SG of Ministry of Social Affairs and Women Promotion), Ahmed Sidi Aly (AOAV Country Manager), Maata Belau (ASAVIM VA Database officer)