During the Vietnam War, an estimated 580,000 bombing missions were carried out over Laos, dropping two million tons of ordnance across the country. This contaminated Laos with approximately eighty million items of unexploded ordnance (UXO), including “big bombs,” cluster munition and sub-munition bomblets, grenades, rockets, and other types of ammunition. There also remain an unknown number of landmines across the country, which are further remnants of the war. Today, fifteen out of eighteen provinces and approximately 25 percent of villages are still affected. Between 1964 and 2017, 50,754 people were killed or injured as a result of UXO and/or landmine accidents. While some landmines and UXO have been cleared, the task of demining the entire country will take considerable time and, though decreasing in number, injuries and deaths continue to occur. In response to these challenges, Laos ratified the Convention on Cluster Munitions (CCM) in March 2009, and the United Nation’s Convention on the Rights of Persons with Disabilities (CRPD) in September 2009. Additionally, in 2012 Laos launched a National Strategic Plan for the UXO sector and has committed to reducing the risk of UXO by 2030 through Laos’ national Sustainable Development Goal (SDG) 18: Lives Safe from UXO. SDG 18 not only provides targets for clearance activities, but also addresses the ongoing needs of survivors and victims.

The following case study draws from interviews with several UXO and landmine survivors that USAID Okard is working with and illustrates the challenges faced by someone living in an area contaminated with landmines and/or UXO.

Maikorly is a twenty-eight-year-old Hmong woman who is married and has three children. She lives in Kham District, Xieng Khouang Province. One day while she was making a fire in her kitchen, a buried bomb exploded, and shrapnel injured her left leg and burned her neck and face. Her family immediately took her to the provincial hospital, but the accident resulted in the loss of her leg and eyesight. After two months, she was able to return home, but her life had changed dramatically; she experienced significant difficulty moving around her home and was forced to crawl on the dirt floor. The structure of her house, combined with her limited mobility and visual impairments, restricts her ability to carry out normal household tasks. Before her accident, she would collect firewood, go to the market, cook, clean, and care for her children, but now she depends on her husband to do these tasks. Fortunately, her ongoing medical expenses related to the UXO accident are covered by the War Victims Medical Fund (supported by the U.S. Government). However, due to her injuries, Maikorly can no longer work and her husband’s income alone is not enough to cover household expenses, putting her family at greater risk of poverty. In addition to financial strain, the accident negatively impacted the family dynamics. Her husband does not believe household tasks are “men’s work,” and he has begun to blame and resent Maikorly for not contributing in the way that she once could. Curiosity from the community about her change in appearance has also become a challenge, and Maikorly has faced negative reactions from some of her neighbors who believe that the accident was a result of her family’s transgressions. Maikorly’s children have experienced bullying from classmates about their mother’s disability, and one of the children has stopped attending school as a result.

Difficulties in functioning, shifting household roles, and stigma from the community have all contributed to Maikorly’s feelings of powerlessness, shame, and sadness, which has led her to become withdrawn and, at times, contemplate suicide.
Integrated Victim Assistance within Community-Based Inclusive Development (CBID) Demonstration Model

Across Laos, UXO and landmines hidden in the soil cause about forty accidents per year, often leaving survivors with chronic injuries. There is also an increasing prevalence of non-communicable diseases, road-traffic accidents, and other health conditions that lead to disability and difficulties in functioning. The result is a growing need for increased rehabilitation, psychosocial support, and socioeconomic assistance for the survivors of these accidents and health conditions.

Through the USAID Okard Activity, jointly funded by the U.S. Agency for International Development’s (USAID’s) Leahy War Victims Fund and Victims of Torture Program, and the Office of Weapons Removal and Abatement in the U.S. Department of State’s Bureau of Political-Military Affairs (PM/WRA), World Education, Inc. (WEI) partners with the Lao government and civil-society organizations (CSOs) to develop and implement disability-inclusive policies so that no one is left behind. One of the main features of USAID Okard Activity is the Community-Based Inclusive Development (CBID) Demonstration Model.

In response to the CCM’s call “to adequately provide age and gender sensitive assistance including medical care, rehabilitation, psychological support, and support for social and economic inclusion” to survivors of UXO and landmine accidents and their communities, USAID Okard recognizes that in order to provide tangible and sustainable support, an integrated approach through a broader Disability Inclusive Development (DID) framework is essential. The CBID Demonstration Model, developed by USAID Okard, targets any person with a disability regardless of the cause and is inclusive of UXO and landmine survivors. CBID facilitators, employed by CSOs and in interaction with local authorities and communities, provide support that is based on the specific medical, rehabilitative, psychological, and socioeconomic needs of those identified in target communities.

The CBID Demonstration Model is an evidence-based participatory approach that engages the whole community to identify needs and remove barriers to create a more supportive and inclusive environment for persons with disabilities. Guided by the philosophy of DID, the goal of USAID Okard is to improve and sustain the independent living and functional ability of persons with disabilities, including UXO and landmine survivors, regardless of age, sex, gender expression, or ethnicity. The USAID Okard team and its civil society partners who implement the CBID Demonstration Model work closely with the government of Laos at the central level and in two pilot districts, along with communities to implement and test the Lao National Disability Policy and the Lao Rehabilitation Strategy. USAID Okard believes that if the government of Laos and communities are effectively engaged and mobilized toward disability inclusion, and if case management enables increased functioning and participation of persons with disabilities, then these two
components will enhance and sustain full participation of persons with disabilities in Laotian society.

After raising awareness on disability inclusion, the CBID facilitators from CSOs engage with stakeholders in practical conversations about how they can contribute to removing barriers that prevent people with disabilities, including those affected by landmine and UXO accidents, from participating in community life. The goal is to improve perceptions and create an enabling environment for disability inclusion within communities. For example, the CBID facilitator might engage village authorities to help monitor and provide support to UXO and landmine accident survivors and their families or hold meetings about disability inclusion with teachers and students at a local school. These activities help to create a common understanding that disability is part of human diversity. Moreover, this process can help demonstrate how long-term development can encompass disability inclusion by reducing barriers for persons with disabilities within communities and encourage stakeholders to examine ways that public spaces can be accessible for all.

In the second component—case management—the project assesses and analyzes the unmet needs of people with disabilities and their households, and then develops a family-centered action plan, provides interventions, and monitors outcomes. When working with families, CBID facilitators use compassionate communication to empower the family; provide psychosocial support; advise on home-based rehabilitation and accessibility accommodations; and provide referrals to medical, rehabilitation, and assistive product providers as well as to more complex mental health and psychosocial support (MHPSS) services. In the case of UXO and landmine survivors, the CBID facilitator also provides them with information about the War Victims Medical Fund and connects them with a district National Regulatory Authority (NRA) official, who can help ensure that they receive reimbursement for their medical costs. CBID livelihood officers support the most vulnerable persons with disabilities to develop income generating activities (IGAs) based on an adapted Ultra-Poor Graduation Approach, originally developed by Building Resources Across Communities (BRAC) in Bangladesh. CBID facilitators also connect persons with disabilities and their families to educational and vocational training and social services while working to strengthen referral networks across these sectors. Each CBID facilitator manages approximately twenty cases like Maikorly and her family, helping them access resources that will optimize their functioning, economic self-sufficiency, and well-being.

The CBID Demonstration Model is implemented by two CSOs: Quality of Life Association (QLA) based in Xieng Khouang Province, and the Association for Rural Mobilisation and Improvement (ARMI) in Savannakhet Province. These two provinces were identified as CBID Demonstration Model pilot areas because they are both predominantly rural and severely contaminated by landmines and UXO.

**Developing a Comprehensive Needs Assessment Tool for Case Management**

Knowledge about the prevalence, needs, and priorities of UXO and landmine survivors is a common challenge for donor states due to a lack of data on both quantitative impact (whether victims access services and initiatives) and qualitative impact (whether taking into account victims’ specific needs leads to improvement in their quality of life). At the same time, globally, there is limited evidence of the effectiveness of CBID on individuals’ levels of functioning. The USAID Okard Results Framework incorporates indicators that will provide evidence on access to social services and livelihoods opportunities, which can then be disaggregated by cause of health condition, including UXO and landmine accidents. These indicators include the “number of people receiving health and related rehabilitation services (including medical, rehabilitation, assistive products and MHPSS),” the “number of people gaining new or better employment and accessing technical vocational education training (TVET)” and evidence of the impact of these services on quality of life, and the “number of people with increased function, economic self-sufficiency and well-being.” To measure these indicators, WEI and the Nossal Institute of Global Health at the University of Melbourne have developed a CBID Modular Tool to accurately measure needs at the individual and household levels. This allows for the collection of rich data while also helping CBID facilitators build a comprehensive understanding of the situations of individual persons with disabilities and their families. The Modular Tool has eight modules that collect data related to household demographics, education, function and use of assistive products, physical health conditions, mental health, access and utilization of health services, economic participation, and well-being. In addition, one of the eight modules focuses on the role of the caregiver and his or her health, well-being, and productivity.

**Identifying Needs**

Following a community screening (step one in the case management process), the CBID facilitator visits Maikorly at her home to complete the needs assessment using the Modular Tool (case management step two). Initial questions help the CBID facilitator understand Maikorly’s family structure, the education levels of the different members of her household, and the family’s socioeconomic status. As the CBID facilitator asks more questions, she learns about Maikorly’s mobility, the accessibility of her home, and her ability to complete daily activities and participate in community life. By the end of the first home visit, data are collected on Maikorly’s health and any barriers that restrict her access to health services.

On the second home visit, the CBID facilitator completes the last four modules of the Modular Tool, exploring Maikorly’s psychosocial needs related to possible anxiety, stress, depression, and PTSD. Questions explore the extent to which Maikorly is able to access health, rehabilitation, and MHPSS services, her health-seeking behaviors, and her overall perception of her well-being. This visit will
also examine the level of support Maikorly’s husband provides to her and her children following the accident and what impact this has had on his productivity as well as physical and mental health. Finally, the CBID facilitator collects data about the current employment status of Maikorly and her family as well as their ability to access financial literacy and skills trainings.

The Modular Tool was developed by a team of technical experts and involved the review, selection, and refinement of questions from the Washington Group on Disability Statistics\(^1\) and other psychometrically tested surveys\(^2\) to construct the eight modules, which, as a whole, form a cohesive, practical instrument. Response categories serve as triggers for unmet needs, and decision-making algorithms raise red flags to inform CBID facilitators of where it could be beneficial to target interventions. Specific questions comprise scaled scores to measure function and well-being. The tool has been digitized using the open-source software platform Kobo Toolbox, allowing CBID facilitators to collect data through the Kobo Collect application on a tablet. After data are uploaded to a central database, the program generates an automated summary of results for the CBID facilitator to discuss with Maikorly and her family as they collaboratively develop an action plan. This process utilizes a family-centered approach, underpinned by the principle that Maikorly and her family understand their needs and are in the best position to inform the CBID facilitator of the priority interventions connected to their unique family situation. This also helps build a supportive family environment so Maikorly can achieve optimal functioning and participation. The CBID facilitator then returns to Maikorly’s home to discuss the results from the Modular Tool. During this session, the facilitator suggests interventions that could address Maikorly’s unmet needs and, with her family, she develops an action plan.

### Interventions Could Include the Following:

**Health and rehabilitation services** assess her functional mobility and provide appropriate assistive products, such as a prosthesis, wheelchair, commode chair, and other devices to help Maikorly complete daily activities. The costs of accommodation and transportation to access these services are covered when needed. At the same time, the CBID facilitator can assess the home environment to see what adaptations can be made to improve accessibility, for example, widening a doorway or installing a ramp. The CBID facilitator may also follow up on the home-based exercise program provided to Maikorly by rehabilitation professionals. These interventions would contribute to optimized functioning and increase Maikorly’s participation in daily activities and community life.

**Psychosocial support** by a health specialist provides counselling related to her feelings of sadness, suicidal thoughts, or changes to her self-image as a result of her injuries.

**Peer-to-peer support** with another UXO/landmine survivor or person with disabilities builds confidence in dealing with the changes in her life following the UXO accident. This can help create a space

where Maikorly feels comfortable seeking out advice related to her daily functioning and receiving support when she encounters challenges or stigmatization.

**Support to access an income generating activity (IGA)**, which might involve providing Maikorly and her family with new assets to start a small business, supporting her family to expand or diversify their existing assets, such as land and livestock. To help build her capacity for economic self-sufficiency, Maikorly might also access enterprise coaching, financial literacy training, and, if needed, vocational skills training.

**Support to her husband via caregiver training** better equips him to assist Maikorly. Trainings include discussions about the distribution of household tasks related to traditional roles and gender stereotyping.

### Monitoring the Impact of CBID Case Management on Functioning and Well-Being

The CBID facilitator continues to visit Maikorly and her family to provide coaching and continuous monitoring of the action plan implementation, ensuring that referrals to services are followed up on and completed. After approximatively six months, once specific actions and objectives related to each intervention have been achieved, the CBID facilitator repeats the CBID Modular Tool to measure what has changed and how. Key questions include: To what extent has Maikorly’s functioning and well-being improved? In what ways has her husband’s approach to caregiving changed? And to what extent has the family’s socioeconomic status and capacity for economic self-sufficiency changed as a result of participating in the program?

By comparing initial needs assessment data with data at the end of intervention, the case management process captures the quantitative and qualitative changes that indicate the impact of CBID interventions on quality of life, based on the number and type of services and support Maikorly has received.
Looking Forward

While contributing to the implementation of the UXO/Mine Action Victim Assistance Strategy 2014–2020 of the government of Laos, USAID Okard advocates for a broader disability inclusive model. By integrating UXO/mine action victim assistance in a broader CBID Demonstration Model, USAID Okard also helps to implement and test the new National Disability Law and Policy and the National Rehabilitation Strategy, creating stronger systems to assist all victims of injury regardless of the cause of the accident. To ensure the long-term sustainability of DID, while also applying a person-centered approach through the CBID case-management process, USAID Okard works closely with the government of Laos to build ownership of inclusive policies that enhance equal access to social services for all persons with disabilities, including UXO and landmine survivors.

The CBID facilitators from two national CSOs (QLA and ARMI) work collaboratively with provincial and district focal points from the Ministry of Labor and Social Welfare and the Ministry of Health. Through the CBID Modular Tool, the case-management process generates quantitative and qualitative data that demonstrate what types of support and services have been provided to persons with disabilities, including UXO and landmine survivors, and how this has impacted their functional ability and quality of life. This information is used at the central level to inform policy makers on progress, successes, and challenges directly related to the government of Laos strategy and its commitments to the CRPD.

USAID Okard also provides QLA and ARMI with the opportunity to access other donor funding and supports them to build their governance and managerial capacity to sustain their organizations. This way, they will be able to expand CBID to other districts beyond the present geographic reach of USAID Okard so that persons like Maikorly and her family can continue to benefit from the assistance they need in the aftermath of UXO/landmine accidents. The CBID Demonstration Model aims to develop inclusive, resilient, and equitable communities where UXO/landmine survivors and persons with disabilities are empowered, and to prove that effective inclusive development can happen at the community level.

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