

Convention on Cluster Munitions

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Review of the status and operation of the Convention and other matters important for achieving the aims of the Convention

Victim assistance

Guidance on an integrated approach to victim assistance

Submitted by the Coordinators of the Working Group on Victim Assistance (VA) and the Coordinators of the Working Group on Cooperation and Assistance¹

1. The disarmament community has long understood that it is essential to realize victim assistance obligations through broader frameworks if victims are to be supported in a sustainable manner. This was first codified as an obligation for States under Article 5(2) (f) of the Convention on Cluster Munitions (CCM), and is reflected in States' commitments in Section IV of the Maputo Action Plan of the Anti-Personnel Mine Ban Convention (APMBC) and Action 4.1 of the CCM Dubrovnik Action Plan.
2. To date however, little to no evidence exists on whether victims are being reached through relevant efforts undertaken in the context of broader frameworks. While specific VA efforts have been demonstrated to benefit survivors and other people with disabilities, there is little evidence that broader development, human rights and humanitarian efforts also reach victims.
3. A long-term solution to addressing the needs of victims can only be ensured if an integrated approach to VA is adopted which involves ensuring that:
 - (a) Specific VA efforts act as a catalyst to advance disability inclusion and,
 - (b) Broader efforts (national laws, policies and plans on issues such as health, disability education, labour, transportation, social welfare, rural development, poverty reduction and overseas development assistance) reach victims amongst overall beneficiaries.

¹ Prepared by the Coordinators on Victim Assistance (Australia and Chile), and the Coordinators on Cooperation and Assistance (Austria and Iraq), with technical support from Handicap International.



4. This dual approach should be implemented *until* such time as mainstream efforts can demonstrate that they are inclusive of survivors and indirect victims.
5. The implications of this approach are different for States with responsibility for victims (affected States) and States in a position to provide international cooperation and assistance (donor States). It seems that while both affected and donor States understand the need for this approach in principle, implementation is difficult, and guidance is needed.
6. In 2016 the CCM Coordinators on VA and Cooperation and Assistance, with technical support from Handicap International, have launched an initiative to develop such guidance. They have collected input on national experiences in implementing this approach through: a review of national reports, plans and publications; a questionnaire sent in March to a select group of 21 affected and 19 donor States; and a workshop on 18 May, involving representatives from 12 affected and 10 donor States. Participating States included States Parties to the APMBC and Protocol V of the Convention on Certain Conventional Weapons, as well as the CCM. The workshop also included representatives of survivor organizations (SO) and a range of international and non-state organizations.
7. From the review and the input received in response to the questionnaires and at the workshop, the Coordinators have distilled a range of good practices on effective implementation of an integrated approach and incorporated these into the following draft Guidance document, which has been circulated to States Parties for comment. **States Parties are invited to provide further input during the discussion under the Agenda item on Victim Assistance at the Sixth Meeting of States Parties of the CCM.** On the basis of comments received, and broader consultations, the Coordinators aim to finalize and issue the Guidance later in 2016.

I. Guidance for Affected States on integrated approach to victim assistance

A. Victim Assistance as a catalyst for disability and vulnerability inclusion

1. Reference to legal frameworks

- (a) See Preamble of the CCM that recalls the Convention on the Rights of Persons with Disabilities (CRPD) requirement to the full realization of all human rights of persons with disabilities.
- (b) See Article 5 of the CCM, paragraph 2(e) about non-discrimination principle.
- (c) See Dubrovnik Action Plan, Action 4.1(a) on strengthening national capacity and non-discrimination.

2. Common challenges in affected countries

- (a) Absence of a baseline, lack of national ownership and coordination between government ministries & agencies and lack of trained personnel to deliver specialized services
- (b) Integrating survivor associations into broader organisations of persons with disabilities
- (c) Educating, informing, empowering victims on their rights
- (d) Reaching rural and remote areas to provide services

- (e) Gender challenges: disaggregation of data, retention of female professionals, cultural influences
- (f) Ensuring the long-term benefits of VA: active involvement of survivors, engagement of grassroots organisations, fundraising for disability

3. Legislation, policies and plans

Good practices

- (a) Efforts related to improving data collection regarding survivors are linked to larger efforts to collect data on all persons with disabilities.
- (b) Survivors and indirect victims are equally included in VA initiatives: Coordination Committee on VA include persons with disabilities in addition to survivors and indirect victims.
- (c) National Victim Assistance Plan/Strategy is developed and updated and includes budget for its implementation. The plan/strategy is gender & age sensitive & based on evidence (research, surveys, needs assessment) and aims to increase access to services and increased social participation of all persons with disabilities.
- (d) Financial resources required come from both national government & donors.

National examples of good practices on legislation, policies and plans

- (a) **Afghanistan** - In August 2006, Afghanistan developed a National Plan of Action to meet Afghanistan's obligations under the APMBC, but it also served as an important step in developing a comprehensive plan for all persons with disabilities through the establishment of an inter-ministerial coordination group. Some of the objectives from the Plan of Action were included in the Afghanistan National Disability Strategy. The Ministry of Public Health Strategic Framework 2011-2015 counted improving disability services among its priorities, and the ministry's focal point for disability, the Disability and Physical Rehabilitation Department had an implementation strategy for the framework.
- (b) **Lao People's Democratic Republic** – The Lao People's Democratic Republic is developing a national policy on VA that is inclusive of direct and indirect victims. The cross-ministerial National Committee of Disabled People is planning to conduct a mapping of medical services, physical rehabilitation services, psychological support, social and economic inclusion services, and education services for persons with disabilities including survivors.
- (c) **Tajikistan** - The VA Program of the Tajikistan National Mine Action Centre became a Disability Support Unit, recognizing a broadening of its mandate and reinforcing the understanding that VA is inclusive of other persons with disabilities. VA programmes promoted accessibility standards, law on social protection, and inclusive education strategy.
- (d) **Thailand** - Thailand has established a Subcommittee for VA, with the mandate to ensure survivors with disabilities have access to rights and benefits provided by national legal frameworks. Thailand has developed a Master Plan for Victim Assistance for 2012-2016, which was developed in an inclusive manner and emphasises sustainability, ongoing stakeholder participation, and a holistic approach and assigns responsibility for the achievement of various objectives to existing state entities. Under this plan, 23 provincial community-based rehabilitation plans have been developed for each province identified as having persons affected by mine/ Explosive Remnants of War (ERW). The Ministry of Social Development has trained 2,880 village volunteers who work in 76 provinces to facilitate the programme, which has benefited more than 250,000 persons with disabilities, including survivors.

4. Equitable and equal access to services and resources

Good practices

- (a) Local and national authorities have developed capacity to locate and identify survivors and other persons with disabilities.
- (b) Researches to identify barriers that prevent survivors, other persons with disabilities and indirect victims to access services are conducted to inform sectoral policies.
- (c) Services developed with VA-earmarked funds are equally accessible to survivors and other persons with disabilities and to others with similar needs.
- (d) Survivors and other persons with disabilities are educated on their rights under all relevant legislation.
- (e) Survivors, persons with disabilities and indirect victims are made aware of services available, including psychosocial and peer support.

National examples of good practices on ensuring equitable access to services and resources

- (a) **Albania** - VA-funding was instrumental in achieving advances for the community in Kukes. The Ministry of Foreign Affairs leveraged landmine issues to enhance medical and rehabilitation capacities in response to the needs of survivors and others in need in the region. A range of actors provided support in a non-discriminatory manner among residents with an impairment. In addition, the UNDP implemented the 'Kukes Regional Development Initiative', which provided small-scale infrastructure development projects identified and prioritised by the communities. Such projects included creation of irrigation canals, provision of drinking water supplies and sewage systems in 20 mine/ERW-affected villages.
- (b) **Bosnia and Herzegovina** - Bosnia and Herzegovina has undertaken some VA projects that have allowed it to increase local capacities or establish local services that have benefitted all persons with disabilities. Bosnia and Herzegovina has developed community-based rehabilitation (CBR) projects, and has collaborated with Canadian organisations and Queen's University, as well as the Japanese International Cooperation Agency, on ensuring VA-specific initiatives are non-discriminatory.
- (c) **Cambodia** - Cambodia has implemented CBR strategies as a promising approach to informing people with disabilities on their rights, and has the potential to improve quality of life, impacting on all elements of VA. Rehabilitation services are delivered to survivors and other persons with disabilities through eleven Physical Rehabilitation Centres covering 24 provinces. The Information Referral Service from the National Centre for Disabled Persons provides services to persons with disabilities, including survivors, by referring them to CBR services, vocational training, and employment opportunities in local and international NGOs and companies in Phnom Penh and provinces. At the end of 2008, around 5000 persons with disabilities had been registered, 10-15% of which were mine/ERW survivors.
- (d) **Tajikistan** - Tajikistan's Disability Support Unit and Ministry of Labour and Social Protection utilised VA-specific earmarked funding to develop the State Programme on Social Protection of People with Disabilities, which has the potential to assure the rights of survivors and other persons with disabilities in the long-term. The potential for long-term sustainability has also been enhanced through the promotion of disability-inclusive development, community-based rehabilitation and trained/training of Physicians to provide psychological support to people with injuries.

5. Measuring progress

Good practices

(a) A comprehensive data collection system on persons with disabilities is established in accordance with the CRPD & includes data on survivors.

(b) VA national plan includes capacity building of national and provincial technicians on monitoring systems and result-based management. Achievements of VA plans are evaluated every 3 years; evaluation method measures impact on lives of survivors and other persons with disabilities and indirect victims.

(c) Systematic coordination between government authorities and relevant NGOs/Disabled Persons' Organisations (DPOs)/SO contributes to evaluate the extent to which programmes supported from VA earmarked sources benefit survivors and other persons with disabilities and promote disability-inclusive practices.

National examples of good practices on measuring progress

No example identified yet.

B. Contribution of broader efforts to realize VA obligations

1. Reference to legal frameworks

(a) *See Dubrovnik Action Plan, Action 4.1* about strengthening national capacity on (b) reviewing availability and accessibility of services (c) national policies, plans and legal frameworks and on (d) monitoring & evaluation

(b) *See Maputo Action Plan* on the full and active participation of victims (action 16), strengthening local capacities, enhancing coordination (action 15), engaging in the work of broader efforts (action 17)

2. Common challenges in affected countries

With regard to legislation, policies and plans

(a) Poor/slow implementation of existing laws and guidelines

(b) Lack of strong and sustainable external partnerships to build capacity and systems that are socially inclusive

With regard to equitable and equal access to services

(a) The needs for socio-economic inclusion of survivors, persons with disabilities and indirect victims depends on the individual's situation, family & community; Governments & NGOs are to move from a "standard" approach to a personalised support to respond to the current needs and reduce costs overall

(b) Poor/no implementation of accessibility provisions

(c) Key sectors such as poverty reduction programmes are barely engaged in VA efforts

With regard to measuring progress

(a) Lack of data on survivors and indirect victims who benefit from mainstream services

3. Legislation, policies and plans

Good practices

(a) VA obligations under the APMBC and CCM are well disseminated among all relevant national ministries.

(b) National Development Strategy includes relevant initiatives in rural and remote areas where survivors and indirect victims live and is aligned with Sustainable Development Goals (SDGs), CRPD, CCM and APMBC and supported by sectoral programmes (education, health, etc.).

(c) Broader disability and vulnerability reduction frameworks, such as social protection, poverty reduction, rural development, also respond to the needs and rights of victims.

(d) Planning process to implement SDGs takes into account rights and priorities of victims; it calls for sectors to take steps in ensuring victims can effectively access the services they need.

(e) Survivors and indirect victims are empowered to participate meaningfully to policy-making at all levels.

(f) National census specifically identifies survivors and indirect victims. It includes disability using relevant questions & interview approaches, following the guidelines of the UN Statistics Division. Data collectors receive adequate training on subjects such as: terms used, types of impairments, and the Washington Group questions.

National examples of good practices

(a) **Afghanistan** - A specific coordination committee for VA was established with the aim of enhancing the coordination of VA within the Mine Action Centre, government line ministries, Mine Action Programme's implementing partners, and other VA stakeholders. The Mine Action Centre supported the establishment of a Disability Support Unit to assist the government in developing implementation strategies, work plans and monitoring mechanisms.

(b) **Chad** - Chad included awareness raising actions (roundtables, reports) among ministries of rural development, education and health as part of its VA National Action Plan. Government engages to promote National VA action plan among donor community.

(c) **Lao People's Democratic Republic** - VA national plan includes actions to mainstream VA into other disability initiatives and relevant sectors. This plan is designed as a tool to guide the VA Unit to assist Unexploded Ordnance (UXO) victims within broader disability and development frameworks. It is seen as the first step towards developing a Disability Strategic Plan that is inter-ministerial and inter-sectorial, and represents all relevant stakeholders in Lao People's Democratic Republic.

(d) **Serbia** - A working group for Gender Equality was created to include provisions of support to women survivors of mine/ERW in the National Action Plan to implement UN Resolution 1325 on Women, Peace and Security.

(e) **South Sudan** - The Ministry of Social Affairs supported the production of participatory evidence-based reports on situation, needs and priorities of persons with disabilities, including survivors, and barriers in accessing services. Findings were disseminated among relevant ministries and donors.

4. Equitable and equal access to services and resources

Good practices

(a) Relevant services have been made *accessible/disability inclusive* in locations where most survivors live, particularly rural areas. Community-based services are organised in partnership with members of the community with the involvement of users/beneficiaries in the prioritisation of the needs, planning and evaluation of services. A community-based approach increases awareness on rights of survivors and indirect victims and a database for all stakeholders is maintained.

(b) Referral network with clear responsibilities among stakeholders has reinforced links between mainstream, support and specific services.

(c) Inter-sectoral coordination mechanism is held/supported at a high level.

(d) Media campaign raises awareness on disability inclusion.

National examples of good practices

(a) **Albania, Tajikistan** - Awareness-raising workshops/seminars and round table discussions on the situation of survivors and indirect victims were held at national and regional level with representatives from relevant ministries, with participation of survivors and other persons with disabilities.

(b) **Albania** - Field trips are organised for stakeholders and donors to witness either 'positives' or 'challenges' faced by survivors, indirect victims and other persons with disabilities.

(c) **Chad** - VA National Action Plan includes community-based networks to locate, identify and refer survivors and other persons with disabilities to health, social protection and economic development services.

(d) **Iraq** – Mine action Centre shared collected data with relevant authorities concerning the development of plans to enable survivors to access health and social services.

5. Measuring Progress

Good practices

(a) Monitoring mechanisms examine the effectiveness of measures to ensure survivors and indirect victims participate in, and benefit from, any policies and strategies in place.

(b) Sectoral policies and plans related to health, education, social protection, poverty reduction and employment are monitored and evaluated for their ability to reach survivors among the broader group of persons with disabilities, and indirect victims. Progress is monitored through disaggregated data (gender, age) collection system, and output and impact indicators (impact on lives of people).

(c) The national injury surveillance system differentiates between causes & types of injuries, including those resulting from mine/ERW accidents.

(d) Achievements and efforts to integrate VA into disability and other human rights frameworks are reported in CRPD and UPR reports.

Examples of national good practices

No example identified yet.

II. Guidance for donor States on integrated approach to Victim Assistance

A. Victim Assistance as a catalyst for disability and vulnerability inclusion

1. Reference to legal frameworks

(a) See *Preamble of the CCM* that recalls CRPD requirement to the full realization of all human rights of persons with disabilities.

(b) See *Article 5 of the CCM, paragraph 2(e)* about non-discrimination principle.

2. Common challenges for donor States

(a) Developing sustainable services when their existence depends on donor-only support

(b) How to ensure sustainable funding to VA in “mine-free” countries; VA funding financially vulnerable

(c) Assuring national ownership by the affected country: to make sure that it is successfully handed over to national leadership

(d) Community-based approach: projects tend to be small so a challenge to implement and monitor; difficult to find the right partner to implement community projects.

3. Legislation, policies and plans

Good practices

(a) Support is provided for evidence gathering (research, surveys, needs assessment) prior to supporting development of a national action plan on VA.

(b) A policy mandates programmes/projects to undertake specific efforts to ensure survivors along with people with disabilities and other vulnerable people are brought into development processes.

National examples of good practices

(a) **Australia** - supported two programs in Cambodia – the ‘Cambodia Initiative for Disability Inclusion’ and the ‘Disability Rights Initiative Cambodia’, which aim to assist Cambodia to implement its National Plan on Disability and enable it to meet its VA obligations under the APMBC. These programs were originally directed only at supporting mine/ERW survivors, but have developed into comprehensive approaches to cater for the needs of all persons with disabilities.

(b) **United States of America** – supports 3-year country plans; Humanitarian Mine Action including VA is developed in consultation with governments (Colombia, Afghanistan receive dedicated VA funding).

4. Equitable and equal access to services and resources

Good practices

(a) Support is provided to build capacity of local and national authorities to locate and identify survivors and other persons with disabilities.

(b) A channel of dialogue is maintained with NGOs who can advocate for issue-specific projects and funding.

(c) Support is provided to develop or improve accessible services in locations where most survivors live, particularly rural areas; support is provided to strengthen referral networks.

(d) Multi-donor & multi-annual funding, ownership of affected countries, and project proposals with a clear exit strategy enhance the sustainability of services for survivors and other persons with disabilities.

(e) Donors and ministries/agencies coordinate on methods to empower survivors and persons with disabilities, such as psychosocial support and peer support.

National examples of good practices

(a) **Japan** - Japan's small programmes support development initiatives based on the country assistance programmes. Such initiatives support the development of services based on local needs and with support from communities.

(b) **United States of America** - Mine Action grants include provision of physical rehabilitation services and increased accessibility.

5. Measuring Progress

Good practices

(a) Data monitoring strategies demonstrate to what extent indirect victims, survivors and other persons with disabilities are accessing services. Data is disaggregated by age, sex and types of impairments and whether impairments are due to mine/ERW.

(b) Evaluation system includes assessment of impact on lives of survivors and other persons with disabilities and indirect victims.

(c) Survivors and other persons with disabilities, male and female and indirect victims are involved in monitoring and evaluation efforts.

National examples of good practices

(a) **Australia** – Australia monitors the extent to which development efforts identify and address barriers to inclusion and opportunities for participation for all persons with disabilities, as well as the extent to which disabled persons' organisations have been actively involved in planning, implementing and monitoring program development.

B. Contribution of broader efforts to realize Victim Assistance obligations

1. Reference to legal frameworks

(a) *See Maputo Action Plan* about supporting broader efforts (Action 20)

(b) *See Dubrovnik Action Plan* about involvement of victims (Action 4.2) and on provision of assistance (Action 4.4)

2. Common challenges for donor States

Coordination in planning

(a) Bridging departments, as VA & disability is crosscutting; bridging the humanitarian/disarmament & development communities; linking with broader systems (such as health)

(b) Coordination between donors; working with donor community in prioritisation

Data and Targeting

(a) What does "good" data on VA look like? What should donors be asking?

(b) Lack of measures in place to track whether development assistance provided to mine/ERW affected countries is actually reaching survivors and indirect victims

(c) Lack of knowledge on needs and priorities of victims and on whom donors are actually reaching through donors' assistance

(d) Lack of data on gender perspective

3. Legislation, policies and plans

Good practices

(a) Non-VA earmarked development assistance for mine/ERW affected countries also reaches survivors and indirect victims amongst overall beneficiaries.

(b) A policy document mandates humanitarian and development sectors to ensure inclusion of survivors and indirect victims into all forms of aid to affected States.

(c) VA obligations are raised with all colleagues in development agencies; Information on disability relevance according to a given context provided by NGOs is shared with development actors.

(d) Humanitarian response plan makes specific reference to include all vulnerable groups, including survivors, indirect victims and other persons with disabilities.

(e) SDGs planning process is used as an opportunity to mainstream VA & disability into relevant sectors.

(f) Disabled People Organisations and Survivors Organisations are invited to explain what measures are being taken to ensure survivors and other persons with disabilities are included, and inform how many survivors, victims, and other persons with disabilities have benefited from international cooperation efforts.

National examples of good practices

(a) **Australia** - Australia's mine action strategy includes reference to encourage and assist partner governments to integrate assistance for victims into their national policy frameworks on healthcare, social services and disability-inclusive development, in order to foster more sustainable and socially inclusive development. Australia has engaged CBM as technical partner to assist the Australian Government to ensure disability inclusion at all levels and meet its VA obligations.

(b) **Austria** – The Austrian Federal Law on Development Cooperation ensures that the needs of people with disabilities are being taken into account in all development cooperation measures. Besides this “mainstreaming”, there are also projects specifically

dedicated to promote the rights of people with disabilities. In case of survivors of accidents with antipersonnel mines or cluster munitions specifically, additional rights and obligations as enshrined in the two relevant conventions are being taken account of.

(c) **Belgium** - VA is integrated into Policy Planning, Peace Building and Support to Mediation and Peace-building Service, thus offering a broader approach to VA.

(d) **Italy** - Italy has developed a number of disability-inclusive strategies. It has taken a right-based approach in translating obligations from international conventions to domestic laws that serve as a framework for Italian aid. Country strategy papers are aligned with the Italian Development Cooperation Guidelines 2014-2016 and the Action Plan on Disability, both of which reference vulnerable groups, including people with disabilities. Other measures include: developing non-discriminatory measures; creating a disability action plan; establishing "Vademecum" (guidelines) on disability-inclusive humanitarian responses; staff training on mainstreaming of disability; appointing national focal point on disability and briefing them on VA.

(e) **Netherlands** – Netherlands has set a joint budget between development & humanitarian departments. It provides open tenders to operators for long-term interventions with VA as part of it.

4. Equitable and equal access to services

Good practices

(a) Support is provided to build capacity of local authorities to identify and locate survivors, indirect victims and other persons with disabilities.

(b) Situation, needs and priorities of survivors and indirect victims (men, women, children, adolescents, older persons) and barriers that prevent them from accessing services have been analysed; findings are shared among agencies and authorities.

(c) Recipient organisation is requested to identify local partners in government and civil society (particularly Disabled People Organisations and Survivors Organisations) to work jointly for including survivors and indirect victims in all settings.

(d) Humanitarian and development agencies are requested to include the needs and priorities of survivors and indirect victims in proposed projects for affected States, for instance by targeting areas where most survivors live, facilitating access to rehabilitation, etc. In calls for proposals, bidding organizations (government and civil society entities) are requested to provide specific information on how survivors, among other people with disabilities, and indirect victims will benefit from proposed initiatives, including on specific efforts in regards to ensuring:

(i) this population is located and identified;

(ii) has access to proposed activities;

(iii) measuring progress indicates that survivors and indirect victims are effectively benefitting from planned intervention, including by collecting data disaggregated by age and sex on the number of victims reached; and

(iv) a gender approach is taken throughout the project cycle. Bidding organizations are also requested to include SOs, DPOs and Community Based Organisations (CBOs) from affected communities in all programmes/ policymaking, in all sectors and at all stages, from planning to evaluation, and to report specifically on how such organisations benefitted and contributed to the initiatives.

(e) Physical, attitudinal and communication barriers that survivors, other persons with disabilities and indirect victims may encounter in accessing services and opportunities have been taken into accounts in programme design: e.g. services in rural areas; trained personnel; measures to fight discrimination based on gender, disability, minority, etc.

(f) Support is provided to review national legislation and identify of gaps in policies that prevent equitable access to services by diverse groups within the population.

(g) Evidence and good practices on contribution of relevant sectors to VA are collected and shared among stakeholders.

National examples of good practices

(a) **Australia** - Australia has supported the "Cambodia Initiative for Disability Inclusion", which facilitated the inclusion of assistance to survivors in broader disability initiatives.

(b) **Italy** - Support community-based approach that allows for identification and participation of vulnerable people, and facilitate access to services.

5. Measuring Progress

Good practices

(a) Sectoral policies and plans related to health, education, social protection, poverty reduction and employment are monitored and evaluated for their ability to reach survivors and indirect victims among the broader group of persons with disabilities and vulnerable persons.

(b) Survivors and indirect victims are empowered to participate to monitoring processes

(c) Reporting requirements specify provision of information on various target groups including survivors and indirect victims, and their access to services regardless of cause of impairment/vulnerability.

National examples of good practices

Italy - In order to hold recipient organisations accountable for complying with disability-inclusive cooperation policies, project proposals are evaluated based on their capacity to respond to the needs of people with disabilities. A specific question – "Is the protection of vulnerable groups (minors, people with disabilities, etc.) taken into due consideration?" – is inserted into the evaluation forms. Programme managers are charged with verifying that people with disabilities participate in activities financed and implemented by partner NGOs, and are required to report on this in their monitoring reports. Country offices collect quantitative and qualitative data, and disaggregate data by impairment type where possible. Italy conducted internal impact evaluations of funded programmes, collecting disaggregated data and types of beneficiary for each type of action.
