Cluster Munition Coalition statement on Victim Assistance Progress
Convention on Cluster Munitions Intersessional Meeting
16 April 2012
Delivered by Megan Burke

Good afternoon working group coordinators and delegates.

As others have said, compliance with victim assistance obligations specified in the Convention on Cluster Munitions is compulsory. Thus far, ten States Parties to the Convention have a responsibility to comply with these provisions [Afghanistan, Albania, Bosnia and Herzegovina (BiH), Croatia, Guinea-Bissau, Lao PDR, Lebanon, Montenegro, Mozambique, and Sierra Leone].

And another five countries with cluster munition victims have signed the Convention [Angola, Chad, Democratic Republic of Congo, Iraq, and Uganda]. We hope they will soon become States Parties and expect that, in the meantime, they too will work towards providing assistance to cluster munition victims.

States Parties with cluster munition victims are required to implement victim assistance activities for those who have been killed or injured by these weapons, as well as their families and affected communities. These activities must include adequate age- and gender-sensitive assistance, without discrimination. *The Vientiane Action Plan provides a guide to prioritizing implementation of such victim assistance in all its aspects.*

Nearly two years into the Vientiane Action Plan, some progress has been made. However, our research shows that there remains much more to do over the next three years to fulfill the commitments that States Parties have made to victims through the Vientiane Action Plan. According to the research done by the Cluster Munition Monitor, this is what we know of the situation now. We would welcome updates, corrections, or clarifications to our information.

Except Sierra Leone and Montenegro all other States Parties with known cluster munition victims already have a focal point for victim assistance activities in place.
States Parties with cluster munition victims agreed to collect within one year all necessary data to assess needs, disaggregated by age and gender. Albania, BiH, Croatia, Lao PDR, and Lebanon have taken steps to improve casualty data collection and/or needs assessments. In all five cases, available data collected is disaggregated by age and gender. However, Afghanistan and Mozambique still need to make substantial efforts to survey and assess the needs of cluster munition victims.

Survivors and cluster munition victims should be consulted as experts in victim assistance.

The Convention calls upon States Parties to closely consult with and actively involve cluster munition victims and their representative organizations. Of eight States Parties with a victim assistance focal point and coordination mechanism in place, seven involve survivors or their representative organizations. But the degree of participation and representation should be significantly improved.

Internationally, survivors should be part of government delegations to international meetings and in all activities related to the convention. Most survivors you see attending these meetings are here as a part of the Cluster Munition Coalition’s delegation. Since the Convention’s entry into force, just two states, Croatia and BiH, have included survivors as members of their delegations to an international meeting of the Convention.

States Parties have committed to provide adequate assistance not just to people directly affected by cluster munitions, but also their families and communities.

However, thus far, few States Parties have reported on the inclusion of families and communities within victim assistance. We welcome the Croatian initiative that was just mentioned to include data on family members of victims in their data that is currently under development. We urge States Parties to report on how they are addressing the needs of the families and communities in their victim assistance activities at the 3rd MSP in Oslo.

According to the Vientiane Action Plan, each State Party should take immediate action to increase availability and accessibility of services, particularly in remote and rural areas where they are most often absent. Yet States Parties have not significantly improved, or seemed to have understood how to increase, services for cluster munition victims in remote and rural areas. There have been some minimal efforts to increase services, as well as some setbacks:

Access to prosthetics services improved through an outreach program in Lao PDR and the availability of prosthetics services increased in Guinea-Bissau.

At the same time, in Afghanistan access to victim assistance decreased as the overall security situation in the country deteriorated.

In Albania, availability of both physical rehabilitation and psychological support services decreased as a result of a significant decline in international funding for victim assistance.
following the completion of clearance. This is a disturbing development since victim assistance obligations for both affected States Parties and donors continue for the lives of survivors, even if other treaty obligations have been met. A precedent to abandon them should not be set.

Given the significant amount of remaining work on this issue, we invite you to learn more about victim assistance in remote and rural areas during a CMC side event on Wednesday.

*The VAP states that within one year of Entry into Force, each State Party should review national laws and policies in order to meet the needs and protect the human rights of cluster munition victims.* Many efforts by States Parties to improve their national legislation with respect to victim assistance have been a direct result of efforts to implement the provisions of the Convention on the Rights of Persons with Disabilities.

Five of the ten States Parties with cluster munition victims are also party to the Convention on the Rights of Persons with Disabilities: **BiH, Croatia** and **Lao PDR** as well as the less affected states of Montenegro and Sierra Leone. We would like to urge other states parties to ratify the CRPD and begin its implementation as one way to begin meeting its victim assistance obligations.

Last, but certainly not least, we urge you to report on progress in victim assistance in all aspects discussed above and to go beyond reporting the number of prosthetic legs distributed or the establishment of a government victim assistance focal point or a coordination mechanism. While these efforts are important, we risk losing focus on those whom should benefit from these measures. To date, most states have not reported on the impact that improved national level coordination and the subsequent improvement in accessibility and availability of services has on victims’ lives. Form H of the Convention’s Article 7 report as well as this working group session provide ample space for reporting and discussions about such impacts.

A Cluster Munition Monitor factsheet on victim assistance progress made under the Vientiane Action Plan is available just outside this room. We hope that this provides the information needed for action in States Parties, both for affected countries and donor states. Thank you.