Victim Assistance
Monday 16 April 2012

Mr./Ms. Coordinator,

I am delivering the following statement on behalf of the Inter-Agency Coordination Group for Mine Action (IACG-MA), which comprises 14 UN entities involved in mine action.

We note from the Beirut Progress Report that “(I)n general it seems that limited resources remains the main obstacle to develop or maintain capacities for effective life-saving first-response aid and of the full range of adequate services needed to ensure that survivors and other victims of cluster munitions may enjoy all their rights.”

The Second Meeting of States Parties in Beirut was a good opportunity to hear updates from States Parties and Signatories with cluster munitions survivors on progress in the implementation of the relevant actions in the Vientiane Action Plan.

The Beirut Progress report also identifies a number of challenges, including 1) ensuring the full realisation of the rights of CM survivors; 2) a need- and rights-based approach taking into account priorities on the ground; (3) the most efficient use of resources; (4) sustainability; (5) the integration of victim assistance efforts into the wider development and disability spheres; and (6) maximizing the opportunities of a holistic approach towards various instruments of IHL that address the needs of survivors of conventional weapons. All these challenges reflect the persistent difficulties to translate increased dialogue on victim assistance into tangible improvements in the quality of daily life of cluster munitions survivors and other victims.

Similarly, the Cluster Munitions Monitor indicates that cluster munition affected countries continue to face significant challenges in providing holistic and accessible care to affected individuals, families and communities. Furthermore, the same source states that there are no comprehensive, reliable statistics on cluster munitions casualties but it is certain that there has been massive underreporting of causalities incurred both during strikes and those incurred from unexploded sub-munitions afterwards.

It is lamentable that after so many years of discussions on victim assistance, including in the context of the Antipersonnel Mine Ban Convention, the situation for cluster munitions victims
and survivors has not improved dramatically or at least not to the expectations of those most affected. This includes slow progress on, for example, the passing of relevant national legislation, identification of national focal points and the development of national frameworks for persons with disabilities. There is, therefore, an urgent need to explore the full spectrum of resources to ensure the provision to cluster munitions survivors and other cluster munitions victims of the support they require and to further reinforce national ownership of these efforts.

The United Nations promotes the integration of cluster munitions victim assistance into broader national policies, plans and legal frameworks related to disability, health, education, poverty reduction, development and employment. In the medium to long term this is the best way to ensure national ownership and sustainability in this pillar. This does not exclude victim assistance and/or disability programmatic activities that are linked to mine action programmes with little or insufficient support from related national sectors, nor suggest that the above-mentioned integration comes without challenges.

We support the adoption of a twin-track approach that would combine strategies aiming at mainstreaming disability as a crosscutting issue in all aspects of programming, along with specialized interventions and programmes specifically in support of mine and ERW survivors and victims. We envisage the continued UN support for the provision of age and sex disaggregated data on victims and survivors while advocating for the placement of victim assistance at the highest possible level within national institutions.

At the same time, the United Nations Mine Action Team continues to encourage States Parties to sign and ratify the Convention on the Rights of Persons with Disabilities (CRPD), and to use it as a framework to facilitate the full enjoyment by mine and ERW survivors of their human rights. The World Report on Disability, launched last year by the World Health Organization and the World Bank 2011, can also be a useful tool to assist in improving the delivery and the quality of a number of services associated with survivors and victim assistance, such as data gathering, emergency medical care, psychological support – including peer support - and physical rehabilitation.

Thank you, Mr./Ms. Coordinator