

Intervention on Victim Assistance

Austria Friend of the Chair

update on their efforts to provide age and gender-sensitive assistance, including medical care, rehabilitation and psychological support, as well as provide for their social and economic inclusion. Assistance. Article 5 of convention

Dear Madame/Sir Chair, Friend of the President

Distinguished Delegates and Observers

I am a campaigner working on mine action in a very solid partnership with the officials in Lebanon. Hence, on behalf of the Lebanese Delegation, I would like to express our appreciation to Austria, friend of the President on victim assistance for the hard work and contribution to advance the course of our convention.

Let me share with you a short update on Lebanon's recent efforts to implement its obligations under article 5 of the convention, as well as relevant action points of the Vientiane Action Plan related to Victim Assistance.

As an affected country, we attached great importance to the issue of victim assistance. Landmines have killed and maimed more than 3,843 persons in Lebanon since 1975, with 898 killed and 2,945 people injured. Between August 2006 and June 2011, cluster munitions alone have killed and maimed more than 407 people; 49 were killed and 358 were injured including children less than 12 years old (10%), adolescents between 13 and 18 years of age (19%), and adults aged 19 years and above (71%). Women account for 6% of the victims of cluster munitions in Lebanon.

- 1. In reference to Article 20 of the Vientiane Action** Plan where state parties have to increase their capacities to assist cluster munitions victims as national and international resources become available, I cannot remember in 2011 any new international funding made available to victim assistance in Lebanon.

The situation is as such: Human capacities and resources exist in the country. We are able to work up to international standards within the limitations of existing fiscal capacities.

Usually, emergency and medical care is provided free of charge by the Lebanese public health system. Local actors through international funding and small governmental subsidies undertake socio-economic rehabilitation and other services. Outreach to victims has been limited. Some income generation activities have been implemented through social and economic reintegration interventions. Psychosocial initiatives, presented as such, have not been well received by affected population; when integrated in recreational or other type of activities, beneficiaries have been more receptive and willing to engage.

Consequently, more work needs to be done in order to increase capacities needed to assist victims of cluster munitions.

More work is needed as well in order to fulfill our obligations under Article 25 of the CCM Vientiane Action Plan, **the Article 25** that necessitates the review of the availability, accessibility, and quality of services in the areas of medical care, rehabilitation, and psychosocial support, economic and social inclusion, and identify which barriers prevent access to these services for cluster munition victims; and that necessitates taking immediate action to increase availability and accessibility of services also in remote and rural areas so as to remove the identified barriers and to guarantee the implementation of quality services. A draft of VA standards was developed. It shall be validated and worked out according to the LMAC 2011-2020 strategy.

- 2. In reference to Article 21 of the Vientiane Action** Plan where state parties have to designate a focal point within the government to coordinate the development, implementation, and monitoring of victim assistance policies and plans in accordance with Article 5, paragraph 2, within six months of the Convention's entry into force for that state party and make sure the focal point has the authority, expertise, and adequate resources to carry out its task.

LMAC manages victim assistance and chairs the national steering committee that should be the victim assistance focal point. Committee members include Ministries of Health, Social Affairs and Education, and local NGOs engaged in disability issues and socio-economic recovery. They implement activities planned through the annual work plans developed by the national committee.

However, according to the Lebanon Mine Action Strategy 2011-2020, we expect that concerned ministries become more effective, especially the Ministry of Health and the Ministry of Social Affairs whose roles are well spelled out in the articles of the law of the disabled 220/2000.

The law 220/2000, "Access and Rights of the People with Disability", issued in May 2000, is comprehensive and includes all sectors; it addresses the rights of people with disabilities to proper education, rehabilitation services, employment, medical services, sports and access to public transport and other facilities. It also stresses the right to participation. The law 220/2000 has yet to be comprehensively put into practice, due in part to the lack of sufficient allocation within the public budget.

As for **Article 22 of the Vientiane Action Plan**, I am glad to report that necessary data is being collected on cluster munitions victims. A special effort is being made to improve the quality of available data to and update and upgrade the existing statistics on sex, age and needs on biannual basis. Data is being made available to all relevant stakeholders upon request from LMAC.

- 3. According to Article 23 of the Vientiane Action**, states parties to the CCM shall integrate the implementation of the victim assistance provisions in existing coordination mechanisms, such as coordination systems created under the Convention of the Rights of Persons with Disabilities or other relevant Conventions.

In Lebanon, a national council for the disabled exists. NGOs of the National Steering Committee on Victim Assistance are members of the Council. We try our best to keep informed, to exchange information, and to coordinate at all levels. Survivors are effective members of the NGOs and of the Council. Limitations exist, challenges are there. But, we keep on trying.

I am aware that a review of national laws and policies is required under **article 26 of the Vientiane Action Plan**, with a view to meet the needs and protecting the human rights of cluster munition victims. The current conditions in the country are not allowing an appreciated progress in what relates to the 220/2000 law and other related laws as well including the labor law. A health reform is in process. An educational reform encompassing the rights of the disabled to education is in process. However, no timely tangible results are foreseen. Everything is in process. To note, service provision in Lebanon do not discriminate against or among cluster munition victims and those who have suffered injuries or disabilities from other causes.

Question Four: Where are synergies reasonable and practical?

Victim assistance is a must under many international treaties. Transparency measures and reporting are due many international treaties. Victim assistance is victim assistance. Victims are victims. Hence, practically we are talking about the same thing and reporting about the same thing. We request synergy at field level and at the policy level.